

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 :		20180505		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: RICKY'S PRIDE												
Street Address:												
City: LANSDALE						State: PA			Zip Code: 19446			
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				
						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						\$			596.93			
B. Total Monetary Contributions And Receipts (From Schedule I)						\$			1,413.20			
C. Total Funds Available (Sum Of Lines A and B)						\$			2,010.13			
D. Total Expenditures (From Schedule III)						\$			936.61			
E. Ending Cash Balance (Subtract Line D From Line C)						\$			1,073.52			
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
RICKY'S PRIDE	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)	\$ 463.20

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)	\$ 450.00
TOTAL for the Reporting Period (2)	\$ 450.00

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)	\$ 500.00
TOTAL for the Reporting Period (3)	\$ 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.)	\$ 1,413.20
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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 RICKY'S PRIDE	Reporting Period From: <u>10/22/2024</u> To: <u>11/25/2024</u>
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DATE	AMOUNT
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Full Name of Contributor				MO	DAY	YEAR	\$100.00
Linda La Vay							
Mailing Address				11	12	2024	
City	North Wales	State	Zip Code (Plus 4)				
		PA	19454				

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
John Walko						
Mailing Address						
City	Abington	State	Zip Code (Plus 4)	11	8	2024
		PA	19001			

Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
James Sando							
Mailing Address							
City	North Wales	State	Zip Code (Plus 4)	11	8	2024	
		PA	19454				

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

PAGE TOTAL
\$ 450.00

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
	From: To:

DATE				AMOUNT
Full Name of Contributing Committee				
Mailing Address				
City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.	PAGE TOTAL \$ 0.00
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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 RICKY'S PRIDE	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				
Lisa Repko Mailing Address <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">City Doylestown</td> <td style="width: 20%; border-bottom: 1px solid black;">State PA</td> <td style="width: 50%; border-bottom: 1px solid black;">Zip Code (Plus 4) 18901</td> </tr> </table>	City Doylestown	State PA	Zip Code (Plus 4) 18901	11	13	2024	\$ 500.00
City Doylestown	State PA	Zip Code (Plus 4) 18901					
Employer Name Thomas Jefferson University			Occupation Fundraiser				
Employer Mailing Address/Principal Place of Business	City Philadelphia	State PA	Zip Code (Plus 4) 19107				

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

PAGE TOTAL
\$ 500.00

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	
RICKY'S PRIDE		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
RICKY'S PRIDE	From <u>10/22/2024</u> To: <u>11/25/2024</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
SEPTA				
Mailing Address	10	25	2024	\$ 19.95
City Philadelphia	State PA	Zip Code (Plus 4) 19107	Description of Expenditure Transportation- train fare	
To Whom Paid	MO	DAY	YEAR	
Kurt Hanzel				
Mailing Address	10	26	2024	\$ 150.00
City Philadelphia	State PA	Zip Code (Plus 4) 19146	Description of Expenditure Event performance	
To Whom Paid	MO	DAY	YEAR	
Key Bank				
Mailing Address	10	31	2024	\$ 5.00
City Lansdale	State PA	Zip Code (Plus 4) 19446	Description of Expenditure Bank fee	
To Whom Paid	MO	DAY	YEAR	
Richard Buttacavoli				
Mailing Address	11	13	2024	\$ 592.17
City Lansdale	State PA	Zip Code (Plus 4) 19446	Description of Expenditure Expense reimbursement- travel	
To Whom Paid	MO	DAY	YEAR	
Zoom				
Mailing Address	11	15	2024	\$ 169.49
City San Jose	State CA	Zip Code (Plus 4) 95133	Description of Expenditure Subscription renewal	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 936.61

