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	2012	0363			Rep File			CANDI	DATE		COMN	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee,	Candida	ate or Lo	obbyist:		FRIE	ND:	S OF	CRIS DU	SH				•				
Street Address:	314 RI	HODES	LANE															
City:	BROOK	KVILLE							State:	PA			Zip Cod	le: 15	5825			
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	•	\
(place X to the right of	6TH TUESD PRE-ELECT		4.	2ND FRIDA' ELECTION	y pre	Ē- 5	5. X	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No		\
report type)	ANNUAL R	REPORT	7.	Year 2024					IG METHO				PAPER		/	DISKE	TTE	
Name of Office S	Sought by C	Candidat	:e:	-					DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
									МО	DAY	YE	AR	Number	couc	REP		couc	
									11		5	2024		(SEE IN	STRUCTI	ONS FOR (CODES)
Summary of Expenditures		and	МО	DAY	YEAR	ł			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures				9 17	2	024	Т	<u> </u>	10	:	21	2024						
A. Amount Bro	ught Forwa	ard Fron	ı Last R	eport				\$			8,2	31.77						
B. Total Monet	ary Contrib	outions <i>A</i>	And Rec	eipts (From	Sche	dule	I)	\$			26,9	25.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 35,156.77																		
D. Total Expen	ditures (Fr	om Sche	edule II	I)				\$			28,3	44.38						
E. Ending Cash	Balance (S	Subtract	Line D	From Line (C)			\$			6,8	12.39						
F. Value Of In-	Kind Contri	ibutions	Receive	ed (From Se	chedu	le II)	\$				0.00						
G. Unpaid Debt	s And Obli	gations	(From S	Schedule IV)			\$				0.00			1			
					AFF	IDA	VI	T SE	CTION									
PART I - If this is		-		_														
I swear (or affirm) correct and complete		port, incl	uding the	attached scl	nedule	s filed	d on	paper (or by elect	ronic m	edium,	, are to t	he best o	f my kno	wledge	and beli	ef , tru	ue.
Sworn to and subs	cribed before	e me this		20							s	ignature	of Perso	n Submit	ting Rep	ort		-
								-					Prin	ted Name	<u> </u>			-
My Commission Ex	onires	Signatur	e										Ema					_ [
11y commission 22	— м	10	D/	AY	YR			-		Are	ea Cod	e		e Teleph	none Nu	mber		-
Part II- If this is	a report o	of a cand	lidate's	authorized	Comn	nitte	e. C	andida	ate shall	sian h	ere.							
I swear (or affirm) No 320) as amende	that to the						•			_		y provisi	ions of the	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		me this										Si	ignature o	of Candid	ate			-
	day of			20				_										_
								-					Printe	d Name				
My Commission Exp	_	gnature											Ema	il				_
		МО	D/	AY	YR	l		•		Area	Code		Da	aytime T	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF CRIS DUSH	From:	9/17/2024	<u>4</u> To:	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)			\$	425.00
TOTAL for the Reporting	Period	(2)	\$	425.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	12,500.00
All Other Contributions (Part D)			\$	14,000.00
TOTAL for the Reporting) Period	(3)	\$	26,500.00
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			\$	26,925.00

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	Name of Filing Committee or Candidate				Reporting Period						
		F	rom:		То	<u>:</u>					
		·		DATE		ı	MOUNT				
Full Name of Contributing Con	nmittee		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 or Ca	Name of Filing Committee or Candidate			Period			
FRIENDS OF CRIS DUSH			From:	<u>9/17/</u>	2024 T o) :	10/21/2024
		'		DATE			AMOUNT
Full Name of Contributor MELODY & DESCRIPTION OF THE SMITH			мо	DAY	YEAR		
Mailing Address 333 LIPPINN	I TRAIL					\$	150.00
City LOCK HAVEN	State PA	Zip Code (Plus 4) 17745	, 9	7	2024		
Full Name of Contributor ANGELA & DAVID SNYDER	МО	DAY	YEAR				
Mailing Address 510 FITZGER						\$	75.00
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	10	17	2024		
Full Name of Contributor			МО	DAY	YEAR	<u> </u>	
LOUIS ANASTOS			МО	DAT	TEAR		
Mailing Address 700 BELLEFO	NTE AVE					\$	100.00
City LOCK HAVEN	State PA	Zip Code (Plus 4) 17745	10	21	2024		
Full Name of Contributor SHEILA & DAMES RUSSO			мо	DAY	YEAR		
Mailing Address 1075 RENOV	O ROAD					\$	100.00
City MILL HALL	State	Zip Code (Plus 4)	10	21	2024		
	PA	17751					
							PAGE TOTAL

