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 :	ion 2	024C07	23			Repor Filed		CANE	DIDA	TE	C (OMMITTE	E	LOBE	BYIST							
Name of Filing C	Committee, Ca	ndidate	or Lobb	byist:		RITTER	l, JO⊦	IN D														
Street Address:																						
City:								State:	Zip Code: 15146													
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		ND FRIDA RIMARY	Y PRE-	- 2.	AY IARY	POS	ST- 3.		AMENDMENT REPORT?		Yes	No	×							
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		ND FRIDA	Y PRE	E- 5.X 30 DAY F			POS	ST- 6.	1	TERMINATION REPORT?		Yes	No	~						
report type)	ANNUAL REPO	DRT 7.	Ye	ear 2024				NG MET				PAPER		\checkmark	DISKE	TTE						
Name of Office S	- Sought by Cano	lidate:						DATE	OF I	ELECT	ION	District Number	Office Code	Par	ty Code	County Code	,					
REPRESENTAT			ASSEM	IRI V				мо	D	AY	YEAR	25	STH	REP		02						
REFRESENTATI			ASSLM	IDLI				1	1	5	2024	·]	(SEE INS	TRUCTI	ONS FOR	CODES)	_					
Summary of		d M	0	DAY	YEAR			мо	D	AY	YEAR	FO	R OFFIC	e use	ONLY							
Expenditures	s from:		9	17	20	024 1	0	1	0	21	2024	ŀ										
A. Amount Bro	ught Forward	From La	ist Repo	ort			4	5			0.00											
B. Total Monet	ary Contributio	ons And	Receip	ots (From	Schee	dule I)	5	5			500.00											
C. Total Funds	Available (Sur	n Of Lin	es A an	nd B)			9	5			500.00											
D. Total Expen	ditures (From	Schedul	le III)				9	5			0.00											
E. Ending Cash	Balance (Sub	tract Lin	ne D Fro	om Line (C)		9	5			500.00											
F. Value Of In-	Kind Contribut	ions Re	ceived	(From S	chedul	le II)	9	5			0.00											
G. Unpaid Deb	ts And Obligati	ons (Fr	om Sch	edule IV	')		9	5			0.00		'									
					AFF	IDAV	T SI		١													
PART I - If this is																						
I swear (or affirm correct and compl		, includin	ig the at	tached sc	hedules	s filed or	pape	or by ele	ctron	ic medi	um, are to	the best of	my know	ledge	and beli	ef , true	٢.					
Sworn to and subs	cribed before mo day of	e this	20	D							Signatur	e of Persor	ı Submitti	ing Rep	oort							
	Sig	nature					_					Print	ed Name									
My Commission E	xpires						_		_			Emai	I									
	МО		DAY		YR					Area	Code	Daytim	e Telepho	one Nu	mber							
Part II- If this is I swear (or affirm) No 320) as amendo	that to the best								_			sions of the	e act of Ju	ne 3,1	937 (P.L	. 1333,						
Sworn to and subscribed before me this Signature of Candidate																						
	day of		20	•																		
	Signat	ure					_		Printed Name													
My Commission Exp	-											Emai	I									
	мо		DAY		YR		-		-	Area Co	de	Da	ytime Te	lephon	Area Code Daytime Telephone Number							

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: <u>9/17/2024</u> **To:** RITTER, JOHN D 10/21/2024 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)** 500.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 500.00 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 \$ 500.00 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	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 Candida	te		Rep	orting P	eriod					
			Fror	om: T				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										

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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						
RITTER, JOHN D From:				<u>9/1</u>	7/2024	То:	<u>10</u>	<u>10/21/2024</u>		
				DA	TE		Α	MOUNT		
Full Name of Contributing Committee PA Life Political Action Committee				мо	DAY	YEAR	\$	500.00		
Mailing Address 307 N. Monroe St.				9	17	2024				
City Butler	State PA	Zip Code 16001	e (Plus 4)							
					PAGE TOTAL					
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	500.00		

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					
			Froi	n:		Т):		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE 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			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		
RITTER, JOHN D	From:	<u>9/17/2024</u> то:	<u>10/21/2024</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, 3		\$	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		_				7 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:			1						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.				ailed 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					
				m:		То:			
					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.					PAGE TOTAL 0.00				

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	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 Crand Tatal of Evnanditures	an Dago 1. Donort (Cover Dage Item I					PAGE TOTAL			
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00			