

# 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>		20240105		<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> CAUL FOR THE PEOPLE												
<b>Street Address:</b> 1275 EAST HOOKSTOWN GRADE ROAD												
<b>City:</b> CLINTON						<b>State:</b> PA			<b>Zip Code:</b> 15026			
<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	<input checked="" type="checkbox"/>	No	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes		No	
	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>						\$ 899.00						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 3,243.00						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 4,142.00						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 762.78						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 3,379.22						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 654.55						
<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>
CAUL FOR THE PEOPLE	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>	\$ 403.00

<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>	\$ 1,340.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 1,340.00

<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>	\$ 1,500.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 1,500.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<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>	\$ 3,243.00
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**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)**

<b>Name of Filing Committee or Candidate</b> CAUL FOR THE PEOPLE				<b>Reporting Period</b> From: <u>4/9/2024</u> To: <u>5/13/2024</u>			
				<b>DATE</b>		<b>AMOUNT</b>	
<b>Full Name of Contributor</b> ROGER ROMESTAN				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 150.00
<b>Mailing Address</b> 405 PROSPECT ST				4	14	2024	
<b>City</b> MCDONALD	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15057					
<b>Full Name of Contributor</b> RHONDA KELLEY				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 227 SASSAFRAS ALY				4	16	2024	
<b>City</b> BEAVER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15009					
<b>Full Name of Contributor</b> LOUIS MARTIN				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 428 HOOKSTOWN GRADE RD				4	16	2024	
<b>City</b> CLINTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15026					
<b>Full Name of Contributor</b> CHARLOTTE RICHARDS				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 238 P.O. BOX 39				4	17	2024	
<b>City</b> SLOVAN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15078					
<b>Full Name of Contributor</b> KIMBERLY ROSE				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 1285 EAST HOOKSTOWN GRADE RD				4	17	2024	
<b>City</b> CLINTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15026					
<b>Full Name of Contributor</b> BYRON TIMMINS				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 1019 MAYFAIR DR CANONSBURG PA				4	17	2024	
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>					

Full Name of Contributor			MO	DAY	YEAR	\$ 240.00
SHARI THOMAS			4	25	2024	
Mailing Address	144 CAROL ROSE DR					
City	BEAVER FALLS	State	PA	Zip Code (Plus 4)	15010	
Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
PHIL CAUL			4	26	2024	
Mailing Address	125 PATRIOT LN					
City	SEWICKLEY	State	PA	Zip Code (Plus 4)	15431	
Full Name of Contributor			MO	DAY	YEAR	\$ 250.00
JENNIFER DIBRIENZA			4	29	2024	
Mailing Address	428 HOOKSTOWN GRADE RD					
City	CLINTON	State	PA	Zip Code (Plus 4)	15026	
Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
MICHELE MORRIS-DONNER			4	16	2024	
Mailing Address	1540 CORPORATION ST					
City	BEAVER	State	PA	Zip Code (Plus 4)	15009	

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

**PAGE TOTAL**

\$ 1,340.00

**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: <span style="float: right;">To:</span>

DATE				AMOUNT
Full Name of Contributing Committee				
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>  CAUL FOR THE PEOPLE	<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	\$1,000.00
HEATHER BARLOW				5	2	2024	
Mailing Address 422 THAMES ST							
City NEWPORT	State RI	Zip Code (Plus 4) 02840					
Employer Name DUNDON ADVISERS				Occupation MANAGING DIRECTOR			
Employer Mailing Address/Principal Place of Business		City		State		Zip Code (Plus 4)	
1601 BELVEDERE RDUNIT 305S		WEST PALM BEACH		FL		33406	
Full Name of Contributor				MO	DAY	YEAR	\$500.00
TERRI MITKO				5	12	2024	
Mailing Address 114 HIGHLANDWOODS DR							
City BEAVER	State PA	Zip Code (Plus 4) 15009					
Employer Name MITKO LAW OFFICES, P.C.				Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business		City		State		Zip Code (Plus 4)	
355 COMMERCE ST		BEAVER		PA		15009	

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

<b>PAGE TOTAL</b>
\$ 1,500.00

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	Reporting Period	
	From:	To:

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

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

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

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
CAUL FOR THE PEOPLE		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)	\$ 4.55
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 300.00
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period		(3)	\$ 350.00
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.)			\$ 654.55

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

<b>Name of Filing Committee or Candidate</b>  CAUL FOR THE PEOPLE	<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
<b>Full Name of Contributor</b>				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 200.00
RONALD NARDICK				4	16	2024	
<b>Mailing Address</b> 15 L ST							
<b>City</b> BEAVER	<b>State</b>	<b>Zip Code (Plus 4)</b>					
	PA	15009					
<b>Description of Contribution:</b> HALL RENTAL							
<b>Full Name of Contributor</b>				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
MARIE FERGUSON				4	17	2024	
<b>Mailing Address</b> 2 VERNER AVE							
<b>City</b> BULGER	<b>State</b>	<b>Zip Code (Plus 4)</b>					
	PA	15019					
<b>Description of Contribution:</b> HALL RENTAL							
<b>Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.</b>							<b>PAGE TOTAL</b>  \$ 300.00