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

PAGE TOTAL \$ 425.00

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	me of Filing Committee or Candidate Report			Period				
FRIENDS OF CRIS DUSH			From:	9/	17/2024	To:	<u>10</u> ,	/21/2024
				D	ATE		Al	MOUNT
Full Name of Contributing Committee PENN OSTEOPATHIC MED PAC				мо	DAY	YEAR	\$	500.00
Mailing Address 1330 EISENHOWER	R BLVD.			10	18	2024]	
City HARRISBURG	State PA	Zip Cod 17111	e (Plus 4)					
Full Name of Contributing Committee PGCC PAC		<u> </u>		МО	DAY	YEAR	\$	6,000.00
Mailing Address 507 CHERRY GROS	E RD			10	17	2024]	3,000.00
City CLARENDON	State	Zip Cod	e (Plus 4)]	-7			
	PA	16313						
Full Name of Contributing Committee CLINTON CO. REPUB. PARTY				МО	DAY	YEAR	\$	1,000.00
Mailing Address 333 LINNIPPI TRAI	L			9	20	2024	7	1,000.00
City LOCK HAVEN	State	Zip Cod	e (Plus 4)]	20	2024		
	PA	17745						
Full Name of Contributing Committee FRIENDS OF SCOTT MARTIN		-		мо	DAY	YEAR	\$	5,000.00
Mailing Address 802 LIGHTFOOT DE	RIVE			9	20	2024	7	3,000.00
City LANCASTER	State	Zip Cod	e (Plus 4)	1	20	2024		
	PA	17602						
								PAGE TOTAL

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

PAGE TOTAL \$ 12,500.00

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 of Filing Committee or Candidate Re				Repo	eporting Period				
FRIENDS OF CRIS DUSH				From	1:	<u>9/17/2</u>	<u>024</u> To	:	10/21/2024
			·		DA	ATE		АМ	IOUNT
Full Name of Contributor					мо	DAY	YEAR		1 000 00
JENNIFER & amp; JOHN WILLIAMS					МО	DAT	ILAK	\$	1,000.00
Mailing Address 10 SPHERE STREET					10	18	2024	1	
City BROOKVILLE	State	Zip	Code (Plus	4)	10	10	202.		
	PA	158	325		l			1	
Employer Name SELF EMPLOYED					Occupat	ion	SERVICE		
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Code	e (Plus 4)
411 WILLIAMS ROAD			REYNOLDS	SVILLE		PA		15851	
Full Name of Contributor		•							
JUDSON KROH					МО	DAY	YEAR	\$	1,000.00
Mailing Address 80 WATERFRONT DE	RIVE				4.0		2024	1	
City PITTSBURGH	State	Zip	Code (Plus	4)	10	18	2024		
	PA	15222							
Employer Name ROBINDALE					Occupat	ion	PRESIDI	ENT	
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Code	e (Plus 4)
1501 LIGONIER ST.			LATROBE			PA		15650	
Full Name of Contributor								1	
DANIEL HAW BAKER					МО	DAY	YEAR	\$	10,000.00
Mailing Address 5881 W. BUFFALO R	IIN PD							7	
City PORT MATILDA	State	7in	Code (Plus		10		2024		
i ditt i ii till i i i i i i i i i i i i i				4)	10	17	2024		
·	ΡΔ	-	•	4)	10	17	2024		
Employer Name GLENN O HAWBAKER	PA INC	168	•	4)					n: CEO
Employer Name GLENN O. HAWBAKER	, INC	-	370	4)	Occupat	ion		ENT &am	• •
Employer Mailing Address/Principal Plac	, INC	-	370	-		ion State		ENT &am Zip Code	p; CEO 2 (Plus 4)
Employer Mailing Address/Principal Place 1952 WADDLE RD.STE 203	, INC	-	370	-		ion		ENT &am	• •
Employer Mailing Address/Principal Place 1952 WADDLE RD.STE 203 Full Name of Contributor	, INC	-	370	-		ion State		ENT &am Zip Code	• •
Employer Mailing Address/Principal Place 1952 WADDLE RD.STE 203 Full Name of Contributor DAVID HARGER	, INC e of Business	-	370	-	Occupat	State	PRESIDI	ENT &am Zip Code 16803	e (Plus 4)
Employer Mailing Address/Principal Place 1952 WADDLE RD.STE 203 Full Name of Contributor DAVID HARGER Mailing Address 108 CLINTON STREE	, INC e of Business	168	City STATE CO	LLEGE	Occupat	State	PRESIDI	Zip Code 16803	e (Plus 4)
Employer Mailing Address/Principal Place 1952 WADDLE RD.STE 203 Full Name of Contributor DAVID HARGER	, INC e of Business T State	168	City STATE CO Code (Plus	LLEGE	Occupat	State PA DAY	PRESIDI	Zip Code 16803	e (Plus 4)
Employer Mailing Address/Principal Place 1952 WADDLE RD.STE 203 Full Name of Contributor DAVID HARGER Mailing Address 108 CLINTON STREE City LOCK HAVEN	, INC e of Business T State PA	168	City STATE CO Code (Plus	LLEGE	MO 10	State PA DAY	YEAR 2024	ENT &am Zip Code 16803	e (Plus 4)
Employer Mailing Address/Principal Place 1952 WADDLE RD.STE 203 Full Name of Contributor DAVID HARGER Mailing Address 108 CLINTON STREE City LOCK HAVEN Employer Name HARGAR UTILITIES CO	, INC e of Business T State PA DNTRACTOR	168	City STATE CO Code (Plus	LLEGE	Occupat	ion State PA DAY 21	PRESIDI	ENT &am Zip Code 16803 \$	500.00
Employer Mailing Address/Principal Place 1952 WADDLE RD.STE 203 Full Name of Contributor DAVID HARGER Mailing Address 108 CLINTON STREE City LOCK HAVEN	, INC e of Business T State PA DNTRACTOR	168	City STATE CO Code (Plus	LLEGE 4)	MO 10	State PA DAY	YEAR 2024	ENT &am Zip Code 16803 \$	e (Plus 4)

