# **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 :	i <b>on</b> 2024	C0676			Repor Filed B		CANDI	DATE	$\checkmark$	co	OMMITTEI		LOBE	BYIST		
	Committee, Candida	ate or Lo	obbyist:		PERICH	-	HAEL J									
Street Address:																
City:						State:					<b>Zip Code:</b> 15001					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D/ PRIM		POST-	3.		AMENDMENT REPORT?		Yes	No	$\checkmark$	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	y pre	- 5. <b>X</b>	30 D/ ELEC		POST-	6.		TERMINATION REPORT?		Yes	No	$\checkmark$	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2024				FILING METHOD P ( ) CHECK ONE					PAPER			TTE	
Name of Office S	Sought by Candidat	:e:	•			-	DATE O	)F ELE	стіог	N	District Number	Office Code	Par	ty Code	County Code	
REPRESENTATIVE IN THE GENERAL ASSEMBLY							мо	DAY	YE	AR	16	STH	REP		04	
REPRESENTATI	IVE IN THE GENER	AL ASS	LMDLI				11		5	2024	]	(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YE/	AR	FO	R OFFIC	E USE	ONLY		
Expenditures	s from:		5 14	2	024 <b>T</b>	0	10		21	2024						
A. Amount Bro	ught Forward From	1 Last R	eport			\$			(2,00	0.00)						
B. Total Monet	ary Contributions A	And Rec	eipts (From	Sche	dule I)	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)			\$			(2,00	0.00)						
D. Total Expen	ditures (From Sche	dule II	1)			\$			1,00	00.00						
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$			(3,000	0.00)	-					
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)	\$				0.00	_					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	)		\$				0.00						
				AFF	IDAVI	T SE	CTION									
	s a Committee repo		-								-					
I swear (or affirm correct and compl	) that this report, incluete.	uding the	e attached scl	hedules	s filed on	paper	or by elect	ronic m	edium,	are to	the best of	my knov	ledge	and beli	ef , true	
Sworn to and subs	cribed before me this day of		20						Si	gnatur	e of Person	Submitt	ing Rep	oort		
	Signatur					-					Print	ed Name				
My Commission E	-	e									Email					
	мо	D/	AY	YR		_		Are	ea Code	•	Daytime	e Teleph	one Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amendo	that to the best of med.	ıy knowle	edge and beli	ef this	political	comm	ittee has n	iot viola	ted any	provis	ions of the	act of Ju	ine 3,19	937 (P.L	. 1333,	
Sworn to and subso	ribed before me this day of		20							s	ignature o	f Candida	te			
						_					Printeo	i Name				
My Commission Exp	Signature					-					Emai	1				
	мо	D/	AY	YR		-		Area	Code		Da	ytime Te	lephon	e Numb	er	

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary Pag	e			
Name of Filing Committee or Candidate	Reporting	g Period		
PERICH, MICHAEL J	From:	<u>5/14/202</u>	2 <u>4</u> To:	<u>10/21/2024</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reportin	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 Reportin	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 Reportin	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	I			
TOTAL for the Reportin	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add a totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00
			1	

# 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 Candida	te		Rep	orting P	eriod				
			Fror	m:		Тс	):		
					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, Detail	ed Summary Pag	je, Se	ection 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	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							- \$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	lule I, Detailed Sun	nmary Pa	age, Sectio	n 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				
		Fror	n:		Т	<b>):</b>		
			D	<b>ATE</b>		AM	OUNT	
			мо	DAY	YEAR	\$	0.00	
State	Zip Code (Plu	s 4)						
•			Occupat	ion				
ce of Business	City			State		Zip Code	(Plus 4)	
dule I, Detailed Su	ummary Page	Sectio	on 3.				<b>GE TOTAL</b> 0.00	
	State ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: DA DA State Zip Code (Plus 4) Occupat	From: DATE DATE DATE State Zip Code (Plus 4) City Occupation Ce of Business City State	From: To   DATE   MO DAY YEAR   State Zip Code (Plus 4) Image: Comparison of the second	From: To: DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation ce of Business City State Zip Code	

## 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		
PERICH, MICHAEL J	From:	<u>5/14/2024</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, 1		\$	0.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate			Reporting Period					
						То:			
				DATE			AMOUNT		
Full Name of Contributor			мо	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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,		PAGE TOTA	AL.	
						\$		0.00	

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period				
						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 Sch Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			<b>PAGE TOTAL</b> 0.00		

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period						
PERICH, MICHAEL J	From	<u>5/1</u> 4	<u>10/21/2024</u>							
				DATE			AMOUNT			
To Whom Paid			мо	DAY	YEAR					
Perich for State Rep										
Mailing Address PO Box 1434			6	26	2024	\$	1,000.00			
City Aliquippa	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	PA	15001	Loan to	Committe	e					
							PAGE TOTAL			
Enter Grand Total of Expenditu	ires on Page 1, Re	eport Cover Page, Item I	D.			\$	1,000.00			