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 202 | 4C0723 | | | | ort ed B | | CA | NDI | DATE | √ | C | OMMITTEI | | LOB | BYIST | | |
|---|-------------------------------|-------------|----------------------|------------|---------|-------------|-------|---------|-----------------------|----------|----------|-----------|--------------------|----------------|----------|--------|-----------|----------|
| Name of Filing C | ommittee, Candi | date or L | obbyist: | | RITI | ΓER, | JOHI | N D. | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | |
| City: | _ | | | | | | | State | e: | | | | Zip Cod | e: 15 | 146-2 | 822 | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRID PRIMARY | AY PRE | - 2 | 2. | 30 DA | | Р | OST- | 3. | | AMENDMI REPORT? | ENT | Yes | N | lo | \ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRID ELECTION | | E | 5. | 30 DA | | Р | OST- | 6. 2 | X | TERMINA REPORT? | TION | Yes | ١ | lo | / |
| report type) | ANNUAL REPORT | 7. | Year 202 | 4 | | | | | ETHOD PAPER CK ONE | | | | | | \ | DISK | ETTE | |
| Name of Office S | ought by Candid | ate: | • | | | | | DAT | ΈО | F ELE | CTI | ON | District Number | Office Code | Pai | ty Cod | e Cou | |
| | | | | | | | | МО | | DAY | , | YEAR | 25 | STH | REF |) | 06 | |
| REPRESENTATI | VE IN THE GENE | RAL ASS | EMBLY | | | | | | 11 | | 5 | 2024 | | (SEE IN | STRUCTI | ONS FO | R CODES | 5) |
| Summary of | | МО | DAY | YEAF | 2 | | | МО | | DAY | , | YEAR | FO | R OFFI | CE USE | ONL | 7 | |
| Expenditures | from: | | 10 2 | 2 2 | 024 | T | 0 | | 11 | | 25 | 2024 | ŀ | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | eport | • | | | \$ | | | • | | 0.00 | | | | | | |
| B. Total Moneta | ary Contributions | And Rec | eipts (Fro | m Sche | dule | I) | \$ | | | | | 0.00 | | | | | | |
| C. Total Funds | Available (Sum C | f Lines A | and B) | | | | \$ | | | | | 0.00 | | | | | | |
| D. Total Expend | ditures (From Scl | nedule II | I) | | | | \$ | | | | | 0.00 | | | | | | |
| E. Ending Cash | Balance (Subtra | ct Line D | From Line | e C) | | | \$ | | | | | 500.00 | | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (From | Schedu | le II |) | \$ | | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obligation | s (From S | Schedule 1 | IV) | | | \$ | | | | | 0.00 | | | | | | |
| | | | | AFF | IDA | VI | ΓSE | CTI | NC | | | | | | | | | |
| PART I - If this is | | | | | | | | | | | | | = | | | | | |
| I swear (or affirm) correct and comple | that this report, in ete. | cluding the | e attached s | chedule | s filed | d on p | paper | or by | electr | ronic m | ediu | m, are to | the best of | my kno | wledge | and be | lief , tı | rue |
| Sworn to and subs | cribed before me th day of | is | 20 | | | | | | | | | Signatur | e of Person | Submit | ting Re | oort | | |
| | Signat | | | | | | - | | | | | | Print | ed Name | • | | | _ |
| My Commission Ex | - | | | | | | | | | | | | Email | | | | | - |
| | мо | Di | AY | YR | | | _ | | | Ar | ea C | ode | Daytime | Teleph | one Nu | mber | | |
| Part II- If this is | a report of a car | didate's | authorize | d Comr | nitte | e, Ca | andid | ate s | halls | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of | my knowle | edge and be | elief this | polit | ical | comm | ittee l | nas no | ot viola | ted a | any provi | sions of the | act of J | une 3,1 | 937 (P | .L. 133 | з, |
| Sworn to and subsc | | ; | | | | | | | | | | | Signature of | f Candid | ate | | | - $ $ |
| | day of —— ———— | | _ 20 | | | | - | | | | | | Printed | l Name | | | | - |
| | Signature | | | | | | - | | | | | | | | | | | _ |
| My Commission Exp | ires | | | | | | | | | | | | Email | | | | | |
| | МО | D. | AY | YF | 2 | | • | | | Area | Cod | e | Da | ytime T | elephor | ne Num | ber | _ |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|--|-----------|----------|---------------|------------|
| RITTER, JOHN D. | From: | 10/22/20 | <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) | | | \$ | 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 | | | \$ | 0.00 |

