### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identification 20240009<br>Number :                                |                        |            |             |                        |           | Rep<br>File |       |                | CANDI       | DATE     |       |           | <b>ITTEE</b>       | ✓                    | LOBE     | SYIST     |          |          |
|--|------------------------|------------|-------------|------------------------|-----------|-------------|-------|----------------|-------------|----------|-------|-----------|--------------------|----------------------|----------|-----------|----------|----------|
| Name of Filing C   | Committee,             | Candida    | ate or Lo   | bbyist:                |           | FRIE        | NDS   | S OF I         | RICK CH     | RISTIE   |       |           |                    |                      |          |           |          |          |
| Street Address:  | РО ВО                  | X 499      |             |                        |           |             |       |                |             |          |       |           |                    |                      |          |           |          |          |
| City:  | CARLIS                 | SLE        |             |                        |           |             |       |                | State:      | PA       |       |           | Zip Cod            | de: 17               | 7013     |           |          |          |
| TYPE OF<br>REPORT  | 6TH TUESD<br>PRE-PRIMA |            | 1.          | 2ND FRIDAY<br>PRIMARY  | / PRE     | - 2         |       | 30 DA<br>PRIMA |             | POST-    | 3.    |           | AMENDM<br>REPORT?  |                      | Yes      | No        | •        | <b>/</b> |
| (place X to<br>the right of  | 6TH TUESD<br>PRE-ELECT |            | 4.          | 2ND FRIDAY<br>ELECTION | / PRE     | - 5         | 5.    | 30 DA<br>ELECT |             | POST-    | 6.    |           | TERMINA<br>REPORT? | ERMINATION<br>EPORT? |          | No        | •        | <b>/</b> |
| report type)   | ANNUAL R               | REPORT     | 7. <b>X</b> | <b>Year</b> 2025       |           |             |       |                | IG METHO    |          |       |           | PAPER              |                      | <b>\</b> | DISKE     | TTE      |          |
| Name of Office S   | -<br>Sought by C       | Candidat   | e:          |                        |           | _           | _     |                | DATE O      | F ELE    | CTIO  | N         | District<br>Number | Office<br>Code       | Par      | ty Code   | Coun     |          |
|  |                        |            |             |                        |           |             |       |                | мо          | DAY      | YE    | AR        |                    |                      | DEM      | 1         | 21       |          |
|  |                        |            |             |                        |           |             |       |                | 11          |          | 4     | 2025      |                    | (SEE IN              | STRUCTIO | ONS FOR C | ODES)    | 1        |
| Summary of<br>Expenditures   |                        | and        | МО          | DAY                    | YEAR      | 1           |       | _              | МО          | DAY      | YE    | AR        | FO                 | R OFFI               | CE USE   | ONLY      |          |          |
|  |                        |            | 1           | .1 25                  | 2         | 024         | Т     | 0              | 12          | 3        | 31    | 2024      |                    |                      |          |           |          |          |
| A. Amount Bro  | ught Forwa             | ard Fron   | ı Last Re   | eport                  |           |             |       | \$             |             |          | 3     | 28.79     |                    |                      |          |           |          |          |
| B. Total Monetary Contributions And Receipts (From Schedule I) \$ 150.00 |                        |            |             |                        |           |             |       |                |             |          |       |           |                    |                      |          |           |          |          |
| C. Total Funds Available (Sum Of Lines A and B)                          |                        |            |             |                        |           |             |       | \$             |             |          | 4     | 78.79     |                    |                      |          |           |          |          |
| D. Total Expenditures (From Schedule III)                                |                        |            |             |                        |           |             |       | \$             |             |          | 2     | 67.01     |                    |                      |          |           |          |          |
| E. Ending Cash   | Balance (S             | Subtract   | Line D      | From Line (            | <b>E)</b> |             |       | \$             |             |          | 2     | 11.78     |                    |                      |          |           |          |          |
