Campaign Finance Report

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

Filer Identificat Number :	ion 2024	C0224			Report Filed B		CANDI	DATE	✓	СС	MMITTEE		LOBE	BYIST	
Name of Filing (Committee, Candid	ate or L	obbyist:	1	MICHAE	LST	INDER			_					
Street Address:															
City:							State:				Zip Cod	e: 17	801		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA 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. X	5.X 30 DAY FELECTION			POST- 6.		TERMINATION REPORT?		Yes	No	\checkmark
report type)	ANNUAL REPORT	7.	Year 2024				NG METHO				PAPER		\checkmark	DISKE	TTE
Name of Office S	⊥ Sought by Candida	te:					DATE O	F ELEC	TION		District Number	Office Code	Par	ty Code	County Code
	IVE IN THE GENER						мо	DAY	YEAF	2	108	STH	REP		
REFRESENTAL	IVE IN THE GENER	VAL ASS					11		5 2	024		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YEAF	ર	FOI	ROFFIC	E USE	ONLY	
Expenditures	s from:		9 17	20)24 T	0	10	2	1 2	024					
A. Amount Bro	ught Forward Fro	n Last R	eport			\$			C	0.00					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sched	dule I)	\$			C	0.00					
C. Total Funds	Available (Sum O	f Lines A	and B)			\$			C	0.00					
D. Total Expen	ditures (From Sch	edule II	I)			\$			C	0.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$			0	.00					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedul	e II)	\$			0	.00	-				
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	')		\$			C	0.00					
				AFFI	IDAVI	T SE	CTION								
	s a Committee rep		-					• •							
I swear (or affirm correct and compl) that this report, inc ete.	luding the	e attached sc	hedules	filed on	paper	or by elect	ronic me	dium, ar	e to t	the best of	my know	vledge	and beli	ef , true
Sworn to and subs	scribed before me this day of	5	20						Sign	ature	e of Person	Submitt	ing Rep	oort	
	Signatu	re				-					Printe	ed Name			
My Commission E	-	-				_					Email				
	мо	D	AY	YR				Are	a Code		Daytime	Telepho	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Comm	ittee, C	andid	ate shall	sign he	re.						
I swear (or affirm) No 320) as amend) that to the best of r ed.	ny knowle	edge and beli	ef this	political	comm	ittee has n	ot violat	ed any p	rovis	ions of the	act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subso	cribed before me this day of		20					Signature of Candidate							
						-					Printed	Name			
My Commission Exp	Signature bires					-					Email				
						-									
	МО	D	AY	YR Area Code Daytime Telephone Number								er			

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** MICHAEL STENDER From: <u>9/17/2024</u> **To:** 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)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 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 \$ 0.00 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	•)							
								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 Candidate Reporting Period										
			From: To) :				
					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										

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 Schedule I, Detailed Summary Page, Secti							\$	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:				om:			То:			
				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 Place of Business City				•	State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Sche	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			Reporting Period						
			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 Schedule I, Detailed Summary 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		
MICHAEL STENDER	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, 1		\$	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:			То:			
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address] \$	0.0)0	
City	State	Zip Code (Plus 4)							
Description of Contribution:									
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	le,	P	AGE TOTAL	_	
						\$	0.0	0	

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						
				From:							
					DATE		AMOUNT				
Full Name of Contributor				мо	DAY	YEAR					
Mailing Address			-				\$ 0.00				
City	State	Zip Code(Plus 4)									
Employer of Contributor		•	Occupation								
Employer Mailing Address/Principal Place 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			Reporting Period						
				From			То:		
		DATE		AMOUNT					
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City State Zip Code (Plus 4) Description of Expen					enditure				
Enter Grand Total of Exponditures	`				PAGE TOTAL				
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00		