

Campaign Finance Report

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

Filer Identification Number :		20220435		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: CHARITY FOR PA REP.												
Street Address: PO BOX 622												
City: SMITHFIELD						State: PA			Zip Code: 15478			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-ELECTION	6. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2024	FILING METHOD () CHECK ONE				PAPER <input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR	REP			
						11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		10	22	2024		11	25	2024				
A. Amount Brought Forward From Last Report						\$ 8,575.08						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 2,460.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 11,035.08						
D. Total Expenditures (From Schedule III)						\$ 7,766.77						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 3,268.31						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 8,806.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 2,895.48						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
CHARITY FOR PA REP.	From: <u>10/22/2024</u> To: <u>11/25/2024</u>

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)	\$ 450.00
TOTAL for the Reporting Period (2)	\$ 450.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ 910.00
TOTAL for the Reporting Period (3)	\$ 1,910.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 2,460.00
---	-------------

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 CHARITY FOR PA REP.	Reporting Period From: <u>10/22/2024</u> To: <u>11/25/2024</u>
---	--

DATE	AMOUNT
------	--------

Full Name of Contributor				MO	DAY	YEAR	\$ 150.00
CONNIE PITTS							
Mailing Address				11	7	2024	
332 TUNNEL RD							
City	SMITHFIELD	State	Zip Code (Plus 4)				
		PA	15478				

Full Name of Contributor NITA M. DAVIS			MO	DAY	YEAR	\$ 200.00
Mailing Address 104 RUBLE RUN ROAD			11	6	2024	
City LAKE LYNN	State PA	Zip Code (Plus 4) 15451				

Full Name of Contributor DOUGLAS P. YAUGER			MO	DAY	YEAR	\$ 100.00
Mailing Address 108 MEANS ROAD			11	6	2024	
City CONNELLSVILLE	State PA	Zip Code (Plus 4) 15425				

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 450.00

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
CHARITY FOR PA REP.	From: <u>10/22/2024</u> To: <u>11/25/2024</u>

			DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,000.00
FAYETTE CO. REPUBLICAN COMM				11	6	2024	
Mailing Address		PO BOX 88					
City	MELCROFT	State	PA	Zip Code (Plus 4)	15462		

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

PAGE TOTAL
\$ 1,000.00

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 CHARITY FOR PA REP.	Reporting Period From: <u>10/22/2024</u> To: <u>11/25/2024</u>
---	--

				DATE	AMOUNT		
Full Name of Contributor ROBERT J. SWANGER				MO	DAY	YEAR	\$ 400.00
Mailing Address 25 COWELL RD				10	28	2024	
City POINT MARION	State PA	Zip Code (Plus 4) 15474					
Employer Name				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)	

Full Name of Contributor LIDNA LU KOSAL				MO	DAY	YEAR	\$ 510.00
Mailing Address 5685 SEVEN LAKES DR.				11	6	2024	
City WASHINGTON	State MI	Zip Code (Plus 4) 48095					
Employer Name MACOMB INTERNAL MED				Occupation DOCTOR			
Employer Mailing Address/Principal Place of Business 15520 19 MILE RD #480			City CLUSTER TWP		State MI	Zip Code (Plus 4)	

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

PAGE TOTAL \$ 910.00

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: To:
---------------------------------------	--

			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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	
CHARITY FOR PA REP.		From: <u>10/22/2024</u> To: <u>11/25/2024</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	8,806.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	8,806.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
--	---

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate CHARITY FOR PA REP.	Reporting Period From: <u>10/22/2024</u> To: <u>11/25/2024</u>
---	--