| F. Value Of In-  | Kind Contri            | ibutions   | Receive     | ed (From So            | hedu      | le II)      | )     | \$             |             |          |       | 0.00      |                    |                      |          |           |          |          |
| G. Unpaid Debt   | s And Obli             | gations    | (From S     | chedule IV             | )         |             |       | \$             |             |          |       | 0.00      |                    |                      | 1        |           |          |          |
|  |                        |            |             |                        | AFF       | ΊDΑ         | VI    | ΓSE            | CTION       |          |       |           |                    |                      |          |           |          |          |
| PART I - If this is  | s a Commit             | tee repo   | ort, trea   | surer sign l           | nere. I   | [f thi      | s is  | a Can          | didate re   | port, c  | andio | late sig  | ın here.           |                      |          |           |          |          |
| I swear (or affirm) correct and comple                                   |                        | port, incl | uding the   | attached sch           | edules    | filed       | on I  | paper (        | or by elect | ronic me | edium | are to t  | the best o         | f my kno             | wledge a | and belie | ef , tru | ıe       |
| Sworn to and subs  | cribed before          | e me this  |             | 20                     |           |             |       |                |             |          | s     | ignature  | of Perso           | n Submit             | ting Rep | ort       |          | _        |
|  |                        |            |             | -                      |           |             |       | -<br>-         |             |          |       |           | Prin               | ted Name             | e        |           |          | _        |
| My Commission Ex   | cpires                 | Signatur   | e           |                        |           |             |       |                |             |          |       |           | Emai               | il                   |          |           |          | -        |
|  | M                      | 10         | DA          | Υ                      | YR        |             |       | -              |             | Are      | a Cod | e         |                    | e Telepi             | none Nu  | mber      |          | -        |
| Part II- If this is  | a report o             | of a cand  | lidate's a  | authorized             | Comn      | nittee      | e, Ca | andida         | ate shall   | sign he  | ere.  |           |                    |                      |          |           |          |          |
| I swear (or affirm)<br>No 320) as amende                                 |                        | best of m  | ıy knowle   | dge and beli           | ef this   | politi      | ical  | commi          | ittee has n | ot viola | ed an | y provisi | ions of the        | e act of J           | une 3,19 | 937 (P.L  | . 1333   | 3,       |
| Sworn to and subsc   | ribed before           | me this    |             |                        |           |             |       |                |             |          |       | Si        | ignature o         | of Candid            | ate      |           |          | -        |
|  | day of<br>— —          |            |             |                        |           |             |       | -              |             |          |       |           | Drinto             | d Name               |          |           |          | _        |
|  | Siz                    | gnature    |             |                        |           |             |       | -              |             |          |       |           | rinte              | u Haille             |          |           |          | _        |
| My Commission Exp  | _                      | J          |             |                        |           |             |       |                |             |          |       |           | Ema                | il                   |          |           |          | _        |
| MO DAY Y   |                        |            |             |                        |           |             |       | •              |             | Area     | Code  |           | Da                 | aytime T             | elephon  | e Numb    | er       | -        |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting Period |          |               |            |  |  |  |  |  |  |
|--|------------------|----------|---------------|------------|--|--|--|--|--|--|
| FRIENDS OF RICK CHRISTIE   | From:            | 11/25/20 | <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)   | \$               | 150.00   |               |            |  |  |  |  |  |  |
| TOTAL for the Reporting  | \$               | 150.00   |               |            |  |  |  |  |  |  |
| 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 |                  |          | \$            | 150.00     |  |  |  |  |  |  |

