

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		20120363		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> FRIENDS OF CRIS DUSH												
<b>Street Address:</b> 314 RHODES LANE												
<b>City:</b> BROOKVILLE						<b>State:</b> PA			<b>Zip Code:</b> 15825			
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2024	<b>FILING METHOD ( ) CHECK ONE</b>				<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>			
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	REP			
						11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		10	22	2024		11	25	2024				
<b>A. Amount Brought Forward From Last Report</b>						\$ 6,812.39						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 11,200.00						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 18,012.39						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 3,110.85						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 14,901.54						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 510.63						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 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

Signature

Printed Name

My Commission Expires

Email

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**

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

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

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

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

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</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.**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF CRIS DUSH	<b>Reporting Period</b>  <b>From:</b> <u>10/22/2024</u> <b>To:</b> <u>11/25/2024</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><b>DATE</b></td> <td style="width: 40%;"><b>AMOUNT</b></td> </tr> </table>		<b>DATE</b>	<b>AMOUNT</b>
<b>DATE</b>	<b>AMOUNT</b>		

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
KISH BANK PAC			10	31	2024	
Mailing Address 2610 GREENTECH DRIVE						
City	STATE COLLEGE	State	PA	Zip Code (Plus 4)	16803	

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

<b>PAGE TOTAL</b>
\$ 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: 10/22/2024 To: 11/25/2024

DATE				AMOUNT		
Full Name of Contributor			MO	DAY	YEAR	\$ 250.00
LESLIE SMITH			10	31	2024	
Mailing Address 2801 HAMILTON STREET APT 1806						
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19130				
Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
DENISE & RYAN MCCOMBIE			10	31	2024	
Mailing Address 1769 CAMBRIDGE DRIVE						
City STATE COLLEGE	State PA	Zip Code (Plus 4) 16803				
Full Name of Contributor			MO	DAY	YEAR	\$ 250.00
KAREN & JAMES INFIELD			11	15	2024	
Mailing Address 231 BROTHERS CT						
City PORT MATILDA	State PA	Zip Code (Plus 4) 16870				

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.

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF CRIS DUSH	<b>Reporting Period</b>  <b>From:</b> <u>10/22/2024</u> <b>To:</b> <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				10	25	2024	
Mailing Address 121 STATE STREET							
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee				MO	DAY	YEAR	\$1,000.00
OPERATOR FOR SKILL PAC				10	25	2024	
Mailing Address PO BOX 343							
City HARRISBURG	State PA	Zip Code (Plus 4) 17108					

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.)**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF CRIS DUSH	<b>Reporting Period</b>  <b>From:</b> <u>10/22/2024</u> <b>To:</b> <u>11/25/2024</u>
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				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$1,000.00
ARA KERVANDJIAN				10	25	2024	
Mailing Address PO BOX 409							
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)
120 W. CHERRY LANE			STATE COLLEGE		PA		16803
Full Name of Contributor				MO	DAY	YEAR	\$1,500.00
SANDRA & ROBERT POOLE JR				10	26	2024	
Mailing Address 720 N. NIXON ROAD							
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)
2121 GATESBURG ROADSUITE 200			STATE COLLEGE		PA		16803
Full Name of Contributor				MO	DAY	YEAR	\$1,000.00
MELISSA & MICHAEL HAWBAKER				10	26	2024	
Mailing Address 305 GRAND TETON LANE							
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)
1952 WADDLE RD.STE 203			STATE COLLEGE		PA		16803
Full Name of Contributor				MO	DAY	YEAR	\$350.00
CHRIS HOSTERMAN				10	31	2024	
Mailing Address 3480 PENNS VALLEY ROAD							
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)
3949 S. ATHERTON ST.			STATE COLLEGE		PA		16803

<b>Full Name of Contributor</b> NANCY & PAUL SILVIS				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b> 600 SILTOP LANE				10	28	2024	
<b>City</b> PORT MATILDA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16870					
<b>Employer Name</b> SILCOTEK				<b>Occupation</b> CHAIRMAN OF BOARD			
<b>Employer Mailing Address/Principal Place of Business</b> 225 PENNTECH DR.			<b>City</b> BALLE FONTE		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 16823

  

<b>Full Name of Contributor</b> GALEN DREIBELBIS				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b> 100 N. HILL PLACE				10	30	2024	
<b>City</b> STATE COLLEGE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16803					
<b>Employer Name</b> DRAIBELBIS DEVELOPMENT				<b>Occupation</b> REAL ESTATE DEVELOPER			
<b>Employer Mailing Address/Principal Place of Business</b> 265 BLUE COURSE DR.STE CI			<b>City</b> STATE COLLEGE		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 16803

  

<b>Full Name of Contributor</b> OSCAR JOHNSTON				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b> 8779 GLOBE RUN RD				10	26	2024	
<b>City</b> PETERSBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16669					
<b>Employer Name</b> RAYTHEON				<b>Occupation</b> PROGRAM MANAGER			
<b>Employer Mailing Address/Principal Place of Business</b> 302 SCIENCE PARK RD			<b>City</b> STATE COLLEGE		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 16803

  

<b>Full Name of Contributor</b> HANNAH & STEVE FONTAINE				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b> 1271 TREASURE LAKE				10	26	2024	
<b>City</b> DUBOIS	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15801					
<b>Employer Name</b> PENN HIGHLANDS HEALTH CARE				<b>Occupation</b> CEO			
<b>Employer Mailing Address/Principal Place of Business</b> 204 HOSPITAL AVE			<b>City</b> DUBOIS		<b>State</b> PA		<b>Zip Code (Plus 4)</b> 15801

  

<b>Full Name of Contributor</b> FIRST FRONTIER VENTURES LLC				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b> 899 PLANK RD				11	4	2024	
<b>City</b> DUNCANSVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16635					
<b>Employer Name</b> N/A				<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b> N/A			<b>City</b>		<b>State</b>		<b>Zip Code (Plus 4)</b>

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: <span style="float: right;">To:</span>
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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.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
FRIENDS OF CRIS DUSH		From: <u>10/22/2024</u> To: <u>11/25/2024</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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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.						<b>PAGE TOTAL</b>  \$ 0.00

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

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF CRIS DUSH	<b>Reporting Period</b>  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 PO BOX 30844				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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
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				
<b>Mailing Address</b> 67 WHITE STREET	10	24	2024	\$ 10.99
<b>City</b> BROOKVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15825	<b>Description of Expenditure</b> POSTAGE	
To Whom Paid	MO	DAY	YEAR	
CRIS DUSH				
<b>Mailing Address</b> 66 HILLTOP LN	11	14	2024	\$ 3,099.86
<b>City</b> BROOKVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15825	<b>Description of Expenditure</b> REIMBURSE-CRUSADER PUBLIC RELATIONS, LLC	
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>				<b>PAGE TOTAL</b> \$ 3,110.85

