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 2	20220	187				Rep File			CA	NDII	DIDATE COMMITTEE					LOBI	BYIST		
Name of Filing C	ommittee, Ca	ndida	te or Lo	bbyis	t:	F	FRIE	ND:	S OF	STEP	HEN	IE SC	[ALA	BBA		·				
Street Address:	P.O. BOX	2350																		
City:	CRANBER	RRY TV	VP							State	e:	PA			Zip Cod	Zip Code: 16066				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND F PRIMA		PRE-	2		30 DA		Р	OST-	3.		AMENDMENT REPORT?		Yes	N	lo	\
(place X to the right of	6TH TUESDAY PRE-ELECTION		1.	2ND F ELECT		PRE-	- 5		30 DA		Р	OST-	6. X	(TERMINA REPORT?		Yes	N	lo	/
report type)	ANNUAL REP	PORT	7.	Year	2024					IG ME CHEC					PAPER		\checkmark	DISK	ETTE	
Name of Office S	ought by Can	ndidate):							DAT	E O	F ELE	CTI	ON	District Number	Office Code	Par	ty Cod	e Coui	
REPRESENTATI	VE IN THE GI	FNFR4	AL ASSI	FMBI \	<i>(</i>					МО		DAY	Y	'EAR	12	STH	REP	1	10	
											11		5	2024		(SEE INS	TRUCTI	ONS FOI	CODES	5)
Summary of Expenditures		nd	МО	DA	Y	YEAR		_	_	МО		DAY	Y	'EAR	FO	R OFFIC	E USE	ONLY	7	
			1	LO	22	20)24	Т	О		11	:	25	2024						
A. Amount Bro	ught Forward	From	Last R	eport					\$,400.81						
B. Total Moneta	ary Contributi	ions Aı	nd Rec	eipts (From	Sched	dule :	I)	\$				4,	,054.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 33,454.81																				
D. Total Expenditures (From Schedule III) \$ 5,119.88																				
E. Ending Cash	Balance (Sub	otract	Line D	From I	Line C	:)			\$				28,	334.93						
F. Value Of In-	Kind Contribu	itions	Receive	ed (Fr	om Sc	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Obligat	tions (From S	chedu	le IV)			\$					0.00		,				
						AFF]	IDA'	VI	ΓSE	CTIC	NC									
PART I - If this is	a Committee	e repoi	rt, trea	surer	sign h	ere. I	f this	s is	a Car	ndidat	te re	port, o	cand	idate sig	ın here.					
I swear (or affirm) correct and comple		t, inclu	ding the	attach	ed sch	edules	filed	on	paper	or by e	electr	onic m	ediur	n, are to t	he best o	f my knov	/ledge	and be	lief , tr	ue
Sworn to and subs	cribed before m day of	ne this		20										Signature	of Perso	n Submitt	ing Rep	ort		_
	Sig	gnature	h						-						Prin	ted Name				
My Commission Ex	pires								_						Emai	il				
	МО		DA	λY		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		\Box
Part II- If this is	a report of a	candi	date's	autho	rized (Comm	ittee	, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		st of my	knowle	dge an	d belie	ef this	politi	cal	comm	ittee h	as no	ot viola	ted a	ny provis	ions of the	e act of Ju	ine 3,1	937 (P	.L. 133	з,
Sworn to and subsc	ribed before me	e this		20										s	ignature o	f Candida	te			_
				-					-						Printe	d Name				-
	Signa	iture							-		-				Ema	il				_
My Commission Exp	ires														Ema	·•				_
	мс	0	DA	ΑY		YR			-			Area	Code	1	Da	ytime Te	lephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF STEPHENIE SCIALABBA	From:	10/22/2024	<u>4</u> То:	11/25/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	54.00
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	J Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	3,000.00
All Other Contributions (Part D)			\$	1,000.00
TOTAL for the Reporting	J Period	(3)	\$	4,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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			\$	4,054.00

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 Candidat	e	F	Reporting Period						
		F	rom:		То	:			
				DATE			AMOUNT		
Full Name of Contributing Committee			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.

