Campaign Finance Report

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

Filer Identificat Number :	ion	20240	0026			Repo Filed		:	CANDI	DATE		СОМ	MITTEE	✓	LOBI	BYIST		
Name of Filing (Committee	e, Candida	ate or Lo	obbyist:		FRIEN	-		STONE			_						
Street Address:	4563	BROWNS	SVILLE	RD														
City:	PITTS	SBURGH						State: PA Zip Co						Code: 15236				
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	- 2.) DA RIMA		POST-	3. X		AMENDN REPORT		Yes	Ν	0	\checkmark
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA ELECTION	Y PRE	5.) da .ect	y f 'ION	POST-	6.		TERMIN/ REPORT	Yes	N	0	\checkmark	
report type)	ANNUAL	REPORT	7.	Year 2024					G METHO				PAPER		\checkmark	DISK	ETTE	
Name of Office	 Sought by	Candidat	e:			!			DATE O	F ELEC	TIC	ON	District Number	Office Code	Par	ty Cod	e Cour Code	
DEDDECENTAT									мо	DAY	Y	EAR	38	STH	REP		•	
REPRESENTAT	IVE IN TH	E GENER	AL ASSI	EMBLI					11		5	2024	 	(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of		and	мо	DAY	YEAR	t i			мо	DAY	Y	EAR	FC	R OFFIC	E USE	ONLY	,	
Expenditures	s from:			4 9	2	024	то		5	1	3	2024						
A. Amount Bro	ought Forv	vard From	n Last Ro	eport				\$				0.00						
B. Total Monet	ary Contri	ibutions A	And Reco	eipts (Fron	n Sche	dule I)		\$				0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00						
D. Total Expen	ditures (F	rom Sche	edule II	I)				\$				0.00						
E. Ending Cash	n Balance	(Subtract	Line D	From Line	C)			\$				9.80						
F. Value Of In-	-Kind Cont	tributions	Receive	ed (From S	chedu	le II)		\$				0.00						
G. Unpaid Deb	ts And Ob	ligations	(From S	chedule IV	')			\$				0.00		,				
					AFF	IDAV	IT S	SE	CTION									
PART I - If this i		-		-						•		-	-					
I swear (or affirm correct and compl		report, inclu	uding the	attached sc	hedules	s filed or	n pap	per o	or by electi	ronic me	dium	i, are to i	the best o	f my knov	ledge	and be	lief , tr	ue
Sworn to and sub	scribed befo day of	ore me this		20							5	Signature	e of Perso	n Submitt	ing Rep	ort		_
	_	Signatur	°e				_						Prin	ted Name				-
My Commission E	xpires	0.9	-										Ema	il				-
		мо	DA	AY	YR					Area	a Co	de	Daytin	ne Teleph	one Nu	mber		_
Part II- If this is	a report	of a cand	lidate's a	authorized	Comm	nittee,	Can	dida	ate shall :	sign he	re.							
I swear (or affirm) No 320) as amend		e best of m	ıy knowle	edge and beli	ef this	politica	l cor	mmi	ttee has n	ot violate	ed ar	ıy provis	ions of th	e act of Ju	ine 3,1	937 (P	L. 133	з,
Sworn to and subse	vorn to and subscribed before me this day of 20 Signature of Candidate									-								
	day of 20 Printed Name									-								
My Commission Ex		Signature											Ema	il				-
	_																	_
		мо	DA	AY .	YR					Area C	ode		D	aytime Te	lephon	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

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

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 Candidate				Reporting Period						
				From: To:						
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								0.00		

PART B 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					
			Fror	m:		Тс):			
					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, Detail	ed Summary Pag	je, Se	ection 2			\$	0.00		

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		A	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00	

PART D 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 Re				eporting Period					
			Fron	n:		Τά):		
				D/	ATE		A	MOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupat	ion				
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Cod	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Sectio	on 3.			P. \$	AGE TOTAL 0.00	

PART E **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 Perio	d			
			From:			To:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR	\$ 0.0	00
Mailing Address								
City	State	Zip Code (Plus 4)					
Receipt Description	·							
		_	.				PAGE TOTAL	
Enter Grand Total of Part E on Schedu	lie 1, Detailed Sumn	nary 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		
FRIENDS OF STONE	From:	<u>4/9/2024</u> то:	<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	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	「 F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, I		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re			Reporting Period					
F						То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,		PAGE TOTA	AL.
						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period					
				m:		То:			
					DATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$ 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor		•		Occupa	ation				
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
				From					
				DATE			AMOUNT		
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City State Zip Code (Plus 4)				Description of Expenditure					
Enter Crand Tatal of Evnanditures	an Dago 1. Donort (Cover Dage Item I					PAGE TOTAL		
Enter Grand Total of Expenditures	on Page 1, Report C	Jover Page, Item L				\$	0.00		