#### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identificati<br>Number :            | on 202                         | 30293       |                        |       | Repor         |         | CANDI       | DATE               |        | соми       | <b>ITTEE</b>       | ✓              | LOBE     | SYIST     |                |  |  |
|---|--------------------------------|-------------|------------------------|-------|---------------|---------|-------------|--------------------|--------|------------|--------------------|----------------|----------|-----------|----------------|--|--|
| Name of Filing C                          | Committee, Candi               | date or L   | obbyist:               | j     | FRIEND        | S OF    | CHAD RE     | ICHAR              | RD.    |            |                    |                |          |           |                |  |  |
| Street Address:                           |                                |             |                        |       |               |         |             |                    |        |            |                    |                |          |           |                |  |  |
| City:                                     | WAYNESBOR                      | .0          |                        |       |               |         | State:      | PA                 |        |            | Zip Cod            | de: 17         | 7268-1   | 801       |                |  |  |
| TYPE OF<br>REPORT                         | 6TH TUESDAY<br>PRE-PRIMARY     | 1.          | 2ND FRIDAY<br>PRIMARY  | PRE-  | 2.            | 30 DA   |             | POST-              | 3.     |            | AMENDM<br>REPORT   |                | Yes      | No        | <b>\</b>       |  |  |
| (place X to<br>the right of               | 6TH TUESDAY<br>PRE-ELECTION    | 4.          | 2ND FRIDAY<br>ELECTION | PRE   | - 5. <b>X</b> | 30 DA   |             | POST-              | 6.     |            | TERMIN/<br>REPORT  |                | Yes      | No        | <b>\</b>       |  |  |
| report type)                              | ANNUAL REPORT                  | 7.          | <b>Year</b> 2024       |       |               |         | NG METHO    |                    |        |            | PAPER              |                | <b>/</b> | DISKE     | ГТЕ            |  |  |
| Name of Office S                          | -<br>Sought by Candida         | ate:        | -                      |       | -             |         | DATE 0      | F ELE              | CTIO   | N          | District<br>Number | Office<br>Code | Par      | ty Code   | County<br>Code |  |  |
| DEDDESENITATI                             | VE IN THE GENE                 | DAI ASS     | EMRI V                 |       |               |         | МО          | DAY                | YE     | AR         | 90                 | STH            | REP      | !         | 28             |  |  |
| KLIKLSLIIIAII                             | VE IN THE OLIVE                | IVAL ASS    | LMDLI                  |       |               |         | 11          |                    | 5      | 2024       |                    | (SEE IN        | STRUCTIO | ONS FOR C | ODES)          |  |  |
|   | Receipts and                   | МО          | DAY Y                  | EAR   |               |         | МО          | DAY                | YE     | AR         | FC                 | R OFFI         | CE USE   | ONLY      |                |  |  |
| Expenditures                              | s from:                        |             | 9 17                   | 20    | )24 <b>1</b>  | О       | 10          | :                  | 21     | 2024       |                    |                |          |           |                |  |  |
| A. Amount Bro                             | ught Forward Fro               | m Last R    | eport                  |       |               | \$      |             |                    | (5,1   | 59.41)     | .41)               |                |          |           |                |  |  |
| B. Total Moneta                           | ary Contributions              | And Rec     | eipts (From S          | Sche  | dule I)       | \$      | ,           |                    | 4,7    | 4,792.20   |                    |                |          |           |                |  |  |
| C. Total Funds                            | Available (Sum C               | f Lines A   | and B)                 |       |               | \$      |             |                    | (3     | 67.21)     |                    |                |          |           |                |  |  |
| D. Total Expend                           | ditures (From Scl              | nedule II   | I)                     |       |               | \$      |             |                    | 1,5    | 91.95      |                    |                |          |           |                |  |  |
| E. Ending Cash                            | Balance (Subtra                | ct Line D   | From Line C)           |       |               | \$      |             |                    | (1,95  | 9.16)      |                    |                |          |           |                |  |  |
| F. Value Of In-                           | Kind Contribution              | s Receiv    | ed (From Sch           | edul  | e II)         | \$      |             |                    |        | 0.00       |                    |                |          |           |                |  |  |
