Campaign Finance Report

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

Filer Identification 20230322 Number :						Rep File	oort		CANDI	DATE		СОМ	ITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, Can	lidate or	Lob	byist:		FRIE	ND:	S OF	PROKOPI	AK								
Street Address:	32 BUTTER	FLY LN																
City:	LEVITTOW	N							State:	PA			Zip Cod	le: 19	9054			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		ND FRIDAY RIMARY	/ PRE	- 2	2.	30 DA		POST-	3. X		AMENDM REPORT?		Yes	No		\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		ND FRIDAY	/ PRE	-	5.	30 DA		POST-	6.		TERMINATION Yes REPORT?			No		\
report type)	ANNUAL REPO	RT 7.	Y	'ear 2024					NG METHO				PAPER		\	DISKE	TTE	
Name of Office S	- Sought by Candi	date:				_			DATE O	F ELE	CTIO	N	District Number	Office Code	Pai	rty Code	Cour	
									МО	DAY	YE	AR			I			
									11		5	2024		(SEE IN	STRUCTI	ONS FOR	CODES)
Summary of Expenditures	Receipts and	МО		DAY	YEAR			_	МО	DAY	YI	AR	FO	R OFFI	CE USE	ONLY		
			4	9	2	024	I	0	5		13	2024						
A. Amount Bro	ught Forward F	rom Last	Rep	oort				\$			20,3	303.69						
B. Total Monetary Contributions And Receipts (From Schedule I)									3,0	004.13								
C. Total Funds Available (Sum Of Lines A and B) \$ 23,307.82																		
D. Total Expenditures (From Schedule III)							\$			5	48.00							
E. Ending Cash	Balance (Subtr	act Line	D Fr	rom Line C	C)			\$			22,7	59.82						
F. Value Of In-	Kind Contribution	ons Rece	ived	l (From So	hedu	le II)	\$				0.00						
G. Unpaid Debt	s And Obligation	ns (Fron	Sch	hedule IV)			\$				0.00			•			
					AFF	IDA	۱۷۲	T SE	CTION									
PART I - If this is	s a Committee r	eport, tr	easu	urer sign h	nere. I	[f th	is is	a Car	ndidate re	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple		ncluding t	he a	ttached sch	edules	filed	d on	paper	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and beli	ef , tr	ue <u>.</u>
Sworn to and subs	cribed before me	this	2	20							S	Signature	of Perso	n Submit	ting Re	port		_
								- -					Prin	ted Name	e			_
My Commission Ex	-	ature											Ema	il				-
	мо		DAY	7	YR			-		Are	ea Coc	le		e Telepi	none Nu	mber		-
Part II- If this is	a report of a c	andidate	's au	uthorized	Comn	nitte	e, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		of my knov	vledg	ge and belie	ef this	polit	ical	comm	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 133	3,
Sworn to and subsc	ribed before me t	nis										s	ignature o	of Candid	ate			-
	day of —— ———		2	20				_					Deit-	d Name				_
	Signatu	re						-					Printe	d Name				
My Commission Exp	-												Ema	il				_
	мо		DAY	,	YR			•		Area	Code		Da	aytime T	elephoi	ne Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF PROKOPIAK	From:	4/9/202	<u>4</u> To:	<u>5/13/2024</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	4.13
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	1,000.00
All Other Contributions (Part B)	\$	0.00		
TOTAL for the Reporting) Period	(2)	\$	1,000.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	2,000.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	2,000.00
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			\$	3,004.13

