### **Campaign Finance Report**

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

Filer Identification 2024C0239 Number :						Repo Filed		:	CA	NDII	DATE	<b>√</b>	CO	COMMITTEE		LOBBYIST				
Name of Filing C	Committee,	Candida	te or Lo	obbyist:			KEEFE	R W	/ETZ	ZEL, I	DAW	/N								
Street Address:																				
City:										State	e:				Zip Cod	le: 17	'019-9	334		
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDAY PRE- PRIMARY 2. 30 DAY POST- PRIMARY 3.						AMENDM REPORT?		Yes	No	)	<b>\</b>					
(place X to the right of	6TH TUESDA PRE-ELECTI		4.	2ND FRI ELECTIO		PRE-	- 5.)		0 DA LECT	Y ION	Р	OST-	6.		TERMINATION Yes REPORT?			No	)	<b>\</b>
report type)	ANNUAL R	EPORT	7.	Year 20	24					IG ME CHEC					PAPER		/	DISKE	TTE	
Name of Office S	Sought by C	andidat	e:	-						DAT	ΕO	F ELE	CTI	ON	District Number	Office Code	Par	ty Code	Cour	
										МО		DAY	Y	/EAR	31	STS	REP		10000	
SENATOR IN TH	HE GENERA	AL ASSE	MBLY								11		5	2024		(SEE IN	STRUCTIO	ONS FOR	CODES	)
Summary of		and	МО	DAY	'	YEAR				мо		DAY	Y	YEAR	FO	R OFFI	E USE	ONLY		
Expenditures	from:			9	17	20	)24	то	)		10	:	21	2024						
A. Amount Bro	ught Forwa	rd From	Last R	eport					\$					0.00	1					
B. Total Moneta	ary Contrib	utions A	and Rec	eipts (Fı	rom	Sched	lule I	)	\$					0.00						
C. Total Funds	Available (	Sum Of	Lines A	and B)					\$					0.00						
D. Total Expenditures (From Schedule III) \$ 0.00																				
E. Ending Cash	Balance (S	ubtract	Line D	From Li	ne C	)			\$					0.00						
F. Value Of In-	Kind Contri	butions	Receive	ed (Fron	n Scl	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Oblig	gations	(From S	chedule	IV)				\$					0.00			•			
						AFFI	[DAV	ΊΤ	SE	CTIC	NC									
PART I - If this is	s a Committ	tee repo	rt, trea	surer si	gn h	ere. I	f this	is a	Can	didat	te re	port, o	cand	lidate sig	ın here.					
I swear (or affirm) correct and comple		oort, inclu	uding the	attached	l sche	edules	filed o	n pa	per o	or by e	electr	onic m	ediur	m, are to t	he best of	my knov	wledge	and beli	ief , tr	ue
Sworn to and subs	cribed before day of	e me this		20										Signature	of Persoi	1 Submitt	ing Rep	ort		_
		Signatur	e	_				_							Print	ed Name	•			_
My Commission Ex											•				Emai	I				-
	м	0	D/	λY		YR						Are	ea Co	ode	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of	f a cand	idate's	authoriz	ed C	Comm	ittee,	Can	dida	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and	belie	f this	politica	ıl co	mmi	ittee h	as no	ot viola	ted a	any provisi	ions of the	e act of J	une 3,19	937 (P.I	133	3,
Sworn to and subsc		me this												Si	ignature o	f Candida	ate			-
	day of — —			- <u>-</u>				_							Printe	d Name				-
	Sig	ınature						_												_
My Commission Exp	oires														Emai	I				
		мо	DA	ΑY		YR						Area	Code	•	Da	ytime T	elephon	e Numb	er	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period							
KEEFER WETZEL, DAWN	From:	9/17/202	<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)	\$	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)			\$	0.00				
All Other Contributions (Part D)			\$	0.00				
TOTAL for the Reporting	) Period	(3)	\$	0.00				
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			\$	0.00				

#### **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	Name of Filing Committee or Candidate			Reporting Period						
				From:		То	:			
			•		DATE			AMOUNT		
Full Name of Contributing C	ommittee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	Sta	te	Zip Code (Plus 4)							

PAGE TOTAL
0.00

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.

(EXCIU	de contributions fro	om political comm	iitte	ees re	portea	in Part	A)	
Name of Filing Committe	ee or Candidate		Rep	orting F	Period			
	From: To:							
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.0
City	State	Zip Code (Plus 4	)					
	·				•	•		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	ame of Filing Committee or Candidate		Reporting Period							
			From:			То:				
				DA	TE		А	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00	
Mailing Address							7		0.00	
City	State	Zip Cod	e (Plus 4)							
								PAGE TO	TAL	
Enter Grand Total of Part C on Scheo	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 of Filing Committee or Candidate				Repo	orting Pe	riod				
				Fron	From: To:					
					DATE			AMOUNT		
Full Name of Contributor					мо	DAY	YEAR		\$	0.00
Mailing Address										
City	ity State Zip Code (Plus 4)									
Employer Name					Occupation					
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip	Code (Plus 4	)
Enter Grand Total of Part C on Sche	dule I, Detailed Sເ	umm	ary Page,	Section	on 3.			\$	PAGE TOTA	<b>AL</b> 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 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>						<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	od	
KEEFER WETZEL, DAWN	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 Candi	idate		Reporting Period					
				From:				
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						<b>7</b> \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•	•			
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Deta			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	ame of Filing Committee or Candidate			Rep	orting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address				-					\$	0.00
City	State	;	Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Place of Business City				State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	nme 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 Expenditure						
Enter Grand Total of Evnenditures on Dago 1. Deport Cover Dago Item D							PAGE TOTAL		
ter Grand Total of Expenditures on Page 1, Report Cover Page, Item D						\$	0.00		