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 | | | | | |
|---------------------------------------|---------|-------------------|------|------------------|------|----|--------|--|--|
| | | F | rom: | | То | I | | | |
| | | • | | DATE | | | AMOUNT | | |
| Full Name of Contributing Con | mmittee | | МО | 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.

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.

| Name of Filing Comr | nittee or Candidate | Re | eporting F | Period | | | |
|------------------------|---------------------|-------------------|------------|--------|------|----|------------|
| | | Fr | om: | | То | o: | |
| | | I | | DATE | | | AMOUNT |
| Full Name of Contribut | or | | МО | DAY | YEAR | | |
| Mailing Address | | | ž. | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | |
| - | | | | | | | |
| | | | | | | | PAGE TOTAL |

6/2/2025 10:58:28 PM

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: | | | То: | | |
| | | | | DA | TE | | P | AMOUNT |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | 0.0 |
| Mailing Address | | | | | | | - \$ | 0.0 |
| City | State | Zip Cod | e (Plus 4) | | | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand Total of Part C on Scheo | dule I, Detailed Sun | nmary 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 | | | | | orting Pe | riod | | | | |
|---|---------------------|-----|------------|---------|-----------|-------|------|-----|--------------|-------------------|
| From: | | | | | | | т | o: | | |
| | | | | | D | ATE | | | AMOUNT | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | \$ | 0.00 |
| Mailing Address | | | | | | | | | | |
| City | State | Zip | Code (Plus | 4) | | | | | | |
| Employer Name | | | | | Occupa | tion | | | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | | State | | Zip | Code (Plus 4 |) |
| Enter Grand Total of Part C on Sche | dule I, Detailed Sເ | umm | ary Page, | Section | on 3. | | | \$ | PAGE TOTA | AL 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: | | | To: | | |
| | | ' | | | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 | |
| City | State | Zip Code (P | Plus 4) | | | | | |
| Receipt Description | ' | | | | | | <u> </u> | |
| | - C | | . .: | _ | | | | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule I, Detailed | Summary Page, S | Section | 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 Peri | od | |
|--|----------------|------------------------------|------------|
| RITTER, JOHN D. | From: | <u>10/22/2024</u> To: | 11/25/2024 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER CONTRIBUTOR | R | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | T 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) | \$ | 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 | | | | Reporting Period | | | | | |
|--|--------------------|---------------------|----------|------------------|------|----------|------------|------|--|
| | From: | | | 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 | Name of Filing Committee or Candidate | | | | | g Period | | | |
|--|---------------------------------------|-----|------------------|--------|------|-----------------|--------|-------|-------------------|
| | | | | Fro | om: | | To: | | |
| | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(Plus 4) | | | | | | |
| Employer of Contributor | • | | • | | Occu | pation | | | |
| Employer Mailing Address/Principal Pla | ice of Business | Cit | ty | Stat | e Zi | ip Code(Plus 4) | Descri | iptio | n of Contribution |
| Enter Grand Total of Part G on Sci | nedule II, In-K | ind | Contributions D | etaile | ed | | | | PAGE TOTAL |
| Summary Page, Section 3. | , | | | | | | | | 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | | Reporting Period | | | | | |
|---|-------|-------------------|---------|------------------|----------|----|------------|--|--|
| | From | | | То: | | | | | |
| | | | | DATE | | | AMOUNT | | |
| To Whom Paid | | | | DAY | YEAR | | | | |
| Mailing Address | | | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| Forter County Table of Former distance on Page 4. Page 4. County Page 4. Thomas | | | | | | | PAGE TOTAL | | |
| inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | \$ | 0.00 | | |