Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 201	60278				port ed B		CAND	IDATE		СОМ	4ITTEE	✓	LOBE	YIST	
Name of Filing C	Committee, Candi	date or L	obbyist:		PA (CAM	PGRO	UND OV	VNERS	PAC			•			
Street Address:	200 NORTH	3RD STR	EED SUTE 15	500												
City:	HARRISBURG	3						State:	PA			Zip Coo	le: 1	7101		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		POST-	3. X		AMENDM REPORT?		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	~
report type)	ANNUAL REPORT	7.	Year 2024					IG METH CHECK C				PAPER		\checkmark	DISKE	ГТЕ
Name of Office S	Sought by Candida	ate:	•					DATE (OF ELE	СТІО	N	District Number	Office Code	Pari	ty Code	County Code
	,							МО	DAY	YE	AR	Number	code			code
								11		5	2024		(SEE IN	ISTRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY Y	EAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY	
Expenditures			4 9	20	024	T	<u> </u>		5	13	2024					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			17,4	138.29					
B. Total Moneta	ary Contributions	And Rec	eipts (From S	che	dule	e I)	\$			8	300.00					
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			18,2	238.29					
D. Total Expend	ditures (From Scl	nedule II	I)				\$			2,2	250.00					
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)				\$			15,9	88.29					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edu	le II	I)	\$				0.00					
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)				\$				0.00			1		
			A	٩FF	ΙDΑ	AVI	T SE	CTION								
	s a Committee rep	•	_								_					
I swear (or affirm) correct and comple) that this report, in ete.	cluding the	e attached sche	dules	file	ed on	paper (or by elec	tronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	f , true
Sworn to and subs	cribed before me th day of	is	20							S	ignature	of Perso	n Submit	ting Rep	ort	
	Signat	ure					- -					Prin	ted Nam	e		
My Commission Ex	_	uic										Ema	il			
	МО	D	AY	YR					Ar	ea Cod	le	Daytim	e Telep	hone Nui	nber	
Part II- If this is	a report of a car	didate's	authorized Co	omn	nitte	ee, C	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	poli	itical	commi	ittee has i	not viola	ted an	y provis	ions of the	e act of J	lune 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before me this	•									s	ignature o	of Candid	late		
	day of		_ 20				_					Di	d No			
	Signature						-					Printe	d Name			
My Commission Exp	_								-			Ema	iI			
	МО	D	AY	YR			-		Area	Code		Da	aytime 1	Telephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

-				
Name of Filing Committee or Candidate	Reporting	J Period		
PA CAMPGROUND OWNERS PAC	From:	<u>4/9/202</u>	<u>4</u> To:	5/13/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	300.00
TOTAL for the Reporting) Period	(2)	\$	300.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	500.00
TOTAL for the Reporting	Period	(3)	\$	500.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	800.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candida	te		Reporting	Period			
			From:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing (Committee or Candida	te		Rep	orting P	eriod			
PA CAMPGROUI	ND OWNERS PAC			Fro	m:	4/9/	2024 T o) :	5/13/2024
						DATE			AMOUNT
Full Name of Cont	ributor				мо	DAY	YEAR		
David H Kitch Jr						2711			
Mailing Address	1500 Furnace Hill	Rd						\$	100.00
City Stevens		State	Zip Code (Plus 4)	4	22	2024		
		PA	17578						
Full Name of Cont	ributor				мо	DAY	YEAR		
Martin J OHora						57(1	1 27.11		
Mailing Address	150 Martys Main S	t						\$	100.00
City Lake Ariel		State	Zip Code (Plus 4)	5	1	2024		
		PA	18436						
Full Name of Cont	ributor				мо	DAY	YEAR		
Sonya Zacker					140	DAI	ILAN		
Mailing Address	26 Eagle Eye Dr							\$	100.00
City Lake Ariel		State	Zip Code (Plus 4)	4	10	2024		
		PA	18436						

