

# 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>		20240039		<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> MARC ANDERSON FOR PA HOUSE												
<b>Street Address:</b> PO BOX 295												
<b>City:</b> DILLSBURG						<b>State:</b> PA			<b>Zip Code:</b> 17019			
<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 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	<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>				
						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>						\$ 13,058.54						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 2,832.00						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 15,890.54						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 15,995.39						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ (104.85)						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 274.00						
<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

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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
MARC ANDERSON FOR PA HOUSE	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>	\$ 635.00

<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>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 2,197.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 2,197.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 0.00

<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>	\$ 2,832.00
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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)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
MARC ANDERSON FOR PA HOUSE	<b>From:</b> <u>10/22/2024</u> <b>To:</b> <u>11/25/2024</u>

				DATE			AMOUNT
Full Name of Contributor ERIC SCOTT JACOBS				MO 11	DAY 1	YEAR 2024	\$ 100.00
Mailing Address    58 CREEK RD							
City    DILLSBURG	State PA	Zip Code (Plus 4) 17019					
Full Name of Contributor LAURA BAKER				MO 10	DAY 30	YEAR 2024	\$ 250.00
Mailing Address    725 MUMPER LN							
City    DILLSBURG	State PA	Zip Code (Plus 4) 17019					
Full Name of Contributor WAYNE KAUTZ				MO 11	DAY 1	YEAR 2024	\$ 100.00
Mailing Address    148 TWIN HILL RD							
City    DILLSBURG	State PA	Zip Code (Plus 4) 17019					
Full Name of Contributor DANIEL KRONSON				MO 10	DAY 28	YEAR 2024	\$ 100.00
Mailing Address    95 FETROW LN							
City    NEW CUMBERLAND	State PA	Zip Code (Plus 4) 17070					
Full Name of Contributor GERALD SCHWILLE				MO 10	DAY 30	YEAR 2024	\$ 100.00
Mailing Address    12 TRIPLETT CT							
City    DILLSBURG	State PA	Zip Code (Plus 4) 17019					
Full Name of Contributor TRACY BARRETT				MO 10	DAY 28	YEAR 2024	\$ 100.00
Mailing Address    59 SUMMER DR							
City    DILLSBURG	State PA	Zip Code (Plus 4) 17019					

Full Name of Contributor RODGER DIEHL JR			MO	DAY	YEAR	\$ 100.00
Mailing Address 13 FOW HOLLOW LN			10	28	2024	
City CARLISLE	State PA	Zip Code (Plus 4) 17015				
Full Name of Contributor THOMAS BAER			MO	DAY	YEAR	\$ 100.00
Mailing Address 23 CHELSEA LN			10	31	2024	
City CARLISLE	State PA	Zip Code (Plus 4) 17015				
Full Name of Contributor MARY SIMMONS			MO	DAY	YEAR	\$ 100.00
Mailing Address 1145 BOILING SPRINGS RD			10	31	2024	
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17055				
Full Name of Contributor JOYCE ANDERSON			MO	DAY	YEAR	\$ 100.00
Mailing Address 24 PARK DR			10	26	2024	
City DILLSBURG	State PA	Zip Code (Plus 4) 17019				
Full Name of Contributor ROBERT MANBECK			MO	DAY	YEAR	\$ 100.00
Mailing Address 158 MARTEL CIR			10	26	2024	
City DILLSBURG	State PA	Zip Code (Plus 4) 17019				
Full Name of Contributor VINCE'S ORTHO. LAB LLC			MO	DAY	YEAR	\$ 200.00
Mailing Address 400 E MAIN ST			10	28	2024	
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17055				
Full Name of Contributor KAREN HARTENSTINE			MO	DAY	YEAR	\$ 100.00
Mailing Address 936 TOLMAN ST			10	29	2024	
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17055				
Full Name of Contributor ERIC JACOBS			MO	DAY	YEAR	\$ 100.00
Mailing Address 20 N CHESTNUT ST			11	3	2024	
City DILLSBURG	State PA	Zip Code (Plus 4) 17019				
Full Name of Contributor JEANNE HEATH			MO	DAY	YEAR	\$ 100.00
Mailing Address 35 ROUND RIDGE RD			11	2	2024	
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17055				

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
JACQUELYN STRAYER			11	5	2024	
Mailing Address	60 PINE ST					
City	DILLSBURG	State	PA	Zip Code (Plus 4)	17019	

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
LISA STARNER			11	6	2024	
Mailing Address	132 RIDGE DR					
City	DILLSBURG	State	PA	Zip Code (Plus 4)	17019	

Full Name of Contributor			MO	DAY	YEAR	\$ 147.00
TAMARA HUTCHISON			11	19	2024	
Mailing Address	591 GENEVA DR APT 20					
City	MECHANICSBURG	State	PA	Zip Code (Plus 4)	17055	

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
ELIZABETH GALLO			11	11	2024	
Mailing Address	223 AUTUMN WOODS CT					
City	DILLSBURG	State	PA	Zip Code (Plus 4)	17019	

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

**PAGE TOTAL**

\$ 2,197.00

**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			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

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

<b>PAGE TOTAL</b>
\$ 0.00

**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
	From: To:

				DATE			AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00	
Mailing Address								
City	State	Zip Code (Plus 4)						
Employer Name				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.**