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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
CAUL FOR THE PEOPLE	From: <u>4/9/2024</u> To: <u>5/13/2024</u>

				DATE		AMOUNT	
Full Name of Contributor MICHAEL JACKSON				MO	DAY	YEAR	\$ 350.00
Mailing Address 1423 DUSS AVE				4	16	2024	
City AMBRIDGE	State PA	Zip Code(Plus 4) 15003					
Employer of Contributor				Occupation		RETIRED	
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution YARD SIGNS	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							PAGE TOTAL 350.00

# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
CAUL FOR THE PEOPLE	From <u>4/9/2024</u> To: <u>5/13/2024</u>

				DATE		AMOUNT	
To Whom Paid NEW ALLIANCE FEDERAL CREDIT UNION				MO	DAY	YEAR	\$ 19.06
Mailing Address 835 MERCHANT ST				4	16	2024	
City AMBRIDGE	State PA	Zip Code (Plus 4) 15003	Description of Expenditure BANK CHECKS				
To Whom Paid COSTCO				MO	DAY	YEAR	\$ 79.74
Mailing Address 202 COSTCO DR				4	21	2024	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15205	Description of Expenditure FOOD FOR EVENT				
To Whom Paid ACTBLUE, LLC				MO	DAY	YEAR	\$ 0.72
Mailing Address P.O. BOX 441146				4	18	2024	
City SOMERVILLE	State MA	Zip Code (Plus 4) 02144	Description of Expenditure TRANSACTION PROCESSING FEES				
To Whom Paid ACTBLUE, LLC				MO	DAY	YEAR	\$ 3.60
Mailing Address P.O. BOX 441146				4	29	2024	
City SOMERVILLE	State MA	Zip Code (Plus 4) 02144	Description of Expenditure TRANSACTION PROCESSING FEES				
To Whom Paid ACTBLUE, LLC				MO	DAY	YEAR	\$ 1.50
Mailing Address P.O. BOX 441146				4	30	2024	
City SOMERVILLE	State MA	Zip Code (Plus 4) 02144	Description of Expenditure TRANSACTION PROCESSING FEES				
To Whom Paid ACTBLUE, LLC				MO	DAY	YEAR	\$ 3.75
Mailing Address P.O. BOX 441146				5	1	2024	
City SOMERVILLE	State MA	Zip Code (Plus 4) 02144	Description of Expenditure TRANSACTION PROCESSING FEES				

<b>To Whom Paid</b> STRIPE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1.29
<b>Mailing Address</b> 354 OYSTER POINT BLVD			4	18	2024	
<b>City</b> SOUTH SAN FRANCISCO	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 94080	<b>Description of Expenditure</b> TRANSACTION PROCESSING FEES			

<b>To Whom Paid</b> STRIPE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 5.51
<b>Mailing Address</b> 354 OYSTER POINT BLVD			4	29	2024	
<b>City</b> SOUTH SAN FRANCISCO	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 94080	<b>Description of Expenditure</b> TRANSACTION PROCESSING FEES			

<b>To Whom Paid</b> STRIPE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 2.43
<b>Mailing Address</b> 354 OYSTER POINT BLVD			4	30	2024	
<b>City</b> SOUTH SAN FRANCISCO	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 94080	<b>Description of Expenditure</b> TRANSACTION PROCESSING FEES			

<b>To Whom Paid</b> STRIPE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 5.73
<b>Mailing Address</b> 354 OYSTER POINT BLVD			5	1	2024	
<b>City</b> SOUTH SAN FRANCISCO	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 94080	<b>Description of Expenditure</b> TRANSACTION PROCESSING FEES			

<b>To Whom Paid</b> GIANT EAGLE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 99.90
<b>Mailing Address</b> 5990 UNIVERSITY BLVD			4	15	2024	
<b>City</b> MOON TWP	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15108	<b>Description of Expenditure</b> FOOD FOR EVENT			

<b>To Whom Paid</b> WALMART			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 47.35
<b>Mailing Address</b> 7500 UNIVERSITY BLVD			4	16	2024	
<b>City</b> MOON TWP	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15108	<b>Description of Expenditure</b> PAPER PRODUCTS			

<b>To Whom Paid</b> MT PLATES CATERING			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 492.20
<b>Mailing Address</b> 3403 BRODHEAD RD			4	16	2024	
<b>City</b> ALIQUIPPA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15001	<b>Description of Expenditure</b> FOOD FOR EVENT/CATERING			

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 762.78