| G. Unpaid Debt                            | ts And Obligation              | s (From S   | Schedule IV)           |       |               | \$      |             |                    | 20,6   | 70.87      |                    |                |          |           |                |  |  |
|   |                                |             | ļ                      | 4FF   | IDAV!         | T SE    | CTION       |                    |        |            |                    |                |          |           |                |  |  |
| PART I - If this is                       | s a Committee re               | ort, trea   | surer sign he          | re. I | f this i      | s a Cai | ndidate re  | eport, d           | candi  | date sig   | jn here.           |                |          |           |                |  |  |
| I swear (or affirm)<br>correct and comple | ) that this report, in<br>ete. | cluding the | e attached sche        | dules | filed on      | paper   | or by elect | ronic m            | edium  | , are to t | the best o         | f my kno       | wledge a | and belie | f , true       |  |  |
| Sworn to and subs                         | cribed before me th<br>day of  | is          | 20                     |       |               |         |             |                    | S      | ignature   | of Perso           | n Submit       | ting Rep | ort       |                |  |  |
|   | Signat                         | ure         |                        |       |               | _       |             |                    |        |            | Prin               | ted Name       | •        |           |                |  |  |
| My Commission Ex                          | cpires                         |             |                        |       |               | _       |             |                    |        |            | Ema                | il             |          |           |                |  |  |
|   | МО                             | D           | AY                     | YR    |               |         |             | Are                | ea Cod | e          | Daytim             | e Teleph       | one Nu   | mber      |                |  |  |
| Part II- If this is                       | a report of a car              | didate's    | authorized Co          | omm   | ittee, (      | Candid  | ate shall   | e shall sign here. |        |            |                    |                |          |           |                |  |  |
| I swear (or affirm)<br>No 320) as amende  | that to the best of ed.        | my knowle   | edge and belief        | this  | political     | comm    | ittee has n | ot viola           | ted an | y provis   | ions of th         | e act of J     | une 3,19 | 937 (P.L. | 1333,          |  |  |
| Sworn to and subsc                        | ribed before me this           | i           |                        |       |               |         |             |                    |        | s          | ignature (         | of Candid      | ate      |           |                |  |  |
|   | day of<br>—— ————              |             |                        |       |               | _       |             |                    |        |            | Printe             | d Name         |          |           |                |  |  |
|   | Signature                      |             |                        |       |               | _       |             |                    |        |            | Ema                |                |          |           |                |  |  |
| My Commission Exp                         | oires                          |             |                        |       |               |         |             |                    |        |            | Ema                |                |          |           |                |  |  |
|   | мо                             | D           | AY                     | YR    |               | _       |             | Area               | Code   |            | D                  | aytime T       | elephon  | e Numbe   | er             |  |  |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Name of Filing Committee or Candidate Reporting Period |          |                |            |  |  |  |
|--|--|----------|----------------|------------|--|--|--|
| FRIENDS OF CHAD REICHARD   | From:  | 9/17/202 | 2 <u>4</u> To: | 10/21/2024 |  |  |  |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |  |          |                |            |  |  |  |
| TOTAL for the Reporting  | ) Period   | (1)      | \$             | 125.00     |  |  |  |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)  |  |          |                |            |  |  |  |
| Contributions Received From Political Committees (Part A)  |  |          | \$             | 250.00     |  |  |  |
| All Other Contributions (Part B)   | \$   | 1,920.00 |                |            |  |  |  |
| TOTAL for the Reporting  | \$   | 2,170.00 |                |            |  |  |  |
| 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)   |  |          | \$             | 2,000.00   |  |  |  |
| TOTAL for the Reporting  | ) Period   | (3)      | \$             | 2,000.00   |  |  |  |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |  |          |                |            |  |  |  |
| TOTAL for the Reporting  | ) Period   | (4)      | \$             | 497.20     |  |  |  |
|  |  |          |                |            |  |  |  |
| 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 |  |          | \$             | 4,792.20   |  |  |  |

