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 2023	30240			Repo Filed			CANDI	CANDIDATE COMMITTEE LOBBYIST				BYIST				
Name of Filing C	ommittee, Candid	late or L	obbyist:		FRIEN	DS O	FR	RACHEL	MOYER	₹							
Street Address:	35 LADYBUG	LANE															
City:	MYERSTOWN						:	State:	PA			Zip Cod	le: 17	7067			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	2.	30 I PRI			POST-	3.		AMENDM REPORT		Yes	No	•	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	5.3			Y F Ion	POST-	6.		TERMINA REPORT		Yes	No		/
report type)	ANNUAL REPORT	7.	Year 2024					G METHO				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	ought by Candida	ite:	•					DATE O	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YI	AR						
								11		5	2024		(SEE IN	STRUCTI	ONS FOR (ODES))
	Receipts and	МО	DAY Y	EAR				мо	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		9 17	20	024	то		10		21	2024						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			9,8	320.75						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 1,000.00																	
C. Total Funds Available (Sum Of Lines A and B) \$ 10,820.75																	
D. Total Expenditures (From Schedule III) \$ 5,515.78																	
E. Ending Cash Balance (Subtract Line D From Line C)							\$			5,3	04.97						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	le II)		\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$			10,0	00.00			1			
			F	٩FF	IDAV	IT S	EC	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	re. 1	If this	is a C	and	didate re	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	e attached sched	dules	filed o	n pape	er o	r 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 me thi day of	s	20							S	Signature	of Perso	n Submit	ting Re _l	oort		_
	Signatu	ıre	_			_						Prin	ted Name	9			-
My Commission Ex	rpires											Ema	il				
	МО	D	AY	YR					Are	ea Coo	le	Daytim	e Telepl	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	omm	ittee,	Cand	ida	te shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	ny knowl	edge and belief	this	politica	l com	mit	ttee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this day of		20								s	ignature o	of Candid	ate			-
						_						Printe	d Name				-
My Commission Exp	Signature					_						Ema	il				-
, commission exp						_											_
	МО	D	AY	YR					Area	Code		Da	aytime T	elephor	ne Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

-				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF RACHEL MOYER	From:	9/17/2024	<u>4</u> То	: 10/21/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	100.00
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)			\$	900.00
TOTAL for the Reporting) Period	(3)	\$	900.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J 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			\$	1,000.00

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 Commit	Name of Filing Committee or Candidate					Reporting Period					
				From:			То	:			
			•			DATE			AMOUNT		
Full Name of Contributin	ng Committee			М	0	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)

(Exclus	de contributions no	in pontical comm	itte	es rep	or teu	ili Pait	~)	
Name of Filing Committee	e or Candidate		Rep	orting P	eriod			
			Fro	m:		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.

