

Campaign Finance Report

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

Filer Identification Number : 20240105		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: CAUL FOR THE PEOPLE											
Street Address:											
City: CLINTON				State: PA		Zip Code: 15026					
TYPE OF REPORT (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 <input type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2024	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR				
					11	5	2024				
Summary of Receipts and Expenditures from:					MO	DAY	YEAR	FOR OFFICE USE ONLY			
					4	9	2024				TO
					5	13	2024				
A. Amount Brought Forward From Last Report					\$		899.00				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		3,243.00				
C. Total Funds Available (Sum Of Lines A and B)					\$		4,142.00				
D. Total Expenditures (From Schedule III)					\$		762.78				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		3,379.22				
F. Value Of In-Kind Contributions Received (From Schedule II)					\$		654.55				
G. Unpaid Debts And Obligations (From Schedule IV)					\$		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

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

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 403.00

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)	\$ 1,340.00
TOTAL for the Reporting Period (2)	\$ 1,340.00

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)	\$ 1,500.00
TOTAL for the Reporting Period (3)	\$ 1,500.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 3,243.00
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<div> <div> PART A</div> <div> CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</div> <div> \$50.01 TO \$250.00</div> <div> 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.</div> </div>							
Name of Filing Committee or Candidate				Reporting Period			
				From:	To:		
				DATE	AMOUNT		
Full Name of Contributing Committee				MO	DAY	YEAR	<div>\$</div> <div>0.00</div>
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL	
\$	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 Candidate CAUL FOR THE PEOPLE				Reporting Period From: <u>4/9/2024</u> To: <u>5/13/2024</u>			
				DATE		AMOUNT	
Full Name of Contributor MICHELE MORRIS-DONNER				MO	DAY	YEAR	\$ 100.00
Mailing Address				4	16	2024	
City BEAVER	State PA	Zip Code (Plus 4) 15009					
Full Name of Contributor JENNIFER DIBRIENZA				MO	DAY	YEAR	\$ 250.00
Mailing Address				4	29	2024	
City CLINTON	State PA	Zip Code (Plus 4) 15026					
Full Name of Contributor PHIL CAUL				MO	DAY	YEAR	\$ 100.00
Mailing Address				4	26	2024	
City SEWICKLEY	State PA	Zip Code (Plus 4) 15431					
Full Name of Contributor SHARI THOMAS				MO	DAY	YEAR	\$ 240.00
Mailing Address				4	25	2024	
City BEAVER FALLS	State PA	Zip Code (Plus 4) 15010					
Full Name of Contributor BYRON TIMMINS				MO	DAY	YEAR	\$ 100.00
Mailing Address				4	17	2024	
City	State	Zip Code (Plus 4)					
Full Name of Contributor KIMBERLY ROSE				MO	DAY	YEAR	\$ 100.00
Mailing Address				4	17	2024	
City CLINTON	State PA	Zip Code (Plus 4) 15026					
Full Name of Contributor CHARLOTTE RICHARDS				MO	DAY	YEAR	\$ 100.00
Mailing Address				4	17	2024	
City SLOVAN	State PA	Zip Code (Plus 4) 15078					

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
LOUIS MARTIN			4	16	2024	
Mailing Address						
City	CLINTON	State	PA	Zip Code (Plus 4)	15026	

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
RHONDA KELLEY			4	16	2024	
Mailing Address						
City	BEAVER	State	PA	Zip Code (Plus 4)	15009	

Full Name of Contributor			MO	DAY	YEAR	\$ 150.00
ROGER ROMESTAN			4	14	2024	
Mailing Address						
City	MCDONALD	State	PA	Zip Code (Plus 4)	15057	

PAGE TOTAL

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

\$ 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:	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.

PAGE TOTAL
\$ 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 CAUL FOR THE PEOPLE	Reporting Period From: <u>4/9/2024</u> To: <u>5/13/2024</u>
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				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$500.00
TERRI MITKO				5	12	2024	
Mailing Address							
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)
				BEAVER		PA	15009

Full Name of Contributor				MO	DAY	YEAR	\$1,000.00
HEATHER BARLOW				5	2	2024	
Mailing Address							
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)
				WEST PALM BEACH		FL	33406

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

PAGE TOTAL
\$ 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:
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				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.

PAGE TOTAL
\$ 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	
CAUL FOR THE PEOPLE		From: <u>4/9/2024</u> To: <u>5/13/2024</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	4.55
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	300.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
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

Name of Filing Committee or Candidate CAUL FOR THE PEOPLE	Reporting Period From: <u>4/9/2024</u> To: <u>5/13/2024</u>
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			DATE			AMOUNT
Full Name of Contributor RONALD NARDICK			MO	DAY	YEAR	\$ 200.00
Mailing Address			4	16	2024	
City BEAVER	State PA	Zip Code (Plus 4) 15009				
Description of Contribution: HALL RENTAL						
Full Name of Contributor MARIE FERGUSON			MO	DAY	YEAR	\$ 100.00
Mailing Address			4	17	2024	
City BULGER	State PA	Zip Code (Plus 4) 15019				
Description of Contribution: HALL RENTAL						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 300.00

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

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

				DATE	AMOUNT	
Full Name of Contributor				MO	DAY	YEAR
MICHAEL JACKSON						
Mailing Address				4	16	2024
City	AMBRIDGE	State	Zip Code(Plus 4)			
		PA	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

Name of Filing Committee or Candidate	Reporting Period
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				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				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				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				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				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				5	1	2024		
City	SOMERVILLE	State	MA	Zip Code (Plus 4)	02144			Description of Expenditure TRANSACTION PROCESSING FEES

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

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

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

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

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

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

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

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

