

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 : 20220025		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: PEOPLE FOR ABIGAIL SALISBURY											
Street Address: 1903 COLUMBIA AVE 1R											
City: PITTSBURGH					State: PA		Zip Code: 15218-1804				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/> No		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	<input type="checkbox"/> 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
REPRESENTATIVE IN THE GENERAL ASSEMBLY					MO	DAY	YEAR	34	STH	DEM	02
					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					\$		3,998.56				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		8,573.19				
C. Total Funds Available (Sum Of Lines A and B)					\$		12,571.75				
D. Total Expenditures (From Schedule III)					\$		8,392.56				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		4,179.19				
F. Value Of In-Kind Contributions Received (From Schedule II)					\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)					\$		0.00				

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
PEOPLE FOR ABIGAIL SALISBURY	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)	\$ 73.19

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)	\$ 8,500.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 8,500.00

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.)	\$ 8,573.19
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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				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL	
\$	0.00

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)						

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

PAGE TOTAL	
\$	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 PEOPLE FOR ABIGAIL SALISBURY	Reporting Period From: <u>10/22/2024</u> To: <u>11/25/2024</u>
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				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$	2,500.00
SEIU HEALTHCARE PA COPE				10	26	2024		
Mailing Address 1500 N 2ND ST, STE 12								
City HARRISBURG		State PA		Zip Code (Plus 4) 17102				
Full Name of Contributing Committee				MO	DAY	YEAR	\$	5,000.00
SEIU HEALTHCARE PA COPE				10	30	2024		
Mailing Address 1500 N 2ND ST, STE 12								
City HARRISBURG		State PA		Zip Code (Plus 4) 17102				
Full Name of Contributing Committee				MO	DAY	YEAR	\$	1,000.00
HUMAN RIGHTS CAMPAIGN PAC				11	4	2024		
Mailing Address 1640 RHODE ISLAND AVE NW								
City WASHINGTON		State DC		Zip Code (Plus 4) 200360000				

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

PAGE TOTAL
\$ 8,500.00

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: To:

			DATE	AMOUNT
Full Name of Contributor			MO	DAY
Mailing Address			YEAR	\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name			Occupation	
Employer Mailing Address/Principal 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
\$ 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
	<div style="display: flex; justify-content: space-between;"> From: To: </div>

			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	
PEOPLE FOR ABIGAIL SALISBURY		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)		\$	0.00
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.)		\$	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: To:
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			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	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
PEOPLE FOR ABIGAIL SALISBURY	From <u>10/22/2024</u> To: <u>11/25/2024</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
Word Press				
Mailing Address 60 29th St, Suit 343	11	4	2024	\$ 54.31
City San Francisco	State CA	Zip Code (Plus 4) 94110	Description of Expenditure Website Exp	
To Whom Paid	MO	DAY	YEAR	
MailChimp				
Mailing Address 675 Ponce De Leon Ave.	11	18	2024	\$ 28.36
City Atlanta	State GA	Zip Code (Plus 4) 30308	Description of Expenditure Email Marketing	
To Whom Paid	MO	DAY	YEAR	
Budget Rental				
Mailing Address 4052 Liberty Ave	11	7	2024	\$ 205.79
City Pittsburgh	State PA	Zip Code (Plus 4) 15224	Description of Expenditure Coats For Kids -Transportation	
To Whom Paid	MO	DAY	YEAR	
Community Empowerment Assc.				
Mailing Address 7120 Kelly St	10	28	2024	\$ 100.00
City Pittsburgh	State PA	Zip Code (Plus 4) 15208	Description of Expenditure Back to School Event	
To Whom Paid	MO	DAY	YEAR	
Community Empowerment Assc.				
Mailing Address 7120 Kelly St	11	23	2024	\$ 500.00
City Pittsburgh	State PA	Zip Code (Plus 4) 15208	Description of Expenditure Turkey Drive	
To Whom Paid	MO	DAY	YEAR	
ActBlue				
Mailing Address 366 Summer St,	11	22	2024	\$ 4.10
City Somerville	State MA	Zip Code (Plus 4) 02144	Description of Expenditure ActBlue Fees	

To Whom Paid PA House Democratic Committee			MO	DAY	YEAR	\$ 7,500.00
Mailing Address PO Box 35			10	31	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Contribution to PAC			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 8,392.56