#### **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    |     |            |
|---------------------------------------|-----------|-----------|-----|------------|
| FRIENDS OF CHAD REICHARD              | From:     | 9/17/2024 | То: | 10/21/2024 |
|                                       |           | DATE      |     | AMOUNT     |

| Full Name of Contributing Committee        |       |                   | мо  | DAY | YEAR |                  |
|--|-------|-------------------|-----|-----|------|------------------|
| PA Association of Builders and Contractors |       |                   | МО  | DAT | ILAK |                  |
| Mailing Address                            |       |                   | 10  | 3   | 2024 | <b>\$</b> 250.00 |
| City Manheim                               | State | Zip Code (Plus 4) | 7 1 |     | 2024 |                  |
|  | PA    | 17545             |     |     |      |                  |
|  |       |                   |     |     |      |                  |

**PAGE TOTAL** 250.00

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

### 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)

| Nam     | e of Filing Committee or Candida | te    |                  | Rep  | orting Po | eriod       |                 |    |            |
|---------|----------------------------------|-------|------------------|------|-----------|-------------|-----------------|----|------------|
| FRIE    | ENDS OF CHAD REICHARD            |       |                  | Froi | m:        | 9/17/2      | 2 <u>024</u> To | ): | 10/21/2024 |
|         |                                  |       |                  |      |           | DATE        |                 |    | AMOUNT     |
| Full Na | me of Contributor                |       |                  |      | мо        | DAY         | YEAR            |    |            |
| Cheryl  | and Kenneth Plummer              |       |                  |      | МО        | DAT         | TEAR            |    |            |
| Mailing | g Address                        |       |                  |      |           |             |                 | \$ | 250.00     |
| City    | Chambersburg                     | State | Zip Code (Plus 4 | )    | 10        | 1           | 2024            |    |            |
|         |                                  | PA    | 17202            |      |           |             |                 |    |            |
| Full Na | nme of Contributor               |       |                  |      | мо        | DAY         | YEAR            |    |            |
| Jay an  | d Margaret Grove                 |       |                  |      | 1-10      | DAI         | ILAK            |    |            |
| Mailing | g Address                        |       |                  |      |           |             |                 | \$ | 250.00     |
| City    | Newville                         | State | Zip Code (Plus 4 | )    | 10        | 1           | 2024            |    |            |
|         |                                  | PA    | 17241            |      |           |             |                 |    |            |
| Full Na | nme of Contributor               |       |                  |      | мо        | DAY         | YEAR            |    |            |
| Edmur   | nd and Karen Herald              |       |                  |      | 1-10      | DAI         | ILAK            |    |            |
| Mailing | g Address                        |       |                  |      |           |             |                 | \$ | 250.00     |
| City    | Waynesboro                       | State | Zip Code (Plus 4 | )    | 10        | 11          | 2024            |    |            |
|         |                                  | PA    | 17268            |      |           |             |                 |    |            |
| Full Na | me of Contributor                |       |                  |      | мо        | DAY         | YEAR            |    |            |
| Dwigh   | t and Mary Weidman               |       |                  |      | 1.0       |             | 12/11           |    |            |
| Mailing | g Address                        |       |                  |      |           |             |                 | \$ | 100.00     |
| City    | Chambersburg                     | State | Zip Code (Plus 4 | )    | 10        | 1           | 2024            |    |            |
|         |                                  | PA    | 17202            |      |           |             |                 |    |            |
| Full Na | nme of Contributor               |       |                  |      | мо        | DAY         | YEAR            |    |            |
| Vernor  | n Ashway                         |       |                  |      | 1.0       |             | 12/11           |    |            |
| Mailing | g Address                        |       |                  |      |           |             |                 | \$ | 50.00      |
| City    | Waynesboro                       | State | Zip Code (Plus 4 | )    | 10        | 1           | 2024            |    |            |
|         |                                  | PA    | 17268            |      |           |             |                 |    |            |
| Full Na | nme of Contributor               |       |                  |      | мо        | DAY         | YEAR            |    |            |
| Richar  | d Starliper                      |       |                  |      | М         | DAI         | ILAK            |    |            |
| Mailing | g Address                        |       |                  |      |           |             |                 | \$ | 25.00      |
| City    | Waynesboro                       | State | Zip Code (Plus 4 | )    | 10        | 11          | 2024            |    |            |
|         |                                  | PA    | 17268            |      |           |             |                 |    |            |
| Full Na | me of Contributor                |       |                  |      | МО        | DAY         | YEAR            |    |            |
| John a  | nd Ellen Doub                    |       |                  |      | 113       | <i>5</i> A1 | ILAN            |    |            |
| Mailing | g Address                        |       |                  |      |           |             |                 | \$ | 50.00      |
| City    | Waynesboro                       | State | Zip Code (Plus 4 | )    | 10        | 11          | 2024            |    |            |
|         |                                  | PA    | 17268            |      |           |             |                 |    |            |

