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 :	tion 2024	0105			Repo Filed		CANDI	DATE		СОМ	MITTEE	✓	LOB	BYIS.	r	
Name of Filing	Committee, Candid	ate or Lo	obbyist:			-	HE PEOPL	.E				L				
Street Address:																
City:	CLINTON						State:	PA			Zip Co	de: 15	026			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D. PRIM		POST- 3. X			AMENDN REPORT	Yes	\checkmark	No]	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D. ELEC	AY I TION	POST-	6.		TERMIN REPORT	Yes		No	\checkmark	
report type)	ANNUAL REPORT	7.	Year 2024				NG METHO CHECK O		PAPER		\checkmark	DIS	KETTE			
Name of Office	 Sought by Candida	te:					DATE O	F ELEC	CTIO	N	District Number	Office Code	Pa	l rty Co		 unty
	5						мо	DAY	YE	AR	Humber	coue				
							11		5	2024		(SEE INS	TRUCTI	ONS FO	R CODE	S)
Summary of Receipts and MO DAY YEAR							мо	DAY	YE	AR	FC	DR OFFIC	E USE	ONL	Y	
Expenditure	s from:		4 9	2	024	го	5	1	3	2024						
A. Amount Bro	ought Forward From	n Last R	eport			\$		•	8	99.00	1					
B. Total Monet	tary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$	5		3,2	43.00						
C. Total Funds	C. Total Funds Available (Sum Of Lines A and B)								4,1	42.00						
D. Total Exper	nditures (From Sch	edule II	I)			\$	5		7	62.78						
E. Ending Casl	h Balance (Subtrac	t Line D	From Line	C)		\$	5		3,3	79.22						
F. Value Of In-	-Kind Contributions	Receiv	ed (From S	chedu	le II)	\$	5		6	54.55	-					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)		\$	5			0.00						
				AFF	IDAV	IT SE	CTION									
	is a Committee rep	•	-							-	-					
I swear (or affirm correct and comp	ı) that this report, incl lete.	uding the	e attached sc	hedule	s filed or	1 paper	or by elect	ronic me	edium,	are to t	the best o	of my knov	vledge	and b	elief , t	true
Sworn to and sub	scribed before me this day of	5	20						Si	ignature	e of Perso	n Submitt	ing Re	port		
	Signatu	re				_					Prin	ited Name				
My Commission E	-										Ema	il				
	мо	D	AY	YR				Are	a Cod	e	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	s a report of a can	lidate's	authorized	Comn	nittee,	Candic	late shall	sign he	ere.							
I swear (or affirm No 320) as amend) that to the best of n led.	ny knowle	edge and beli	ief this	politica	l comn	nittee has n	iot violat	ed any	y provis	ions of th	e act of Ju	ine 3,1	937 (P.L. 13	33,
Sworn to and subs	cribed before me this day of		20							s	ignature	of Candida	ite			_
			-~								Printe	ed Name				-
My Commission Ex		_		Email						_						
						_										_
	МО	D	AY .	YR	L			Area (Code		D	aytime Te	elepho	ne Nui	nber	

