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 2 | 2024C | .0453 | | | | Report | | CA | NDI | DATE | √ | CC | MMITTE | | LOB | BYIST | | |
|--|-----------------------------|----------|-----------------|------------------|---------|-----------|-------------|--------|---------|--------|----------|----------|-------------|------------------------|----------------|----------|--------|-----------|----------|
| Name of Filing C | ommittee, Ca | ındida | te or Lo | bbyist | : | Ĺ | OTZ, G | SARY | WILL | IAM | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | State | e: | | | | Zip Code: 15238 | | | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | | 1. | 2ND FR PRIMAR | | / PRE- | 2. | 30 DA | | Р | OST- | 3. | | AMENDMI REPORT? | ENT | Yes | N | lo | \ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | | 4. | 2ND FR ELECTI | | / PRE- | 5. | 30 DA | | Р | OST- | 6. | | TERMINA' REPORT? | TION | Yes | ١ | lo | \ |
| report type) | ANNUAL REP | ORT 7 | 7. X | Year 2 | 024 | | | | NG MI | | | | | PAPER | | V | DISK | ETTE | |
| Name of Office S | ought by Can | didate | <u> </u> | | | | • | | DAT | ΕO | F ELE | CTI | ON | District Number | Office Code | Pai | ty Cod | e Cou | |
| REPRESENTATI | VE IN THE G | ENIED/ | VI VCC I | EMRI V | | | | | МО | | DAY | Υ | /EAR | 33 | STH | REF |) | 02 | |
| NEI RESERVATI | VE IN THE G | | | LINDET | | | | | | 11 | | 5 | 2024 | | (SEE IN | STRUCTI | ONS FO | R CODES | 5) |
| Summary of Expenditures | | ıd | МО | DAY | | YEAR | | _ | МО | | DAY | Y | /EAR | FOI | R OFFI | CE USE | ONL | ′ | |
| | | | | 11 | 26 | 20 | 24 I | 0 | | 12 | : | 31 | 2024 | | | | | | |
| A. Amount Bro | ught Forward | From | Last Re | eport | | | | \$ | | | | (4 | 460.71) | | | | | | |
| B. Total Moneta | ary Contributi | ons Aı | nd Rece | eipts (F | From | Sched | ule I) | \$ | | | | | 0.00 | | | | | | |
| C. Total Funds | Available (Su | m Of L | .ines A | and B) |) | | | \$ | | | | (4 | 460.71) | | | | | | |
| D. Total Expend | ditures (From | Sched | dule III | [) | | | | \$ | | | | | 0.00 | | | | | | |
| E. Ending Cash | Balance (Sub | tract l | Line D I | From L | ine C | c) | | \$ | | | | (4 | 160.71) | | | | | | |
| F. Value Of In- | Kind Contribu | tions I | Receive | ed (Fro | m Sc | hedule | e II) | \$ | | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obligat | tions (| From S | chedul | e IV |) | | \$ | | | | | 0.00 | | | | | | |
| | | | | | | AFFI | DAVI | T SE | CTI | NC | | | | | | | | | |
| PART I - If this is | a Committee | e repoi | rt, treas | surer s | ign h | nere. If | this is | a Cai | ndida | te re | port, o | cand | lidate sig | jn here. | | | | | |
| I swear (or affirm) correct and comple | | t, inclu | ding the | attache | ed sch | edules | filed on | paper | or by | electr | onic m | ediur | m, are to t | the best of | my kno | wledge | and be | lief , tr | rue |
| Sworn to and subs | cribed before m day of | ie this | | 20 | | | | | | | | | Signature | of Person | Submit | ting Re | oort | | |
| | - Sir | gnature | | - | | | | - - | | | | | | Print | ed Name | • | | | _ |
| My Commission Ex | - | , | | | | | | | | • | | | | Email | | | | | _ |
| | мо | | DA | λY | | YR | | | | , | Ar | ea Co | ode | Daytime | Teleph | one Nu | mber | | |
| Part II- If this is | a report of a | candi | date's | authori | ized | Commi | ittee, C | andid | ate s | hall | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | st of my | , knowle | dge and | l belie | ef this p | olitical | comm | ittee l | nas no | ot viola | ted a | iny provis | ions of the | act of J | une 3,1 | 937 (P | .L. 133 | з, |
| Sworn to and subsc | ribed before me | this | | 20 | | | | | | | | | s | ignature of | Candid | ate | | | _ |
| | | | | | | | | - | | | | | | Printed | l Name | | | | - |
| My Commission Eve | Signa | ture | | | | | | - | | | | | | Email | | | | | _ |
| My Commission Exp | | | | | | | | _ | | | | | | 4 | | | | | _ |
| | МС | ס | DA | AY | | YR | | | | | Area | Code | • | Da | ytime T | elephor | ne Num | ber | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| , - | | | | |
|--|-----------|-----------|---------------|------------|
| Name of Filing Committee or Candidate | Reporting | g Period | | |
| LOTZ, GARY WILLIAM | From: | 11/26/202 | <u>!4</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) | | | \$ | 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 | | | \$ | 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 | | | | 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.

