

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 : 20230211		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: DAVE SUNDAY FOR AG											
Street Address: P.O. BOX 79											
City: HARRISBURG					State: PA		Zip Code: 17108				
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	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	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				
					11	5	2024				
Summary of Receipts and Expenditures from:					MO	DAY	YEAR	FOR OFFICE USE ONLY			
					11	26	2024				TO
					12	31	2024				
A. Amount Brought Forward From Last Report					\$ 19,971.96						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 27,500.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 47,471.96						
D. Total Expenditures (From Schedule III)					\$ 4,968.53						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 42,503.43						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
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
DAVE SUNDAY FOR AG	From: <u>11/26/2024</u> To: <u>12/31/2024</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)	\$ 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)	\$ 22,500.00
All Other Contributions (Part D)	\$ 5,000.00
TOTAL for the Reporting Period (3)	\$ 27,500.00

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.)	\$ 27,500.00
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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 DAVE SUNDAY FOR AG	Reporting Period From: <u>11/26/2024</u> To: <u>12/31/2024</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 2,500.00
DUANE MORRIS, LLP GOVERNMENT COMMITTEE PAC				12	31	2024	
Mailing Address 30 SOUTH 17TH ST							
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 10,000.00
PA FUTURE FUND				12	9	2024	
Mailing Address P.O. BOX 6128							
City HARRISBURG	State PA	Zip Code (Plus 4) 17112					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 5,000.00
PROG HOLDINGS, INC. PAC				12	30	2024	
Mailing Address 256 W DATA DR							
City DRAPER	State UT	Zip Code (Plus 4) 84020					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 5,000.00
WAL PAC				12	30	2024	
Mailing Address 702 SW 8TH ST							
City BENTONVILLE	State AR	Zip Code (Plus 4) 72716					

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

PAGE TOTAL
\$ 22,500.00

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 DAVE SUNDAY FOR AG	Reporting Period From: <u>11/26/2024</u> To: <u>12/31/2024</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
ROBERT B ASHER					\$ 5,000.00
Mailing Address 1307 TOWNSHIP LINE RD				12	9 2024
City GWYNEDD VALLEY	State PA	Zip Code (Plus 4) 19437			
Employer Name ASHER'S CHOCOLATES				Occupation OWNER	
Employer Mailing Address/Principal Place of Business 80 WAMBOLD RD		City SOUDTERON		State PA	Zip Code (Plus 4) 18964

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

PAGE TOTAL
\$ 5,000.00

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 Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

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	
DAVE SUNDAY FOR AG		From: <u>11/26/2024</u> To: <u>12/31/2024</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)		\$	0.00
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.)		\$	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:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
DAVE SUNDAY FOR AG	From <u>11/26/2024</u> To: <u>12/31/2024</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
ALTIORA STRATEGY GROUP				
Mailing Address 334 PONDVIEW DR	11	29	2024	\$ 2,460.53
City HARLEYSVILLE	State PA	Zip Code (Plus 4) 19438	Description of Expenditure REIMBURSEMENT	
To Whom Paid	MO	DAY	YEAR	
PNC BANK				
Mailing Address 110 S 32ND ST	12	2	2024	\$ 808.00
City CAMP HILL	State PA	Zip Code (Plus 4) 17011	Description of Expenditure SERVICE FEE	
To Whom Paid	MO	DAY	YEAR	
ELEVATE STRATEGY, LLC				
Mailing Address 2149 PARAMOUNT RUN	12	5	2024	\$ 1,500.00
City BIRMINGHAM	State AL	Zip Code (Plus 4) 35244	Description of Expenditure CONSULTING	
To Whom Paid	MO	DAY	YEAR	
POSTMASTER				
Mailing Address 312 MARKET ST	12	10	2024	\$ 200.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure RENTAL FEE	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL
				\$ 4,968.53

