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 2023 | 0033 | | | Repo | | | CAND | IDATE | | соми | ITTEE | ✓ | LOB | BYIST | | |
|---|---------------------------------|-------------|--------------------------|------|---------|------|----------------|--------------------|-----------|--------|------------|--------------------------|----------------|----------------------|-----------|----------|--------------|
| Name of Filing C | Committee, Candid | ate or L | obbyist: | - | DePa | sqı | uale fo | or AG | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | |
| City: | Pittsburgh | | | | | | | State: | PA | | | Zip Cod | de: 1 | 5219 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY P PRIMARY | RE- | 2. | | 30 DA PRIMA | | POST- | 3. | | AMENDM REPORT | | Yes | No | • | \ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY I ELECTION | PRE- | - 5. | | 30 DA ELECT | | POST- | 6. | | TERMINA REPORT | | Yes | No | | / |
| report type) | ANNUAL REPORT | 7. X | Year 2024 | | | | | IG METH CHECK C | | | | PAPER | | \ | DISKE | TTE | |
| Name of Office S | Sought by Candida | te: | - | | | | | DATE (|)F ELE | CTIC | N | District Number | Office Code | Par | ty Code | Coun | |
| | , | | | | | | | МО | DAY | YI | AR | Number | | | | | |
| | | | | | | | | 11 | - | 5 | 2024 | (SEE INSTRUCTIONS FOR CO | | | | ODES) |) |
| Summary of Expenditures | Receipts and | МО | | AR | | | _ | МО | DAY | ΥI | AR | FOR OFFICE USE ONLY | | | | | |
| | | | 11 26 | 20 |)24 | T | 0 | 12 | 2 | 31 | 2024 | | | | | | |
| A. Amount Bro | ught Forward Froi | n Last R | eport | | | | \$ | | | | 234.57 | | | | | | |
| B. Total Monet | ary Contributions | And Rec | eipts (From Sc | hec | dule 1 | [) | \$ | | | 3,5 | 544.07 | | | | | | |
| C. Total Funds | Available (Sum O | f Lines A | and B) | | | | \$ | | | 41, | 778.64 | | | | | | |
| D. Total Expen | ditures (From Sch | edule II | I) | | | | \$ | | | 35,8 | 313.93 | | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line C) | | | | \$ | | | 5,9 | 64.71 | | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (From Sche | dul | e II) | | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obligations | (From S | Schedule IV) | | | | \$ | | | | 0.00 | | | 1 | | | |
| | | | А | FF. | IDA' | ۷I | ΓSE | CTION | | | | | | | | | |
| PART I - If this is | s a Committee rep | ort, trea | surer sign her | e. I | f this | is | a Can | ndidate r | eport, | candi | date sig | jn here. | | | | | |
| I swear (or affirm) correct and comple |) that this report, inc ete. | luding the | attached sched | ules | filed | on | paper (| or by elec | tronic m | edium | , are to t | the best o | f my kno | wledge | and belie | ef , tru | ue |
| Sworn to and subs | cribed before me this day of | 5 | 20 | | | | | | | S | Signature | of Perso | n Submit | ting Re _l | oort | | _ |
| | Signatu | re | | | | | - | | | | | Prin | ted Nam | e | | | - |
| My Commission Ex | kpires | | | | | | | | | | | Ema | il | | | | - |
| | мо | D | AY | YR | | | | | Ar | ea Cod | le | Daytim | e Telepi | none Nu | mber | | |
| Part II- If this is | a report of a can | didate's | authorized Co | mm | ittee | , Ca | andida | ate shall | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of red. | ny knowl | edge and belief t | :his | politic | cal | commi | ittee has i | not viola | ted an | y provis | ions of th | e act of J | une 3,1 | 937 (P.L | . 1333 | 3, |
| Sworn to and subsc | ribed before me this | | | | | | | | | | s | ignature o | of Candid | ate | | | - |
| | day of | | | | | | - | | | | | Printe | d Name | | | | - |
| | Signature | | | | | | - | | | | | | | | | | _ |
| My Commission Exp | ires | | | | | | | | | | | Ema | | | | | |
| | мо | D | AY | ΥR | | | • | | Area | Code | | D | aytime 1 | elephor | ne Numb | er | ⁻ |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting |) Period | | |
|--|-----------|-----------|--------------|------------|
| DePasquale for AG | 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) | \$ | 3,544.07 |
| | | | | |
| 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 | | | \$ | 3,544.07 |

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 | R | Reporting | Period | | | |
|-------------------------------|-----------|-------------------|-----------|--------|------|----|--------|
| | | F | rom: | | То | : | |
| | | · | | DATE | | | AMOUNT |
| Full Name of Contributing Com | mittee | | 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.

