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	20240	:0239				eport led B		CAN	DIE	DIDATE COMMITTEE LOBBYIST								
Name of Filing C	ommittee, Ca	andida	te or Lo	obbyist:		KE	EFER	WETZ	ZEL, D	AW	'N								
Street Address:																			
City: State:											Zip Code: 17019-9334								
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRI PRIMAR		PRE-	2.	30 DA		P	OST-	3.		AMENDMENT REPORT?		Yes	N	0	√
(place X to the right of	6TH TUESDAY PRE-ELECTION		4. X	2ND FRI ELECTIO		PRE-	5.	30 DA		P	OST- 6.			TERMINATION REPORT?		Yes	N	0	\
report type)	ANNUAL REF	PORT	7.	Year 20)24				IG MET CHECK					PAPER		\	DISK	ETTE	
Name of Office S	- Sought by Car	ndidate	a :						DATE	OI	F ELEC	СТІ	ON	District Number	Office Code	Par	ty Code	Code	
SENATOR IN T	HE GENERAL	ΔSSFI	MRLY						МО		DAY	١	/EAR	31	STS	REF			
SEWATOR IN TH	TE GENTERVIE	7,000								11		5	2024		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of		nd	МО	DAY	Y	EAR			МО	DAY YEAR FOR OFFICE USE ONLY						7			
Expenditures	irom:			5	14	2024	4 T	0		9	1	۱6	2024						
A. Amount Bro	ught Forward	l From	Last Re	eport				\$					0.00						
B. Total Moneta	ary Contribut	ions A	nd Rece	eipts (Fi	rom S	chedul	le I)	\$					0.00						
C. Total Funds	Available (Su	ım Of I	Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From	1 Sched	dule III	[)				\$					0.00						
E. Ending Cash	Balance (Sul	btract	Line D	From Li	ne C)			\$					0.00						
F. Value Of In-	Kind Contribu	utions	Receive	ed (Fron	n Sch	edule 1	II)	\$					0.00						
G. Unpaid Debt	s And Obliga	tions (From S	chedule	iV)			\$		0.00									
					A	AFFID	OAVI	T SE	CTIO	N									
PART I - If this is		-	-		_								_						
I swear (or affirm) correct and comple		rt, inclu	ding the	attached	l sche	dules file	ed on	paper	or by ele	ectr	onic me	ediui	m, are to t	the best of	my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed before n day of	ne this		20						-			Signature	of Person	Submitt	ing Re _l	ort		_
		ignature		_				- -		Printed Name							_		
My Commission Ex		gnature	-							Email							-		
	мо		DA	λY		YR				-	Are	ea Co	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a	candi	date's	authoriz	zed Co	ommitt	tee, C	andid	ate sha	all s	ign he	ere.							
I swear (or affirm) No 320) as amende		st of my	/ knowle	edge and	belief	this pol	litical	comm	ittee ha	s no	t violat	ted a	any provis	ions of the	act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc		e this											s	ignature of	Candida	ite			-
	day of —— ——			- 20 - —				-						Printed	l Name				- J
	Signa	ature						-		_					_				_
My Commission Exp	ires													Email					
	M	10	DA	ΑΥ		YR		-		,	Area	Code	9	Da	ytime Te	elephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
KEEFER WETZEL, DAWN	From:	<u>5/14/202</u>	2 <u>4</u> To:	9/16/2024
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)			\$	0.00
TOTAL for the Reporting	g 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)			\$	0.00
TOTAL for the Reporting	y 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			\$	0.00

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 Committ	Reporting Period						
		F	rom:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing	g Committee		мо	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.

Full Name of Contributor Mo DAY YEAR Mailing Address City State Zip Code (Plus 4)	MINT
Full Name of Contributor MO DAY YEAR Mailing Address \$	IINT
MO DAY YEAR Mailing Address \$	OITI
City State Zip Code (Plus 4)	0.00
PA	E TOTAL

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		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on School	dule I, Detailed Sun	nmary 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					Reporting Period						
From						om: To:					
	D	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 Sch	edule I, Detaile	ed Sumr	mary Page,	Section	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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 Perio	d	
KEEFER WETZEL, DAWN	From:	<u>5/14/2024</u> To:	9/16/2024
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 Candidate	Reporting Period							
	From:			То:				
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	-	•	•	•			
Enter Grand Total of Part F on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting Period					
Fr						rom:				
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 Plac	e of Business	City	у	State	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	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.								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)	Descrip	tion of Exp	enditure		
Enter Grand Total of Expenditures				PAGE TOTAL			
Lines Grand Total of Expenditures	, .			\$	0.00		