

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 :		20190270		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF DEVLIN ROBINSON												
Street Address: PO BOX 81												
City: HERSHEY						State: PA			Zip Code: 17033			
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	REP			
						11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		11	26	2024		12	31	2024				
A. Amount Brought Forward From Last Report						\$ 13,466.02						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 19,000.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 32,466.02						
D. Total Expenditures (From Schedule III)						\$ 7,439.78						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 25,026.24						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 2,325.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 10,003.88						

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
FRIENDS OF DEVLIN ROBINSON	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)	\$ 8,500.00
All Other Contributions (Part D)	\$ 10,500.00
TOTAL for the Reporting Period (3)	\$ 19,000.00

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.)	\$ 19,000.00
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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				Reporting Period			
				From:	To:		
				DATE	AMOUNT		
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL	
\$	0.00

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE			AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00	
Mailing Address								
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 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 FRIENDS OF DEVLIN ROBINSON	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 CONSOL ENERGY INC. PAC				MO	DAY	YEAR	\$ 5,000.00
Mailing Address 1000 CNX CENTER				12	9	2024	
City CANONSBURG	State PA	Zip Code (Plus 4) 15317					
Full Name of Contributing Committee IUPAT				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 4234 PARKWAY DRIVE				12	9	2024	
City HANOVER	State MD	Zip Code (Plus 4) 21076					
Full Name of Contributing Committee OPERATORS FOR SKILL PAC				MO	DAY	YEAR	\$ 2,500.00
Mailing Address PO BOX 343				12	13	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108					

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

PAGE TOTAL \$ 8,500.00

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 FRIENDS OF DEVLIN ROBINSON	Reporting Period From: <u>11/26/2024</u> To: <u>12/31/2024</u>
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				DATE	AMOUNT		
Full Name of Contributor GABRIEL HUDOCK				MO	DAY	YEAR	\$ 10,000.00
Mailing Address 2242 MORROW ROAD				12	13	2024	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15241					
Employer Name ALUMISOURCE				Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business 1145 DONNER AVE			City MONESSON		State PA	Zip Code (Plus 4) 15062	
Full Name of Contributor GERALD FELDMAN				MO	DAY	YEAR	\$ 500.00
Mailing Address 42 SAINT GEORGE PL.				12	13	2024	
City PALM BEACH GARDENS	State FL	Zip Code (Plus 4) 33418					
Employer Name SELF EMPLOYED				Occupation MANAGER			
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)	

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

PAGE TOTAL
\$ 10,500.00

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	
FRIENDS OF DEVLIN ROBINSON		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)	\$ 2,325.00
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.)			\$ 2,325.00

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

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

Name of Filing Committee or Candidate FRIENDS OF DEVLIN ROBINSON	Reporting Period From: <u>11/26/2024</u> To: <u>12/31/2024</u>
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				DATE	AMOUNT		
Full Name of Contributor SENATE REPUBLICAN CAMPAIGN COMMITTEE				MO	DAY	YEAR	\$ 2,325.00
Mailing Address PO BOX 792				12	4	2024	
City HARRISBURG	State PA	Zip Code(Plus 4) 17108					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution PHONE CALLS	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 2,325.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF DEVLIN ROBINSON	From <u>11/26/2024</u> To: <u>12/31/2024</u>

			DATE	AMOUNT		
To Whom Paid DEVLIN ROBINSON			MO	DAY	YEAR	\$ 2,238.00
Mailing Address 93 CALVERT ST			12	6	2024	
City BRIDGEVILLE	State PA	Zip Code (Plus 4) 15017	Description of Expenditure EXPENSE REIMBURSEMENT			
To Whom Paid DEVLIN ROBINSON			MO	DAY	YEAR	\$ 3,604.88
Mailing Address 93 CALVERT ST			12	13	2024	
City BRIDGEVILLE	State PA	Zip Code (Plus 4) 15017	Description of Expenditure EXPENSE REIMBURSEMENT			
To Whom Paid TOPGOLF			MO	DAY	YEAR	\$ 846.90
Mailing Address 400 PRESTO-SYGAN ROAD			12	13	2024	
City BRIDGEVILLE	State PA	Zip Code (Plus 4) 15017	Description of Expenditure STAFF THANK YOU			
To Whom Paid KEVIN BATTLE			MO	DAY	YEAR	\$ 250.00
Mailing Address 183 WOODRIDGE DR.			12	17	2024	
City CARNEGIE	State PA	Zip Code (Plus 4) 15106	Description of Expenditure REIMBURSEMENT			
To Whom Paid CLEBAK CONSULTING LLC			MO	DAY	YEAR	\$ 500.00
Mailing Address PO BOX 81			12	17	2024	
City HERSHEY	State PA	Zip Code (Plus 4) 17033	Description of Expenditure CONSULTING			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 7,439.78

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 FRIENDS OF DEVLIN ROBINSON	Reporting Period From: <u>11/26/2024</u> To: <u>12/31/2024</u>
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				DATE			Outstanding Balance of Debt
Name of Creditor				MO	DAY	YEAR	\$
COLDSPARK							
Mailing Address				10	31	2024	
THREE PPG PLACE SUITE 500							10,003.88
City	State		Zip Code (Plus 4)	Description of Debt			
PITTSBURGH	PA		15222	PRODUCTION			

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ 10,003.88
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