#### **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.

### **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 RICK CHRISTIE

From: <u>11/25/2024</u> **To:** 

DATE

12/31/2024

AMOUNT

| Full Name of Contributor Rick Christie |          |  |       |                   | мо | DAY              | YEAR |  |
|--|----------|--|-------|-------------------|----|------------------|------|--|
| Mailing Address 65 East Louther Street |          |  |       |                   |    | <b>\$</b> 150.00 |      |  |
| City                                   | Carlisle |  | State | Zip Code (Plus 4) | 12 | 19               | 2024 |  |
|  |          |  | PA    | 17013             |    |                  |      |  |

**PAGE TOTAL** 

\$

150.00

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 |      |     |      |               |           |      |
|---------------------------------------|---|---------|------------------|------|-----|------|---------------|-----------|------|
|                                       |   |         | From:            |      |     | То:  |               |           |      |
|                                       |   |         |                  | DA   | TE  |      | P             | AMOUNT    |      |
| Full Name of Contributing Committee   |   |         |                  | мо   | DAY | YEAR |               |           | 0.00 |
| Mailing Address                       |   |         |                  |      |     |      | <b>-</b>   \$ |           | 0.00 |
| City                                  | State   | Zip Cod | e (Plus 4)       |      |     |      |               |           |      |
|                                       |   |         |                  |      |     |      |               | PAGE TOTA | AL   |
| Enter Grand Total of Part C on Sche   | nter Grand Total of Part C on Schedule I, Detailed Summary Page |         |                  | 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 |                  |        | Reporting Period |         |        |       |     |     |         |                |                 |
|---------------------------------------|------------------|--------|------------------|---------|--------|-------|-----|-----|---------|----------------|-----------------|
|                                       |                  |        |                  | Fron    | n:     |       |     | To: |         |                |                 |
|                                       |                  |        |                  |         | D      | ATE   |     |     | AMO     | OUNT           |                 |
| Full Name of Contributor              |                  |        |                  |         | МО     | DAY   | YEA | R   | \$      |                | 0.00            |
| Mailing Address                       |                  |        |                  |         |        |       |     |     |         |                |                 |
| City                                  | State            | Zi     | p Code (Plus     | 4)      |        |       |     |     |         |                |                 |
| Employer Name                         | •                |        |                  |         | Occupa | tion  |     |     |         |                |                 |
| Employer Mailing Address/Principal Pl | ace of Business  |        | City             |         | •      | State |     | Z   | ip Code | (Plus 4)       |                 |
| Enter Grand Total of Part C on Sch    | edule I, Detaile | d Sumr | mary Page,       | Section | on 3.  |       |     | \$  | PA      | <b>GE TOTA</b> | <b>L</b><br>.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:  |    |            |
|                             |                           |               |         | D        | ATE |      |    | AMOUNT     |
| Full Name                   |                           |               |         | мо       | DAY | YEAR | \$ | 0.00       |
| Mailing Address             |                           |               |         |          |     |      | 7  |            |
| City                        | State                     | Zip Code (    | Plus 4) |          |     |      |    |            |
| Receipt Description         | •                         | •             |         |          | •   |      |    |            |
| Forten Commit Tatal of Boot | F an Cabadala I Batallad  | I C B         | C       |          |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part   | e on Schedule I, Detalled | summary 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 Per | od                           |                   |  |  |  |  |  |  |  |
|--|---------------|------------------------------|-------------------|--|--|--|--|--|--|--|
| FRIENDS OF RICK CHRISTIE   | From:         | <u>11/25/2024</u> <b>To:</b> | <u>12/31/2024</u> |  |  |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR  |               |                              |                   |  |  |  |  |  |  |  |
| TOTAL for the Reporting Pe   | eriod (1)     | \$                           | 0.00              |  |  |  |  |  |  |  |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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:            |      |             | :          |      |
|   |       |                   |         | DATE             |      |             | AMOUNT     |      |
| Full Name of Contributor  |       |                   |         | DAY              | YEAR |             |            |      |
| Mailing Address   |       |                   |         |                  |      | <b>7</b> \$ |            | 0.00 |
| City  | State | Zip Code (Plus 4) |         |                  |      |             |            |      |
| Description of Contribution:  | •     |                   | •       | •                |      | •           |            |      |
|   |       |                   |         |                  | -    |             |            |      |
| Inter Grand Total of Part F on Schedule II, In-Kind Contributions Det |       |                   | led Sun | ımary Pa         | ge,  |             | PAGE TOTAL | •    |
| ection 2.   |       |                   |         |                  |      | \$          | (          | 0.00 |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate   |                  |      |                  | Reporting Period |       |              |       |      |                     |      |
|---|------------------|------|------------------|------------------|-------|--------------|-------|------|---------------------|------|
|   |                  |      |                  | Fro              | From: |              |       | То:  |                     |      |
|   |                  |      |                  |                  |       | DATE         |       |      | AMOUNT              |      |
| Full Name of Contributor                |                  |      |                  |                  | мо    | DAY          | YEAR  |      |                     |      |
| Mailing Address                         |                  |      |                  |                  |       |              |       |      | \$                  | 0.00 |
| City                                    | State            |      | Zip Code(Plus 4) |                  |       |              |       |      |                     |      |
| Employer of Contributor                 |                  |      |                  |                  | Occup | ation        |       |      |                     |      |
| Employer Mailing Address/Principal Plac | e of Business    | City | ′                | Stat             | e Zip | Code(Plus 4) | Desci | ript | ion of Contribution | on   |
| Enter Grand Total of Part G on Scho     | edule II, In-Kir | nd C | ontributions De  | etaile           | ed    |              |       |      | PAGE TO             | ΓAL  |
| Summary Page, Section 3.                | <b></b>          |      |                  |                  |       |              |       |      |                     | 0.00 |

