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 | 2024 | C0676 | | | | port | | CAI | NDI | DATE | √ | co | MMITTEE | | LOBI | BYIST | | |
|--|----------------------|--------------|-------------|----------------------|---------|----------|--------|--------|---------|--------|----------|----------|-------------|---------------------|---------------------|---------|----------|------------|--------------|
| Name of Filing C | Committe | e, Candida | ate or L | obbyist: | | | | | HAEL | J | | | | | | | | _ | |
| | | | | | | | | | | | | | | | | | | | |
| Street Address: | | | | | | | | | I | | | | | I | 4.5 | 001 | | | |
| City: | _ | | | | | | | | State | e: | | | | Zip Code | e: 15 | 001 | | | |
| TYPE OF REPORT | 6TH TUES PRE-PRIN | _ | 1. | 2ND FRIDA PRIMARY | Y PRE | - | 2. | 30 DA | | P | OST- | 3. | | AMENDME REPORT? | NT | Yes | No |) | √ |
| (place X to the right of | 6TH TUES | | 4. | 2ND FRIDATELECTION | y pri | E- | 5. | 30 DA | | Р | OST- | 6. | | TERMINAT REPORT? | ΓΙΟΝ | Yes | No |) | \checkmark |
| report type) | ANNUAL | . REPORT | 7. X | Year 2024 | | | | | NG ME | | | | | PAPER | | ✓ | DISKE | TTE | |
| Name of Office S | Sought h | . Candidat | | | | | | . , | DAT | ΕO | F ELE | CTI | ON | District | Office | Par | ty Code | | |
| Name of Office S | ougnt by | / Candidat | e: | | | | | | МО | | DAY | | /EAR | Number 16 | Code STH | REP | | Code 04 | • |
| REPRESENTATI | VE IN TH | HE GENER | AL ASS | EMBLY | | | | | | 11 | | 5 | 2024 | | (SEE INS | TRUCTI | ONS FOR | CODES |) |
| Summary of | Receipts | s and | МО | DAY | YEAR | 2 | | | МО | | DAY | ١ | YEAR | FOF | FOR OFFICE USE ONLY | | | | |
| Expenditures | from: | | | 11 26 | 2 | 024 | Т | 0 | | 12 | | 31 | 2024 | | | | | | |
| A. Amount Bro | ught For | ward Fron | ı Last R | eport | | | | \$ | | | | (3,0 | 000.00) | | | | | | |
| B. Total Moneta | ary Conti | ributions A | and Rec | eipts (From | Sche | dule | e I) | \$ | | | | 3 | ,300.00 | | | | | | |
| C. Total Funds | Available | e (Sum Of | Lines A | and B) | | | | \$ | | | | | 300.00 | | | | | | |
| D. Total Expend | ditures (| From Sche | dule II | I) | | | | \$ | | | | | 300.00 | | | | | | |
| E. Ending Cash | Balance | (Subtract | Line D | From Line (| C) | | | \$ | | | | | 0.00 | | | | | | |
| F. Value Of In- | Kind Con | tributions | Receiv | ed (From S | chedu | le I | I) | \$ | | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Ob | oligations | (From S | Schedule IV |) | | | \$ | | | | | 0.00 | | • | | | | |
| | | | | | AFF | ID | AVI | T SE | CTIC | N | | | | | | | | | |
| PART I - If this is | s a Comm | nittee repo | ort, trea | surer sign | here. | If th | nis is | a Caı | ndidat | e re | port, c | cand | lidate sig | ın here. | | | | | |
| I swear (or affirm) correct and comple | | report, incl | uding the | e attached scl | hedule | s file | d on | paper | or by e | lecti | ronic m | ediui | m, are to t | he best of | my know | /ledge | and beli | ef , tr | ue |
| Sworn to and subs | cribed bef day of | ore me this | | 20 | | | | | | | | | Signature | of Person | Submitt | ing Rep | ort | | _ |
| | _ | Signatur | 'e | | | | | - - | | | | | | Printe | ed Name | | | | - |
| My Commission Ex | cpires | oigilatu. | - | | | | | | | | | | | Email | | | | | - |
| | | мо | D | AY | YR | | | _ | | | Are | ea Co | ode | Daytime | Teleph | one Nu | mber | | |
| Part II- If this is | a report | of a cand | idate's | authorized | Comn | nitte | ee, C | andid | ate sh | nall : | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | ne best of m | y knowle | edge and beli | ef this | poli | itical | comm | ittee h | as n | ot viola | ted a | ny provis | ions of the | act of Ju | ine 3,1 | 937 (P.L | 133 | 3, |
| Sworn to and subsc | ribed befo | re me this | | | | | | | | | | | s | ignature of | Candida | te | | | - |
| | day of | | | | | | | _ | | | | | | | | | | | _ |
| | | C: | | | | | | _ | | | | | | Printed | Name | | | | |
| My Commission Exp | | Signature | | | | | | | | • | | | | Email | | | | | _ |
| | _ | мо | D | AY | YR | . | | - | | | Area | Code | e | Day | time Te | lephon | e Numb | er | - |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting |) Period | | |
|---|-----------|----------|---------------|------------|
| PERICH, MICHAEL J | From: | 11/26/20 | <u>24</u> To: | 12/31/2024 |
| 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) | | | \$ | 3,300.00 |
| All Other Contributions (Part D) | | | \$ | 0.00 |
| TOTAL for the Reporting | Period | (3) | \$ | 3,300.00 |
| 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 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page | | | \$ | 3,300.00 |

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 Candidat | е | R | eporting | Period | | | |
|--------------------------------------|-------|-------------------|----------|--------|------|----|--------|
| | | F | rom: | | То | : | |
| | | | | DATE | | | AMOUNT |
| Full Name of Contributing Committee | | | 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.

