# **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 :	<b>ion</b> 2024	C0894			Repo Filed			CANDI	DATE	✓	CC	OMMITTE	E	LOB	BYIST	Г		
Name of Filing	Committee, Candid	ate or L	obbyist:			-		STOPHE	R J									
Street Address:																		
City:							State: Zip (						ip Code: 15206					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		DAY IMAI		POST-	3. <b>X</b>		AMENDM REPORT?		Yes	Ν	0	$\checkmark$	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION				DAY ECTI	•	POST-	6.		TERMINATION REPORT?		Yes	N	0	$\checkmark$	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2024					G METHO HECK O				PAPER		$\checkmark$	DISK	ETTE		
Name of Office	L Sought by Candida	te:					1	DATE O	FELE	СТІО	N	District Number	Office Code	Par	ty Cod	e Cour Code		
STATE TREASU	IDED						ſ	мо	DAY	YE	AR	-1	TRE	FWI	D	02		
STATE TREASU	JKEK							11		5	2024		(SEE INS	TRUCTI	ONS FOR	CODES	5)	
	Receipts and	мо	DAY	YEAF	2		I	мо	DAY	YE	AR	FO	R OFFIC	E USE	ONLY	,		
Expenditure	s from:		4 9	2	024	то		5		13	2024							
A. Amount Bro	ought Forward From	n Last R	eport				\$			(5	65.55)							
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I	)	\$				0.00							
C. Total Funds	Available (Sum Of	f Lines A	and B)				\$			(5	65.55)							
D. Total Expen	ditures (From Sch	edule II	I)				\$			6	20.68							
E. Ending Cash	n Balance (Subtrac	t Line D	From Line	C)			\$			(1,18	36.23)							
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	chedu	le II)		\$				0.00							
G. Unpaid Deb	ts And Obligations	(From S	Schedule I\	/)			\$				0.00							
				AFF	IDAV	/IT S	SEC	TION										
	s a Committee rep		-						• •			-						
I swear (or affirm correct and compl	) that this report, incl lete.	luding the	e attached sc	hedule	s filed o	on pap	er o	r by elect	ronic m	edium	, are to	the best of	my knov	vledge	and be	lief , tr	ue	
Sworn to and sub	scribed before me this day of	5	20							s	ignatur	e of Persor	Submitt	ing Rep	oort		-	
	Signatu	re				_						Print	ed Name				-	
My Commission E	-	-										Emai	I				_	
	мо	D	AY	YR					Ar	ea Cod	le	Daytim	e Teleph	one Nu	mber			
Part II- If this is	a report of a can	didate's	authorized	Com	nittee,	Cand	lida	te shall	sign h	ere.								
I swear (or affirm No 320) as amend	) that to the best of n ed.	ny knowle	edge and bel	ief this	o politica	al con	nmit	tee has n	ot viola	ted an	y provis	ions of the	act of Ju	ine 3,1	937 (P.	L. 133	з,	
Sworn to and subscribed before me this Signature of Candidate									-									
			-~									Printe	d Name				-	
My Commission Ex	Signature											Emai	1				_	
																	_	
	мо	D	AY	YR	Ł				Area	Code		Da	ytime Te	elephor	e Num	ber		

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FOSTER, CHRISTOPHER J From: <u>4/9/2024</u> **To:** <u>5/13/2024</u> 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							
				From: To:			:				
		·			DATE			AMOUNT			
Full Name of Contributing Committee			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 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: T			Тс	0:			
					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		A	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.00		
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
inter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 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				Reporting Period						
From:				n:		Т	То:			
				D/	<b>ATE</b>		АМ	IOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Plu	s 4)							
Employer Name		-		Occupation						
Employer Mailing Address/Principal Pla	ce of Business	City			State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							РА \$	<b>GE 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			Reporting Period						
			From:			То:			
				D	ATE			AMOUNT	Г
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 Sumr	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		
FOSTER, CHRISTOPHER J	From:	<u>4/9/2024</u> <b>To:</b>	<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	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
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 Re			Reporting Period						
	From:			То:					
	DATE			AMOUNT					
Full Name of Contributor				DAY	YEAR				
Mailing Address		_				<b>7</b> \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:			1						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page,							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:						
					DATE	AMOUNT				
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor		•		Occupa	ation					
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution			
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					<b>PAGE TOTAL</b> 0.00					

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
FOSTER, CHRISTOPHER J			From	<u>4/9</u>	9/2024	То:	<u>5/13/2024</u>				
				DATE			AMOUNT				
To Whom Paid			мо	DAY	YEAR						
CHRIS FOSTER COMMITTEE TO ELECT											
Mailing Address 5532 AVONDALE PL				19	2024	\$	27.99				
City         PITTSBURGH         State         Zip Code (Plus 4)				tion of Exp	enditure						
	PA	15206	cash loa	an - campa	ign appa	rel					
	мо	DAY	YEAR								
CHRIS FOSTER COMMITTEE TO ELECT Mailing Address 5532 AVONDALE PL				19	2024	\$	204.36				
City PITTSBURGH	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure						
	PA	15206	cash loa	an - campa	ign pins						
To Whom Paid CHRIS FOSTER COMMITTEE TO ELECT			мо	DAY	YEAR						
Mailing Address 5532 AVONDALE PL			4	24	2024	\$	357.29				
City PITTSBURGH	State	Zip Code (Plus 4)	Description of Expenditure								
	PA	15206	cash loa	an - campa	ign appa	rel - bulk	order				
To Whom Paid CHRIS FOSTER COMMITTEE TO ELECT			мо	DAY	YEAR						
Mailing Address 5532 AVONDALE PL			4	24	2024	\$	31.04				
City PITTSBURGH	State	Zip Code (Plus 4)	Descript	 tion of Exp	enditure						
PA 15206			-	an - travel		- fuel					
					PAGE TOTAL						
Enter Grand Total of Expenditures of	on Page 1, Report C	over Page, Item D	).			\$	620.68				