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 Cai	ame of Filing Committee or Candidate			Reporting Period					
			From:			То:			
				DA	TE		Α	AMOUNT	
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00	
Mailing Address							- \$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C o	n Schedule I, Detaile	d Summary Pa	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					Reporting Period				
FRIENDS OF RACHEL MOYER			Fron	n:	9/17/2	<u>024</u> To	: <u>10/21</u>	<u>/2024</u>	
				D/	ATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR	1.	100.00	
BONNIE KANTNER				МО	DAT	ILAK	\$	100.00	
Mailing Address 106 EDGEMONT LAN	NE			9	25	2024	1		
City NEWMANSTOWN	State	Zip Code (Plus	4)		25	2021			
	PA	17073					1		
Employer Name				Occupat	ion	RETIRE)		
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code (Plus	4)	
Full Name of Contributor BONNIE KANTNER				МО	DAY	YEAR	\$	100.00	
Mailing Address 106 EDGEMONT LAI	NF			9			1		
City NEWMANSTOWN	State	zate Zip Code (Plus 4)			25	2024			
,	PA	17073							
Employer Name	1173	1,0,5		Occupat	ion	RETIRE)		
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code (Plus	: 4)	
		,							
						_			
Full Name of Contributor				мо	DAY	ΥFΔR		F0 00	
Full Name of Contributor BONNIE KANTNER		<u> </u>		МО	DAY	YEAR	\$	50.00	
	NE			MO 5	DAY 16	YEAR 2024	\$	50.00	
BONNIE KANTNER	NE State	Zip Code (Plus	4)				\$	50.00	
BONNIE KANTNER Mailing Address 106 EDGEMONT LAI		Zip Code (Plus	4)				\$	50.00	
BONNIE KANTNER Mailing Address 106 EDGEMONT LAI	State		: 4)		16			50.00	
BONNIE KANTNER Mailing Address 106 EDGEMONT LAR City NEWMANSTOWN	State PA		4)	5	16	2024			
BONNIE KANTNER Mailing Address 106 EDGEMONT LAI City NEWMANSTOWN Employer Name	State PA	17073	4)	5 Occupat	ion State	2024	Zip Code (Plus	4)	
BONNIE KANTNER Mailing Address 106 EDGEMONT LAI City NEWMANSTOWN Employer Name Employer Mailing Address/Principal Place	State PA	17073	4)	5	16	2024			
BONNIE KANTNER Mailing Address 106 EDGEMONT LAI City NEWMANSTOWN Employer Name Employer Mailing Address/Principal Place Full Name of Contributor	State PA Se of Business	17073 City		5 Occupat	ion State	2024 RETIRED	Zip Code (Plus	4)	
BONNIE KANTNER Mailing Address 106 EDGEMONT LAI City NEWMANSTOWN Employer Name Employer Mailing Address/Principal Place Full Name of Contributor BONNIE KANTNER	State PA Se of Business	17073		5 Occupat	16 sion State DAY	2024	Zip Code (Plus	4)	
Mailing Address 106 EDGEMONT LAI City NEWMANSTOWN Employer Name Employer Mailing Address/Principal Place Full Name of Contributor BONNIE KANTNER Mailing Address 106 EDGEMONT LAI	State PA Se of Business	17073 City		5 Occupat	16 sion State DAY	2024 RETIRED	Zip Code (Plus	4)	
Mailing Address 106 EDGEMONT LAI City NEWMANSTOWN Employer Name Employer Mailing Address/Principal Place Full Name of Contributor BONNIE KANTNER Mailing Address 106 EDGEMONT LAI	State PA Se of Business NE State	City Zip Code (Plus		5 Occupat	16 State DAY	2024 RETIRED	Zip Code (Plus	4)	
Mailing Address 106 EDGEMONT LAI City NEWMANSTOWN Employer Name Employer Mailing Address/Principal Place Full Name of Contributor BONNIE KANTNER Mailing Address 106 EDGEMONT LAI City NEWMANSTOWN	State PA Te of Business NE State PA	City Zip Code (Plus		S Occupat	16 State DAY	2024 RETIRED YEAR 2024	Zip Code (Plus	50.00	

Full Name of Contributor							
BONNIE KANTNER				МО	DAY	YEAR	\$ 100.00
Mailing Address 106 EDGEMONT	LANE			7	18	2024	
City NEWMANSTOWN	State	Zi	p Code (Plus 4)	7 ′	10	2024	
	PA	1	7073				
Employer Name				Occupat	ion	RETIRE)
Employer Mailing Address/Principal I	Place of Business		City		State		Zip Code (Plus 4)
Full Name of Contributor				мо	DAY	YEAR	
REUBEN STOLTZFUS				140	DAI	ILAK	\$ 500.00
Mailing Address PO BOX 474				9	27	2024	
City PARADISE	State	Zi	p Code (Plus 4)				
	PA	1 1	7562				
Employer Name AAA BUGGY RIDES	5			Occupat	ion	BUSINE	SS OWNER
Employer Name AAA BUGGY RIDES							
Employer Mailing Address/Principal I	Place of Business		City		State		Zip Code (Plus 4)

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

PAGE TOTAL \$ 900.00

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	•	•			1		<u> </u>	
Futor Count Total of Doub	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, 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 Perio	d							
FRIENDS OF RACHEL MOYER	From:	<u>9/17/2024</u> To:	<u>10/21/2024</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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 Candidate	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 Schedule II, In-Kind Contributions Deta			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	Name of Filing Committee or Candidate				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	Reporting Pe	eriod		
FRIENDS OF RACHEL MOYER	From	9/17/2024	То:	10/21/2024