|         |                        |       |                   |      |     |      | AGE J        |
|---------|------------------------|-------|-------------------|------|-----|------|--------------|
| Full Na | ame of Contributor     |       |                   | мо   | DAY | YEAR |              |
| Dudle   | y and Patricia Whitley |       |                   |      |     |      |              |
| Mailin  | g Address              |       |                   | ]    |     |      | \$<br>50.00  |
| City    | Waynesboro             | State | Zip Code (Plus 4) | 10   | 11  | 2024 |              |
|         |                        | PA    | 17268             |      |     |      |              |
| Full Na | ame of Contributor     |       |                   | мо   | DAY | YEAR |              |
| Patrici | a and Donald Glasgow   |       |                   | 1-10 | DAI | ILAK |              |
| Mailin  | g Address              |       |                   |      |     |      | \$<br>50.00  |
| City    | Fort Loudon            | State | Zip Code (Plus 4) | 10   | 11  | 2024 |              |
|         |                        | PA    | 17224             |      |     |      |              |
| Full Na | ame of Contributor     |       |                   | МО   | DAY | VEAD |              |
| Williar | m and Deborah Piper    |       |                   | МО   | DAY | YEAR |              |
| Mailin  | g Address              |       |                   |      |     |      | \$<br>75.00  |
| City    | Carlisle               | State | Zip Code (Plus 4) | 10   | 11  | 2024 |              |
|         |                        | PA    | 17015             |      |     |      |              |
| Full Na | ame of Contributor     |       | •                 |      | DAY | VEAD |              |
| Jim ar  | nd Sherrie Mellott     |       |                   | МО   | DAY | YEAR |              |
| Mailin  | g Address              |       |                   |      |     | İ    | \$<br>100.00 |
| City    | Mercersburg            | State | Zip Code (Plus 4) | 10   | 11  | 2024 |              |
|         |                        | PA    | 17236             |      |     |      |              |
| Full Na | ame of Contributor     | -     | ·                 | МО   | DAY | YEAR |              |
| Caroly  | n and David Keeseman   |       |                   | МО   | DAT | TEAR |              |
| Mailin  | g Address              |       |                   |      |     |      | \$<br>100.00 |
| City    | Waynesboro             | State | Zip Code (Plus 4) | 10   | 11  | 2024 |              |
|         |                        | PA    | 17268             |      |     |      |              |
| Full Na | ame of Contributor     | -     |                   | мо   | DAY | YEAR |              |
| Christ  | opher Ardinger         |       |                   | МО   |     | LAK  |              |
| Mailin  | g Address              |       |                   |      |     |      | \$<br>100.00 |
| City    | Mercersburg            | State | Zip Code (Plus 4) | 10   | 11  | 2024 |              |
|         |                        | PA    | 17236             |      |     |      |              |
| Full Na | ame of Contributor     |       | ·                 | МО   | DAY | YEAR |              |
| Valeri  | e and William Dick     |       |                   | МО   | DAT | TEAR |              |
| Mailin  | g Address              |       |                   |      |     |      | \$<br>100.00 |
| City    | Waynesboro             | State | Zip Code (Plus 4) | 10   | 11  | 2024 |              |
|         |                        | PA    | 17268             |      |     |      |              |
| Full Na | ame of Contributor     |       |                   | МО   | DAY | YEAR |              |
| Linda   | Barkdoll               |       |                   | МО   | DAY | YEAR |              |
| Mailin  | g Address              |       |                   |      |     | İ    | \$<br>200.00 |
| City    | Waynesboro             | State | Zip Code (Plus 4) | 10   | 11  | 2024 |              |
|         |                        | PA    | 17268             |      |     |      |              |
| Full Na | ame of Contributor     | ·     | •                 | wa   | DAY | VESS |              |
| Terry   | Egolf                  |       |                   | МО   | DAY | YEAR |              |
|         | g Address              |       |                   |      |     |      | \$<br>70.00  |
| City    | Waynesboro             | State | Zip Code (Plus 4) | 10   | 11  | 2024 |              |
|         |                        | PA    | 17268             |      |     |      |              |
|         |                        |       |                   |      |     |      |              |

| Full Name of Contributor          |       |                   | мо  | DAY | YEAR |             |       |
|-----------------------------------|-------|-------------------|-----|-----|------|-------------|-------|
| Verdeen Beaver                    |       |                   |     | DAI | LAK  |             |       |
| Mailing Address                   |       |                   |     |     |      | \$          | 50.00 |
| <b>City</b> Waynesboro            | State | Zip Code (Plus 4) | 10  | 11  | 2024 |             |       |
|                                   | PA    | 17268             |     |     |      |             |       |
| Full Name of Contributor          |       |                   | мо  | DAY | YEAR |             |       |
| Alfred Bendell                    |       |                   | 140 | DAI | ILAK |             |       |
|                                   |       |                   |     |     |      |             |       |
| Mailing Address                   |       |                   |     |     | 1    | <b> </b> \$ | 50.00 |
| Mailing Address  City Greencastle | State | Zip Code (Plus 4) | 10  | 11  | 2024 | \$          | 50.00 |

| PAGE TOTAL |          |  |  |  |  |  |  |  |
|------------|----------|--|--|--|--|--|--|--|
| \$         | 1,920.00 |  |  |  |  |  |  |  |

