

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 : 2024C0891		Report Filed By :		CANDIDATE <input checked="" type="checkbox"/>		COMMITTEE		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: CIESIELSKI, NICKOLAS MARK											
Street Address:											
City:				State:		Zip Code: 15601					
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.	2ND FRIDAY PRE-ELECTION	5.X	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
STATE TREASURER					MO	DAY	YEAR	-1	TRE	LIB	65
					11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		MO	DAY	YEAR	FOR OFFICE USE ONLY	
		9	17	2024			10	21	2024		
A. Amount Brought Forward From Last Report					\$		0.00				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		611.40				
C. Total Funds Available (Sum Of Lines A and B)					\$		611.40				
D. Total Expenditures (From Schedule III)					\$		611.40				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		0.00				
F. Value Of In-Kind Contributions Received (From Schedule II)					\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)					\$		259.06				

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 of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate CIESIELSKI, NICKOLAS MARK	Reporting Period From: <u>9/17/2024</u> To: <u>10/21/2024</u>
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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)	\$ 352.34
TOTAL for the Reporting Period (2)	\$ 352.34

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 Period (3)	\$ 0.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 259.06

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.)	\$ 611.40
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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 CIESIELSKI, NICKOLAS MARK				Reporting Period From: <u>9/17/2024</u> To: <u>10/21/2024</u>			
				DATE		AMOUNT	
Full Name of Contributor Robert Green				MO	DAY	YEAR	\$ 26.06
Mailing Address 4514 Chamblee Dunwoody Rd 287				9	22	2024	
City Atlanta	State GA	Zip Code (Plus 4) 30338					
Full Name of Contributor Gretchen Brocard				MO	DAY	YEAR	\$ 56.95
Mailing Address 496 Sybil Lane				9	22	2024	
City Marietta	State GA	Zip Code (Plus 4) 30067					
Full Name of Contributor Gerred Bell				MO	DAY	YEAR	\$ 26.06
Mailing Address 2656 Rhonda Ct				9	22	2024	
City Duluth	State GA	Zip Code (Plus 4) 30096					
Full Name of Contributor Stephen Phillips				MO	DAY	YEAR	\$ 26.06
Mailing Address 403 Cantyre St				9	22	2024	
City Port Wentworth	State GA	Zip Code (Plus 4) 31407					
Full Name of Contributor Jeanne Sprouse				MO	DAY	YEAR	\$ 10.61
Mailing Address 785 Thompson Run Rd				9	22	2024	
City Pittsburgh	State PA	Zip Code (Plus 4) 15237					
Full Name of Contributor Seth Tuthill				MO	DAY	YEAR	\$ 103.30
Mailing Address 360 Weddell Drive Weddell Drive				10	1	2024	
City Rostraver Township	State PA	Zip Code (Plus 4) 15012					

Full Name of Contributor				MO	DAY	YEAR	\$ 103.30
Matthew Giel							
Mailing Address				10	13	2024	
81 Mountainview rd							
City	Gibsonia	State	PA	Zip Code (Plus 4)	15044		

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

PAGE TOTAL	
\$	352.34

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:

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

			DATE			AMOUNT	
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name			Occupation				
Employer Mailing Address/Principal Place of Business		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 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 CIESIELSKI, NICKOLAS MARK	Reporting Period From: <u>9/17/2024</u> To: <u>10/21/2024</u>
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DATE				AMOUNT
Full Name	MO	DAY	YEAR	\$
Nick Ciesielski				259.06
Mailing Address 1346 DENTON ST	9	22	2024	
City GREENSBURG				
State PA				
Zip Code (Plus 4) 15601				
Receipt Description Loan to Campaign				

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 259.06

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	
CIESIELSKI, NICKOLAS MARK		From: <u>9/17/2024</u> To: <u>10/21/2024</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 RECIEVED - 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:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
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
CIESIELSKI, NICKOLAS MARK	From <u>9/17/2024</u> To: <u>10/21/2024</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
Pigeon Creek Designs LLC				
Mailing Address 511 Franklin Street, Unit # 333	9	22	2024	\$ 551.37
City SHOEMAKERSVILLE	State PA	Zip Code (Plus 4) 19555	Description of Expenditure Yard Signs	
To Whom Paid	MO	DAY	YEAR	
FEDEX				
Mailing Address 1001 Baltimore Pike	10	15	2024	\$ 47.69
City Springfield	State PA	Zip Code (Plus 4) 19064	Description of Expenditure Business Cards	
To Whom Paid	MO	DAY	YEAR	
Givebutter INC				
Mailing Address 2810 N Church St #53748	10	13	2024	\$ 3.30
City Wilmington	State DE	Zip Code (Plus 4) 19802	Description of Expenditure Processing Fee	
To Whom Paid	MO	DAY	YEAR	
Givebutter INC				
Mailing Address 2810 N Church St #53748	10	1	2024	\$ 3.30
City Wilmington	State DE	Zip Code (Plus 4) 19802	Description of Expenditure Processing Fee	
To Whom Paid	MO	DAY	YEAR	
Givebutter INC				
Mailing Address 2810 N Church St #53748	9	27	2024	\$ 0.61
City Wilmington	State DE	Zip Code (Plus 4) 19802	Description of Expenditure Processing Fee	
To Whom Paid	MO	DAY	YEAR	
Givebutter INC				
Mailing Address 2810 N Church St #53748	9	22	2024	\$ 1.06
City Wilmington	State DE	Zip Code (Plus 4) 19802	Description of Expenditure Processing Fee	

To Whom Paid Givebutter INC			MO	DAY	YEAR	\$ 1.06
Mailing Address 2810 N Church St #53748			9	24	2024	
City Wilmington	State DE	Zip Code (Plus 4) 19802	Description of Expenditure Processing Fee			

To Whom Paid Givebutter INC			MO	DAY	YEAR	\$ 1.95
Mailing Address 2810 N Church St #53748			9	24	2024	
City Wilmington	State DE	Zip Code (Plus 4) 19802	Description of Expenditure Processing Fee			

To Whom Paid Givebutter INC			MO	DAY	YEAR	\$ 1.06
Mailing Address 2810 N Church St #53748			9	24	2024	
City Wilmington	State DE	Zip Code (Plus 4) 19802	Description of Expenditure Processing Fee			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 611.40

SCHEDULE IV
STATEMENT OF UNPAID DEBTS
Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate CIESIELSKI, NICKOLAS MARK	Reporting Period From: <u>9/17/2024</u> To: <u>10/21/2024</u>
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				DATE		Outstanding Balance of Debt	
Name of Creditor				MO	DAY	YEAR	
Nick Ciesielski							
Mailing Address				10	23	2024	\$
1346 DENTON ST							259.06
City		State	Zip Code (Plus 4)	Description of Debt			
GREENSBURG		PA	15601	Loan to Campaign			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL
							\$ 259.06