

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 : 20120363		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF CRIS DUSH											
Street Address:											
City: BROOKVILLE				State: PA		Zip Code: 15825					
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	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY 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					\$ 6,812.39						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 11,200.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 18,012.39						
D. Total Expenditures (From Schedule III)					\$ 3,110.85						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 14,901.54						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 510.63						
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
FRIENDS OF CRIS DUSH	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)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 250.00
All Other Contributions (Part B)	\$ 600.00
TOTAL for the Reporting Period (2)	\$ 850.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 2,000.00
All Other Contributions (Part D)	\$ 8,350.00
TOTAL for the Reporting Period (3)	\$ 10,350.00

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.)	\$ 11,200.00
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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 FRIENDS OF CRIS DUSH	Reporting Period From: <u>10/22/2024</u> To: <u>11/25/2024</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">DATE</td> <td style="width: 40%;">AMOUNT</td> </tr> </table>		DATE	AMOUNT
DATE	AMOUNT		

Full Name of Contributing Committee KISH BANK PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address			10	31	2024	
City STATE COLLEGE	State PA	Zip Code (Plus 4) 16803				

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

PAGE TOTAL
\$ 250.00

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
FRIENDS OF CRIS DUSH	From: <u>10/22/2024</u> To: <u>11/25/2024</u>

DATE				AMOUNT
Full Name of Contributor				
LESLIE SMITH				
Mailing Address				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19130	MO 10 DAY 31 YEAR 2024	\$ 250.00
Full Name of Contributor				
DENISE & RYAN MCCOMBIE				
Mailing Address				
City STATE COLLEGE	State PA	Zip Code (Plus 4) 16803	MO 10 DAY 31 YEAR 2024	\$ 100.00
Full Name of Contributor				
KAREN & JAMES INFELD				
Mailing Address				
City PORT MATILDA	State PA	Zip Code (Plus 4) 16870	MO 11 DAY 15 YEAR 2024	\$ 250.00

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

PAGE TOTAL
\$ 600.00

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 FRIENDS OF CRIS DUSH	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	\$	1,000.00
PA AMUSEMENT & MUSIC MACHINE ASSOC PAC								
Mailing Address				10	25	2024		
City	HARRISBURG	State	PA					
Full Name of Contributing Committee				MO	DAY	YEAR	\$	1,000.00
OPERATOR FOR SKILL PAC								
Mailing Address				10	25	2024		
City	HARRISBURG	State	PA					

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

PAGE TOTAL	
\$	2,000.00

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	Reporting Period
FRIENDS OF CRIS DUSH	From: <u>10/22/2024</u> To: <u>11/25/2024</u>

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$1,000.00
ARA KERVANDJIAN				10	25	2024	
Mailing Address							
City	STATE COLLEGE	State	Zip Code (Plus 4)				
		PA	16804				
Employer Name PRIME CORE PROPERTIES				Occupation CHAIRMAN & CEO			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
			STATE COLLEGE		PA		16803
Full Name of Contributor				MO	DAY	YEAR	\$1,500.00
SANDRA & ROBERT POOLE JR				10	26	2024	
Mailing Address							
City	STATE COLLEGE	State	Zip Code (Plus 4)				
		PA	16803				
Employer Name POOLE ANDERSON CONST.				Occupation			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
			STATE COLLEGE		PA		16803
Full Name of Contributor				MO	DAY	YEAR	\$1,000.00
MELISSA & MICHAEL HAWBAKER				10	26	2024	
Mailing Address							
City	PORT MATILDA	State	Zip Code (Plus 4)				
		PA	16870				
Employer Name ELEN O. HAWBAKER				Occupation VICE-PRESIDENT			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
			STATE COLLEGE		PA		16803
Full Name of Contributor				MO	DAY	YEAR	\$350.00
CHRIS HOSTERMAN				10	31	2024	
Mailing Address							
City	SPRING MILLS	State	Zip Code (Plus 4)				
		PA	16875				
Employer Name MML INVESTORS SERVICES				Occupation FINANCIAL ADVISOR			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
			STATE COLLEGE		PA		16803

Full Name of Contributor NANCY & PAUL SILVIS			MO 10	DAY 28	YEAR 2024	\$ 1,000.00
Mailing Address						
City PORT MATILDA	State PA	Zip Code (Plus 4) 16870				
Employer Name SILCOTEK			Occupation CHAIRMAN OF BOARD			
Employer Mailing Address/Principal Place of Business		City BALLE FONTE	State PA		Zip Code (Plus 4) 16823	

Full Name of Contributor GALEN DREIBELBIS			MO 10	DAY 30	YEAR 2024	\$ 1,000.00
Mailing Address						
City STATE COLLEGE	State PA	Zip Code (Plus 4) 16803				
Employer Name DRAIBELBIS DEVELOPMENT			Occupation REAL ESTATE DEVELOPER			
Employer Mailing Address/Principal Place of Business		City STATE COLLEGE	State PA		Zip Code (Plus 4) 16803	

Full Name of Contributor OSCAR JOHNSTON			MO 10	DAY 26	YEAR 2024	\$ 1,000.00
Mailing Address						
City PETERSBURG	State PA	Zip Code (Plus 4) 16669				
Employer Name RAYTHEON			Occupation PROGRAM MANAGER			
Employer Mailing Address/Principal Place of Business		City STATE COLLEGE	State PA		Zip Code (Plus 4) 16803	

Full Name of Contributor HANNAH & STEVE FONTAINE			MO 10	DAY 26	YEAR 2024	\$ 500.00
Mailing Address						
City DUBOIS	State PA	Zip Code (Plus 4) 15801				
Employer Name PENN HIGHLANDS HEALTH CARE			Occupation CEO			
Employer Mailing Address/Principal Place of Business		City DUBOIS	State PA		Zip Code (Plus 4) 15801	

Full Name of Contributor FIRST FRONTIER VENTURES LLC			MO 11	DAY 4	YEAR 2024	\$ 1,000.00
Mailing Address						
City DUNCANSVILLE	State PA	Zip Code (Plus 4) 16635				
Employer Name N/A			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**\$** 8,350.00

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:
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				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	
FRIENDS OF CRIS DUSH		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)		\$	510.63
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.)		\$	510.63

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 FRIENDS OF CRIS DUSH	Reporting Period From: <u>10/22/2024</u> To: <u>11/25/2024</u>
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				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
GREATER TOMORROW PAC							
Mailing Address				10	25	2024	\$ 510.63
City BETHESDA	State MD	Zip Code(Plus 4) 20824					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution LUNCHEON	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							PAGE TOTAL 510.63

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF CRIS DUSH	From <u>10/22/2024</u> To: <u>11/25/2024</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
USPS				
Mailing Address	10	24	2024	\$ 10.99
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure POSTAGE	
To Whom Paid	MO	DAY	YEAR	
CRIS DUSH				
Mailing Address	11	14	2024	\$ 3,099.86
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure REIMBURSE-CRUSADER PUBLIC RELATIONS, LLC	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 3,110.85