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 403.00 \$ **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)** 1,340.00 All Other Contributions (Part B) \$ **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 1,500.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 1,500.00 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 \$ 3,243.00 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 Candidat	Name of Filing Committee or Candidate				Reporting Period					
				rom: To:						
					DATE AMOUN					
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 Sche	\$	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		Reportin	g Po	eriod					
CAUL FOR THE PEOPLE			From:	rom: <u>4/9/2024</u> To:				<u>5/13/2024</u>		
					DATE			AMOUNT		
Full Name of Contributor MICHELE MORRIS-DONNER			мо		DAY	YEAR				
Mailing Address	I	1					\$	100.00		
City BEAVER	State PA	Zip Code (Plus 4 15009)	4	16	2024				
Full Name of Contributor JENNIFER DIBRIENZA			мо		DAY	YEAR				
Mailing Address City CLINTON	State PA	Zip Code (Plus 4 15026)	4	29	2024	\$	250.00		
Full Name of Contributor PHIL CAUL			мо		DAY	YEAR				
Mailing Address							\$	100.00		
City SEWICKLEY	State PA	Zip Code (Plus 4 15431)	4	26	2024				
Full Name of Contributor SHARI THOMAS	-	-	мо		DAY	YEAR				
Mailing Address City BEAVER FALLS	State PA	Zip Code (Plus 4 15010)	4	25	2024	\$	240.00		
Full Name of Contributor			мо		DAY	YEAR				
BYRON TIMMINS Mailing Address							\$	100.00		
City	State	Zip Code (Plus 4)	4	17	2024	Ŷ	100.00		
Full Name of Contributor KIMBERLY ROSE			мо		DAY	YEAR				
Mailing Address	-	-					\$	100.00		
City CLINTON	State PA	Zip Code (Plus 4 15026)	4	17	2024				
Full Name of Contributor			мо		DAY	YEAR				
CHARLOTTE RICHARDS										
Mailing Address City SLOVAN	State PA	Zip Code (Plus 4 15078)	4	17	2024	\$	100.00		

ame of Contributor		мо	DAY	VEAD			
5 MARTIN							
g Address						\$	100.00
CLINTON	State	Zip Code (Plus 4)	4	16	2024		
	PA	15026					
ame of Contributor			мо	DAY	VEAD		
DA KELLEY							
g Address						\$	100.00
BEAVER	State	Zip Code (Plus 4)	4	16	2024		
	PA	PA 15009					
ame of Contributor			мо	DAY	VEAD		
R ROMESTAN				DAT	TLAK		
g Address						\$	150.00
MCDONALD	State	Zip Code (Plus 4)	4	14	2024		
	PA	15057					
							PAGE TOTAL
nter Grand Total of Pa	rt A on Schedule I, D	etailed Summary Page, S	Section 2	2.		\$	1,340.00
	g Address CLINTON ame of Contributor DA KELLEY g Address BEAVER ame of Contributor R ROMESTAN g Address MCDONALD	S MARTIN g Address CLINTON State PA ame of Contributor DA KELLEY g Address BEAVER BEAVER State PA ame of Contributor R ROMESTAN g Address MCDONALD State PA	S MARTIN g Address CLINTON State Zip Code (Plus 4) PA 15026 ame of Contributor DA KELLEY g Address BEAVER State Zip Code (Plus 4) PA 15009 ame of Contributor R ROMESTAN g Address MCDONALD State Zip Code (Plus 4) PA 15057	MARTIN MO g Address Zip Code (Plus 4) 4 CLINTON State Zip Code (Plus 4) 4 PA 15026 MO ame of Contributor PA 15026 DA KELLEY MO MO g Address State Zip Code (Plus 4) BEAVER State Zip Code (Plus 4) PA 15009 4 ame of Contributor PA 15009 ame of Contributor MO MO g Address MO MO g Address MO MO MCDONALD State Zip Code (Plus 4) PA 15057 4	MARTIN MO DAY g Address Zip Code (Plus 4) 4 16 CLINTON State Zip Code (Plus 4) 4 16 pA 15026 MO DAY ame of Contributor PA 15026 MO DAY g Address MO DAY PA 16 g Address State Zip Code (Plus 4) 4 16 BEAVER State Zip Code (Plus 4) 4 16 ame of Contributor PA 15009 4 16 ame of Contributor PA 15009 4 16 ame of Contributor PA 15009 4 16 g Address MO DAY 4 16 g Address MO AY 4 16	MO DAY YEAR g Address Image: CLINTON State Zip Code (Plus 4) 4 16 2024 ame of Contributor PA 15026 MO DAY YEAR g Address MO DAY YEAR g Address MO DAY YEAR g Address MO DAY YEAR BEAVER State Zip Code (Plus 4) 4 16 2024 ame of Contributor PA 15009 4 16 2024 MO DAY YEAR 4 16 2024 G Address PA 15009 4 16 2024 MCDONALD State Zip Code (Plus 4) 4 14 2024	MO DAY YEAR g Address

