

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 : 20220435		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: CHARITY FOR PA REP.											
Street Address: PO BOX 622											
City: SMITHFIELD					State: PA		Zip Code: 15478				
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	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	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR	REP			
					11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		4	9	2024		5	13	2024			
A. Amount Brought Forward From Last Report					\$ 16,998.68						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 200.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 17,198.68						
D. Total Expenditures (From Schedule III)					\$ 2,917.46						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 14,281.22						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 2,895.45						

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
CHARITY FOR PA REP.	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)	\$ 0.00

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)	\$ 200.00
TOTAL for the Reporting Period (2)	\$ 200.00

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)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

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.)	\$ 200.00
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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 CHARITY FOR PA REP.	Reporting Period From: <u>4/9/2024</u> To: <u>5/13/2024</u>
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DATE	AMOUNT
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Full Name of Contributor GREGORY CHRASH			MO	DAY	YEAR	\$ 100.00
Mailing Address 40 HERITAGE HILLS ROAD			5	4	2024	
City UNIONTOWN	State PA	Zip Code (Plus 4) 15401				

Full Name of Contributor TODD MINER			MO	DAY	YEAR	\$ 100.00
Mailing Address 20 MINER DR						
City CONNELLSVILLE	State PA	Zip Code (Plus 4) 15425				

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

PAGE TOTAL
\$ 200.00

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	Reporting Period
	From: To:

			DATE	AMOUNT
Full Name of Contributor			MO	\$ 0.00
Mailing Address			DAY	
City	State	Zip Code (Plus 4)	YEAR	
Employer Name			Occupation	
Employer Mailing Address/Principal Place of Business		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 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	
CHARITY FOR PA REP.		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)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
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: To:
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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.						PAGE TOTAL \$ 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

Name of Filing Committee or Candidate	Reporting Period
CHARITY FOR PA REP.	From <u>4/9/2024</u> To: <u>5/13/2024</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
NEMACOLIN WOODLANDS				
Mailing Address 1001 LAFAYETTE DR.	5	10	2024	\$ 1,597.50
City FARMINGTON	State PA	Zip Code (Plus 4) 15437	Description of Expenditure CLAY SHOOT DEPOSIT	
To Whom Paid	MO	DAY	YEAR	
FAIRCHANCE EXCHANGE CHARITIES, INC.				
Mailing Address PO BOX 536	4	14	2024	\$ 100.00
City FAIRCHANCE	State PA	Zip Code (Plus 4) 15436	Description of Expenditure FISHING DERBY DONATION	
To Whom Paid	MO	DAY	YEAR	
WMBS RADIO				
Mailing Address 44 SOUTH MOUNT VERNON AVE.	4	14	2024	\$ 1,110.00
City UNIONTOWN	State PA	Zip Code (Plus 4) 15478	Description of Expenditure RADIO AD	
To Whom Paid	MO	DAY	YEAR	
STAPLES				
Mailing Address 3 WORK PKWY	4	11	2024	\$ 109.96
City UNIONTOWN	State PA	Zip Code (Plus 4) 15401	Description of Expenditure	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL
				\$ 2,917.46

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate	Reporting Period
CHARITY FOR PA REP.	From: <u>4/9/2024</u> To: <u>5/13/2024</u>

				DATE		Outstanding Balance of Debt	
Name of Creditor CHARITY GRIMM KRUPA				MO	DAY	YEAR	\$ 128.78
Mailing Address 174 LARMAN MILL ROAD				10	27	2023	
City SMITHFIELD		State PA	Zip Code (Plus 4) 15478	Description of Debt PAYMENT TO WALMART FOR CAKE AND BEVERAGE FOR EVENT			
Name of Creditor CHARITY GRIMM KRUPA				MO	DAY	YEAR	\$ 222.54
Mailing Address 174 LARMAN MILL ROAD				10	19	2023	
City SMITHFIELD		State PA	Zip Code (Plus 4) 15478	Description of Debt PAYMENT TO SAM'S CLUB FOR PARADE CANDY			
Name of Creditor CHARITY GRIMM KRUPA				MO	DAY	YEAR	\$ 305.95
Mailing Address 174 LARMAN MILL ROAD				10	21	2023	
City SMITHFIELD		State PA	Zip Code (Plus 4) 15478	Description of Debt PAYMENT TO SAM'S CLUB FOR BEVERAGES, NAPKINS, UTENSILS, AND PLATES FOR EVENT			
Name of Creditor MASONTOWN TROPHY AND EMBROIDERY				MO	DAY	YEAR	\$ 123.76
Mailing Address 174 LARMAN MILL ROAD				10	23	2023	
City SMITHFIELD		State PA	Zip Code (Plus 4) 15478	Description of Debt TROPHIES AND AWARDS FOR CLAY SHOOT FUNDRAISER			
Name of Creditor C&J				MO	DAY	YEAR	\$ 394.00
Mailing Address 174 LARMAN MILL ROAD				1	3	2023	
City SMITHFIELD		State PA	Zip Code (Plus 4) 15478	Description of Debt CATERING FOR SWEARING-IN			

Name of Creditor CHARITY GRIMM KRUPA			MO	DAY	YEAR	\$ 1,590.00
Mailing Address 174 LARMAN MILL ROAD			10	25	2023	
City SMITHFIELD	State PA	Zip Code (Plus 4) 15478	Description of Debt PAYMENT FOR MYERS CATERING FOR CATERING FOR CLAY SHOOT FUNDRAISER			
Name of Creditor CHARITY GRIMM KRUPA			MO	DAY	YEAR	\$ 100.00
Mailing Address 174 LARMAN MILL ROAD			3	5	2024	
City SMITHFIELD	State PA	Zip Code (Plus 4) 15478	Description of Debt SPONSOR FEE FOR GERMAN TOWNSHIP DAYS			
Name of Creditor CHARITY GRIMM KRUPA			MO	DAY	YEAR	\$ 30.45
Mailing Address 174 LARMAN MILL ROAD			1	30	2024	
City SMITHFIELD	State PA	Zip Code (Plus 4) 15478	Description of Debt PAYMENT TO UNITED STATES POSTAL SERVICE			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 2,895.48