Full Name of Contributor				Mo	DAY	VEAD		
LORI & JOHN WAGNER				МО	DAY	YEAR	\$	1,000.00
Mailing Address 19 WESTERN AVE				- 6	21	2024	1	
City BROOKVILLE	State	Zi	p Code (Plus 4)]	21	2027	Ī	
	PA	15	825					
Employer Name SELF EMPLOYED	1				ion	PODIAT	RIST	
Employer Mailing Address/Principal Pl	ace of Business		City		State		Zip Cod	e (Plus 4)
735 WHITE ST BROOKVILLE			BROOKVILLE		PA		15825	
			ļ					
Full Name of Contributor			!	МО	DAV	VEAD		
Full Name of Contributor JON CASSEL				МО	DAY	YEAR	\$	500.00
	ıIL				DAY 7		\$	500.00
JON CASSEL	IL State	Zi	p Code (Plus 4)	мо		YEAR 2024	\$	500.00
JON CASSEL Mailing Address 333 LINNIPPI TRA			p Code (Plus 4) 7745				\$	500.00
JON CASSEL Mailing Address 333 LINNIPPI TRA	State		. ,		7		\$	500.00
JON CASSEL Mailing Address 333 LINNIPPI TRA City LOCK HAVEN	State PA		. ,	9	7			500.00 e (Plus 4)

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

PAGE TOTAL\$ 14,000.00

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:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description		.			•			
Futor Crowd Total of Book	F an Cabadula I Batailad	Summer Base Se		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, Se	ection	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 Per	iod						
FRIENDS OF CRIS DUSH	From:	<u>9/17/2024</u> To:	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 PART 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 Candid						Reporting Period				
			From:			То:				
		-		DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
Mailing Address						7 \$	0.00			
City	State	Zip Code (Plus 4)								
Description of Contribution:	•	-	•	•		•				
Enter Grand Total of Part F on S	chedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL			
Section 2.						\$	0.00			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			Rep	orting	Period			
				Fro	m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Z	ip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	ce of Business	City		State	e Zip	Code(Plus 4)	Descri	ption of	Contribution
Enter Grand Total of Part G on Sch	edule II. In-Kii	nd Co	ontributions De	etaile	ed				PAGE TOTAL
Summary Page, Section 3.		<i>-</i> 30			-				0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Pe	eriod		
FRIENDS OF CRIS DUSH	From	9/17/2024	То:	10/21/2024

AMOUNT				
200.00				
200.00				
200.00				
Description of Expenditure				
139.00				
139.00				
139.00				
139.00				
139.00				
139.00 250.00				
250.00				