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 Candidat	Name of Filing Committee or Candidate			porting I	Period			
FRIENDS OF PROKOPIAK			Fr	om:	<u>4/9/20</u>) <u>24</u> To:	:	5/13/2024
					DATE			AMOUNT
Full Name of Contributing Committee DUANE MORRIS LLP GOVERNMENT CO	MMITTEE STATE &am	p; LOCAL FUND		МО	DAY	YEAR		
Mailing Address 30 SUTH 17TH S	TREET	•		5	8	2024	 	250.00
City PHILA	State	Zip Code (Plus	4)	5	0	2024		
	PA	19103						
Full Name of Contributing Committee PENNSYLVANIA BANKERS PUBLIC AFFAIRS COMMITTEE				мо	DAY	YEAR		
Mailing Address 3897 NORTH FRONT STREET				_			\$	250.00
City HARRISBURG	State	Zip Code (Plus	4)	5	8	2024		
, , , , , , , , , , , , , , , , , , ,	PA	17110	,					
Full Name of Contributing Committee PA CAMPGROUND OWNERS ASSOCIAT	ION PAC	<u> </u>		МО	DAY	YEAR		
Mailing Address 200 NORTH THIR	D STREET SUITE 150	00		5	8	2024	\$	250.00
City HARRISBURG	State	Zip Code (Plus	4)			2021		
	PA	17101						
Full Name of Contributing Committee GREENLEE PARTNERS STATE PAC				МО	DAY	YEAR		
Mailing Address 291 P. O. BOX				5	8	2024	\$	250.00
City HARRISBURG	State PA	Zip Code (Plus	4)	3	0	2024		
		•			1			

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

PAGE TOTAL 1,000.00

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 Candidate		Reporting Period						
			From: To:) :		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)						
								PAGE TOTAL	

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

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				
FRIENDS OF PROKOPIAK			From:	<u>4</u> /	<u>/9/2024</u>	То:	<u>5</u>	<u>/13/2024</u>
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
APSCUF/CAP - PA							\$	500.00
Mailing Address 319 N FRONT ST HA	1	1		5	8	2024		
City	State	Zip Code	e (Plus 4)					
Full Name of Contributing Committee						<u> </u>	÷	
AFSCME CONCIL 13 POLITICAL & amp;	LEGISLATIVE			МО	DAY	YEAR	\$	500.00
Mailing Address 4031 EXECUTIVE PA				5	8	2024	7	300.00
City HARRISBURG	State	Zip Code	(Plus 4)			2024		
	PA	17111						
Full Name of Contributing Committee				мо	DAY	YEAR		
PENNSYLVANIA OPTOMETRIC PAC							\$	500.00
Mailing Address 218 NORTH ST				5	8	2024		
City HARRISBURG	State	Zip Code	(Plus 4)					
	PA	17101						
Full Name of Contributing Committee				мо	DAY	YEAR		
MID-ATLANTIC LABORERS POLITICAL L	EAGUE						_ \$	500.00
Mailing Address 1875 EXPLORER ST	STE 920			5	8	2024		
City RESTON	State	Zip Code	(Plus 4)					
	VA	20190						
							<u> </u>	PAGE TOTAL

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

6/7/2025 7:21:13 AM

2,000.00

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			Rep	orting Pe	riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE TOTAL 0.00

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	or Candidate		Report	ing Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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							
FRIENDS OF PROKOPIAK	From:	4/9/2024 To:	<u>5/13/2024</u>					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR							
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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)	\$	900.00					
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,		\$	900.00					

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Car	ndidate		Reporting Period					
			From:			То:		
				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	mary 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
 Reporting Period

 FRIENDS OF PROKOPIAK
 From: 4/9/2024
 To: 5/13/2024

						DATE		AMOUNT
Full Name of Contributor MVS COMMERCIAL PROPERTIES Mailing Address 2286 AQUETONG PD					МО	DAY	YEAR	
Mailing Address 2286 AQUETONG RD				5	8	2024	\$ 900.00	
City NEW HOPE	State	State Zip Code(Plus 4)			1			
	PA		18938					
Employer of Contributor MVS COMN	IERCIAL PROPER	RTIE	S		Occup	ation S	TORE OW	/NER
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	State	e Zip	Code(Plus 4)	Descri	ption of Contribution
2286 AQUETONG RD		NE	EW HOPE	PA	18	938	OFFIC	E SPACE
Enter Grand Total of Part G on Sch	edule II. In-Ki	nd (Contributions D	etaile	ed			PAGE TOTAL
Summary Page, Section 3.								900.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Pe	eriod		
FRIENDS OF PROKOPIAK	From	4/9/2024	То:	<u>5/13/2024</u>

					DATE			AMOUNT
To Whom Paid				мо	DAY	YEAR		
JIM PROKOPIAK				1.0				
Mailing Address 32 BUTTERFLY LN				5	8	2024	\$	548.00
City LEVITTO	WN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	19054	REIMBU	RSEMENT			
_								PAGE TOTAL
Enter Grand To	iter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							548.00