

Commonwealth of Pennsylvania

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 : 20180505		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: RICKY'S PRIDE										
Street Address: PO BOX 312										
City: LANSDALE			State: PA		Zip Code: 19446					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	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				
				11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		5	14	2024	TO	9	16	2024		
A. Amount Brought Forward From Last Report				\$		1,001.32				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		481.27				
C. Total Funds Available (Sum Of Lines A and B)				\$		1,482.59				
D. Total Expenditures (From Schedule III)				\$		557.93				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		924.66				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
RICKY'S PRIDE	From: <u>5/14/2024</u> To: <u>9/16/2024</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)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 0.00

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)	\$ 481.27
TOTAL for the Reporting Period (3)	\$ 481.27

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.)	\$ 481.27
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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
	From: _____ To: _____
DATE AMOUNT	

Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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	Reporting Period
	From: _____ To: _____

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

PAGE TOTAL
\$ 0.00

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: To:
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	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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 RICKY'S PRIDE	Reporting Period From: <u>5/14/2024</u> To: <u>9/16/2024</u>
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	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$
Robert Repko	8	18	2024	481.27
Mailing Address 757 Spring Valley Road				
City Doylestown				
State PA				
Zip Code (Plus 4) 18901				
Employer Name Repko Law LLC	Occupation Attorney			
Employer Mailing Address/Principal Place of Business 100 E Court St	City Doylestown		State PA	Zip Code (Plus 4) 18901

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

PAGE TOTAL
\$ 481.27

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.

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 RICKY'S PRIDE	Reporting Period From: <u>5/14/2024</u> To: <u>9/16/2024</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 RECEIVED - 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: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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: _____
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
City	State	Zip Code(Plus 4)			
Employer of Contributor					
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
RICKY'S PRIDE	From <u>5/14/2024</u> To: <u>9/16/2024</u>

				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
Madeleine Dean					
Mailing Address PO Box 444	5	17	2024	\$	50.00
City Glenside	State PA	Zip Code (Plus 4) 19038	Description of Expenditure Donation		
To Whom Paid	MO	DAY	YEAR		
Key Bank					
Mailing Address 1804 North Broad St	6	28	2024	\$	5.00
City Lansdale	State PA	Zip Code (Plus 4) 19446	Description of Expenditure Service fees		
To Whom Paid	MO	DAY	YEAR		
Key Bank					
Mailing Address 1804 North Broad St	7	31	2024	\$	5.00
City Lansdale	State PA	Zip Code (Plus 4) 19446	Description of Expenditure Service fees		
To Whom Paid	MO	DAY	YEAR		
Key Bank					
Mailing Address 1804 North Broad St	8	30	2024	\$	5.00
City Lansdale	State PA	Zip Code (Plus 4) 19446	Description of Expenditure Service fees		
To Whom Paid	MO	DAY	YEAR		
Harris Victory Fund					
Mailing Address PO BOX 96663	7	23	2024	\$	25.00
City Washington	State DC	Zip Code (Plus 4) 20077-7085	Description of Expenditure Donation		
To Whom Paid	MO	DAY	YEAR		
Crowne Plaza Hotel					
Mailing Address 23 S. Second St.	7	1	2024	\$	221.65
City Harrisburg	State PA	Zip Code (Plus 4) 17101	Description of Expenditure Lodging for meeting		

To Whom Paid Amazon			MO	DAY	YEAR	\$ 7.87
Mailing Address 410 Terry Ave N			7	23	2024	
City Seattle	State WA	Zip Code (Plus 4) 98109	Description of Expenditure Copy paper			
To Whom Paid Giant			MO	DAY	YEAR	\$ 24.88
Mailing Address 1201 Knapp Rd			8	18	2024	
City North Wales	State PA	Zip Code (Plus 4) 19454	Description of Expenditure Beverages for event			
To Whom Paid Adrian Seltzer			MO	DAY	YEAR	\$ 210.00
Mailing Address 705 Greythorne Road			7	23	2024	
City Wynnewood	State PA	Zip Code (Plus 4) 19096	Description of Expenditure Refund for Human Relations Dinner			
To Whom Paid Amazon			MO	DAY	YEAR	\$ 3.53
Mailing Address 410 Terry Ave N			8	13	2024	
City Seattle	State WA	Zip Code (Plus 4) 98109	Description of Expenditure Office supply			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 557.93