To Whom Pa									
	aid			мо	DAY	YEAR			
BUCKTAIL MEDICAL CENTER									
Mailing Address 1001 PINE STREET			6	23	2024	\$	100.00		
City RENO	OVO	State	Zip Code (Plus 4)	Description of Expenditure					
PA 17764				DONATI	ON				
To Whom Pa	aid			мо	DAY	YEAR			
USPS	67 1111777 070 577				10	2024	\$	8.73	
Mailing Address 67 WHITE STREET				7	12	2024	*	0.73	
City BRO	OOKVILLE	State	Zip Code (Plus 4)	Descript	ion of Exp	enditure			
		PA	15825	POSTAGE					
To Whom Paid CRIS DUSH			мо	DAY	YEAR				
Mailing Addr				7	14	2024	\$	850.00	
City BRO	OOKVILLE	State	Zip Code (Plus 4)	Descript	ion of Exp	l enditure			
		PA	15825		RSE - TEN		LIGHTS		
To Whom Pa	aid		•	МО	DAY	YEAR			
S & T E	BANK								
Mailing Addr	ress 256 MAIN STREET			7	12	2024	\$	36.00	
City BRO	OKVILLE	State	Zip Code (Plus 4)	Description of Expenditure					
		PA	15825	BANK FEE					
		To Whom Paid							
CLINTON CO. ECONOMIC PARTNERSHIP				МО	DAY	YEAR			
		P					.	220.00	
Mailing Addr		P		MO 7	15	2023	\$	320.00	
Mailing Addr		State	Zip Code (Plus 4)	7		2023	\$	320.00	
Mailing Addr	ress P.O. BOX 506	T	Zip Code (Plus 4) 17745	7	15	2023	\$	320.00	
Mailing Addr City LOCH	ress P.O. BOX 506 K HAVEN	State		7 Descript	15	2023	\$	320.00	
Mailing Addr City LOCK To Whom Pa JEFF. CO. TV	P.O. BOX 506 K HAVEN	State PA		7 Descript DONATI	15 cion of Exp	2023 enditure			
Mailing Addr City LOCA To Whom Pa JEFF. CO. TV Mailing Addr	P.O. BOX 506 K HAVEN Aid WP. OFFICERS ASSN. ress 3520 BELSHAZZER	State PA ROAD	17745	7 Descript DONATI MO 7	15 cion of Expr ON DAY	2023 enditure YEAR 2023	\$	320.00 125.00	
Mailing Addr City LOCA To Whom Pa JEFF. CO. TV Mailing Addr	P.O. BOX 506 K HAVEN	State PA ROAD State	17745 Zip Code (Plus 4)	7 Descript DONATI MO 7 Descript	15 Cion of Exp ON DAY 15 Cion of Exp	2023 enditure YEAR 2023			
Mailing Addr City LOCH To Whom Pa JEFF. CO. TV Mailing Addr City BROOM	P.O. BOX 506 K HAVEN Aid WP. OFFICERS ASSN. Ress 3520 BELSHAZZER OOKVILLE	State PA ROAD	17745	7 Descript DONATI MO 7	15 Cion of Exp ON DAY 15 Cion of Exp	2023 enditure YEAR 2023			
Mailing Addr City LOCA To Whom Pa JEFF. CO. TV Mailing Addr City BROG	P.O. BOX 506 K HAVEN Aid WP. OFFICERS ASSN. Ress 3520 BELSHAZZER OOKVILLE	State PA ROAD State PA	17745 Zip Code (Plus 4)	7 Descript DONATI MO 7 Descript	15 Cion of Exp ON DAY 15 Cion of Exp	2023 enditure YEAR 2023			
Mailing Addr City LOCA To Whom Pa JEFF. CO. TV Mailing Addr City BROG	ress P.O. BOX 506 K HAVEN aid WP. OFFICERS ASSN. ress 3520 BELSHAZZER OKVILLE aid D. ASSN. OF TWP. OFFICIAL	State PA ROAD State PA	17745 Zip Code (Plus 4)	7 Descript DONATI MO 7 Descript ADVERT	15 Cion of Expr ON DAY 15 Cion of Expr ISING	2023 enditure YEAR 2023 enditure			
Mailing Addr City LOCH To Whom Pa JEFF. CO. TV Mailing Addr City BROW To Whom Pa MCKEAN CO Mailing Addr	ress P.O. BOX 506 K HAVEN aid WP. OFFICERS ASSN. ress 3520 BELSHAZZER OKVILLE aid D. ASSN. OF TWP. OFFICIAL	State PA ROAD State PA	17745 Zip Code (Plus 4)	7 Descript MO 7 Descript ADVERT MO 7	15 Cion of Expo	2023 enditure YEAR 2023 enditure YEAR 2024	\$	125.00	
Mailing Addr City LOCH To Whom Pa JEFF. CO. TV Mailing Addr City BROW To Whom Pa MCKEAN CO Mailing Addr	P.O. BOX 506 K HAVEN Aid WP. OFFICERS ASSN. PROBLEM 3520 BELSHAZZER OKVILLE Aid D. ASSN. OF TWP. OFFICIAL PROBLEM 7534 ROUTE 59	State PA ROAD State PA	Zip Code (Plus 4) 15825	7 Descript MO 7 Descript ADVERT MO 7	15 cion of Expr ON DAY 15 cion of Expr ISING DAY 15 cion of Expr ISING	2023 enditure YEAR 2023 enditure YEAR 2024	\$	125.00	
Mailing Addr City LOCH To Whom Pa JEFF. CO. TV Mailing Addr City BROW To Whom Pa MCKEAN CO Mailing Addr	ress P.O. BOX 506 K HAVEN aid WP. OFFICERS ASSN. ress 3520 BELSHAZZER OKVILLE aid D. ASSN. OF TWP. OFFICIAL ress 7534 ROUTE 59	State PA ROAD State PA S State	Zip Code (Plus 4) 15825 Zip Code (Plus 4)	7 Descript MO 7 Descript ADVERT MO 7 Descript ADVERT	15 Sion of Expo ON DAY 15 Sion of Expo ISING DAY 15 Lion of Expo ISING	2023 enditure YEAR 2023 enditure YEAR 2024 enditure	\$	125.00	
Mailing Addr City LOCK To Whom Pa JEFF. CO. TV Mailing Addr City BROW To Whom Pa MCKEAN CO Mailing Addr City LEW	ress P.O. BOX 506 K HAVEN aid WP. OFFICERS ASSN. ress 3520 BELSHAZZER OKVILLE aid D. ASSN. OF TWP. OFFICIAL ress 7534 ROUTE 59 VIS RUN	State PA ROAD State PA S State	Zip Code (Plus 4) 15825 Zip Code (Plus 4)	7 Descript MO 7 Descript ADVERT MO 7 Descript	15 cion of Expr ON DAY 15 cion of Expr ISING DAY 15 cion of Expr ISING	2023 enditure YEAR 2023 enditure YEAR 2024	\$	125.00	
Mailing Addr City LOCK To Whom Pa JEFF. CO. TV Mailing Addr City BROG To Whom Pa MCKEAN CO Mailing Addr City LEW:	P.O. BOX 506 K HAVEN Aid WP. OFFICERS ASSN. RESS 3520 BELSHAZZER OOKVILLE Aid D. ASSN. OF TWP. OFFICIAL RESS 7534 ROUTE 59 VIS RUN Aid N ELM	State PA ROAD State PA S State	Zip Code (Plus 4) 15825 Zip Code (Plus 4)	7 Descript MO 7 Descript ADVERT MO 7 Descript ADVERT	15 Sion of Expo ON DAY 15 Sion of Expo ISING DAY 15 Lion of Expo ISING	2023 enditure YEAR 2023 enditure YEAR 2024 enditure	\$	125.00	
Mailing Addr City LOCK To Whom Pa JEFF. CO. TV Mailing Addr City BROW To Whom Pa MCKEAN CO Mailing Addr City LEW: To Whom Pa EVERGREEN Mailing Addr	P.O. BOX 506 K HAVEN Aid WP. OFFICERS ASSN. RESS 3520 BELSHAZZER OOKVILLE Aid D. ASSN. OF TWP. OFFICIAL RESS 7534 ROUTE 59 VIS RUN Aid N ELM	State PA ROAD State PA S State	Zip Code (Plus 4) 15825 Zip Code (Plus 4)	7 Descript MO 7 Descript ADVERT MO 7 Descript ADVERT MO 7 7	15 cion of Expr ON DAY 15 cion of Expr ISING DAY 15 cion of Expr ISING DAY	2023 enditure YEAR 2023 enditure YEAR 2024 enditure	\$	125.00	

