### **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 :	on	2024	C0362		Report CANDIDATE COMMITTEE LOBBYIST					BYIST									
Name of Filing C	ommittee	, Candida	ate or Lo	obbyist:		LEA	ANNE	KRUI	EGER		•								
Street Address:																			
City:									State:					Zip Code	: 19	086			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDAY PRIMARY	Y PRE	-	2.		BO DAY P PRIMARY			OST- 3.		AMENDMENT REPORT?		Yes	No		<b>√</b>
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDAY ELECTION	Y PRE	<u>-</u>	5. <b>X</b>	30 DA		Р	OST-	6.		TERMINAT REPORT?	ION	Yes	No		<b>\</b>
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2024					IG MET CHECK					PAPER		<b>√</b>	DISKE	TTE	
Name of Office S	ought by	Candidat	e:						DATE	0	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
				,					МО		DAY	YEAR	2	161	STH	DEN	1	23	
REPRESENTATI	VE IN IH	E GENEK	AL ASS	EMBLY						11		5 2	024		(SEE INS	TRUCTI	ONS FOR	CODES	)
Summary of		and	МО	DAY	YEAR	ł			МО		DAY	YEAR	ł	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			9 17	2	024	T	0		10	2	21 2	024						
A. Amount Bro	ught Forw	ard Fron	າ Last R	eport				\$				0	0.00						
B. Total Moneta	ary Contri	butions A	and Rec	eipts (From	Sche	dule	e I)	\$				649	.21						ļ
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				649	.21						
D. Total Expend	ditures (F	rom Sche	dule II	I)				\$				649	.21						
E. Ending Cash	Balance (	Subtract	Line D	From Line C	2)			\$				0	.00						
F. Value Of In-	Kind Cont	ributions	Receive	ed (From So	chedu	le I	I)	\$				0	.00						
G. Unpaid Debt	s And Obl	igations	(From S	Schedule IV	)			\$				0	.00						
					AFF	·ID	AVI	T SE	CTIO	N									
PART I - If this is	a Commi	ittee repo	ort, trea	surer sign l	nere.	If th	nis is	a Can	ndidate	re	port, c	andidat	e sig	ın here.					
I swear (or affirm) correct and comple		eport, incl	uding the	attached sch	nedules	s file	ed on	paper o	or by ele	ectr	onic me	edium, ar	e to t	the best of i	ny know	/ledge	and beli	ef , tr	ue
Sworn to and subs	cribed befo day of	re me this		20								Sign	ature	e of Person	Submitti	ing Rep	ort		_
		Signatur						- -		•				Printe	d Name				-
My Commission Ex	pires	Signatui	-							-				Email					-
	i	мо	D/	AY	YR	_					Are	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate sha	ıll s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and belie	ef this	poli	itical	commi	ittee ha	s no	ot violat	ted any p	rovis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		e me this								Signature of Candidate							-		
	day of ——			_ 20				-						Printed	Name				-
	s	ignature						-		_									_
My Commission Exp														Email					
	_	мо	Di	AY	YR	L		•			Area	Code		Day	time Te	lephon	e Numb	er	-

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period						
LEANNE KRUEGER	From:	9/17/202	<u>4</u> То:	10/21/2024				
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)	\$	0.00						
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)			\$	649.21				
All Other Contributions (Part D)			\$	0.00				
TOTAL for the Reporting	Period	(3)	\$	649.21				
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)								
TOTAL for the Reporting	) Period	(4)	\$	0.00				
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			\$	649.21				

#### **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 C	Name of Filing Committee or Candidate				Reporting Period							
		Fi	rom:		То	•						
		•		DATE			AMOUNT					
Full Name of Contributing Comm	ittee		МО	DAY	YEAR							
Mailing Address						\$	0.00					
City	State	Zip Code (Plus 4)										

PAGE TOTAL
0.00

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)

Name of Filing Committee of	or Candidate		Reporting Period						
			From: To						
					DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	<b>!</b> )						
								PAGE TOTAL	

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 Candidate	Reporting Period							
LEANNE KRUEGER	From:	9/17/2024	То:	10/21/2024				

DATE AMOUNT

Full N	Full Name of Contributing Committee				DAY	YEAR	
LEANNE FOR PA				МО	DA!	ILAK	<b>\$</b> 649.21
Mailin	Mailing Address				1	2024	
City	SWARTHMORE	State	Zip Code (Plus 4)	10		2024	
		PA	190810022				

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PAGE TOTAL**\$ 649.21

## 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				Repo	orting Pe	riod					
				Fron	n:		٦	То:			
					D	ATE			А	MOUNT	
Full Name of Contributor					МО	DAY	YEAR	R	\$		0.00
Mailing Address											
City	State	Zip	Code (Plus	4)							
Employer Name					Occupa	tion					
Employer Mailing Address/Principal Plac	e of Business		City			State		z	ip Cod	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Sເ	umm	nary Page,	Section	on 3.			\$	F	PAGE TOTA	<b>L</b> .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 Candidate		Report	ing Peri	od			
			From:			To:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>	1					<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 Perio	d						
LEANNE KRUEGER	From:	<u>9/17/2024</u> <b>To:</b>	10/21/2024					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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	nme of Filing Committee or Candidate			Reporting Period					
			From:			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:	-	<b>-</b>	•	•	•				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Det				mary Pag	ge,		PAGE TOTA	L	
Section 2.						\$		0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporti	ng Period			
LEANNE KRUEGER	From	<u>9/1</u>	<u>7/2024</u>	To:	10/21/2024
		DATE			AMOUNT
To Whom Paid	МО	DAY	YEAR		

To Whom Paid				МО	DAY	YEAR		
ZERODAY BREWING COMPANY TAPROOM				MO		ILAK		
Mailing Address				9	30	2024	\$	649.21
City HARRIS	SBURG	State	Zip Code (Plus 4)	Description of Expenditure				
		PA	171022035	EVENT CATERING				
								PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							\$	649.21