			DATE				AMOUNT			
To Whom Paid			МО	DAY	YEAR					
WPY NICHE MARKETS			140		1 Z/IIX					
Mailing Address 2937 SIERRA COURT SW			5	15	2024	\$	350.00			
City IOWA CITY	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	IA	52240	CAMPAIGN DATA							
To Whom Paid			мо	DAY	YEAR					
PINEY WOODS CONSULTING			140		ILAK					
Mailing Address 544 COUNTY ROAD 3324			5	15	2024	\$	600.00			
City GREENVILLE State Zip Code (Plus 4) TX 75402			Description of Expenditure							
			CAMPAIGN CONSULTING							
To Whom Paid			мо	DAY	YEAR					
MISFIT CREATES			МО		ILAK					
Mailing Address 1035 WAYNE	AVENUE STE A		5	17	2024	\$	3,900.00			
City CHAMBERSBURG State Zip Code (Plus 4)			Description of Expenditure							
PA 17201				CAMPAIGN CONSULTING						
To Whom Paid			мо	DAY	YEAR					
WIX			МО		ILAK					
Mailing Address 500 TERRY A FRANCOIS BLVD			5	20	2024	\$	7.63			
City SAN FRANCISCO State Zip Code (Plus 4)			Description of Expenditure							
	CA	94158	WEBSITE EXPENSE							
To Whom Paid			мо	DAY	YEAR					
TRUIST BANK			MO	DAI	ILAK					
Mailing Address 197 ROCHERTY ROAD			5	21	2024	\$	8.00			
City LEBANON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	PA	17042	BANK FEE							
To Whom Paid			Mo	DAY	YEAR					
WIX			МО	DAY	TEAK					
Mailing Address 500 TERRY A FRANCOIS BLVD			6	18	2024	\$	7.63			
City SAN FRANCISCO State Zip Code (Plus 4) Description of Expendi				enditure	<u> </u>					
CA 94158			WEBSIT	E EXPENS	E					
10,1 133				AAFDOTIF FVI FIAOF						