Name of Filing Comn	nittee or Candidate		Repoi	rting P	eriod			
			From	:		To	:	
		'			DATE			AMOUNT
Full Name of Contribut	or			мо	DAY	YEAR		
Mailing Address							\$	0.00
			1			I		
City	State	Zip Code (Plus 4)						
City	State	Zip Code (Plus 4)						PAGE TOTAL

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	g Period				
FRIENDS OF STEPHENIE SCIALABBA	From:			То:	11/25/2	024
		DA	TE		AMOUN	т
Full Name of Contributing Committee		мо	DAY	YEAR		
Erie Insurance Political Action Committee				I = AIX	¢	2 500 00

	PA	16530				
Full Name of Contributing Committee			мо	DAY	YEAR	
Arconic Corporation Employees Voluntary PAC				DAI	ILAK	\$ 500.00
Mailing Address 201 Isabella Street			11	2	2024	
City Pittsburgh	State	Zip Code (Plus 4)		_	2021	
	PA	15212				

Zip Code (Plus 4)

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

State

100 Erie Insurance Place

Mailing Address

Erie

City

PAGE TOTAL \$ 3,000.00

2024

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				Rep	orting Pe	riod			
FRIENDS OF STEPHENIE SCIALABBA				Fror	n:	10/22/2	<u>024</u> To):	11/25/2024
					D/	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	500.00
Stephen South								_ `	300.00
Mailing Address 5277 Bent River Box	ulevard				11	2	2024	.	
City Knoxville	State	Zij	Code (Plus	4)		_			
	TN	37	'919				l		
Employer Name South College					Occupat	ion	Owner		
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip C	ode (Plus 4)
3904 Lonas Drive			Knoxville			TN		3790	9
Full Name of Contributor					МО	DAY	YEAR		500.00
Brian Aiello					140	DAI	ILAK	\$	500.00
Mailing Address 118 Dalliance Court					11	2	2024		
City Cranberry Township	State	Zij	Code (Plus	4)] ''		2027	Ī	
	PA	16	066						
Employer Name CNX					Occupat	ion	VP		
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip C	ode (Plus 4)
1000 Horizon Vue Dr			Canonsbu	rg		PA		1531	7
			_		_		Г		PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Su	ımn	nary Page,	Section	on 3.			\$	1,000.00

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:			То:		
					ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (P	lus 4)					
Receipt Description	'	,		<u> </u>		_ !	•	
			· ··	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	i 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	
FRIENDS OF STEPHENIE SCIALABBA	From:	<u>10/22/2024</u> To:	11/25/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	L.	
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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Can	ame of Filing Committee or Candidate					Reporting Period					
			From:			To	·				
				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 or	n Schedule II, In-Ki	nd Contributions Detai	led Sun	ımary Pa	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				Rep	porting	Period			
				Fro	m:		То:		
						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 Plac	ce of Business	Cit	ty	State	e Zij	o Code(Plus 4)	Descri	ptio	n of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kir	nd (Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting F	Period		
FRIENDS OF STEPHENIE SCIALABBA	From	10/22/2024	То:	11/25/2024

