### **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 2024	0086			Rep File			CANDI	COMMITTEE V				✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		FRIE	ND:	S OF I	LISHA R	OWE								
Street Address:	PO BOX 96																
City:	MOHNTON							State:	PA	PA		<b>Zip Code:</b> 19540					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	. 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No		<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5.	30 DA ELECT	'	POST-	6. <b>X</b>		TERMINA REPORT		Yes	No	•	<b>\</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2024					IG METH				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Candida	te:	-					DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YE	AR						
								11		5	2024		(SEE IN	STRUCTI	ONS FOR C	ODES)	)
•	Receipts and	МО	DAY Y	EAR			'	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		10 22	20	)24	T	0	11		25	2024						
A. Amount Bro	ught Forward Froi	n Last R	eport				\$			2,3	38.01						
B. Total Monet	ary Contributions	And Rec	eipts (From S	che	dule	I)	\$				1.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			2,3	339.01						
D. Total Expen	ditures (From Sch	edule II	I)				\$		1,050.00								
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			1,2	89.01						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	e II)	)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$			8,3	63.64			1			
			A	٩FF	IDA	VI	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	re. I	f thi	s is	a Can	didate r	eport, d	andi	date sig	ın here.					
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	e attached sched	dules	filed	on p	paper o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ue.
Sworn to and subs	cribed before me this day of	5	20							S	ignature	of Perso	n Submit	ting Rep	ort		_
	Signatu	re					-					Prin	ted Name	e			_
My Commission Ex	cpires						_					Ema	il				_
	мо	D	AY	YR					Are	ea Cod	le	Daytim	e Telepl	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	omm	ittee	e, Ca	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of r	ny knowle	edge and belief	this	politi	ical	commi	ittee has r	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	1333	3,
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			-
	day of —— ————						-					Printe	d Name				-
	Signature						-										_
My Commission Exp	ires											Ema	il				
	МО	D	AY	YR			•		Area	Code		Da	aytime T	elephon	e Numbe	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF LISHA ROWE	From:	10/22/202	<u>4</u> To:	11/25/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	1.00
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	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
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			\$	1.00

#### **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 Commit	Name of Filing Committee or Candidate			Reporting Period						
				From:			То	:		
			•			DATE			AMOUNT	
Full Name of Contributin	ng Committee			M	0	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.

0.00

### 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)

(Exclude cont		om pontic	car commi			Jorteu	in raic	~ <i>)</i>		
Name of Filing Committee or Cand	idate			Repo	orting P	eriod				
				From	1:		To	<b>)</b> :		
			•			DATE			AMOUNT	,
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	0	0.00
City	State	Zip (	Code (Plus 4)							
									PAGE TOTAL	L

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 Cai	ame of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DA	TE		Α	AMOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00
Mailing Address							<b>-</b>   \$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detaile	d Summary 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	2			Rep	orting Pe	riod			
				Fron	n:		To	<b>)</b> :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	<b>(4)</b>					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary Page,	Section	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	or Candidate		Report	ing Peri	od			
			From:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<b>'</b>	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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 Per	iod	
FRIENDS OF LISHA ROWE	From:	<u>10/22/2024</u> <b>To:</b>	11/25/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Candidate	ame of Filing Committee or Candidate				Reporting Period					
			From:			То:				
				DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
Mailing Address						<b>7</b> \$		0.00		
City	State	Zip Code (Plus 4)								
Description of Contribution:	-	<b>-</b>	•	•	•					
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page,					ge,		PAGE TOTA	L		
Section 2.						\$		0.00		

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						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	e of Business	City	′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.	<b></b>									0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
FRIENDS OF LISHA ROWE	From	10/22/2024	То:	11/25/2024			

DATE							AMOUNT
To Whom Paid			мо	DAY	YEAR		
LAMAR COMPANIES			МО		ILAK		
Mailing Address PO BOX 746966			10	25	2024	\$	1,050.00
City ATLANTA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	GA	30374	CAMPAI	GN ADVER	TISING		
							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							1,050.00