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		Å	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							- \$	0.00	
City	State	Zip Cod	e (Plus 4)						
					PAGE TOTAL				
inter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							\$	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				Rep	orting Pe	riod			
CAUL FOR THE PEOPLE				Fron	n:	<u>4/9/2</u>	<u>024</u> To):	<u>5/13/2024</u>
					D/	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	4	500.00
TERRI MITKO								4	• 500.00
Mailing Address					5	12	2024		
City BEAVER	State	Zij	p Code (Plus	4)					
	PA	15	5009						
Employer Name MITKO LAW OFFICES, P.C.					Occupat	ion	ATTOR	IEY	
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip	Code (Plus 4)
			BEAVER			PA		150	009
Full Name of Contributor					мо	DAY	YEAR		
HEATHER BARLOW					MO	DAT		\$	1,000.00
Mailing Address					5	2	2024		
City NEWPORT	State	Zij	p Code (Plus	4)	5	2	2027		
	RI	02	2840						
Employer Name DUNDON ADVISERS					Occupat	ion	MANAG	ING	DIRECTOR
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip	Code (Plus 4)
			WEST PAL	M BEA	СН	FL		334	406
							Г	-	PAGE TOTAL
Enter Grand Total of Part C on Sche	dule I, Detailed Su	umn	nary Page,	Sectio	on 3.				
								\$	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 Candidat	Name of Filing Committee or Candidate			Reporting Period					
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description						•	-		
								PAGE TO	TAL
Enter Grand Total of Part E on Schedule I, Detailed Summary 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		
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 P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	4.55
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	riod (2)	\$	300.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	350.00
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, 1		\$	654.55

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				Reporting Period						
CAUL FOR THE PEOPLE	CAUL FOR THE PEOPLE			4	<u>4/9/2024</u>	То:	<u>5/13/2024</u>				
				DATE			AMOUNT				
Full Name of Contributor			мо	DAY	YEAR						
RONALD NARDICK	MO	DA1	TEAK	\$	200.00						
Mailing Address				16	2024] *	200.00				
City BEAVER	State	Zip Code (Plus 4)									
	РА	15009									
Description of Contribution: HALL REN	ITAL	1			•						
Full Name of Contributor			мо	DAY	YEAR						
MARIE FERGUSON			MO	DAT	TEAK	\$	100.00				
Mailing Address			4	17	2024] *	100.00				
City BULGER	State	Zip Code (Plus 4)		1,	2021						
	PA	15019									
Description of Contribution: HALL REN	ITAL	+	-			•					
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind (Contributions Deta	iled Sum	mary Pag	je,		PAGE TOTAL				
						\$	300.00				