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

#### **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 C | andidate               |              | Reporting   | Period |     |      |              |            |
|-------------------------------|------------------------|--------------|-------------|--------|-----|------|--------------|------------|
|                               |                        |              | From:       |        |     | То:  |              |            |
|                               |                        |              |             | DA     | TE  |      | Α            | MOUNT      |
| Full Name of Contributing Com | mittee                 |              |             | мо     | DAY | YEAR |              | 0.00       |
| Mailing Address               |                        |              |             |        |     |      | <b>- </b> \$ | 0.00       |
| City                          | State                  | Zip Code     | e (Plus 4)  |        |     |      |              |            |
|                               |                        |              |             |        |     |      |              | PAGE TOTAL |
| Enter Grand Total of Part C   | on Schedule I, Detaile | d Summary 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 or Filing Committee or Candidate   | le of Filing Committee of Candidate |                 |               |         | Reporting Period |         |             |       |                   |            |
|---|-------------------------------------|-----------------|---------------|---------|------------------|---------|-------------|-------|-------------------|------------|
| FRIENDS OF CHAD REICHARD                |                                     |                 |               | Fron    | n:               | 9/17/2  | <u>2024</u> | To    | 10/21/2           | <u>024</u> |
|   |                                     |                 |               |         | DA               | ATE     |             |       | AMOUNT            |            |
| Full Name of Contributor                |                                     |                 |               |         | мо               | DAY     | YEA         | В     |                   |            |
| Jeffrey and Gail Reeder                 |                                     |                 |               |         | MO               | DAT     | 1 1 5       | ıĸ    | \$                | 500.00     |
| Mailing Address                         |                                     |                 |               |         | 10               | 1       | 20          | 24    | ]                 |            |
| <b>City</b> Mercersburg                 | State                               | Zip             | Code (Plus    | 4)      | 10               | •       | 20          | 27    |                   |            |
|   | PA                                  | l <sub>17</sub> | 236           |         |                  |         |             |       |                   |            |
| Employer Name Ace Distributing          |                                     |                 |               |         | Occupat          | ion     | Presid      | den   | t                 |            |
| Employer Mailing Address/Principal Plac | e of Business                       |                 | City          |         |                  | State   |             |       | Zip Code (Plus 4) | )          |
|   |                                     |                 | Wrightsvil    | le      |                  | PA      |             |       | 17368             |            |
| Full Name of Contributor                |                                     |                 |               |         | мо               | DAY YEA |             | EAR & |                   |            |
| G. Warren and Donna Elliott             |                                     |                 |               |         | МО               | DAT     | ''          | ıĸ    | \$                | 500.00     |
| Mailing Address                         |                                     |                 |               |         | 10               | 1       | 20          | 24    | 1                 |            |
| <b>City</b> Chambersburg                | State                               | Zip             | Code (Plus    | 4)      | 10               | -       | 20          | _ '   |                   |            |
|   | PA                                  | 17              | 202           |         |                  |         |             |       |                   |            |
| Employer Name none                      |                                     |                 |               |         | Occupat          | ion     | Retire      | ed    |                   |            |
| Employer Mailing Address/Principal Plac | e of Business                       |                 | City          |         |                  | State   |             |       | Zip Code (Plus 4) | )          |
|   |                                     |                 | none          |         | PA 17202         |         |             | 17202 |                   |            |
| Full Name of Contributor                |                                     |                 |               |         |                  | DAY     | \           | _     |                   |            |
| Larry and Marlene Funk                  |                                     |                 |               |         | МО               | DAY     | YEA         | ıĸ    | \$ 1,0            | 00.00      |
| Mailing Address                         |                                     |                 |               |         | 10               | 1       | 20          | 2/    | 1                 |            |
| <b>City</b> Greencastle                 | State                               | Zip             | Code (Plus    | 4)      | 10               | •       | 20          | 27    |                   |            |
|   | <sub>PA</sub>                       | <sub>17</sub>   | 225           |         |                  |         |             |       |                   |            |
| Employer Name none                      |                                     |                 |               |         | Occupat          | ion     | Retire      | ed    |                   |            |
| Employer Mailing Address/Principal Plac | e of Business                       |                 | City          |         |                  | State   |             |       | Zip Code (Plus 4) | )          |
|   |                                     |                 | none          |         |                  | PA      |             |       | 17225             |            |
| Enter Grand Total of Part C on Sche     | dule I. Detailed Si                 | umn             | narv Page.    | Section | on 3.            |         |             |       | PAGE TOTA         | \L         |
|   |                                     |                 | , · <b></b> / | 32000   |                  |         |             | \$    | 2,000             | 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 | ame of Filing Committee or Candidate Repo |            |         |     | orting Period |               |    |           |  |  |
|-----------------------------|---|------------|---------|-----|---------------|---------------|----|-----------|--|--|
| FRIENDS OF CHAD REICHA      | RD  |            | From:   |     | 9/17/202      | <u>24</u> To: | 1  | 0/21/2024 |  |  |
|                             |   |            |         | D   | ATE           |               | A  | MOUNT     |  |  |
| Full Name                   |   |            |         | мо  | DAY           | YEAR          | _  | 102.00    |  |  |
| Chad Reichard               |   |            |         | MO  | DAT           | TEAR          | \$ | 103.00    |  |  |
| Mailing Address             |   |            |         | 9   | 25            | 2024          |    |           |  |  |
| <b>City</b> Waynesboro      | State                                     | Zip Code ( | Plus 4) |     |               |               |    |           |  |  |
|                             | PA  | 17268      |         |     |               |               |    |           |  |  |
| Receipt Description Pavil   | ion Rental                                | <b>,</b>   |         |     |               | •             |    |           |  |  |
| Full Name                   |   |            |         | NO. | DAY           | VEAD          |    | 75.00     |  |  |
| Chad Reichard               |   |            |         | МО  | DAY           | YEAR          | \$ | 75.00     |  |  |
| Mailing Address             |   |            |         | 9   | 25            | 2024          |    |           |  |  |
| <b>City</b> Waynesboro      | State                                     | Zip Code ( | Plus 4) | 1   |               | 2021          |    |           |  |  |
|                             | PA  | 17268      |         |     |               |               |    |           |  |  |
| Receipt Description Brea    | kfasts                                    |            |         |     |               |               |    |           |  |  |
| Full Name                   |   |            |         | мо  | DAY           | YEAR          |    | 210.20    |  |  |
| Chad Reichard               |   |            |         | МО  | DAY           | YEAR          | \$ | 319.20    |  |  |
| Mailing Address             |   |            |         | 9   | 25            | 2024          |    |           |  |  |
| <b>City</b> Waynesboro      | State                                     | Zip Code ( | Plus 4) | 1   |               | 2021          |    |           |  |  |
|                             | PA  | 17268      |         |     |               |               |    |           |  |  |
| Receipt Description posta   | age                                       | I          |         | 1   | 1             | 1             |    |           |  |  |
|                             |   |            |         |     |               |               |    | ACE TOTAL |  |  |

