

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 : 20220051		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF DONNA SCHEUREN											
Street Address:											
City: HARLEYSVILLE				State: PA		Zip Code: 19438					
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	<input checked="" type="checkbox"/> No		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	<input type="checkbox"/> 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	REP			
					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					\$ 167,580.74						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 5,950.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 173,530.74						
D. Total Expenditures (From Schedule III)					\$ 22,781.58						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 150,749.16						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 355.20						
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
FRIENDS OF DONNA SCHEUREN	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)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 1,250.00
All Other Contributions (Part B)	\$ 400.00
TOTAL for the Reporting Period (2)	\$ 1,650.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 5,300.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 5,300.00

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.)	\$ 6,950.00
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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.**

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

Full Name of Contributing Committee PA SCHOOL BUS PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address			11	6	2024	
City	HARRISBURG	State PA				
Full Name of Contributing Committee FRIENDS OF JIM GREGORY			MO	DAY	YEAR	\$ 250.00
Mailing Address			10	25	2024	
City	TYRONE	State PA				
Full Name of Contributing Committee ESSENTIAL UTILITIES PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address			10	24	2024	
City	BRYN MAWR	State PA				
Full Name of Contributing Committee CHAMBERPAC			MO	DAY	YEAR	\$ 250.00
Mailing Address			10	24	2024	
City	HARRISBURG	State PA				
Full Name of Contributing Committee CERTIFIED PUBLIC ACCOUNTANTS			MO	DAY	YEAR	\$ 250.00
Mailing Address			10	22	2024	
City	HARRISBURG	State PA				

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

PAGE TOTAL
\$ 1,250.00

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 DONNA SCHEUREN	From: <u>10/22/2024</u> To: <u>11/25/2024</u>

DATE				AMOUNT
Full Name of Contributor				
DUANE MORRIS LLP				
Mailing Address				
City PHILADELPHIA	State	Zip Code (Plus 4)	MO 11 DAY 8 YEAR 2024	\$ 250.00
	PA	191034196		
Full Name of Contributor				
MICHAEL TACCONELLI				
Mailing Address				
City HARLEYSVILLE	State	Zip Code (Plus 4)	MO 11 DAY 5 YEAR 2024	\$ 150.00
	PA	19438		

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

PAGE TOTAL
\$ 400.00

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 DONNA SCHEUREN	From: <u>10/22/2024</u> To: <u>11/25/2024</u>

				DATE	AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR
ASSOCIATED BUILDERS & CONTRACTORS INC. EASTERN PA CHARTER PAC						
Mailing Address						
City	NORRTISTOWN	State	PA	10	22	2024
		Zip Code (Plus 4)	19403			
						\$ 500.00
Full Name of Contributing Committee				MO	DAY	YEAR
PENNSYLVANIA OPTOMETRIC PAC						
Mailing Address						
City	HARRISBURG	State	PA	10	24	2024
		Zip Code (Plus 4)	171023119			
						\$ 500.00
Full Name of Contributing Committee				MO	DAY	YEAR
PA TRUCK PAC						
Mailing Address						
City	CAMP HILL	State	PA	10	22	2024
		Zip Code (Plus 4)	17011			
						\$ 300.00
Full Name of Contributing Committee				MO	DAY	YEAR
TRANSPORTATION CONSTRUCTION INDUSTRIES PAC						
Mailing Address						
City	HARRISBURG	State	PA	10	24	2024
		Zip Code (Plus 4)	17102			
						\$ 500.00
Full Name of Contributing Committee				MO	DAY	YEAR
PA LAND AND TITLE ASSOC PC						
Mailing Address						
City	KING OF PRUSSIA	State	PA	10	25	2024
		Zip Code (Plus 4)	194061349			
						\$ 500.00
Full Name of Contributing Committee				MO	DAY	YEAR
FRIENDS OF BRYAN CUTLER						
Mailing Address						
City	QUARRYVILLE	State	PA	11	6	2024
		Zip Code (Plus 4)	17566			
						\$ 1,000.00

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 1,000.00
PENN OSTEOPATHIC MED POLITICAL ACTION COMMITTEE			10	22	2024	
Mailing Address						
City	HARRISBURG	State	PA	Zip Code (Plus 4)		171112319

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 1,000.00
FRIENDS OF BRYAN CUTLER			11	6	2024	
Mailing Address						
City	QUARRYVILLE	State	PA	Zip Code (Plus 4)		17566

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

PAGE TOTAL
\$ 5,300.00

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
Mailing Address			YEAR	\$ 0.00
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.

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	
FRIENDS OF DONNA SCHEUREN		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)		\$	355.20
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.)		\$	355.20

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

Name of Filing Committee or Candidate FRIENDS OF DONNA SCHEUREN	Reporting Period From: <u>10/22/2024</u> To: <u>11/25/2024</u>
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			DATE			AMOUNT		
Full Name of Contributor HOUSE REPUBLICAN CAMPAIGN COMMITTEE			MO	DAY	YEAR	\$ 130.20		
Mailing Address <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">City HARRISBURG</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) 17101</td> </tr> </table>			City HARRISBURG	State PA	Zip Code (Plus 4) 17101		11	18
City HARRISBURG	State PA	Zip Code (Plus 4) 17101						
Description of Contribution:								
Full Name of Contributor H & AMPS; K GROUP INC.			MO	DAY	YEAR	\$ 225.00		
Mailing Address <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">City SKIPPACK</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) 19474</td> </tr> </table>			City SKIPPACK	State PA	Zip Code (Plus 4) 19474		11	25
City SKIPPACK	State PA	Zip Code (Plus 4) 19474						
Description of Contribution: 3 CAMPAIGN BANNERS								
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 355.20		

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
FRIENDS OF DONNA SCHEUREN	From <u>10/22/2024</u> To: <u>11/25/2024</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
OLD TOWN DELI				
Mailing Address	10	22	2024	\$ 312.70
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure SANDWICHES FOR EVENT	
To Whom Paid	MO	DAY	YEAR	
I LIKE MIKE				
Mailing Address	10	25	2024	\$ 1,500.00
City	State	Zip Code (Plus 4)	Description of Expenditure DONATION	
To Whom Paid	MO	DAY	YEAR	
HRCC				
Mailing Address	10	25	2024	\$ 20,000.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure	
To Whom Paid	MO	DAY	YEAR	
REMINGTON RESEARCH GROUP				
Mailing Address	11	1	2024	\$ 968.88
City KANSAS CITY	State MO	Zip Code (Plus 4) 64112	Description of Expenditure MARKETING	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL
				\$ 22,781.58

