Campaign Finance Report

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

Filer Identificati Number :	on 202	30338			Rep File			CAND	IDA	ATE		COMN	1ITTEE	✓	LOBI	BYIST		
Name of Filing C	ommittee, Candi	date or L	obbyist:		FRIE	ND:	S OF	MIGUEL	. VA	SQUE	Z							
Street Address:																		
City:	TEMPLE							State:	Р	PA			Zip Cod	le: 19	560-1	502		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE- 2. PRIMARY				30 DA PRIMA		POST- 3. X				AMENDM REPORT?	Yes	N	0	√	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	Y PRE	- 5		30 DA		РО	ST- (5.		TERMINA REPORT?		Yes	N	0	\
report type)	ANNUAL REPOR	r 7.	Year 2024					NG METH CHECK (PAPER		√	DISK	ETTE	
Name of Office S	ought by Candid	ate:			•	-		DATE	OF	ELEC	TIO	N	District Number	Office Code	Par	ty Cod	e Cour	
SENATOR IN TH	HE GENERAL ASS	SEMBLY						МО	D	PAY	YE	AR	11	STS	REP		06	
		,						1	1	!	5	2024		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of Expenditures		МО	DAY	YEAR		_	_	МО	D	PAY	YE	AR	FO	R OFFIC	E USE	ONLY	'	
			4 9	20)24	T	O 		5	1	3	2024						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				3	90.00						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule :	I)	\$				1	00.00						
C. Total Funds	Available (Sum (of Lines A	and B)				\$				4	90.00						
D. Total Expend	ditures (From Sc	nedule II	I)				\$					0.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$				4	90.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedul	e II))	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV	')			\$					0.00						
				AFF:	IDA	VI٦	ΓSE	CTION										
PART I - If this is			_						-	-		_						
I swear (or affirm) correct and comple	that this report, in ete.	cluding the	e attached scl	hedules	filed	on I	oaper	or by elec	ctro	nic me	dium,	are to t	he best o	f my knov	/ledge	and be	lief , tr	ue
Sworn to and subs	cribed before me th day of	is	20						_		Si	ignature	of Perso	1 Submitt	ing Rep	ort		_
	Signat	ure	_				• •		_				Prin	ted Name				_
My Commission Ex	pires						_						Emai	il				
	мо	D	AY	YR						Area	Cod	e	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a car	ndidate's	authorized	Comm	ittee	e, Ca	andid	ate shal	l si	gn hei	re.							
I swear (or affirm) No 320) as amende		my knowl	edge and beli	ef this	politi	cal	comm	ittee has	not	violate	ed any	y provisi	ions of the	e act of Ju	ne 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed before me thi day of	5	20						-			Si	ignature o	of Candida	te			_
							•		_				Printe	d Name				-
	Signature	ı					-		_									_
My Commission Exp	ires												Emai	ıı				
	мо	D	AY	YR					_	Area C	ode		Da	ytime Te	lephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period						
FRIENDS OF MIGUEL VASQUEZ	From:	4/9/202	<u>4</u> To:	<u>5/13/2024</u>			
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor							
TOTAL for the Reporting	g 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)			\$	100.00			
TOTAL for the Reporting	\$	100.00					
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	J Period	(3)	\$	0.00			
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)							
TOTAL for the Reporting	g Period	(4)	\$	0.00			
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	100.00			

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 Candidate			Reporting Period						
		ı	From:		То	:			
		·		DATE			AMOUNT		
Full Name of Contributing Committee			МО	DAY	YEAR				
Mailing Address		_				\$	0.00		
City	State	Zip Code (Plus 4)							

PAGE TOTAL
0.00

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

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

Reporting Period

FRIENDS OF MIGUEL VASQUEZ

From:

DATE

4/9/2024 **To:**

5/13/2024

AMOUNT

Full N	Full Name of Contributor				DAY	YEAR	
Vane	ssa McAndrew			МО	DAI	ILAK	
Mailir	ng Address						\$ 100.00
City	Reading	State	Zip Code (Plus 4)	4	13	2024	
		PA	19605				

PAGE TOTAL 100.00

\$

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

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		Α	MOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00
Mailing Address							- \$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detaile	d Summary Pa	age, Sectio	n 3.			\$	0.00

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			
					From: To:				
DATE						ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address								7	
City	State	Zi	p Code (Plus	s 4)					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, So					on 3.				PAGE TOTAL
								\$	0.00

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			Report	ing Peri	od			
			From:			To:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Coand Total of Dant	Fan Cahadula I Datailad	I Company Dome C	` !	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	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		
FRIENDS OF MIGUEL VASQUEZ	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	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candi	Reporting Period							
F						То:		
		DATE		AMOUNT				
Full Name of Contributor				DAY	YEAR			
Mailing Address						7 \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•	•			
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Details			led Sum	mary Pag	ge,		PAGE TOTAL	
Section 2.						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	porting	Period			
F					m:	То:			
DATE								AMOUNT	
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Place of Business City					e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period						
				From			То:		
D.F.							AMOUNT		
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City State Zip Code (Plus 4)			Descrip	tion of Exp	enditure				
Enter Grand Total of Evnenditures	on Bago 1 Bonort C	Cover Page Item [PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			, .			\$	0.00		