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$ 300.00

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting	Period				
			From:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate			R	Reporting Per	riod			
PA CAMPGROUND OWNERS PAC			F	rom:	<u>4/9/2</u>	<u>024</u> To):	5/13/2024
				DA	TE		Al	MOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	500.00
Ryan McFarland							_] *	300.00
Mailing Address PO Box 223				5	4	2024		
City Mexico	State	Zip Code	(Plus 4)			2021	Ī	
_	PA	17056				<u> </u>		
Employer Name Self				Occupat	ion	Campgr	ound Ov	vner
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Cod	e (Plus 4)
PO Box 223		Mex	ico		PA		17056	
Enter Grand Total of Part C on Sche	dula I. Datailad Su	ımmarı l	Dago So	ction 3			Р	AGE TOTAL
Enter Grand Total of Part Con Sched	iule 1, Detaileu Su	illillai y i	rage, sec	ction 3.		:	\$	500.00

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee of	or Candidate		Report	ing Peri	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)				
Receipt Description	•	•					
Enter Grand Total of Part I	on Schodulo I. Dotailed	Summary Dage	Soction	4			PAGE TOTAL
cincer Granu Total Of Part I	on Schedule 1, Detalled	Summary Page,	Section	4.			\$ 0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
PA CAMPGROUND OWNERS PAC	From:	<u>4/9/2024</u> To:	5/13/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,	<u> </u>	\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Car	ndidate		Reportin	g Period				
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•				
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	ımary Pa	ge,		PAGE TOTAL	•
Section 2.						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	iod		
PA CAMPGROUND OWNERS PAC	From	<u>4/9/2024</u>	То:	5/13/2024

			DATE			AMOUNT
		мо	DAY	YEAR		
		1.10				
		4	19	2024	\$	500.00
State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
PA	17519	Contrib	ution			
		МО	DAY	VEAD		
		MO	DAI	ILAK		
d		4	19	2024	\$	250.00
State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
PA	19064	Contrib	ution			
		МО	DAY	VEAD		
		MO		ILAK		
		4	19	2024	\$	500.00
State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
PA	16851	Contrib	ution			
		МО	DAY	VEAD		
		МО		ILAK		
Rd		4	19	2024	\$	250.00
State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
State PA	Zip Code (Plus 4) 19380	Descrip Contrib		enditure		
		Contrib	ution			
				enditure YEAR		
		Contrib	ution		\$	250.00
		MO 4	DAY	YEAR 2024	\$	250.00
PA	19380	MO 4	DAY 19 tion of Exp	YEAR 2024	\$	250.00
PA State	19380 Zip Code (Plus 4)	MO 4 Descrip	DAY 19 tion of Exp	YEAR 2024 enditure	\$	250.00
PA State	19380 Zip Code (Plus 4)	MO 4 Description	DAY 19 tion of Exp	YEAR 2024	\$	250.00
PA State	19380 Zip Code (Plus 4)	MO 4 Descrip	DAY 19 tion of Exp	YEAR 2024 enditure	\$	250.00
State PA	19380 Zip Code (Plus 4)	MO 4 Descrip Contribut MO 5	DAY 19 tion of Expution DAY	YEAR 2024 enditure YEAR 2024		
	State PA State PA	PA 17519	State	MO DAY 4 19 State Zip Code (Plus 4) Description of Exp. Contribution MO DAY 4 19 MO DAY 4 19 State Zip Code (Plus 4) Description of Exp. Contribution MO DAY 4 19 State Zip Code (Plus 4) Description of Exp. Contribution MO DAY 4 19 State Zip Code (Plus 4) Description of Exp. Contribution MO DAY 4 19 State Zip Code (Plus 4) Description of Exp. Contribution MO DAY MO DAY	MO	MO

To Whom Paid					DAY		YEAR		
Friends of Prokopiak				МО					
Mailing Address 32 Butterfly Ln						10	2024	\$	250.00
City Levit	town	State	Zip Code (Plus 4)	Description of Expenditure Contribution					
		PA	19054						
									PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.								\$	2,250.00