PAGE 11

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

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				porting	Period				
CAUL FOR THE PEOPLE					om:	2 <u>4</u> To:	o: <u>5/13/2024</u>			
						DATE		AMOUNT		
Full Name of Contributor MICHAEL JACKSON					мо	DAY	YEAR			
Mailing Address					4	16	2024	\$	350.00	
City AMBRIDGE	State		Zip Code(Plus 4)							
Employer of Contributor	PA		15003		Occup	ation RI	ETIRED			
Employer Mailing Address/Principal Place of Business Cir			ty	Stat	,			escription of Contribution ARD SIGNS		
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Ki	nd (Contributions D	etaile	ed				PAGE TOTAL 350.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Nam	e of Filing Committee or Candidate	2		Reporti	ng Period					
CAUL	FOR THE PEOPLE			From	<u>4/9</u>	9/2024	То:	<u>5/13/2024</u>		
					DATE			AMOUNT		
To W	nom Paid			мо	DAY	YEAR				
NEW	ALLIANCE FEDERAL CREDIT UNIC	DN								
Mailin	ng Address			4	16	2024	\$	19.06		
City	AMBRIDGE	State	Zip Code (Plus 4)	Description of Expenditure						
		РА	15003	BANK C	HECKS					
To WI	nom Paid CO			мо	DAY	YEAR				
Mailin	ng Address			4	21	2024	\$	79.74		
City	PITTSBURGH	State	Zip Code (Plus 4)	Descrip	L tion of Exp	enditure				
	PA 15205				OR EVENT					
-	nom Paid LUE, LLC	мо	DAY	YEAR						
Mailin	ng Address			4	18	2024	\$	0.72		
City	SOMERVILLE	State	Zip Code (Plus 4)	Descrip	l tion of Exp	l enditure				
		МА	02144	TRANSA	ACTION PR	OCESSIN	IG FEES			
To Wi	nom Paid			мо	DAY	YEAR				
АСТВ	LUE, LLC									
Mailin	ng Address			4	29	2024	\$	3.60		
City	SOMERVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		МА	02144	TRANSA	ACTION PR	OCESSIN	IG FEES			
To WI	nom Paid			мо	DAY	YEAR				
АСТВ	LUE, LLC									
Mailin	ng Address			4	30	2024	\$	1.50		
City	SOMERVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		МА	02144	TRANSA	ACTION PR	OCESSIN	IG FEES			
To WI	To Whom Paid				DAY	YEAR				
АСТВ	ACTBLUE, LLC									
Mailin	lailing Address		5	1	2024	\$	3.75			
City	City SOMERVILLE State Zip Code (Plus 4)			Description of Expenditure						
	MA 02144				TRANSACTION PROCESSING FEES					

To Wh	nom Paid				DAY	YEAR			
STRIP	E			мо	DAT	TEAR			
Mailin	g Address			4	18	2024	\$	1.29	
City	SOUTH SAN FRANCISCO	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure			
		СА	94080	TRANSA	CTION PR	OCESSIN	G FEES		
To Wh	om Paid			мо	DAY	YEAR			
STRIP	E				D AT	I EAN			
Mailin	g Address			4	29	2024	\$	5.51	
City	SOUTH SAN FRANCISCO	State	Zip Code (Plus 4)	Description of Expenditure					
		СА	94080	TRANSA	CTION PR	OCESSIN	G FEES		
To Wh	om Paid			мо	DAY	YEAR			
					20	2024	\$	2.43	
Maning	g Address	1	1	4	30	2024	Ŧ		
City	SOUTH SAN FRANCISCO	State	Zip Code (Plus 4)		tion of Exp				
		CA	94080	TRANSA	CTION PR	OCESSIN	G FEES		
To Whom Paid STRIPE					DAY	YEAR			
	g Address	5	1	2024	\$	5.73			
City	SOUTH SAN FRANCISCO	State	Zip Code (Plus 4)	Descript	l tion of Exp	enditure			
		СА	94080	TRANSA	CTION PR	OCESSIN	G FEES		
To Wh	om Paid			мо	DAY	YEAR			
GIANT	EAGLE					TEAN			
Mailin	g Address			4	15	2024	\$	99.90	
City	MOON TWP	State	Zip Code (Plus 4)	Description of Expenditure					
		РА	15108	FOOD F	OR EVENT				
	om Paid			мо	DAY	YEAR			
WALM	g Address			4	16	2024	\$	47.35	
City	MOON TWP	State	Zip Code (Plus 4) 15108		roducts				
	om Paid	PA	15108						
	ATES CATERING			мо	DAY	YEAR			
	Mailing Address			4	16	2024	\$	492.20	
City	City ALIQUIPPA State Zip Code (Plus 4)			Descript	l tion of Exp	enditure			
	PA 15001			FOOD FOR EVENT/CATERING					
Enter Grand Total of Exponditures on Page 1. Depart Cover Page Them D							PAGE TOTAL		
Enter	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D						\$	762.78	