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

**PAGE TOTAL \$** 497.20

#### **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                           |            |
|--|-----------------|-----------------------------|------------|
| FRIENDS OF CHAD REICHARD   | From:           | <u>9/17/2024</u> <b>To:</b> | 10/21/2024 |
| 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    |      |             |            |      |  |
|--|-------|-------------------|---|---------------------|------|-------------|------------|------|--|
| F  |       |                   |   | 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:   | -     | <b>-</b>          | • | •                   | •    |             |            |      |  |
|  |       |                   |   |                     |      |             |            |      |  |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail |       |                   |   | ailed Summary Page, |      |             | PAGE TOTAL |      |  |
| Section 2.   |       |                   |   |                     |      | \$          |            | 0.00 |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate  |       |  | Reporting Period |     |    |       |            |                 |       |      |
|--|-------|--|------------------|-----|----|-------|------------|-----------------|-------|------|
|  |       |  |                  | Fro | m: |       | То:        |                 |       |      |
|  |       |  |                  |     |    | DATE  |            |                 | AMOUN | ΙΤ   |
| Full Name of Contributor   |       |  |                  |     | мо | DAY   | YEAR       |                 |       |      |
| Mailing Address  |       |  |                  |     |    |       |            | 1               | \$    | 0.00 |
| City   | State |  | Zip Code(Plus 4) |     |    |       |            |                 |       |      |
| Employer of Contributor Occupation   |       |  |                  |     |    |       |            |                 |       |      |
| Employer Mailing Address/Principal Place of Business City State Zip Code(Plus 4) |       |  |                  |     |    | Descr | ipti       | ion of Contribu | ution |      |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed       |       |  |                  |     |    |       | PAGE TOTAL |                 |       |      |
| Summary Page, Section 3.   |       |  |                  |     |    | 0.00  |            |                 |       |      |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Pe | eriod     |     |            |
|---------------------------------------|--------------|-----------|-----|------------|
| FRIENDS OF CHAD REICHARD              | From         | 9/17/2024 | То: | 10/21/2024 |