0.00

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)

| (Exclude cont | | r ponticui conni | | .03 .01 | Joi tea | in i di c | ~, | |
|----------------------------------|-------|------------------|-----|-----------|---------|-----------|----|------------|
| Name of Filing Committee or Cand | idate | | Rep | oorting P | eriod | | | |
| From: To: | | | |): | | | | |
| | | | | | 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, 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 | | 0.0 |
| Mailing Address | | | | | | | - \$ | 0.0 |
| City | State | Zip Cod | e (Plus 4) | | | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand Total of Part C on Scheo | 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 | | | Rep | orting Pe | riod | | | |
|--|--------------------|---------------|----------|-----------|-------|------|--------|--------------------|
| | | | Fror | n: | | To |): | |
| | | | | D | ATE | | | AMOUNT |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 | |
| City | State | Zip Code (Plu | s 4) | | | | | |
| Employer Name | | • | | Occupa | tion | | | |
| Employer Mailing Address/Principal Pla | ce of Business | City | | • | State | | Zip Co | 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 Can | didate | | Report | ing Perio | d | | | |
| DePasquale for AG | | | From: | | 11/26/202 | <u>4</u> To: | 1 | 2/31/2024 |
| | | | | D | ATE | | A | MOUNT |
| Full Name | | | | мо | DAY | YEAR | | 154.72 |
| Gusto | | | | МО | DAI | ILAK | \$ | 154.73 |
| Mailing Address | | | | 11 | 27 | 2024 | | |
| City New York | State | Zip Code (| Plus 4) | | | | | |
| | NY | 10119 | | | | | | |
| Receipt Description Payroll re | fund | | | | | | | |
| Full Name | | | | мо | DAY | YEAR | | 10.53 |
| Gusto | | | | МО | DAT | TEAR | \$ | 19.53 |
| Mailing Address | | | | 11 | 29 | 2024 | | |
| City New York | State | Zip Code (| Plus 4) | | | | | |
| | NY | 10119 | | | | | | |
| Receipt Description Payroll re | fund | • | | | | | | |
| Full Name | | | | | | | | |
| Gusto | | | | МО | DAY | YEAR | \$ | 962.31 |
| Mailing Address | | | | 12 | 5 | 2024 | | |
| City New York | State | Zip Code (| Plus 4) | | | | | |
| | NY | 10119 | | | | | | |
| Receipt Description Payroll re | fund | | | | | | | |
| Full Name | | | | | | | | |
| NGP Van, Inc. | | | | МО | DAY | YEAR | \$ | 1,498.00 |
| Mailing Address | | | | 12 | 30 | 2024 | | |
| City Washington | State | Zip Code (| Plus 4) | | | | | |
| | DC | 20005500 | 6 | | | | | |
| Receipt Description Complian | ce platform service ch | argeback | | | | | | |
| Full Name | | | | | | | | |
| NGP Van, Inc. | | | | МО | DAY | YEAR | \$ | 909.50 |
| Mailing Address | | | | 12 | 30 | 2024 | | |
| City Washington | State | Zip Code (| Plus 4) | | | | | |
| | DC | 20005500 | 6 | | | | | |
| Receipt Description Complian | ce platform service ch | argeback | | | | | | |
| · | - | | | | | Г | P/ | AGE TOTAL |

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

3,544.07

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 | iod | | | | | | | |
|--|---|------------------------------|------------|--|--|--|--|--|--|
| DePasquale for AG | From: | <u>11/26/2024</u> To: | 12/31/2024 | | | | | | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | | | | | | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 | | | | | | |
| . 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: | | | To: | | |
| | | | | 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 Sche Section 2. | dule II, In-Kind (| Contributions Detai | iled Sum | mary Pag | je, | | PAGE TOTAL | |
| | | | | | | \$ | (| 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | Re | porting | Period | | | | |
|---|------------------|------|------------------|--------|---------|--------------|-------|------|---------------------|------|
| | | | | Fro | m: | | To: | | | |
| | | | | | | 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. | | | | | | | | | | 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting F | Period | | |
|---------------------------------------|-------------|------------|-----|------------|
| DePasquale for AG | From | 11/26/2024 | То: | 12/31/2024 |

| | | | | | DATE | | | AMOUNT |
|----------------------|-------------------------------------|-------|-------------------|-----------|-------------|----------|----------|----------|
| To Whom Paid | | | | мо | DAY | YEAR | | |
| Ascended Digi | tal Strategies LLC | | | М | | 1 = Aux | | |
| Mailing Addres | SS | | | 12 | 2 | 2024 | \$ | 7,801.38 |
| City Boulde | er | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | | СО | 803031068 | Political | consulting | services | | |
| To Whom Paid | | | | мо | DAY | YEAR | | |
| Rick Galena | | | | М | | ILAK | | |
| Mailing Addres | ss | | | 12 | 16 | 2024 | \$ | 2,500.00 |
| City Carlisle | e | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | | PA | 170132429 | Campai | gn bonus | | | |
| To Whom Paid | | | | мо | DAY | YEAR | | |
| Google | | | | М | | ILAK | | |
| Mailing Addres | ss | | | 12 | 2 | 2024 | \$ | 154.08 |
| City Mounta | intain View State Zip Code (Plus 4) | | | | tion of Exp | enditure | | |
| | | CA | 940431351 | Digital a | advertising | expense | S | |
| To Whom Paid | | | | МО | DAY | YEAR | | |
| Gusto | | | | МО | DAT | TEAK | | |
| Mailing Addres | ss | | | 12 | 4 | 2024 | \$ | 68.48 |
| City New Yo | ork | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | | NY | 10119 | Service | fee | | | |
| To Whom Paid | | | | мо | DAY | YEAR | | |
| Gusto | | | | МО | DAI | ILAK | | |
| Mailing Addres | ss | | | 12 | 17 | 2024 | \$ | 3,824.00 |
| City New Yo | ork | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | | NY | 10119 | Taxes | | | | |
| To Whom Paid | | | | мо | DAY | YEAR | | |
| Carver Murphy | y | | | МО | DAT | TEAR | | |
| Mailing Address | | | 12 | 2 | 2024 | \$ | 8,000.00 | |
| City Pittsbu | ırgh | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | <u> </u> | |
| | | PA | 152121841 | Monthly | consulting | g fee | | |
| | | | • | • | | | | |