				DATE		AMOUNT	
Full Name of Contributor PA GOP				MO	DAY	YEAR	\$ 6,775.00
Mailing Address 3501 NORTH FRONT ST.				10	25	2024	
City HARRISBURG	State PA	Zip Code(Plus 4) 17110					
Employer of Contributor N/A				Occupation			
Employer Mailing Address/Principal Place of Business N/A		City	State	Zip Code(Plus 4)	Description of Contribution IN-KIND / LITERATURE		
Full Name of Contributor PA GOP				MO	DAY	YEAR	\$ 2,031.00
Mailing Address 3501 NORTH FRONT ST.				10	25	2024	
City HARRISBURG	State PA	Zip Code(Plus 4) 17110					
Employer of Contributor N/A				Occupation			
Employer Mailing Address/Principal Place of Business N/A		City	State	Zip Code(Plus 4)	Description of Contribution IN KIND / POSTAGE		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							PAGE TOTAL 8,806.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
CHARITY FOR PA REP.	From <u>10/22/2024</u> To: <u>11/25/2024</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
WALMART				
Mailing Address 355 WALMART DR.	11	11	2024	\$ 96.78
City UNIONTOWN	State PA	Zip Code (Plus 4) 15401	Description of Expenditure	
			PARADE CANDY	
To Whom Paid	MO	DAY	YEAR	
AMAZON				
Mailing Address 410 TERRY AVE. NORTH	10	27	2024	\$ 159.61
City SEATTLE	State WA	Zip Code (Plus 4) 98109	Description of Expenditure	
			BRACKETS & FLAGS	
To Whom Paid	MO	DAY	YEAR	
HILLTOP PIZZA				
Mailing Address 4860 MORGANTOWN RD	11	5	2024	\$ 100.00
City POINT MARION	State PA	Zip Code (Plus 4) 15474	Description of Expenditure	
			PIZZA	
To Whom Paid	MO	DAY	YEAR	
STAPLES				
Mailing Address 3 WORK PARKWAY	11	3	2024	\$ 52.99
City UNIONTOWN	State PA	Zip Code (Plus 4) 15401	Description of Expenditure	
			HANDOUT CARDS	
To Whom Paid	MO	DAY	YEAR	
ALTERNATIVES YES PREGNANCY SUPPORT				
Mailing Address 6 FRANK GALLO LN	11	7	2024	\$ 26.57
City CONNELLSVILLE	State PA	Zip Code (Plus 4) 15425	Description of Expenditure	
			DONATION	
To Whom Paid	MO	DAY	YEAR	
CRIME VICTIMS OF FAYETTE				
Mailing Address 6 OLIVER RD	11	7	2024	\$ 26.57
City UNIONTOWN	State PA	Zip Code (Plus 4) 15401	Description of Expenditure	
			DONATION	

To Whom Paid EEUCC			MO	DAY	YEAR	\$ 26.57
Mailing Address 150 COOLSPRING ST.			11	7	2024	
City UNIONTOWN	State PA	Zip Code (Plus 4) 15401	Description of Expenditure DONATION			

To Whom Paid FAYETTE CO. FIRE FIGHTERS			MO	DAY	YEAR	\$ 26.57
Mailing Address PO BOX 144			11	7	2024	
City FAYETTE CITY	State PA	Zip Code (Plus 4) 15438	Description of Expenditure DONATION			

To Whom Paid FAYETTE CO. ASSOC. FOR THE BLIND			MO	DAY	YEAR	\$ 26.57
Mailing Address 48 BIERER LANE			11	7	2024	
City UNIONTOWN	State PA	Zip Code (Plus 4) 15401	Description of Expenditure DONATION			

To Whom Paid FAYETTE EMS			MO	DAY	YEAR	\$ 26.57
Mailing Address 709 BLACKSTONE ROAD			11	7	2024	
City CONNELLSVILLE	State PA	Zip Code (Plus 4) 15425	Description of Expenditure DONATION			

To Whom Paid SUMMIT LEGAL AID			MO	DAY	YEAR	\$ 26.57
Mailing Address 45 EAST MAIN ST.			11	7	2024	
City UNIONTOWN	State PA	Zip Code (Plus 4) 15401	Description of Expenditure DONATION			

To Whom Paid UNITED VETERANS BILLETING OF FAYETTE CO.			MO	DAY	YEAR	\$ 26.57
Mailing Address PO BOX 174			11	7	2024	
City UNIONTOWN	State PA	Zip Code (Plus 4) 15401	Description of Expenditure DONATION			

To Whom Paid UNIONTOWN AREA YMCA			MO	DAY	YEAR	\$ 26.57
Mailing Address 1 YMCA LANE			11	7	2024	
City UNIONTOWN	State PA	Zip Code (Plus 4) 15401	Description of Expenditure DONATION			

To Whom Paid ONE VOICE ONE COMMUNITY			MO	DAY	YEAR	\$ 26.57
Mailing Address 111 W FAYETTE ST.			11	7	2024	
City UNIONTOWN	State PA	Zip Code (Plus 4) 15401	Description of Expenditure DONATION			

To Whom Paid YOUNG LIFE PA 202			MO	DAY	YEAR	\$ 200.00
Mailing Address P.O. BOX 520			10	24	2024	
City COLORADO SPRINGS	State CO	Zip Code (Plus 4) 80901	Description of Expenditure DONATION			

To Whom Paid FAYETTE CHAMBER			MO	DAY	YEAR	\$ 400.00
Mailing Address 65 W. MAIN ST. #107			11	25	2024	
City UNIONTOWN	State PA	Zip Code (Plus 4) 15401	Description of Expenditure SPONSORSHIP			

