Campaign Finance Report

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

Filer Identificat Number :	ion 2023	0240			Repor Filed I		CAN	IDIC	DATE		СОМІ	MITTEE	✓	LOB	BYIST		
	Committee, Candida	ate or L	obbyist:			-	F RACHE	EL N	10YER								
Street Address:	PO BOX 90																
City:	MYERSTOWN						State	•	PA			Zip Co	de: 17	067			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		DAY MARY	P	OST-	3.		AMENDMENT REPORT?		Yes	N	0	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 I ELE	DAY CTION	P	POST- 6.		TERMINATION REPORT?		Yes	N	0	\checkmark	
report type)	ANNUAL REPORT	7. X	Year 2024				ING MET					PAPER		\checkmark	DISK	ETTE	
Name of Office S	Sought by Candidat	te:					DATE	E 01	F ELEC	TIO	N	District Number	Office Code	Par	ty Code	Cou	
							мо		DAY	YE	AR					1	-
								11		5	2024		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of Receipts and MO DAY YEAR							мо		DAY	Y	EAR	FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:		11 26	2	024 1	0		12	3	1	2024						
A. Amount Bro	ought Forward Fron	n Last R	eport				\$			4,8	339.42						
B. Total Monet	dule I)		\$				0.00										
C. Total Funds Available (Sum Of Lines A and B)							\$			4,8	339.42						
D. Total Expenditures (From Schedule III)							\$			2,4	51.77						
E. Ending Cash	n Balance (Subtract	t Line D	From Line	C)		_	\$			2,3	87.65	-					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)		\$				0.00	-					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	')			\$			10,0	00.00						
				AFF	IDAVI	ΤS	ECTIO	N									
	s a Committee repo		-						• •			-					
correct and compl) that this report, incl lete.	uding the	e attached sci	nedules	s filed on	pape	er or by ei	ectr	onic me	aium	, are to	the best o	т ту кпоч	viedge	and bei	ier , ti	rue
Sworn to and subs	scribed before me this day of	5	20					-		s	ignatur	e of Perso	n Submitt	ing Rep	oort		_
	Signatu	re				_		-				Prin	ted Name				-
My Commission E	-							-				Ema	il				-
	мо	D	AY	YR				-	Are	a Cod	le	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee, O	Candi	idate sha	all s	ign he	re.							
I swear (or affirm) No 320) as amend) that to the best of m ed.	ny knowl	edge and beli	ef this	political	com	mittee ha	as no	ot violato	ed an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subse	cribed before me this day of		20								s	ignature (of Candida	ite			-
						_						Printe	ed Name				-
My Commission Exp	Signature pires					_		-				Ema	il				-
	мо	D	AY	YR		-			Area C	Code		D	aytime Te	elephor	e Num	ber	_

SCHEDULE I **CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF RACHEL MOYER	From:	<u>11/26/202</u>	2 <u>4</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	(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 an 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 Candidat	e		Re	porting	Period			
			Fro	From: To:			1	
					DATE	AMOUNT		
Full Name of Contributing Committee		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.					\$	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 Candidate Reporting Period								
			From: To					
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address	_	_					\$	0.00
City State Zip Code (Plus								
								PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 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		A	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							\$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	۹L
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.						\$	C	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	ame of Filing Committee or Candidate		Reporting Period						
			Froi	From:			То:		
				DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							P#	AGE TOTAL 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 Candida	te		Report	ing Perio	d				
			From:	From: To:					
				DATE				AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description									
								PAGE TO	TAL
inter Grand Total of Part E on Schedule I, Detailed 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	od									
FRIENDS OF RACHEL MOYER	From:	<u>11/26/2024</u> то:	<u>12/31/2024</u>							
. 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 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, 1		\$	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:			То:		
		DATE		AMOUNT				
Full Name of Contributor				DAY	YEAR			
Mailing Address		-				_ \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Deta Section 2.				mary Pag	e,		PAGE TOTA	۱L
						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate			Reporting Period				
			Fro	From:			
					DATE	AMOUNT	
Full Name of Contributor				мо	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor		•		Occupa	tion		•
Employer Mailing Address/Principal Plac	e of Business C	lity	State	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	Contributions D	etaile	d			PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
FRIENDS OF RACHEL MOYER			From <u>11/26/2024</u>			То:	<u>12/31/2024</u>
				AMOUNT			
To Whom Paid WIX				DAY	YEAR		
Mailing Address 500 TERRY A FRANCOIS BLVD				18	2024	\$	7.63
City SAN FRANCISCO	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	СА	94158	WEBSI	E EXPENS	E		
To Whom Paid CAPITOL PROMOTIONS INC			мо	DAY	YEAR		
Mailing Address PO BOX 231			12	31	2024	\$	2,387.65
City GLENSIDE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19038	YARD SIGNS				
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
Enter Grand Total of Expenditures of	on Page 1, Report C	over Page, Item L).			\$	2,395.28

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate			Reporti	ng Period				
FRIENDS OF RACHEL MOYER			From:	<u>11/26/2024</u> To:			: <u>12/31/2024</u>	
					DATE		Outstanding Balance of Debt	
Name of Creditor RACHEL MOYER				мо	DAY	YEAR		
Mailing Address 35 LADYBUG LANE				10	3	2023	3 \$	1,000.00
				Description of Debt LOAN TO CAMPAIGN				
Name of Creditor RACHEL MOYER				мо	DAY	YEAR		
Mailing Address 35 LADYBUG LANE				11	1	2023	3 \$	5,000.00
City MYERSTOWN	State PA	Zip Code (P 17067	lus 4)	Description of Debt				
Name of Creditor RACHEL MOYER				мо	DAY	YEAR		
Mailing Address 35 LADYBUG LANE				12	29	2023	3 \$	4,000.00
City MYERSTOWN State Zip Code (Plus 4) PA 17067				-	tion of Deb			
Enter Grand Total of Unpaid Debt	s on Page 1, Repo	rt Cover Pa	ge, Item	G.			\$	PAGE TOTAL 10,000.00