(Exclude contributions from political committees reported in Part A)

| Name of Filing Committee | or Candidate | | Rep | orting P | eriod | | | |
|--------------------------|--------------|------------------|-----|----------|-------|------|----|------------|
| | | | Fro | m: | | To |): | |
| | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4 | •) | | | | | |
| | | | | | | | | PAGE TOTAL |

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

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 | | | | |
|---------------------------------------|-------|----------|------------|--------|---------------|-------|----------|-------------|
| PERICH, MICHAEL J | | | From: | 11/2 | <u>6/2024</u> | То: | 12/31/20 | 1 <u>24</u> |
| | | | | DA | TE | | AMOUN | Г |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | |
| PERICH FOR STATE REP | | | | | 2711 | 12/11 | \$ | 300.00 |
| Mailing Address PO BOX 1434 | | | | 12 | 9 | 2024 | | |
| City ALIQUIPPA | State | Zip Code | e (Plus 4) |] | | | | |
| | PA | 15001-0 | 6434 | | | | | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | |
| PERICH FOR STATE REP | | | | 110 | DAI | ILAK | \$ | 3,000.00 |
| Mailing Address PO BOX 1434 | | | | 12 | 9 | 2024 | | -, |
| City ALIQUIPPA | State | Zip Code | e (Plus 4) |] | | 202 : | | |
| | PA | 15001-0 | 6434 | | | | | |

 $\label{lem:constraint} \textbf{Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. }$

PAGE TOTAL \$ 3,300.00

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 | 2 | | | Rep | orting Pe | riod | | | |
|---------------------------------------|------------------|---------|--------------|--------------|-----------|-------|------|------------|--------------|
| | | | | Fror | n: | | To |) : | |
| | | | | | D | ATE | | | AMOUNT |
| Full Name of Contributor | | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | | 7 | |
| City | State | Zi | p Code (Plus | s 4) | | | | | |
| Employer Name | • | | | | Occupa | tion | - | - | |
| Employer Mailing Address/Principal Pl | ace of Business | | City | | • | State | | Zip Co | ode (Plus 4) |
| Enter Grand Total of Part C on Sch | edule I, Detaile | ed Sumr | mary Page, | Section | on 3. | | | | PAGE TOTAL |
| | | | | | | | | \$ | 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 | ' | 1 | | | | | <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 Per | iod | |
|--|----------------|------------------------------|-------------------|
| PERICH, MICHAEL J | From: | <u>11/26/2024</u> To: | <u>12/31/2024</u> |
| 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 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: | | | To: | | | | |
| | | | | 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 | | | | Re | porting | Period | | | | |
|--|----------------|-----|------------------|--------|-------------------|----------------|-------|------|-----------------|------|
| | | | | Fro | m: | | To: | | | |
| | | | | | | DATE | | | AMOUN | т |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | | 1 | \$ | 0.00 |
| City | State | | Zip Code(Plus 4) | | | | | | | |
| Employer of Contributor | | | | | Occup | oation | | | | |
| Employer Mailing Address/Principal Pla | ce of Business | Cit | ty | Stat | e Zi _l | p Code(Plus 4) | Descr | ipti | ion of Contribu | tion |
| Enter Grand Total of Part G on Sch | edule II, In-K | ind | Contributions D | etaile | ed | | | | PAGE T | OTAL |
| Summary Page, Section 3. | | | | | | | | | | 0.00 |

PAGE TOTAL

300.00

STATEMENT OF EXPENDITURES

| Name of Filing Committee | or Candidate | | Reporti | ng Period | | | |
|--------------------------|------------------|-------------------|---------|-------------|----------|-----|------------|
| PERICH, MICHAEL J | | | From | 11/26 | 5/2024 | То: | 12/31/2024 |
| | | | | DATE | | | AMOUNT |
| To Whom Paid | | | МО | DAY | YEAR | | |
| James Vendemia | | | | | | | |
| Mailing Address 127 Wa | arrencliff Drive | | 12 | 10 | 2024 | \$ | 150.00 |
| City Monoca | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | PA | 15061 | Poll Wo | rker | | | |
| To Whom Paid | | | мо | DAY | YEAR | | |
| Lisa Vendemia | | | 140 | | ILAK | | |
| Mailing Address 2590 R | Ridge Rd Apt 8 | | 12 | 10 | 2024 | \$ | 150.00 |
| City Monoca | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | PA | 15061 | Poll Wo | rker | | | |

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.