

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		20170153		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> OPERATORS FOR SKILL PAC												
<b>Street Address:</b> P.O. BOX 343												
<b>City:</b> HARRISBURG						<b>State:</b> PA			<b>Zip Code:</b> 17108			
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2024	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>				
						11	5	2024				
									(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		4	9	2024		5	13	2024				
<b>A. Amount Brought Forward From Last Report</b>						\$ 102,099.13						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 1,500.00						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 103,599.13						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 32,846.60						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 70,752.53						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 0.00						

## AFFIDAVIT SECTION

**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.**

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
Detailed Summary Page

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
OPERATORS FOR SKILL PAC	From: <u>4/9/2024</u> To: <u>5/13/2024</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 1,000.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 1,000.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 500.00

<b>Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)</b>	\$ 1,500.00
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**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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$	0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

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

<b>PAGE TOTAL</b>
\$ 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.)**

<b>Name of Filing Committee or Candidate</b>  OPERATORS FOR SKILL PAC	<b>Reporting Period</b>  <b>From:</b> <u>4/9/2024</u> <b>To:</b> <u>5/13/2024</u>
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				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
RICHARD O GACCI							\$ 1,000.00
Mailing Address 97 STATE ROUTE 908 EXT				5	2	2024	
City TARENTUM	State PA	Zip Code (Plus 4) 15084					
Employer Name MOJACK MUSIC COMPANY, INC.				Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		
661 RICH HILL RD			CHESWICK	PA	15024		

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

<b>PAGE TOTAL</b>
\$ 1,000.00

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  OPERATORS FOR SKILL PAC	Reporting Period  From: 4/9/2024 To: 5/13/2024
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				DATE			AMOUNT	
Full Name				MO	DAY	YEAR	\$	500.00
FRIENDS OF PATTY KIM								
Mailing Address 2418 N 2ND ST								
City HARRISBURG		State PA		Zip Code (Plus 4) 17110				
Receipt Description CHECK 1804 LOST								

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 500.00

## 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**

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



**SCHEDULE II**  
**PART F**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period  From: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						<b>PAGE TOTAL</b>  \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
OPERATORS FOR SKILL PAC	From <u>4/9/2024</u> To: <u>5/13/2024</u>

DATE				AMOUNT
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
COMMITTEE TO ELECT RYAN BIZZARO				
<b>Mailing Address</b> P.O. BOX 8570	4	9	2024	\$ 1,000.00
<b>City</b> ERIE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16505	<b>Description of Expenditure</b> CONTRIBUTION	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
FRIENDS OF JIM GREGORY				
<b>Mailing Address</b> 911 POPLAR AVE	4	11	2024	\$ 5,000.00
<b>City</b> HOLLIDAYSBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16648	<b>Description of Expenditure</b> CONTRIBUTION	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
HOUSE REPUBLICAN CAMPAIGN COMMITTEE				
<b>Mailing Address</b> P. O. BOX 556	4	11	2024	\$ 5,000.00
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Description of Expenditure</b> CONTRIBUTION	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
FRIENDS OF JARED SOLOMON				
<b>Mailing Address</b> P.O. BOX 7522	4	15	2024	\$ 10,000.00
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19101	<b>Description of Expenditure</b> CONTRIBUTION	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
FRIENDS OF JIM STRUZZI				
<b>Mailing Address</b> 104 APACHE DR	4	15	2024	\$ 500.00
<b>City</b> INDIANA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15701	<b>Description of Expenditure</b> CONTRIBUTION	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
FRIENDS OF MANNY GUZMAN				
<b>Mailing Address</b> 702 N 8TH ST APT 313	4	15	2024	\$ 2,500.00
<b>City</b> READING	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19604	<b>Description of Expenditure</b> CONTRIBUTION	

To Whom Paid			MO	DAY	YEAR	\$ 500.00
FRIENDS OF MARTIN CAUSER						
Mailing Address P.O. BOX 124			4	15	2024	
City BRADFORD	State PA	Zip Code (Plus 4) 16701	Description of Expenditure CONTRIBUTION			

To Whom Paid			MO	DAY	YEAR	\$ 1,000.00
FRIENDS OF MIKE ARMANINI						
Mailing Address P.O. BOX 254			4	15	2024	
City DUBOIS	State PA	Zip Code (Plus 4) 15081	Description of Expenditure CONTRIBUTION			

To Whom Paid			MO	DAY	YEAR	\$ 5,000.00
HOUSE REPUBLICAN CAMPAIGN COMMITTEE						
Mailing Address P. O. BOX 556			4	15	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CONTRIBUTION			

To Whom Paid			MO	DAY	YEAR	\$ 1,000.00
FRIENDS OF JOHN SCHLEGEL						
Mailing Address P.O. BOX 205			4	16	2024	
City CORNWALL	State PA	Zip Code (Plus 4) 17016	Description of Expenditure CONTRIBUTION			

To Whom Paid			MO	DAY	YEAR	\$ 500.00
FRIENDS OF PATTY KIM						
Mailing Address 2418 N 2ND ST			4	26	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110	Description of Expenditure CONTRIBUTION			

To Whom Paid			MO	DAY	YEAR	\$ 33.00
PNC BANK						
Mailing Address 110 S 32ND ST			5	1	2024	
City CAMP HILL	State PA	Zip Code (Plus 4) 17011	Description of Expenditure SERVICE FEE			

To Whom Paid			MO	DAY	YEAR	\$ 500.00
FRIENDS OF MARTINA WHITE						
Mailing Address P.O. BOX 16041			5	7	2024	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19114	Description of Expenditure CONTRIBUTION			

To Whom Paid			MO	DAY	YEAR	\$ 13.60
POSTMASTER						
Mailing Address 312 MARKET ST			5	9	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure POSTAGE			

<b>To Whom Paid</b> TAXPAYERS FOR TORREN ECKER			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 300.00
<b>Mailing Address</b> 80 STONYBROOK LN			5	13	2024	
<b>City</b> NEW OXFORD	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17350	<b>Description of Expenditure</b> CONTRIBUTION			
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b> <b>\$</b> 32,846.60

