# **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 202	4C0781			Repo Filed		CANDI	DATE	<b>√</b>	co	OMMITTEI		LOB	BYIST		
Name of Filing C	Committee, Candi	date or L	obbyist:		CHERF	RI ROG	ERS									
Street Address:	Street Address:															
City:							State:				Zip Cod	<b>e:</b> 15	683			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRIE PRIMARY		- 2.	30 D/ PRIM		POST- 3.		AMENDMENT REPORT?		Yes	$\checkmark^{\scriptscriptstyle N}$	lo		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIE ELECTION		E- 5.	30 D/ ELEC		POST- 6.			TERMINATION REPORT?		Yes	Ν	lo	$\checkmark$
report type)	ANNUAL REPOR	<b>T</b> 7.	<b>Year</b> 202	24			NG METHO CHECK O				PAPER		$\checkmark$	DISK	ETTE	
Name of Office S	- Sought by Candid	ate:	-				DATE O	F ELE	CTION		District Number	Office Code	Pa	rty Cod	e Cou Cod	
REPRESENTATI	VE IN THE GENE						мо	DAY	YEA	R	58	STH	DE	М		
REIRESERIATI							11		5	2024		(SEE INS	TRUCTI	ONS FOI	R CODES	5)
	Receipts and	мо	DAY	YEAF	۲ I		мо	DAY	YEA	R	FO	R OFFIC	E USE	ONL	1	
Expenditures	s from:		1	1 2	024	то	3		4	2024						
A. Amount Bro	ught Forward Fro	om Last R	eport			\$				0.00	]					
B. Total Monet	ary Contributions	s And Rec	eipts (Fro	om Sche	dule I)	\$				0.00						
C. Total Funds	Available (Sum (	Of Lines A	and B)			\$				0.00						
D. Total Expen	ditures (From Sc	hedule II	I)			\$			39	8.79						
E. Ending Cash	Balance (Subtra	ct Line D	From Lin	e C)		\$			(398	.79)						
F. Value Of In-	Kind Contributio	ns Receiv	ed (From	Schedu	le II)	\$				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule	IV)		\$				0.00						
				AFF	IDAV	IT SE	CTION									
PART I - If this is			_								-					
I swear (or affirm) correct and comple	) that this report, in ete.	cluding the	e attached :	schedule	s filed o	n paper	or by elect	ronic m	edium, a	ire to	the best of	my know	vledge	and be	lief , ti	ue
Sworn to and subs	cribed before me th day of	iis	20						Sig	natur	e of Person	Submitt	ing Re	port		_
	Signat	ure				_					Print	ed Name				-
My Commission Ex	cpires										Email	I				_
	МО	D	AY	YR				Ar	ea Code		Daytime	e Telepho	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorize	ed Comr	nittee,	Candid	late shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and b	elief this	s politica	l comm	iittee has n	ot viola	ted any	provis	ions of the	act of Ju	ine 3,1	937 (P	.L. 133	з,
Sworn to and subscribed before me this day of 20										s	ignature o	f Candida	ite			-
		or 20 Printed Name								—						
My Commission Exp	Signature	•				_		Email					_			
,						_										_
	мо	D	AY	YF	Ł			Area Code Daytime Telephone Number								

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** CHERRI ROGERS From: <u>1/1/2024</u> **To:** <u>3/4/2024</u> 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										
			Fror	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. \$										

# 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						
				То:					
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$	0.00	
Mailing Address							<b>7</b> *	0.00	
City	State	Zip Cod	e (Plus 4)						
					PAGE TOTAL				
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							\$	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 Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							P#	<b>AGE TOTAL</b> 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						•			
		_	<b>.</b>					PAGE TO	TAL
nter 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		
CHERRI ROGERS	From:	<u>1/1/2024</u> <b>To:</b>	<u>3/4/2024</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, 3		\$	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						<b>]</b> \$	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				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		•		Occupa	ation					
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.						<b>PAGE TOTAL</b> 0.00				

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period						
CHERRI ROGERS				<u>1/</u>	<u>1/2024</u>	То:	<u>3/4/2024</u>			
				DATE	AMOUNT					
To Whom Paid			мо	DAY	YEAR					
FRIENDS OF CHERRI ROGERS			_							
Mailing Address			2	2	2024	\$	398.79			
City MT. PLEASANT	State	Zip Code (Plus 4)	Description of Expenditure							
	PA	15666	CAMPAI	IGN MATER	IALS PU	RCHASED	)			
					PAGE TOTAL					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	398.79			