Mailing Address 500 TERRY A FRANCOIS BLVD 7 18 2024 \$ 7.63								FAGL 13		
WAINING Address SOD TERRY A FRANCOIS BLVD 7 18 2024 \$ 7.63	To Whom Paid			мо	DAY	YEAR				
City SAN FRANCISCO State Zip Code (Plus 4) Description of Expenditure WEBSITE EXPENSE	WIX									
CA 94158 WEBSITE EXPENSE	Mailing Address 500 TERRY A	FRANCOIS BLVD		7	18	2024	\$	7.63		
Mo	, , , , , , , , , , , , , , , , , , , ,			Descrip	tion of Exp	enditure				
Mailing Address 500 TERRY A FRANCOIS BLVD 8 19 2024 \$ 7.63				WEBSITE EXPENSE						
Mailing Address 500 TERRY A FRANCOIS BLVD State Zip Code (Plus 4) Description of Expenditure CA 94158 Mo DAY YEAR	To Whom Paid			мо	DAY	YEAR				
State	WIX									
CA 94158 WEBSITE EXPENSE	Mailing Address 500 TERRY A FRANCOIS BLVD			8	19	2024	\$	7.63		
Mo	City SAN FRANCISCO	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
Mo		CA	94158	WEBSIT						
Mailing Address PO BOX 194 State Zip Code (Plus 4) Description of Expenditure CAMPAIGN DATA PA T.632	To Whom Paid			мо	DAY	YEAR				
State	6G MEDIA LLC									
PA	Mailing Address PO BOX 194			9 12 2024			\$	360.00		
Mo	City NEW HOLLAND State Zip Code (Plus 4)			Description of Expenditure						
Mo	PA 17557				CAMPAIGN DATA					
Mailing Address 500 TERRY A FRNACOIS BLVD 9 23 2024 \$ 7.63	To Whom Paid			мо	DAY	YEAR				
City SAN FRANCISCO State Zip Code (Plus 4) Description of Expenditure WEBSITE EXPENSE	WIX	_								
CA 94158 WEBSITE EXPENSE	Mailing Address 500 TERRY A FRNACOIS BLVD			9	23	2024	\$	7.63		
Mo				Description of Expenditure						
Mailing Address 118				WEBSITE EXPENSE						
State PA	To Whom Paid			МО	DAY	YEAR				
To Whom Paid LEBANON COUNTY REPUBLICAN COMMITTEE Mailing Address 21 SOUTH 9TH STREET #2 City LEBANON State Zip Code (Plus 4) PA 17042 To Whom Paid WIX Mailing Address 500 TERRY A FRANCOIS BLVD City SAN FRANCISCO State Zip Code (Plus 4) PA 17042 To Whom Paid WIX Mo DAY YEAR MO DAY YEAR To Whom Paid WIX Mo DAY YEAR To Whom Paid WIX Mo DAY YEAR ### To Whom Paid WIX ### To Whom Paid WIX ### Page To TAL ### Page TO TAL ### Page TO TAL	Mailing Address 118			10	2	2024	\$	127.00		
To Whom Paid LEBANON COUNTY REPUBLICAN COMMITTEE Mailing Address 21 SOUTH 9TH STREET #2 10 17 2024 \$ 125.00 City LEBANON State Zip Code (Plus 4) PA 17042 RECEPTION AD To Whom Paid WIX Mailing Address 500 TERRY A FRANCOIS BLVD 10 18 2024 \$ 7.63 City SAN FRANCISCO State Zip Code (Plus 4) Description of Expenditure CA 94158 WEBSITE EXPENSE PAGE TOTAL PAGE TOTAL	City State Zip Code (Plus 4)			Description of Expenditure						
LEBANON COUNTY REPUBLICAN COMMITTEE Mailing Address 21 SOUTH 9TH STREET #2 10 17 2024 \$ 125.00 City LEBANON State Zip Code (Plus 4) Description of Expenditure RECEPTION AD To Whom Paid WIX Mailing Address 500 TERRY A FRANCOIS BLVD City SAN FRANCISCO State Zip Code (Plus 4) Description of Expenditure CA 94158 Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.		PA	17055							
Mailing Address 21 SOUTH 9TH STREET #2 10 17 2024 \$ 125.00 City LEBANON State Zip Code (Plus 4) Description of Expenditure RECEPTION AD To Whom Paid WIX Mailing Address 500 TERRY A FRANCOIS BLVD 10 18 2024 \$ 7.63 City SAN FRANCISCO State Zip Code (Plus 4) Description of Expenditure WEBSITE EXPENSE PAGE TOTAL PAGE TOTAL	To Whom Paid			МО	DAY	VEAD				
City LEBANON State PA 17042 RECEPTION AD To Whom Paid WIX Mailing Address 500 TERRY A FRANCOIS BLVD 10 18 2024 \$ 7.63 City SAN FRANCISCO State CA 94158 WEBSITE EXPENSE Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	LEBANON COUNTY REPUBLICAN	COMMITTEE		MO	DAI	ILAK				
To Whom Paid WIX Mailing Address 500 TERRY A FRANCOIS BLVD City SAN FRANCISCO State Zip Code (Plus 4) Description of Expenditure CA 94158 Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. PAGE TOTAL	Mailing Address 21 SOUTH 97	TH STREET #2		10	17	2024	\$	125.00		
To Whom Paid WIX Mailing Address 500 TERRY A FRANCOIS BLVD City SAN FRANCISCO State Zip Code (Plus 4) Description of Expenditure CA 94158 Description of Expenditure WEBSITE EXPENSE PAGE TOTAL PAGE TOTAL	City LEBANON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
WIX Mailing Address 500 TERRY A FRANCOIS BLVD City SAN FRANCISCO State Zip Code (Plus 4) Description of Expenditure CA 94158 PAGE TOTAL PAGE TOTAL		PA	17042	RECEPTION AD						
WIX Mailing Address 500 TERRY A FRANCOIS BLVD 10 18 2024 \$ 7.63 City SAN FRANCISCO State Zip Code (Plus 4) Description of Expenditure CA 94158 WEBSITE EXPENSE PAGE TOTAL PAGE TOTAL	To Whom Paid				DAY	VEAD				
City SAN FRANCISCO State CA State	WIX			MO	DAI	ILAK				
CA 94158 WEBSITE EXPENSE PAGE TOTAL Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	Mailing Address 500 TERRY A FRANCOIS BLVD			10	18	2024	\$	7.63		
PAGE TOTAL Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	City SAN FRANCISCO	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	CA 94158			WEBSITE EXPENSE						
								PAGE TOTAL		
	Enter Grand Total of Expendi	tures on Page 1, Rep	oort Cover Page, Item D).			\$	5,515.78		

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate			Reporting Period						
FRIENDS OF RACHEL MOYER From			From:	<u>9/17/2024</u> To :			10/21/2024		
					DATE			utstanding alance of Debt	
Name of Creditor RACHEL MOYER					DAY	YEAR			
Mailing Address 35 LANDYBUG LANE					3	2023	\$	1,000.00	
City MYERSTOWN	State PA	Zip Code (P 17067	lus 4)	Description of Debt LOAN TO CAMPAIGN					
Name of Creditor RACHEL MOYER					DAY	YEAR			
Mailing Address 35 LANDYBUG LANE					1	2023	\$	5,000.00	
City MYERSTOWN	State PA	Zip Code (P 17067	lus 4)	Description of Debt LOAN TO CAMPAIGN					
Name of Creditor RACHEL MOYER					DAY	YEAR			
Mailing Address 35 LANDYBUG LANE					29	2023	ş \$	4,000.00	
City MYERSTOWN	State PA	Zip Code (P 17067	lus 4)	Description of Debt LOAN TO CAMPAIGN					
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL		
						\$	10,000.00		