							OL 14	
To Whom Paid			мо	DAY	YEAR			
P&CE JEFFERSON COUNTY							1 000 00	
Mailing Address 186 MAIN STREET #3				18	2024	\$	1,000.00	
City BROOKVILLE State Zip Code (Plus 4)				tion of Exp	enditure			
PA 15825				TION				
To Whom Paid			МО	DAY	YEAR			
CORSICA VOL. FIRE CO.								
Mailing Address PO BOX 265				23	2024	\$	100.00	
City CORSICA	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure			
	PA	15829	DONATI	ON				
To Whom Paid COURIER EXPRESS				DAY	YEAR			
Mailing Address PO BO)X 370		8	4	2024	\$	165.00	
City WEST FRANKFOR	T State	Zip Code (Plus 4)	Descript	l tion of Exp	 enditure			
	IL	62896	ADVERT					
To Whom Paid REYNOLDSVILLE DAY GO	LE COMMITTEE	<u> </u>	мо	DAY	YEAR			
	NN STREET		8	20	2024	\$	100.00	
_	State	Zin Code (Plue 4)						
City REYNOLDSVILLE	PA	Zip Code (Plus 4) 15851	Description of Expenditure					
To Whom Paid	PA	13831	DONATI	.ON				
CRIS DUSH			МО	DAY	YEAR			
	LLTOP LN		8	24	2024	\$	1,045.91	
		Zin Codo (Blue 4)						
City BROOKVILLE	State	Zip Code (Plus 4) 15825	Description of Expenditure REIMBURSE FOR CENTRE CO. JR. LIVESTOCK 4H					
	PA	15625	AUCTIO		JENIKE C	O. JR. LIV	/ESTUCK 4ff	
To Whom Paid				DAY	YEAR			
CENTRE CO. TWP. OFFIC	IALS		МО		ILAK			
Mailing Address P.O. E	3OX 299		9	7	2024	\$	175.00	
City SPRING MILLS	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure			
	ADVERTISINGS							
To Whom Paid DISTRICT 9 PIAA				DAY	YEAR			
Mailing Address 66 S. PICKERING STREET			9	7	2024	\$	500.00	
City BROOKVILLE State Zip Code (Plus 4) PA 15825				Description of Expenditure ADVERTISING				
To Whom Paid								
COMMUNITY ACTION, INC				DAY	YEAR			
Mailing Address 30A S. SHERIDAN ROAD				7	2024	\$	250.00	
City CLARION	State	Zip Code (Plus 4)	Descript	l tion of Exp	enditure			
	PA	16214	ADVERT	ISING				
110214								