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.

| Name of Filing Com | mittee or Candidate | | Rep | orting P | eriod | | | |
|------------------------|---------------------|-------------------|------|----------|-------|------|------------|------------|
| | | | Froi | m: | | To |) : | |
| | | 1 | | | DATE | | | AMOUNT |
| Full Name of Contribut | tor | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | | |
| | | | | | | | | |
| | , | • | | | | | | PAGE TOTAL |

9/1/2025 8:11:35 AM

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 | me 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 | | | | | | | + | 0.00 | |
| City | State | Zip Cod | e (Plus 4) | | | | | | |
| | | | | | | | | PAGE TOTAL | |
| Enter Grand Total of Part C on Schee | dule I, Detailed Sun | nmary Pa | age, Sectio | 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 | lame of Filing Committee or Candidate | | | | | | | |
|--|---------------------------------------|---------------|----------|--------|-------|------|------------|-----------------|
| | | | Fror | n: | | To |) : | |
| | | | | D | ATE | | | AMOUNT |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 1 | |
| City | State | Zip Code (Plu | s 4) | | | | | |
| Employer Name | | | | Occupa | tion | | | |
| Employer Mailing Address/Principal Pla | ce of Business | City | | • | State | | Zip C | ode (Plus 4) |
| Enter Grand Total of Part C on Scho | dule I, Detailed S | Summary Page, | , Sectio | 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: | | |
| | | | | E | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | | |
| City | State | Zip Code (Pl | us 4) | | | | | |
| Receipt Description | ' | | | | | | | |
| Futor Count Total of Dout | Fan Cahadula I Datailad | I Commence Dance C | ` ! | 4 | | | ı | PAGE TOTAL |
| Enter Grand Total of Part | e on Schedule 1, Detailed | i Summary Page, S | ection | 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 Peri | od | |
|--|----------------|------------------------------|-------------------|
| LOTZ, GARY WILLIAM | 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 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 | | | | | | | |
|---------------------------------------|------------------|----------------------|----------|----------|------|-------------|-----------|------|
| F | | | | | | То: | | |
| | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | 7 \$ | | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | | |
| Description of Contribution: | - | - | • | • | • | | | |
| | | | | | | | | |
| Enter Grand Total of Part F on Sche | dule II, In-Kind | d Contributions Deta | iled Sum | mary Pag | ge, | | PAGE TOTA | L |
| Section 2. | | | | | | \$ | | 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 | | | | | Period | | | |
|---|---------------------------------------|------|------------------|--------|-------|--------------|--------|-------|-----------------|
| | | | | Fro | m: | | 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 | у | State | e Zip | Code(Plus 4) | Descri | ption | of Contribution |
| Enter Grand Total of Part G on Sch | edule II, In-Kin | nd C | Contributions D | etaile | ed | | | | PAGE TOTAL |
| Summary Page, Section 3. | | | | | | | | | 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 Crand Total of Evnanditures | on Dogg 1 Donowh (| Cover Dage Item F | | | | | PAGE TOTAL |
| Enter Grand Total of Expenditures | on Page 1, Report C | Lover Faye, Item L | , . | | | \$ | 0.00 |