|   |                            |           |                   |                            | DATE                       |          | AMOUNT |        |  |  |  |
|---|----------------------------|-----------|-------------------|----------------------------|----------------------------|----------|--------|--------|--|--|--|
| To Wh                                     | nom Paid                   |           |                   | МО                         | DAY                        | YEAR     |        |        |  |  |  |
| US Po                                     | stal Service               |           |                   | 110                        |                            |          |        |        |  |  |  |
| Mailing Address                           |                            |           |                   |                            | 25                         | 2024     | \$     | 319.20 |  |  |  |
| City                                      | Waynesboro                 | State     | Zip Code (Plus 4) | Description of Expenditure |                            |          |        |        |  |  |  |
| PA 17268                                  |                            |           |                   |                            | postage                    |          |        |        |  |  |  |
| To Wh                                     | nom Paid                   |           |                   | МО                         | DAY                        | YEAR     |        |        |  |  |  |
| Franklin County Fair                      |                            |           |                   |                            |                            | ILAK     |        |        |  |  |  |
| Mailing Address                           |                            |           |                   |                            | 20                         | 2024     | \$     | 500.00 |  |  |  |
| City Chambersburg State Zip Code (Plus 4) |                            |           |                   |                            | Description of Expenditure |          |        |        |  |  |  |
|   |                            | PA        | 17202             | sp                         |                            |          |        |        |  |  |  |
| To Wh                                     | nom Paid                   |           |                   | МО                         | DAY                        | YEAR     |        |        |  |  |  |
| Cumb                                      | erland Valley Business Ass | sociation |                   | 140                        |                            | ILAK     |        |        |  |  |  |
| Mailin                                    | g Address                  |           |                   | 9                          | 25                         | 2024     | \$     | 40.00  |  |  |  |
| City Chambersburg State Zip Code (Plus 4) |                            |           | Descrip           | Description of Expenditure |                            |          |        |        |  |  |  |
|   |                            | PA        | 17202             | Breakfast                  |                            |          |        |        |  |  |  |
| To Wh                                     | nom Paid                   |           |                   | МО                         | DAY                        | YEAR     |        |        |  |  |  |
| Cumb                                      | erland Valley Business Ass | sociation |                   | MO                         | DAI                        | ILAK     |        |        |  |  |  |
| Mailin                                    | g Address                  |           |                   | 9                          | 25                         | 2024     | \$     | 35.00  |  |  |  |
| City                                      | Chambersburg               | State     | Zip Code (Plus 4) | Description of Expenditure |                            |          |        |        |  |  |  |
|   |                            | PA        | 17202             | breakfast                  |                            |          |        |        |  |  |  |
| To Wh                                     | nom Paid                   |           |                   | МО                         | DAY                        | YEAR     |        |        |  |  |  |
| Antrin                                    | n Township                 |           |                   | МО                         | DAT                        | TEAR     |        |        |  |  |  |
| Mailin                                    | g Address                  |           |                   | 9                          | 20                         | 2024     | \$     | 103.00 |  |  |  |
| City                                      | Greencastle                | State     | Zip Code (Plus 4) | Descrip                    | tion of Exp                | enditure |        |        |  |  |  |
| PA 17225                                  |                            |           |                   |                            | pavilion rental            |          |        |        |  |  |  |
| To Wh                                     | nom Paid                   |           |                   | МО                         | DAY                        | VEAD     |        |        |  |  |  |
| Count                                     | ry Corner Meat Market      |           |                   | MO                         | DAT                        | TEAR     |        |        |  |  |  |
| Mailin                                    | g Address                  |           |                   | 10                         | 11                         | 2024     | \$     | 111.20 |  |  |  |
| City                                      | Waynesboro                 | State     | Zip Code (Plus 4) | Description of Expenditure |                            |          |        |        |  |  |  |
|   |                            | PA        | 17268             | fundraiser food            |                            |          |        |        |  |  |  |
|   |                            |           |                   | pavilion                   | DAY                        | YEAR     | \$     | 1      |  |  |  |
| City                                      | Waynesboro                 |           |                   |                            |                            |          |        |        |  |  |  |
| PA 17200                                  |                            |           |                   |                            | SCI 1000                   |          |        |        |  |  |  |

