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 20	230293				Repo Filed			CA	NDII	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	ommittee, Cand	lidate or L	.obbyi	ist:	F	FRIEN	NDS	oF	CHAE	RE	ICHAR	RD.		<u> </u>					
Street Address:																			
City:	WAYNESBO	RO							State: PA Z					Zip Cod	Zip Code: 17268-1801				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.					30 DA PRIMA		Р				AMENDMENT Yes REPORT?			√ N	0		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		FRIDAY	/ PRE-	- 5.		30 DA		Р	OST-	6. X	(TERMINA REPORT		Yes	N	0	\
report type)							IG ME CHEC					PAPER		\checkmark	DISK	ETTE			
Name of Office Sought by Candidate:								DAT	ΕO	F ELE	CTI	ON	District Number	Office Code	Par	ty Cod	Code		
REPRESENTATI	VE IN THE GEN	ERAL ASS	SEMBI	LY					МО		DAY	Υ	/EAR	90	STH	REP	1	28	
									11		5	2024		(SEE INS	TRUCTI	ONS FOR	CODES	i)	
Summary of Expenditures	Receipts and from:	МО		AY	YEAR		_	_	МО		DAY		/EAR		R OFFIC	E USE	ONLY	,	
-			10	22	20)24	T	T		11		25	2024						
	ught Forward Fi		-		Calaad	Jl. 7		\$				_	959.16) ,800.00	_					
	ary Contribution				Sched	Jule 1		\$,								
	Available (Sum			В)				\$				3,	,840.84						
-	ditures (From S							\$					0.00	_					
	Balance (Subtr							\$					840.84						
	Kind Contributions: s And Obligations					e 11)		\$					400.00		,				
G. Olipaid Debi	s And Obligatio	iis (Froiii	Sched	iule IV				\$				14,	.196.26				_		
DADT I Ifabicio	a Committee o				AFFI								lidaka air						
PART I - If this is I swear (or affirm) correct and comple	that this report, i	-		_									_		f my knov	/ledge	and be	lief , tr	ue
Sworn to and subs		his	20										Signature	of Perso	n Submitt	ing Rep	ort		-
								-						Prin	ted Name				-
My Commission Ex	Signa pires	iture												Ema	il				_
	мо	D	AY		YR			-		,	Are	ea Co	ode	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	indidate's	auth	orized	Comm	ittee,	, Ca	ndid	ate sl	nalls	sign he	ere.							
I swear (or affirm) No 320) as amende		f my know	ledge a	nd belie	ef this p	politic	al	comm	ittee h	as no	ot viola	ted a	ny provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed before me the day of	is	20										s	ignature o	of Candida	te			_
			_ 20					•						Printe	d Name				-
My Commission Exp	Signatu	·e						•		-				Ema	il				-
·												Cc4-			autimo T	lonk-	A Nove	ho-	-
	МО		PAY		YR						Area	coae	•	D	aytime Te	epnor	e Num	рег	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period						
FRIENDS OF CHAD REICHARD	From:	10/22/202	<u>24</u> To:	11/25/2024				
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)	\$	350.00						
TOTAL for the Reporting	\$	600.00						
3. Contributions Received Over \$250.00 (From Part C and Part D)								
Contributions Received From Political Committees (Part C)			\$	1,500.00				
All Other Contributions (Part D)			\$	300.00				
TOTAL for the Reporting	Period	(3)	\$	1,800.00				
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)								
TOTAL for the Reporting) Period	(4)	\$	3,400.00				
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			\$	5,800.00				

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 Committee or Candidate	Reporting	Period		
FRIENDS OF CHAD REICHARD	From:	10/22/2024	То:	11/25/2024
		DATE		AMOUNT

Full Name of Contributing Committee PA ASSN OF NURSE ANESTHETISTS PAC				мо	DAY	YEAR	
Mailin	Mailing Address			10	28	2024	\$ 250.00
City	WORTHINGTON	State	Zip Code (Plus 4)	10	20	2024	
		ОН	43085-2259				

PAGE TOTAL 250.00

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

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 CHAD REICHARD

From:

