### **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	20240	C0733				port ed B		CAN	IDI	DATE	<b>√</b>	CC	MMITTEE		LOBI	BYIST		
Name of Filing C	ommitte	e, Candida	ate or L	obbyist:				CHIE											_
Street Address:																			
City:									State	:				Zip Code	: 16	214			
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No	•	<b>/</b>
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRI	E-	5.	30 DA		Р	OST-	6.		TERMINAT	TION	Yes	No	,	<b>/</b>
report type)	ANNUAL	. REPORT	7. <b>X</b>	<b>Year</b> 2024					IG ME					PAPER		$\checkmark$	DISKE	TTE	
Name of Office S	ought by	/ Candidat	e:						DAT	ΕO	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun	
									МО		DAY	YE	AR	63	STH	DEN	1	TCOUC	
REPRESENTATI	VE IN TH	HE GENER	AL ASS	EMBLY						11		5	2024		(SEE INS	TRUCTI	ONS FOR	CODES	
Summary of		s and	МО	DAY	YEAF	2			МО		DAY	YE	AR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			11 26	2	024	Т	0		12	3	31	2024						
A. Amount Bro	ught For	ward From	ı Last R	eport				\$					0.00						
B. Total Monet	ary Contr	ributions A	and Rec	eipts (From	Sche	dule	e I)	\$					50.00						
C. Total Funds	Available	e (Sum Of	Lines A	and B)				\$					50.00						
D. Total Expend	ditures (I	From Sche	dule II	I)				\$					50.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$					0.00						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Ob	oligations	(From S	Schedule IV	)			\$					0.00		•				
					AFF	ID	AVI	T SE	CTIC	N									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidat	e re	port, c	andi	date sig	jn here.					
I swear (or affirm) correct and comple		report, incl	uding the	e attached scl	hedule	s file	ed on	paper	or by e	lecti	ronic me	edium	, are to t	the best of	my know	/ledge	and beli	ef , trı	ıe
Sworn to and subs	cribed bef day of	ore me this		20								s	ignature	of Person	Submitt	ing Rep	ort		-
	_	Signatur	·e					<u>-</u>						Printe	d Name				-
My Commission Ex	cpires							_		•				Email					_
		мо	D	AY	YR						Are	ea Cod	le	Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authorized	Comr	nitte	ee, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee h	as no	ot violat	ted an	y provis	ions of the	act of Ju	ne 3,1	937 (P.L	1333	i,
Sworn to and subsc		re me this											s	ignature of	Candida	te			-
-	day of —							-						Printed	Name				-
		Signature						-											_
My Commission Exp	ires													Email					
	_	МО	D	AY	YR	ł		-			Area	Code		Day	time Te	lephon	e Numb	er	٠

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
PAT RITCHIE	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)	\$	50.00
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)	<del>\$</del>	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			\$	50.00

#### **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	R	eporting	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.

## 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 Comm	nittee or Candidate	R	eporting F	Period			
		F	rom:		To	<b>)</b> :	
		'		DATE			AMOUNT
Full Name of Contribut	or		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
					<u> </u>		PAGE TOTAL

6/25/2025 1:48:17 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			Reporting	Period					
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00
Mailing Address							7		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TO	TAL
Enter Grand Total of Part C on Scheo	lule 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:			То:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>	1					<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	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	iod	
PAT RITCHIE	From:	<u>11/26/2024</u> <b>To:</b>	<u>12/31/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Candid	Reporting Period						
			From:			To:	
		•		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>7</b> \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•	-	•	•		•	
Enter Grand Total of Part F on S	chedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	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				Rep	porting	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

50.00

## STATEMENT OF EXPENDITURES

Name of Filing Committee or		Reporti	ng Period				
PAT RITCHIE	PAT RITCHIE						12/31/2024
				DATE			AMOUNT
<b>To Whom Paid</b> PAT FOR PA			мо	DAY	YEAR		
Mailing Address PO BOX 4	142		4	30	2024	\$	50.00
City CLARION	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA 16214						T., DID NOT
Enter Grand Total of Expe	nditures on Page 1, Re	port Cover Page, Item D	).				PAGE TOTAL