#### **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 Reportin			ng Period						
FRIENDS OF LISHA ROWE			From:	<u>10</u>	/22/2024	То:	<u>11</u>	<u> </u>	
					DATE			standing ance of Debt	
Name of Creditor LISHA ROWE				мо	DAY	YEAR			
Mailing Address 2 HOLLY LANE				3	4	2024	\$	2,050.00	
City MOHNTON State Zip Code (Plus 4)				Description of Debt					
PA 19540					LOAN TO CAMPAIGN				
Name of Creditor LISHA ROWE				мо	DAY	YEAR			
Mailing Address 2 HOLLY LANE			4	3	2024	\$	1,000.00		
City MOHNTON State Zip Code (Plus 4)				Description of Debt					
PA 19540					LOAN TO CAMPAIGN				
Name of Creditor LISHA ROWE				мо	DAY	YEAR			
Mailing Address 2 HOLLY LANE			1	22	2024	\$	118.20		
City MOHNTON	State	Zip Code (P	lus 4)	Description of Debt					
PA 19540				LOAN TO CAMPAIGN					
Name of Creditor LISHA ROWE				мо	DAY	YEAR			
Mailing Address 2 HOLLY LANE			2	12	2024	\$	9.96		
City MOHNTON State Zip Code (Plus 4)			Description of Debt						
PA 19540				LOAN TO CAMPAIGN					
Name of Creditor		<u> </u>						-	

	MOTINTON	State	Lip code (1 lds 4)	Description of Desc					
		PA	19540	LOAN TO CAMPAIGN					
	of Creditor ROWE			мо	DAY	YEAR			
Mailing Address 2 HOLLY LANE			1	22	2024	\$	118.20		
City	MOHNTON State Zip Code (Plus 4)			Description of Debt					
		PA	19540	LOAN TO CAMPAIGN					
	of Creditor			мо	DAY	YEAR			
Mailin	g Address 2 HOLLY LANE			2	12	2024	\$	9.96	
City	MOHNTON	State	Zip Code (Plus 4)	Description of Debt					
		PA	19540	LOAN TO CAMPAIGN					
	of Creditor ROWE			мо	DAY	YEAR			
LISHA				<b>мо</b> 2	<b>DAY</b> 19	<b>YEAR</b> 2024	\$	68.89	
LISHA	ROWE	State	Zip Code (Plus 4)	2		2024	\$	68.89	
LISHA <b>Mailin</b>	ROWE  g Address 2 HOLLY LANE	State PA	<b>Zip Code (Plus 4)</b> 19540	2 Descript	19	2024 <b>t</b>	\$	68.89	
Mailin City Name	ROWE  g Address 2 HOLLY LANE			2 Descript	19	2024 <b>t</b>	\$	68.89	
Mailin City Name	g Address 2 HOLLY LANE  MOHNTON  of Creditor			2  Descript LOAN TO	19 tion of Deb	2024 <b>t</b> GN	\$	68.89 116.59	
Mailin City Name	g Address 2 HOLLY LANE  MOHNTON  of Creditor  ROWE			Descript LOAN TO	19 Cion of Deb CAMPAIG	2024 t GN YEAR 2024			
Mailin City Name LISHA Mailin	g Address 2 HOLLY LANE  MOHNTON  of Creditor ROWE g Address 2 HOLLY LANE	PA	19540	Descript LOAN TO MO 3 Descript	19 CAMPAIO DAY	2024 t GN YEAR 2024			

Name of Creditor JAY E ROWE JR			МО	DAY	YEAR			
Mailing Address 2 HOLLY LANE			4	22	2024	\$	2,050.00	
City MOHNTON	State	Zip Code (Plus 4)	Descrip	tion of Deb	t			
PA 19540			LOAN TO CAMPAIGN					
Name of Creditor JAY E ROWE JR			мо	DAY	YEAR			
Mailing Address 2 HOLLY LANE			4	29	2024	\$	2,000.00	
City MOHNTON	Description of Debt							
	PA	19540	LOAN T	O CAMPAI	GN			
Name of Creditor JAY E ROWE JR			мо	DAY	YEAR			
Mailing Address 2 HOLLY LANE			5	15	2024	\$	500.00	
City MOHNTON State Zip Code (Plus 4)			Description of Debt					
	PA	LOAN TO CAMPAIGN						
Name of Creditor LISHA ROWE			МО	DAY	YEAR			
Mailing Address 2 HOLLY LANE			6	24	2024	\$	500.00	
City MOHNTON	State	Zip Code (Plus 4)	Descrip	tion of Deb	t			
PA 19540 LOAN TO CAMPAIGN								
							PAGE TOTAL	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						\$	8,413.64	