<b>PAGE TOTAL</b>	
\$	0.00



## 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>	
MARC ANDERSON FOR PA HOUSE		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)	\$ 274.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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.)			\$ 274.00

**SCHEDULE II**  
**PART F**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OF \$50.01 TO \$250.00**

<b>Name of Filing Committee or Candidate</b>  MARC ANDERSON FOR PA HOUSE	<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	
BARBARA HOFFMAN							\$ 99.00
Mailing Address 19 BEECHWOOD DR				10	23	2024	
City DILLSBURG	State PA	Zip Code (Plus 4) 17019					
Description of Contribution: PRINTING & POSTAGE							
Full Name of Contributor				MO	DAY	YEAR	
CINIRA KOCON							\$ 175.00
Mailing Address 1940 OLD YORK RD				11	4	2024	
City DILLSBURG	State PA	Zip Code (Plus 4) 17019					
Description of Contribution: T-SHIRTS							
<b>Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.</b>							<b>PAGE TOTAL</b>  \$ 274.00

**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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
MARC ANDERSON FOR PA HOUSE	From <u>10/22/2024</u> To: <u>11/25/2024</u>

				DATE		AMOUNT	
To Whom Paid USPS				MO	DAY	YEAR	\$ 80.30
Mailing Address 702 E SIMPSON ST				10	22	2024	
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17055	Description of Expenditure POSTAGE				
To Whom Paid VALLEY STORAGE				MO	DAY	YEAR	\$ 147.34
Mailing Address 833 W SIDDBONSBURG RD				10	23	2024	
City DILLSBURG	State PA	Zip Code (Plus 4) 17019	Description of Expenditure STORAGE RENT				
To Whom Paid PA HRCC				MO	DAY	YEAR	\$ 10,700.00
Mailing Address PO BOX 556				10	24	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CONTRIBUTION				
To Whom Paid STAPLES				MO	DAY	YEAR	\$ 58.70
Mailing Address 128 S 32ND ST				10	26	2024	
City CAMP HILL	State PA	Zip Code (Plus 4)	Description of Expenditure PRINTING / SCANNING				
To Whom Paid USPS				MO	DAY	YEAR	\$ 119.59
Mailing Address 702 E SIMPSON ST.				10	26	2024	
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17055	Description of Expenditure POSTAGE				
To Whom Paid WEIS MARKETS				MO	DAY	YEAR	\$ 1.67
Mailing Address 5140 SIMPSON FERRY RD				10	27	2024	
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17050	Description of Expenditure POSTAGE				

To Whom Paid			MO	DAY	YEAR	\$ 50.00
DILLSBURG AREA LIBRARY						
Mailing Address 204 MUMPER LN			10	28	2024	
City DILLSBURG	State PA	Zip Code (Plus 4) 17019	Description of Expenditure PRINTING			
To Whom Paid			MO	DAY	YEAR	\$ 97.94
BJS WHOLESALE						
Mailing Address 3805 HARTZDALE DR			11	1	2024	
City CAMP HILL	State PA	Zip Code (Plus 4)	Description of Expenditure TRUNKOR TREAT CANDY			
To Whom Paid			MO	DAY	YEAR	\$ 3,281.17
JFH STRATEGIES, LLC						
Mailing Address 908 9TH ST			11	7	2024	
City WINDBER	State PA	Zip Code (Plus 4) 15963	Description of Expenditure DIGITAL ADVERTISING			
To Whom Paid			MO	DAY	YEAR	\$ 525.00
MAGNUSON GRAND HARRISBURG						
Mailing Address 110 LIMEKILN RD UNIT 2			11	19	2024	
City NEW CUMBERLAND	State PA	Zip Code (Plus 4) 17070	Description of Expenditure ELECTION NIGHT EXPENSE			
To Whom Paid			MO	DAY	YEAR	\$ 14.99
MICHAEL STORE						
Mailing Address 3415 SIMPSON FERRY RD			11	4	2024	
City CAMP HILL	State PA	Zip Code (Plus 4) 17011	Description of Expenditure HALLOWEEN PARADE			
To Whom Paid			MO	DAY	YEAR	\$ 19.58
WALMART						
Mailing Address 6520 CARLISLE PIKE			11	4	2024	
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17070	Description of Expenditure ELECTION NIGHT EXPENSE			
To Whom Paid			MO	DAY	YEAR	\$ 46.18
PARTY CITY						
Mailing Address 6499 CARLISLE PIKE			11	6	2024	
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17055	Description of Expenditure ELECTION NIGHT EXPENSE			
To Whom Paid			MO	DAY	YEAR	\$ 115.43
BOOMERANF BAR & GRILL						
Mailing Address 110 LIMEKILN RD			11	6	2024	
City NEW CUMBERLAND	State PA	Zip Code (Plus 4) 17070	Description of Expenditure ELECTION NIGHT EXPENSE			

<b>To Whom Paid</b> MENNONITE DISASTER SERVICES			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 737.50
<b>Mailing Address</b> 583 AIRPORT RD			11	22	2024	
<b>City</b> LITITZ	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17543	<b>Description of Expenditure</b> CONTRIBUTION			
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>  \$ 15,995.39

