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 2003	194			Repo Filed		:	CANDI	DATE		СОМ	MITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, Candida	ate or Lo	obbyist:			-		MERS AS	SOCIA		I PAC (PDFA P	AC)				
Street Address:	200 N 3RD ST	STE 15	00														
City:	HARRISBURG						State: PA					Zip Code: 17101-1585					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.) DA` RIMA		POST- 3.			AMENDI REPORT		Yes	Nc	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.) DA` ECT:		POST- 6.			TERMIN REPORT		Yes	No	 Image: A start of the start of	
report type)	ANNUAL REPORT	7. X	Year 2024				FILING METHOD () CHECK ONE					PAPER		\checkmark	DISKE	TTE	
Name of Office S	Sought by Candidat	te:						DATE O	F ELE	СТІО	N	District Number	Office	Par	ty Code	County	
								мо	DAY	YE	AR						
								11		5	2024		(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	2			мо	DAY	YI	AR	FC	OR OFFIC	E USE	ONLY		
Expenditures	from:	1	.1 26	2	024	то		12		31	2024	_					
A. Amount Bro	ught Forward Fron	n Last Ro	eport				\$			12,6	558.22						
B. Total Monet	ary Contributions A	And Rece	eipts (Fron	1 Sche	dule I))	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			12,6	558.22						
D. Total Expen	ditures (From Sche	edule III	[)				\$				0.00						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			\$			12,6	58.22						
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)		\$				0.00	1					
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	()			\$				0.00						
				AFF	IDAV	'IT S	SEC	CTION									
PART I - If this is	s a Committee repo	ort, trea	surer sign	here. I	If this	is a (Can	didate re	eport, o	candi	date sig	gn here.					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sc	hedules	s filed o	n pap	oer o	r by elect	ronic m	edium	, are to t	the best o	of my knov	vledge	and beli	ef , true	
Sworn to and subs	cribed before me this day of	5	20							s	ignature	e of Perso	on Submitt	ing Rep	oort		
	Signatu	re				_						Prir	ited Name				
My Commission Ex	-											Ema	nil				
	мо	DA	NY	YR					Ar	ea Cod	le	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a cand	lidate's a	authorized	Comn	nittee,	Cane	dida	te shall	sign h	ere.							
I swear (or affirm) No 320) as amendo	that to the best of med.	ıy knowle	dge and beli	ef this	politica	al con	mmit	ttee has n	ot viola	ted an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,	
Sworn to and subso	ribed before me this day of		20								s	ignature	of Candida	ite			
												Printe	ed Name				
	Signature					_											
My Commission Exp	pires											Ema					
	мо	DA	AY	YR		_			Area	Code		D	aytime Te	elephor	e Numb	er	

SCHEDULE I **CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate Reporting Period						
PA DEER FARMERS ASSOCIATION PAC (PDFA PAC)	From:	<u>11/26/202</u>	<u>24</u> To:	<u>12/31/2024</u>			
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor							
TOTAL for the Reporting	g 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	g 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	g Period	(3)	\$	0.00			
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)							
TOTAL for the Reporting	g Period	(4)	\$	0.00			
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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						
					From: To:					
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00		

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 Candida	te		Rep	orting P	eriod					
			Fror	m:		Тс):			
					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, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	0.00		

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:			То:		
				DA	TE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							- \$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	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					
		Fror	n:		Т):			
			D	ATE		AM	OUNT		
			мо	DAY	YEAR	\$	0.00		
State	Zip Code (Plu	s 4)							
•			Occupat	ion					
ce of Business	City			State		Zip Code	(Plus 4)		
dule I, Detailed Su	ummary Page	Sectio	on 3.				GE TOTAL 0.00		
	State ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: DA DA State Zip Code (Plus 4) Occupat	From: DATE DATE DATE State Zip Code (Plus 4) City Occupation Ce of Business City State	From: To DATE MO DAY YEAR State Zip Code (Plus 4) Image: Comparison of the second	From: To: DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation ce of Business City State Zip Code		

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:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	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 Pe	riod	
PA DEER FARMERS ASSOCIATION PAC (PDFA PAC)	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	ER CONTRIBUT	DR	
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, 3		\$	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			
						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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	ie,	F	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				Reporting Period					
						То:				
					DATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address			-				\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor				Occupa	ation					
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution			
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kin	d Contributions D	etaile	ed			PAGE TOTAL 0.00			

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
	From			То:					
				DATE			AMOUNT		
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
Enter Grand Tatal of Evnanditures	n Dage 1. Denort C	Cover Dage Item [<u> </u>				PAGE TOTAL		
Enter Grand Total of Expenditures of	m Page 1, Report C	lover Page, Item L				\$	0.00		