| To W | nom Paid | МО | DAY | YEAR | | | | | | | |
|-----------------|-----------------|---|-------------------|----------------------------|------------------|------------------------------|------|----------|--|--|--|
| Carve | r Murphy | | | | | | | | | | |
| Mailing Address | | | | | 16 | 2024 | \$ | 2,500.00 | | | |
| City | Pittsburgh | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | ı | | | | |
| | | PA | 152121841 | Campai | gn bonus | | | | | | |
| To Whom Paid | | | | | DAY | YEAR | | | | | |
| NGP \ | /an, Inc. | МО | DAI | ILAK | | | | | | | |
| Mailing Address | | | | | 3 | 2024 | \$ | 1,498.00 | | | |
| City | Washington | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | | |
| | | DC | 200055006 | Complia | nce platfo | rm servic | es | | | | |
| To W | nom Paid | | | МО | DAY | YEAR | | | | | |
| NGP \ | /an, Inc. | | | МО | DAT | TEAR | | | | | |
| Mailin | g Address | | | 12 | 3 | 2024 | \$ | 909.50 | | | |
| City | Washington | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | | |
| | | DC 200055006 | | | | Compliance platform services | | | | | |
| To Wh | nom Paid | | | мо | DAY | YEAR | | | | | |
| PBP P | lanning | | | МО | DAI | ILAK | | | | | |
| Mailin | Mailing Address | | | | | 2024 | \$ | 326.06 | | | |
| City | Pittsburgh | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | | |
| | | PA | 152192409 | Private | security | | | | | | |
| To W | nom Paid | | | МО | DAY | YEAR | | | | | |
| PNC E | Bank PAC | | | МО | DAI | ILAK | | | | | |
| Mailing Address | | | | | 2 | 2024 | \$ | 1,245.00 | | | |
| City | Pittsburgh | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | | |
| | | PA | 152222707 | Bank se | Bank service fee | | | | | | |
| To Wi | nom Paid | | | МО | DAY | YEAR | | | | | |
| Tiann | a Staten | | | МО | | ILAK | | | | | |
| Mailin | g Address | | | 12 | 17 | 2024 | \$ | 1,586.50 | | | |
| City | Hebron | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | | |
| | | MD | 218301137 | Payroll | | | | | | | |
| To W | nom Paid | | | MO | DAY | YEAR | | | | | |
| Danie | l Temmallo | | | МО | DAT | TEAR | | | | | |
| Mailing Address | | | | | 17 | 2024 | \$ | 2,155.25 | | | |
| City | Marlborough | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | | |
| | | MA | 017521492 | Payroll | | | | | | | |
| To Whom Paid | | | | | DAY | YEAR | | | | | |
| USPS | | | | | | ILAK | | | | | |
| Mailing Address | | | | | 4 | 2024 | \$ | 10.45 | | | |
| City | Washington | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | ı | | | | |
| | | DC | 202600004 | Postage | and shipp | ing expe | nses | | | | |
| | | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | | | | | | | | |

| To Whom Paid | мо | DAY | YEAR | | | | |
|---|-------|-------------------|-------------------------------|-------------|----------|--|------------|
| Nolan Varee | MO | | ILAK | | | | |
| Mailing Address | 12 | 17 | 2024 | \$ | 1,586.50 | | |
| City Harrisburg | State | Zip Code (Plus 4) | 4) Description of Expenditure | | | | |
| | PA | 171100193 | Payroll | | | | |
| To Whom Paid | мо | DAY | YEAR | | | | |
| X (Twitter) | 1-10 | | ILAK | | | | |
| Mailing Address | 12 | 9 | 2024 | \$ | 8.48 | | |
| City San Francisco | State | Zip Code (Plus 4) | Descrip | tion of Exp | | | |
| | CA | 941031307 | Premium features subscription | | | | |
| To Whom Paid | мо | DAY | YEAR | | | | |
| Sarah Yerger | 1-10 | | ILAK | | | | |
| Mailing Address | 12 | 17 | 2024 | \$ | 1,640.25 | | |
| City Camp Hill | State | Zip Code (Plus 4) | Description of Expenditure | | | | |
| | PA | 170114045 | Payroll | | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | | PAGE TOTAL |
| Enter Grand Total of Expend | \$ | 35,813.93 | | | | | |