### **SCHEDULE III STATEMENT OF EXPENDITURES**

| Name of Filing Committee or (                 | Candidate |                   | Reporti      | ng Period                  |          |     |            |  |  |
|---|-----------|-------------------|--------------|----------------------------|----------|-----|------------|--|--|
| FRIENDS OF RICK CHRISTIE                      |           |                   | From         | 11/2                       | 5/2024   | То: | 12/31/2024 |  |  |
|   |           |                   |              | DATE                       |          |     | AMOUNT     |  |  |
| To Whom Paid<br>GoDaddy                       |           |                   | мо           | DAY                        | YEAR     |     |            |  |  |
| Mailing Address 2155 E GoDaddy WAy            |           |                   |              | 2                          | 2024     | \$  | 75.00      |  |  |
| City Tempe State Zip Code (Plus 4)            |           |                   |              | Description of Expenditure |          |     |            |  |  |
| AZ 17013                                      |           |                   |              | contribution               |          |     |            |  |  |
| To Whom Paid Citizens for Big Springs Schools |           |                   |              | DAY                        | YEAR     |     |            |  |  |
| Mailing Address PO Box 92                     |           |                   | 12           | 9                          | 2024     | \$  | 75.00      |  |  |
| City Newville                                 | State     | Zip Code (Plus 4) | Descrip      | tion of Exp                | enditure |     |            |  |  |
|   | PA        | 17421             | contribution |                            |          |     |            |  |  |
| <b>To Whom Paid</b> GoDaddy                   |           |                   | МО           | DAY                        | YEAR     |     |            |  |  |
| Mailing Address 2155 E Go                     | Daddy WAy |                   | 12           | 20                         | 2024     | \$  | 101.64     |  |  |
| City Tempe                                    | State     | Zip Code (Plus 4) | Descrip      | tion of Exp                | enditure |     |            |  |  |
|   | AZ        | 17013             | internet     | services                   |          |     |            |  |  |
| To Whom Paid<br>GoDaddy                       |           |                   | МО           | DAY                        | YEAR     |     |            |  |  |
| Mailing Address 2155 E GoDaddy WAy            |           |                   | 12           | 27                         | 2024     | \$  | 15.37      |  |  |
| City Tempe State Zip Code (Plus 4)            |           |                   | Descrip      | tion of Exp                | enditure | ı   |            |  |  |

|                                     |                    |                     |    | PAGE TOTAL |
|-------------------------------------|--------------------|---------------------|----|------------|
| Enter Grand Total of Expenditures o | n Page 1, Report C | Cover Page, Item D. | \$ | 267.01     |

internet services

17013

AZ