# **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 :	ion	20240	20733			Repo Filed		:	CANDI	DATE	~	СС	OMMITTEI	E	LOBE	BYIST		
Name of Filing (	Committee,	Candida	ite or Lo	bbyist:		PAT R	ITCH	HIE										
Street Address:																		
City:									State:	<b>Zip Code:</b> 16214								
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FRIDA PRIMARY	Y PRE	PRE- 2. 30 DAY PRIMARY				POST- 3.			AMENDM REPORT?		Yes	Nc	' <b>'</b>	</td
(place X to the right of	6TH TUESD PRE-ELECT		4. <b>X</b>	2ND FRIDA ELECTION	Y PRE	5.		) da .ect	Y F 'ION	POST- 6.			TERMINATION REPORT?		Yes	Nc	'	<
report type)	ANNUAL R	EPORT	7.	<b>Year</b> 2024					IG METHO				PAPER		$\checkmark$	DISKE	TTE	
Name of Office	⊥ Sought by C	andidat	e:						DATE O	F ELEC	TION		District Number	Office Code	Par	ty Code	Count	
									мо	DAY	YEA	R	63	STH	DEN	1	leone	
REPRESENTAT	IVE IN THE	GENER	AL ASSE	EMBLY					11		5	2024	·	(SEE INSTRUCTIONS FOR CODES)				
Summary of		and	мо	DAY	YEAR	1			мо	DAY	YE/	AR	FO	R OFFIC	E USE	ONLY		
Expenditures	s from:			5 14	2	024	то		9	1	6	2024						_
A. Amount Bro	ught Forwa	rd From	Last Re	eport				\$				0.00	1					
B. Total Monet	ary Contrib	utions A	nd Rece	eipts (From	n Sche	dule I)	)	\$				0.00						
C. Total Funds	Available (	Sum Of	Lines A	and B)				\$				0.00						
D. Total Expen	ditures (Fro	om Sche	dule III	:)				\$				0.00						
E. Ending Cash	Balance (S	Subtract	Line D I	From Line	C)			\$				0.00						
F. Value Of In-	Kind Contri	butions	Receive	ed (From S	chedu	le II)		\$				0.00						
G. Unpaid Deb	ts And Oblig	gations	(From S	chedule IV	')			\$				0.00						
					AFF	IDAV	IT :	SE	CTION									
PART I - If this i	s a Commit	tee repo	ort, treas	surer sign	here. I	If this	is a	Can	didate re	eport, ca	andida	ate sig	gn here.					
I swear (or affirm correct and compl		port, inclu	uding the	attached sc	hedules	s filed o	n paj	per o	or by electi	ronic me	dium, a	are to f	the best of	my know	ledge	and beli	ef , tru	ie,
Sworn to and subs	scribed before day of	e me this									Sig	gnature	e of Person	Submitti	ing Rep	ort		-
				20			_						Duint					_
		Signatur	e				_							ed Name				_
My Commission E	xpires 	0	DA	Y	YR					Area	a Code		Emai	l e Telepho	one Nu	mber		-
Part II- If this is	a report o	f a cand	idate's a	authorized		nittee.	Can	dida	ate shall :				.,.					ᅥ
I swear (or affirm) No 320) as amend	· ) that to the									-		provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333	i,
Sworn to and subse		me this										s	ignature o	f Candida	te			-
	day of			20									Drinto	d Name				-
	Sic	gnature								Printed Name								
My Commission Exp	_												Emai	1				
		мо	DA	Y	YR					Area Code Daytime Telephone Number								

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** PAT RITCHIE From: <u>5/14/2024</u> **To:** 9/16/2024 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **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)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 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 \$ 0.00 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 Candidate				Reporting Period						
Fi				From: To:						
					DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
							Г	PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	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		Rep	orting P	eriod					
			Fror	From: To			D:			
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address		_					\$	0.00		
City	State	Zip Code (Plus 4	)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 0.00										

# 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:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00
Mailing Address							<b>]</b> *		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	L
Enter Grand Total of Part C on Sched	age, Sectio	n 3.			\$	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 Re				eporting Period					
			Fron	n:		Τά	):		
				DA	ATE		A	MOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupat	ion				
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Cod	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Sectio	on 3.			P. \$	<b>AGE TOTAL</b> 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			Report	ing Peric	d				
			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 Sched	ule 1, Detailed Sumn	nary 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	I	
PAT RITCHIE	From:	<u>5/14/2024</u> <b>то:</b>	<u>9/16/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

## VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period					
F						То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						<b>7</b> \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	ł		•					
Enter Grand Total of Part F on Section 2.	Schedule II, In-Kir	nd Contributions Detai	led Sum	mary Pag	je,		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:		То:			
					DATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							<b>\$</b> 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor		•		Occupa	tion		•		
Employer Mailing Address/Principal Plac	e of Business C	lity	State	e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	Contributions D	etaile	d			<b>PAGE TOTAL</b> 0.00		

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period						
	From			То:					
				DATE			AMOUNT		
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City State Zip Code (Plus 4)				Description of Expenditure					
Enter Grand Total of Exponditures	on Page 1. Penert (	Cover Bage Item [	<b>`</b>				PAGE TOTAL		
Enter Grand Total of Expenditures of	JII Page 1, Report C	lover Page, menn i				\$	0.00		

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