To Whom Paid PATHFINDER COMMUNICATIONS LLC			MO	DAY	YEAR	\$ 1,665.00
Mailing Address 857 NATHAN HALE RD			11	6	2024	
City BERWYN	State PA	Zip Code (Plus 4) 19312	Description of Expenditure MEDIA PLACEMENT			

To Whom Paid PATHFINDER COMMUNICATIONS			MO	DAY	YEAR	\$ 4,300.00
Mailing Address 857 NATHAN HALE RD			11	6	2024	
City BERWYN	State PA	Zip Code (Plus 4) 19312	Description of Expenditure MEDIA PLACEMENT			

To Whom Paid FAIRCHANCE EXCHANGE			MO	DAY	YEAR	\$ 120.00
Mailing Address PO BOX 536			11	1	2024	
City FAIRCHANCE	State PA	Zip Code (Plus 4) 15436	Description of Expenditure DINNER TICKETS			

To Whom Paid SAM'S CLUB			MO	DAY	YEAR	\$ 246.13
Mailing Address 5045 UNIVERSITY TOWN CNTR			11	5	2024	
City MORGANTOWN	State WV	Zip Code (Plus 4) 26501	Description of Expenditure FOOD & BEVERAGES			

To Whom Paid WALMART			MO	DAY	YEAR	\$ 160.56
Mailing Address 355 WALMART DR.			10	30	2024	
City UNIONTOWN	State PA	Zip Code (Plus 4) 15401	Description of Expenditure PARADE CANDY			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 7,766.77

SCHEDULE IV
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
CHARITY FOR PA REP.	From: <u>10/22/2024</u> To: <u>11/25/2024</u>

				DATE		Outstanding Balance of Debt	
Name of Creditor CHARITY GRIMM KRUPA				MO	DAY	YEAR	\$ 128.78
Mailing Address 174 LARMAN MILL ROAD				10	27	2023	
City SMITHFIELD		State PA	Zip Code (Plus 4) 15478	Description of Debt PAYMENT TO WALMART FOR CAKE AND BEVERAGES FOR EVENT			
Name of Creditor CHARITY GRIMM KRUPA				MO	DAY	YEAR	\$ 222.54
Mailing Address 174 LARMAN MILL ROAD				10	19	2023	
City SMITHFIELD		State PA	Zip Code (Plus 4) 15478	Description of Debt SAM'S CLUB PURCHASE FOR PARADE CANDY			
Name of Creditor CHARITY GRIMM KRUPA				MO	DAY	YEAR	\$ 305.95
Mailing Address 174 LARMAN MILL ROAD				10	21	2023	
City SMITHFIELD		State PA	Zip Code (Plus 4) 15478	Description of Debt SAM'S CLUB PURCHASE - BEVERAGES, NAPKINS, UTENSILS, PLATES FOR EVENT			
Name of Creditor CHARITY GRIMM KRUPA				MO	DAY	YEAR	\$ 123.76
Mailing Address 174 LARMAN MILL ROAD				10	23	2023	
City SMITHFIELD		State PA	Zip Code (Plus 4) 15478	Description of Debt MASONTOWN TROPHY AND EMBROIDERY - TROPHIES AND RIBBONS FOR CLAY SHOOT			
Name of Creditor CHARITY GRIMM KRUPA				MO	DAY	YEAR	\$ 394.00
Mailing Address 174 LARMAN MILL ROAD				1	3	2023	
City SMITHFIELD		State PA	Zip Code (Plus 4) 15478	Description of Debt C&J CATERING - FOR SWEARING IN			

Name of Creditor CHARITY GRIMM KRUPA			MO	DAY	YEAR	\$ 1,590.00
Mailing Address 174 LARMAN MILL ROAD			10	25	2023	
City SMITHFIELD	State PA	Zip Code (Plus 4) 15478	Description of Debt PAYMENT FOR MYERS CATERING FOR CATERING FOR CLAY SHOOT			
Name of Creditor CHARITY GRIMM KRUPA			MO	DAY	YEAR	\$ 100.00
Mailing Address 174 LARMAN MILL ROAD			3	5	2024	
City SMITHFIELD	State PA	Zip Code (Plus 4) 15478	Description of Debt SPONSOR FEE FOR GERMAN TOWNSHIP DAYS			
Name of Creditor CHARITY GRIMM KRUPA			MO	DAY	YEAR	\$ 30.45
Mailing Address 174 LARMAN MILL ROAD			1	30	2024	
City SMITHFIELD	State PA	Zip Code (Plus 4) 15478	Description of Debt PAYMENT TO UNITED STATES POSTAL SERVICE			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 2,895.48