### **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 :			Report Filed By		y :	CANDI		ΓE	C	СОММ	ITTEE	<b>✓</b>	LOBBYIST						
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		FRIE	NDS	OF	NATALI	E MII	HALE	K								
Street Address:	PO BOX 81																		
City:	HERSHEY				State: PA								Zip Cod	le: 17	7033				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	- 2.		30 DA PRIMA		POST	T- 3			AMENDMENT Yes No REPORT?						
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	- 5.		30 DA ELECT		POST	T- 6	•		TERMINA REPORT?		Yes	No	•	<b>\</b>	
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2024					NG METH CHECK (					PAPER		$\overline{}$	DISKE	TTE		
Name of Office S	- Sought by Candida	te:						DATE	OF E	LECT	ΓΙΟΝ		District Number	Office Code	Par	ty Code	Coun		
								МО	DA	Υ	YEAF	R			REP				
								1	1	5	2	2024		(SEE IN	STRUCTIO	ONS FOR O	ODES)	)	
	Receipts and	МО	DAY	YEAR	L			МО	DA	Y	YEAF	R	FO	R OFFI	CE USE	ONLY			
Expenditures	s from:	1	11 26	2	024	T	<b>)</b>	1	2	31	. 2	2024							
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				6,424	4.79							
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule 1	[)	\$				C	0.00							
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				6,424	4.79							
D. Total Expend	ditures (From Scho	edule II	I)				\$				433	3.27							
E. Ending Cash	Balance (Subtract	Line D	From Line C	<b>:</b> )			\$				5,991	1.52							
F. Value Of In-	Kind Contributions	Receive	ed (From So	hedu	le II)		\$				0	0.00							
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$				C	0.00			1				
				AFF	'IDA'	VIT	SE	CTION											
	a Committee rep	•							-	•		_							
I swear (or affirm) correct and complete	) that this report, incl ete.	uding the	attached sch	edules	s filed	on p	aper	or by elec	troni	c med	ium, ar	re to t	he best o	f my kno	wledge	and belie	ef , tru	ue.	
Sworn to and subs	cribed before me this day of	3	20								Sign	nature	of Perso	n Submit	ting Rep	ort		_	
	Signatu	re	-						_				Prin	ted Name	e			_	
My Commission Ex	_												Emai	il				-	
	мо	D/	AY	YR						Area	Code		Daytim	e Teleph	none Nu	mber			
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee	, Ca	ndid	ate shal	hall sign here.										
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	politio	cal o	comm	ittee has	not vi	iolated	d any p	orovisi	ons of the	e act of J	une 3,1	937 (P.L	. 1333	3,	
Sworn to and subsc	ribed before me this								Signature of Candidate							-			
	day of —— ————								Printed Name								-		
	Signature												E	<u> </u>				_	
My Commission Exp	ires 												Ema						
	МО	D	AY	YR					A	rea Co	ode		Da	aytime T	elephon	e Numb	er		

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF NATALIE MIHALEK	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 Candidat	e		Reporting Period							
			Fro	om:		То	!			
					DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)	)							

**\$** 

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL** 

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.

(Exclud	e contributions fror	n political comm	iitte	ees re <sub>l</sub>	ported	in Part	A)	
Name of Filing Committee								
				From: To				
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.0
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		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							<b>-</b>   \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on School	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.)

			Repo	orting Pe	riod			
			Fron	n:		T	0:	
				D	ATE			AMOUNT
				мо	DAY	YEAR	\$	0.00
State	Zi	p Code (Plus	s 4)					
				Occupa	tion			
ce of Business		City			State		Zip	Code (Plus 4)
dule I, Detailed	Sumn	mary Page,	Section	on 3.			\$	PAGE TOTAL 0.00
	State ce of Business	State Zi ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4)  ce of Business City	From:  MO  State Zip Code (Plus 4)  Occupa	From:  DATE  MO DAY  State Zip Code (Plus 4)  Occupation  ce of Business City State	State Zip Code (Plus 4)  State Zip Code (Plus 4)  Occupation ce of Business City State  cdule I, Detailed Summary Page, Section 3.	From: To:  DATE  MO DAY YEAR  State Zip Code (Plus 4)  Occupation  ce of Business City State Zip

# 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	` <b>!</b>	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 Per	riod	
FRIENDS OF NATALIE MIHALEK	From:	<u>11/26/2024</u> <b>To:</b>	12/31/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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,	•	\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Car	ame of Filing Committee or Candidate Re						Reporting Period					
	F						То:					
				DATE			AMOUNT					
Full Name of Contributor			МО	DAY	YEAR							
Mailing Address						<b>7</b> \$	C	0.00				
City	State	Zip Code (Plus 4)										
Description of Contribution:	•		•	•								
					-							
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pa	ge,		PAGE TOTAL					
Section 2.						\$	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			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi <sub>l</sub>	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

433.27

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period							
FRIENDS OF NATALIE MIHALEK			From	From <u>11/26/2024</u> To: <u>12</u>							
						DATE AMOUN					
To Whom Paid			мо	DAY	YEAR						
TAR SELF STORAGE											
Mailing Address 3054 WASHINGTON ROAD				2	2024	\$	84.80				
City MCMURRAY	State	Zip Code (Plus 4)	Description of Expenditure								
	PA	15317	STORAGE								
To Whom Paid			мо	DAY	YEAR						
TUROINC.			MO	DAT	LAK						
Mailing Address 111 SUTTER	STREET SUITE 1300		12	26	2024	\$	348.47				
City SAN FRANCISCO State Zip Code (Plus 4)			Description of Expenditure								
CA 94104			CAR RENTAL								
							PAGE TOTAL				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.