| To Whom Paid  | МО    | DAY               | YEAR                       |                 |          |            |          |  |  |
|---|-------|-------------------|----------------------------|-----------------|----------|------------|----------|--|--|
| Martin's  |       |                   |                            | DAI             | ILAK     |            |          |  |  |
| Mailing Address   |       |                   |                            | 11              | 2024     | \$         | 136.12   |  |  |
| City Waynesboro State Zip Code (Plus 4)                                 |       |                   | Description of Expenditure |                 |          |            |          |  |  |
| PA 17268  |       |                   |                            | fundraiser food |          |            |          |  |  |
| To Whom Paid  |       |                   |                            | DAY             | YEAR     |            |          |  |  |
| Johnnie's R&H Service   |       |                   | МО                         |                 | ILAK     |            |          |  |  |
| Mailing Address   |       |                   | 10                         | 11              | 2024     | \$         | 347.43   |  |  |
| <b>City</b> Chambersburg  | State | Zip Code (Plus 4) | Descrip                    | tion of Exp     | enditure |            |          |  |  |
| PA 17202 fundraiser food and supplies                                   |       |                   |                            |                 | :S       |            |          |  |  |
|   |       |                   |                            |                 |          | PAGE TOTAL |          |  |  |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |       |                   |                            |                 |          |            | 1,591.95 |  |  |

## 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 Reportin                       |                    |       |             | ing Period                  |                              |      |        |            |                              |  |  |
|--|--------------------|-------|-------------|-----------------------------|------------------------------|------|--------|------------|------------------------------|--|--|
| FRIENDS OF CHAD REICHARD   |                    |       |             | From:                       | <u>9/17/2024</u> <b>To:</b>  |      |        | 10/21/2024 |                              |  |  |
|  |                    |       |             |                             |                              | DATE |        |            | utstanding<br>alance of Debt |  |  |
| Name   | of Creditor        |       |             |                             | мо                           | DAY  | YEAR   |            |                              |  |  |
| Geral  | Gerald J. Reichard |       |             |                             | 1-10                         |      | . Zant |            |                              |  |  |
| Mailing Address  |                    |       |             | 10                          | 21                           | 2024 | \$     | 11,607.10  |                              |  |  |
| City Waynesboro State Zip Code (Plus 4)                              |                    |       | lus 4)      | Descrip                     | tion of Deb                  | t    |        |            |                              |  |  |
|  |                    | PA    | 17268       |                             | Pre                          |      |        |            |                              |  |  |
| Name   | of Creditor        |       |             |                             |                              | DAY  | VEAD   |            |                              |  |  |
| Caitlir  | n Reichard         |       |             |                             | МО                           | DAY  | YEAR   |            |                              |  |  |
| Mailin   | g Address          |       |             |                             | 10                           | 21   | 2024   | \$         | 90.27                        |  |  |
| City   | Waynesboro         | State | Zip Code (F | Plus 4)                     | Description of Debt          |      |        |            |                              |  |  |
|  |                    | PA    | 17268       |                             | Previous Cycle Loans Forward |      |        |            |                              |  |  |
| Name   | of Creditor        |       |             |                             |                              | DAY  | VEAD   |            |                              |  |  |
| Chad   | Reichard           |       |             |                             | МО                           | DAY  | YEAR   |            |                              |  |  |
| Mailin   | g Address          |       |             |                             | 10                           | 21   | 2024   | \$         | 2,001.69                     |  |  |
| City   | Waynesboro         | State | Zip Code (F | Plus 4)                     | Description of Debt          |      |        |            |                              |  |  |
|  |                    | PA    | 17268       |                             | Previous Cycle Loans Forward |      |        |            |                              |  |  |
| Name   | of Creditor        |       |             |                             | М0                           | DAY  | YEAR   |            |                              |  |  |
| Chad   | Reichard           |       |             |                             | МО                           | DAT  | TEAR   |            |                              |  |  |
| Mailin   | g Address          |       |             |                             | 10                           | 21   | 2024   | \$         | 497.20                       |  |  |
| City   | Waynesboro         | State | Zip Code (P | lus 4)                      | Description of Debt          |      |        |            |                              |  |  |
|  |                    | PA    | 17268       |                             | Cycle 5 Loan                 |      |        |            |                              |  |  |
| Name   | of Creditor        |       |             |                             | МО                           | DAY  | YEAR   |            |                              |  |  |
| RGB F  | Politics           |       |             |                             | МО                           | DAT  | TEAR   |            |                              |  |  |
| Mailing Address  |                    |       |             |                             | 10                           | 21   | 2024   | \$         | 6,474.61                     |  |  |
| City Camp Hill State Zip Code (Plus 4)                               |                    |       |             | Description of Debt         |                              |      |        |            |                              |  |  |
| PA 17011   |                    |       |             | Previous Cycle Loan Forward |                              |      |        |            |                              |  |  |
|  |                    | _     | _           | _                           | _                            |      |        |            | PAGE TOTAL                   |  |  |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item |                    |       |             |                             | ı G.                         |      |        | \$         | 20,670.87                    |  |  |