<u>10/22/2024</u> **To:**

11/25/2024

				DATE		AMOUNT
Full Name of Contributor			мо	DAY	YEAR	
Teresa Papoutsis				DAI	ILAK	
Mailing Address						\$ 100.00
City Waynesboro	State	Zip Code (Plus 4)	10	30	2024	
	PA	17268				
Full Name of Contributor			мо	DAY	YEAR	
Stephen Patterson			140	DAI	ILAK	
Mailing Address						\$ 250.00
City Blue Ridge Summit	State	Zip Code (Plus 4)	10	28	2024	
	PA	17214				

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

PAGE TOTAL 350.00

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						
FRIENDS OF CHAD REICHARD	From:	10/22/2024	То:	11/25/2024			

DATE AMOUNT

Full N	Full Name of Contributing Committee			мо	DAY	YEAR		\Box
ROW	ROWE, DAVID FRIENDS OF				2711		\$ 1,500.0	00
Mailin	Mailing Address			11	10	2024		Ì
City	LEWISBURG	State	Zip Code (Plus 4)	**	10	2024		
		PA	17837					

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

PAGE TOTAL \$ 1,500.00

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				Reporting Period						
FRIENDS OF CHAD REICHARD			F	rom:	<u>10/22/2024</u> T):	11/25/2024		
					DATE AMOUNT					
Full Name of Contributor					DAY	YEAR	\$	300.00		
Nancy Baer				МО	2111	1 = 7 111		300.00		
Mailing Address				10	28	2024				
City Waynesboro	State	Zip Code	(Plus 4)		20	2027				
	PA	17268								
Employer Name none				Occupa	tion	Retired				
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Co	ode (Plus 4)		
		None	e		PA		17268	3		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section								PAGE TOTAL		
	,	•	2,			:	\$	300.00		

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

			DATE			AMOUNT		
Full Name			мо	DAY	YEAR		2 400 00	
Taxpayers for Torren Ecker			MO	DAT	TEAR	\$	3,400.00	
Mailing Address			10	31	2024			
City New Oxford	State	Zip Code (Plus 4)	10] 31	2021			
	PA	17350						
Receipt Description Mailer E	xpense	•		•				

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

PAGE TOTAL \$ 3,400.00

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 CHAD REICHARD	From:	<u>10/22/2024</u> To:	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 PART F)									
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)	\$	3,400.00						
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,		\$	3,400.00						

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

lame of Filing Committee or Candidate				Reporting Period						
						То:				
				DATE			AMOUNT			
Full Name of Contributor			мо	DAY	YEAR					
Mailing Address		_				 		0.00		
City	State	Zip Code (Plus 4)								
Description of Contribution:		•	•			•				
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL			
						\$	(0.00		

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

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

					DATE		AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
ECKER, TORREN TAXPAYERS FOR				10	31	2024	\$ 3,400.00	
Mailing Address City NEW OXFORD	State	Zip Code(Plus			31	2024		
,	PA	17350						
Employer of Contributor House of Representatives Occupation State Rep								
Employer Mailing Address/Principal Place of Business City Harrisburg			State PA	Zip (Code(Plus 4) 20	·	iption of Contribution piece payment	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							PAGE TOTAL 3,400.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period					
			From			То:		
DATE					E AMOUNT			
To Whom Paid			мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Description of Expenditure					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	
						\$	0.00	

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 Re			Reporti	Reporting Period						
FRIEN	DS OF CHAD REICHARD			From:	<u>10</u>)/22/2024	То:		11/25/2024	
•				DATE				Outstanding Balance of Debt		
Name of Creditor				мо	DAY	YEAR				
Geral	d J. Reichard									
Mailing Address				11	25	2024	4	\$ 11,607.10		
City Waynesboro State Zip Code (Plus 4)				Description of Debt						
	PA 17268			Previous						
Name of Creditor			МО	DAY	YEAR					
Caitlin Reichard										
Mailing Address			11	25	2024	4 1	\$ 90.27			
City	City Waynesboro State Zip Code (Plus 4)				Description of Debt					
PA 17268				Previous Cycle Loans Forward						
Name of Creditor				МО	DAY	YEAR				
Chad Reichard					MO	DAT	TEAR			
Mailing Address				11	25	2024	4	\$ 2,498.89		
City Waynesboro State Zip Code (Plus 4) Description of Debt										
PA 17268 Previous Cycle Loans Fo					ward	d				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL			
						\$	14,196.26			