								PAGE 15
To Wh	om Paid			мо	DAY	YEAR		
JEFF CO. REPUB. PARTY				MO	DAT	TEAR		
Mailing	g Address 238 NEMET	H LANE		9	16	2024	\$	300.00
City	City CLARINGTON State Zip Code (Plus 4)			Descrip	tion of Exp	enditure		
PA 15828				ADVERTISING				
To Wh	om Paid			мо	DAY	YEAR		
CRIS I	DUSH			1-10		I Z A II C		
Mailing Address 66 HILLTOP LN			9	16	2024	\$	507.74	
City	BROOKVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	15825	REIMBU	IRSE FOR S	SIGN WIF	RES	
To Wh	om Paid			мо	DAY	YEAR		
THE P	IPER AVIATION MUSEUM	1						
Mailing	g Address 1 PIPER WA	AY		9	24	2024	\$	75.00
City	LOCK HAVEN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	17745	CAMPAIGN				
To Wh	om Paid			мо	DAY	YEAR		
COUR	IER EXPRESS							
Mailing	g Address PO BOX 37	0		10	10	2024	\$	139.00
City	WEST FRANKFORT	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		IL	62896	ADVERTISING				
To Wh	om Paid			МО	DAY	YEAR		
USPS								
Mailing	g Address 67 WHITE S	STREET		10	11	2024	\$	73.00
City	BROOKVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	15825					
To Wh	om Paid			МО	DAY	YEAR		
POLIT	EIA GROUP LLC							
Mailing	g Address 1309 COFF	EEN AVE. STE 1200		10	19	2024	\$	21,000.00
City	SHERIDAN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		WY	82801	INVEST	IGATE VO	TER LIST		
To Wh	om Paid			мо	DAY	YEAR		
S&T BANK								
Mailing Address 256 MAIN STREET				10	21	2024	\$	25.00
City BROOKVILLE State Zip Code (Plus 4)				Description of Expenditure				
PA 15815				BANK F	EE			
								PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D				٠.			\$	28,344.38