				DATE	AMOUNT			
To Whom Paid			МО	DAY	YEAR			
Anedot								
Mailing Address 1340 Poydras Street Suite 1770			11	6	2024	\$	0.34	
City New Orleans	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	LA	70112	Processing Fee					
To Whom Paid			МО	DAY	YEAR			
Anedot			МО	DAT	TEAR			
Mailing Address 1340 Poydras Street Suite 1770			10	25	2024	\$	0.42	
City New Orleans	State	Zip Code (Plus 4)	Description of Expenditure					
	LA	70112	Processing Fee					
To Whom Paid			мо	DAY	YEAR			
Anedot			МО	DAT	TEAR			
Mailing Address 1340 Poydras Street	t Suite 1770		10	31	2024	\$	2.30	
City New Orleans	State	Zip Code (Plus 4)	Description of Expenditure					
i e e e e e e e e e e e e e e e e e e e	•		Processing Fee					
	LA	70112	Process	ing Fee				
To Whom Paid	LA	70112			VEAD			
To Whom Paid Rightway Compliance LLC	LA	70112	Process	DAY	YEAR			
		70112			YEAR 2024	\$	200.00	
Rightway Compliance LLC		70112 Zip Code (Plus 4)	MO	DAY	2024	\$	200.00	
Rightway Compliance LLC Mailing Address 4075 Linglestown Ro	d PMB 119		MO 11 Descript	DAY 17	2024 enditure			
Rightway Compliance LLC Mailing Address 4075 Linglestown Ro	d PMB 119	Zip Code (Plus 4)	MO 11 Descript Account	DAY 17 tion of Exp	2024 enditure			
Rightway Compliance LLC Mailing Address 4075 Linglestown Ro City Harrisburg	d PMB 119	Zip Code (Plus 4)	MO 11 Descript	DAY 17 tion of Exp	2024 enditure			
Rightway Compliance LLC Mailing Address 4075 Linglestown Ro City Harrisburg To Whom Paid	d PMB 119	Zip Code (Plus 4)	MO 11 Descript Account	DAY 17 tion of Exp	2024 enditure			
Rightway Compliance LLC Mailing Address 4075 Linglestown Ro City Harrisburg To Whom Paid Old Glory Consulting, LLC	d PMB 119	Zip Code (Plus 4)	MO 11 Descript Account MO 11	DAY 17 tion of Exp ting and Co	2024 enditure empliance YEAR 2024	e Service	2	
Rightway Compliance LLC Mailing Address 4075 Linglestown Ro City Harrisburg To Whom Paid Old Glory Consulting, LLC Mailing Address P.O. Box 1983	d PMB 119 State PA	Zip Code (Plus 4) 17112	MO 11 Descript Account MO 11 Descript	DAY 17 tion of Exp ing and Co DAY	2024 enditure empliance YEAR 2024 enditure	e Service \$	2	
Rightway Compliance LLC Mailing Address 4075 Linglestown Ro City Harrisburg To Whom Paid Old Glory Consulting, LLC Mailing Address P.O. Box 1983	d PMB 119 State PA State	Zip Code (Plus 4) 17112 Zip Code (Plus 4)	MO 11 Descript Account MO 11 Descript Political	DAY 17 tion of Exp ing and Co DAY 17 tion of Exp Campaign	2024 enditure ompliance YEAR 2024 enditure Consulti	e Service \$	2	
Rightway Compliance LLC Mailing Address 4075 Linglestown Ro City Harrisburg To Whom Paid Old Glory Consulting, LLC Mailing Address P.O. Box 1983 City Cranberry Township	d PMB 119 State PA State	Zip Code (Plus 4) 17112 Zip Code (Plus 4)	MO 11 Descript Account MO 11 Descript	DAY 17 tion of Exp ing and Co DAY 17 tion of Exp	2024 enditure empliance YEAR 2024 enditure	e Service \$	2	
Rightway Compliance LLC Mailing Address 4075 Linglestown Ro City Harrisburg To Whom Paid Old Glory Consulting, LLC Mailing Address P.O. Box 1983 City Cranberry Township To Whom Paid	d PMB 119 State PA State	Zip Code (Plus 4) 17112 Zip Code (Plus 4)	MO 11 Descript Account MO 11 Descript Political	DAY 17 tion of Exp ing and Co DAY 17 tion of Exp Campaign	2024 enditure ompliance YEAR 2024 enditure Consulti	e Service \$	2	
Rightway Compliance LLC Mailing Address 4075 Linglestown Ro City Harrisburg To Whom Paid Old Glory Consulting, LLC Mailing Address P.O. Box 1983 City Cranberry Township To Whom Paid Domenico's Ristorante	d PMB 119 State PA State	Zip Code (Plus 4) 17112 Zip Code (Plus 4)	MO 11 Descript Account MO 11 Descript Political MO 11	DAY 17 tion of Exp DAY 17 tion of Exp Campaign	2024 enditure pmpliance YEAR 2024 enditure Consulti YEAR 2024	s \$	3,600.00	

							PAGE 12	
To Whom Paid			МО	DAY	YEAR			
USPS								
Mailing Address 240 Executive Drive			11	4	2024	\$	87.6	
City Cranberry Township	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	16066	Postage					
To Whom Paid				DAY	YEAR			
Stephenie Scialabba			МО					
Mailing Address 207 Emerson Pines Drive			11	1	2024	\$	150.0	
City Cranberry Township	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	16066	Reimbursement for Event Supplies					
To Whom Paid			мо	DAY	YEAR			
Coffee Brake at Meeder					1 = 1 1			
Mailing Address 305 Tillary L	ane		11	22	2024	\$	17.9	
City Cranberry Township	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	16066	Campaign Meal					
To Whom Paid			мо	DAY	YEAR			
Print King			1-10		12/110			
Mailing Address 1688 Evans City Road			11	22	2024	\$	434.24	
City Evans City	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	16033	Poll Cards					
To Whom Paid			мо	DAY	YEAR			
Old Glory Consulting, LLC			1-10		12/110			
Mailing Address P.O. Box 19	83		11	25	2024	\$	38.5	
City Cranberry Township	State	Zip Code (Plus 4)	Descrip	Description of Expenditure				
	PA	16066	Digital Advertising					
To Whom Paid			мо	DAY	YEAR			
United Republicans of Butler Co	unty				1 = 1			
Mailing Address PO Box 73			11	25	2024	\$	47.0	
City Zelienople	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	16063	Event T	icket				
Futur Count T : 1 C T							PAGE TOTAL	
Enter Grand Total of Expend	itures on Page 1, Re	port cover Page, Item D	' .			ı		