### **Campaign Finance Report**

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

Filer Identificati	on	2024	C0168				port		CAN	IDI	DATE	<b>√</b>	′ co	MMITTEE		LOBI	BYIST		
Number : Name of Filing C	ammitta	o Candida	ato or L	abbyisti			ed B	<b>y :</b> V KUZ									]	_	
Name of Filling C	Jonnine	e, Canulu	ate or L	obbyist:		AINL	JKLV	V KUZ	LIMA										
Street Address:																			
City:	_								State	:				Zip Code	e: 15	135			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		Р	POST-	3.		AMENDME REPORT?	NT	Yes	No	•	<b>/</b>
(place X to the right of	6TH TUES		4.	2ND FRIDA' ELECTION	Y PRI	E-	5. <b>X</b>	30 DA		P	POST- 6.			TERMINAT REPORT?	ΓΙΟΝ	Yes	No		<b>/</b>
report type)	ANNUAL	. REPORT	7.	<b>Year</b> 2024					CHECK					PAPER		✓	DISKE	TTE	
Name of Office S	Sought by	, Candidat	е.			!			DATE	E 0	F ELE	CTI	ON	District	Office	Par	ty Code		
Name of Office 5	ought by	Canada							МО		DAY	١	<b>YEAR</b>	Number 39	<b>Code</b> STH	REP	,	Code	
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY					11 5				2024		(SEE INS	TRUCTI	ONS FOR	CODES)	
Summary of	Receipts	s and	МО	DAY	YEAF	2			МО		DAY	١	YEAR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			9 17	2	024	Т	0		10	7	21	2024						
A. Amount Bro	ught Forv	ward Fron	1 Last R	eport	•			\$	•		•	•	0.00						
B. Total Moneta	ary Contr	ibutions A	And Rec	eipts (From	Sche	dule	e 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	(Subtract	Line D	From Line (	C)			\$					0.00						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	')			\$					0.00		,				
					AFF	ID	AVI	T SE	CTIO	N									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate	e re	port, c	cand	lidate sig	ın here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	d on	paper	or by el	lectr	ronic m	ediu	m, are to t	he best of	my know	/ledge	and beli	ef , tru	ıe
Sworn to and subs	cribed before day of	ore me this		20									Signature	of Person	Submitt	ing Rep	ort		-
	_	Signatur	re					- -						Printe	ed Name				-
My Commission Ex	cpires							_		•				Email					_
		МО	D	AY	YR						Are	ea Co	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	ee, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee ha	as no	ot viola	ted a	any provisi	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	;,
Sworn to and subsc		re me this											Si	ignature of	Candida	te			-
	day of —							-						Printed	Name				-
	:	Signature						-											_
My Commission Exp	ires													Email					
	_	МО	D	AY	YR	<b>1</b>		-			Area	Code	e	Day	time Te	lephon	e Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, ,				
Name of Filing Committee or Candidate	Reporting	g Period		
ANDREW KUZMA	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)	\$	0.00		
TOTAL for the Reporting	\$	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 o	r Candidate	R	Reporting Period						
		F	rom:		То	:			
		·		DATE			AMOUNT		
Full Name of Contributing Con	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.

### **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.

(EXCI	lude contributions from	1 political commi	ittee	s re <sub>l</sub>	portea	IN Part	A)	
Name of Filing Commit	ttee or Candidate		Repor	ting P	eriod			
			From:			To	<b>)</b> :	
		•			DATE			AMOUNT
Full Name of Contributor			1	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		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.0	
Mailing Address							<b>-</b>   \$	0.0	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	nmary 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	9			Rep	orting Pe	riod				
						From:				
					D	ATE		AMOUNT		
Full Name of Contributor					мо	DAY	YEAR	\$	0.00	
Mailing Address								7		
City	State Zip Code (Plus 4)			s <b>4</b> )						
Employer Name	•				Occupation					
Employer Mailing Address/Principal Pl	Employer Mailing Address/Principal Place of Business City				•	State		Zip Co	ode (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sec					on 3.				PAGE TOTAL	
								\$	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 of	or Candidate		Report	ing Peri	od		Reporting Period				
			From:			To:					
				D	ATE			AMOUNT			
Full Name				мо	DAY	YEAR	\$	0.00			
Mailing Address							$\neg$				
City	State	Zip Code (I	Plus 4)								
Receipt Description	•	•			1	•	•				
Futor Coand Total of Bank								PAGE TOTAL			
Enter Grand Total of Part I	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 Peri	od							
ANDREW KUZMA	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	TF)								
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 Car	ndidate		Reporting Period					
			From:			То:		
	DATE			AMOUNT				
Full Name of Contributor				DAY	YEAR			
Mailing Address						<b>7</b> \$	C	0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	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				Rep	orting	Period				
				Fro	m:		To:			
						DATE		AMOUNT		
Full Name of Contributor  Mailing Address					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)	Descr	ript	ion of Contribution	on	
Enter Grand Total of Part G on Schedule II. In-Kind Contributions D				etaile	ed				PAGE TOT	ΓAL
Enter Grand Total of Part G on Schedule II, In-Kind Contributions De Summary Page, Section 3.										0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period				
			From			То:		
		AMOUNT						
To Whom Paid	мо	DAY	YEAR					
Mailing Address						\$	0.	00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
Enter Grand Total of Expenditures of					PAGE TOTAL			
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D						\$	0.0	00