# **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat	ion 2010				Repo	t		CANDI	DATE	СОМ	MITTEE		LOB	BYIST	<u> </u>		
Number :	2018	30505			Filed		:					•					
Name of Filing	Committee, Candid	late or Lo	obbyist:		RICKY	('S PI	RIDE										
Street Address:																	
City:	SOUDERTON						s	tate:	PA		Zip Co	<b>Zip Code:</b> 18964					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRIDA PRIMARY	Y PRE	- 2.		) DAY RIMAR		POST- 3.			1ENT ?	Yes	No	· 🗸		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRI	E- 5.		) DAY ECTI		POST- 6		TERMIN REPORT		Yes	No	· 🗸		
report type)	ANNUAL REPORT	7.	<b>Year</b> 2025					METHO			PAPER		$\checkmark$	DISK	TTE		
Name of Office	L Sought by Candida	ite:					Ľ	ΟΑΤΕ Ο	F ELEC	TION	District Number	Office	Par	ty Code	County		
							P	10	DAY	YEAR							
								11	4	2025		(SEE INS	STRUCTI	ONS FOR	CODES)		
	Receipts and	мо	DAY	YEAF	2		N	10	DAY	YEAR	FC	OR OFFIC	E USE	ONLY			
Expenditures from: 1 1 2025						то		3	31	. 2025	;						
A. Amount Bro	ought Forward Fro	m Last R	eport				\$			983.83							
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	edule I	)	\$			10.00							
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			993.83							
D. Total Expen	ditures (From Sch	edule II	I)				\$			495.99							
E. Ending Cash	n Balance (Subtrac	t Line D	From Line	C)			\$			497.84							
F. Value Of In-	Kind Contribution	s Receive	ed (From S	chedu	le II)		\$			0.00	4						
G. Unpaid Deb	ts And Obligations	G (From S	Schedule I\	/)			\$			0.00							
				AFF	IDA	/IT s	SEC	TION									
PART I - If this i	s a Committee rep	ort, trea	surer sign	here.	If this	is a	Cand	idate re	eport, ca	ndidate si	gn here.						
I swear (or affirm correct and comp	) that this report, inc ete.	luding the	e attached sc	hedule	s filed o	on pap	per or	by elect	ronic med	ium, are to	the best o	of my knov	vledge	and bel	ief , true		
Sworn to and sub	scribed before me thi day of	s	20							Signatur	e of Perso	on Submitt	ing Rep	oort			
		ıre				_					Prir	ited Name					
My Commission E	-	-									Ema	il					
	мо	DA	AY	YR					Area	Code	Daytin	ne Teleph	one Nu	mber			
Part II- If this is	a report of a can	didate's	authorized	Com	nittee,	Can	didat	e shall :	sign her	e.							
I swear (or affirm No 320) as amend	) that to the best of ı ed.	my knowle	edge and bel	ief this	s politica	al coi	mmitt	ee has n	ot violate	d any provis	sions of th	e act of Ju	ine 3,1	937 (P.I	L. 1333,		
Sworn to and subs	cribed before me this day of		20							5	Signature	of Candida	ite				
											Printe	ed Name					
My Commission Ex	Signature										Ema	il					
,	·																
	мо	D	AY	YR	ł				Area Co	ode	D	aytime Te	elephor	e Numb	ber		

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** RICKY'S PRIDE From: <u>1/1/2025</u> **To:** <u>3/31/2025</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 10.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 10.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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	Name of Filing Committee or Candidate			orting I	Period			
F			From: To:					
		·			DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	4)					
								PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Sect							\$	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. (Exclude contributions from political committees reported in Part A)									
Name of Filing Committee or Candida	te		Rep	orting P	eriod				
			Fror	m:		Тс	):		
					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, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	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			Reporting Period					
			From:			То:		
				DA	TE		A	MOUNT
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 Scheo	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

## 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			Rep	Reporting Period				
			Froi	n:		Т	):	
				D	ATE		АМ	IOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	ıs 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	<b>AGE TOTAL</b> 0.00

## 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	Name of Filing Committee or Candidate			ing Peric	d				
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (	Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	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 Period		
RICKY'S PRIDE	From:	<u>1/1/2025</u> <b>To:</b>	<u>3/31/2025</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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	Name of Filing Committee or Candidate Rep			Period	·			
Fr			From:			То:		
				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:			1					
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,		PAGE TOTA	AL.
						\$		0.00

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

Name of Filing Committee or Candidate			Rep	porting I	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		•		Occupa	ation		
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			<b>PAGE TOTAL</b> 0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name	of Filing Committee or Candidat	e		Reporti	ng Period					
RICK	Y'S PRIDE			From	<u>1/</u>	<u>1/2025</u>	То:	<u>3/31/2025</u>		
					DATE			AMOUNT		
To Wh	om Paid			мо	DAY	YEAR				
Open .	AI			no						
Mailin	g Address			1 14 2025 <b>\$</b> 21.20						
City	San Francisco	State	Zip Code (Plus 4)	Description of Expenditure						
		СА	94158	ChatGP	T subscript	ion				
	om Paid			мо	DAY	YEAR				
Open /						2025	\$	21.20		
Mailing Address			2	14	2025	Ψ	21.20			
City	San Francisco	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
CA 94158			ChatGP	T subscript	tion					
	om Paid			мо	DAY	YEAR				
Open .								24.22		
Mailin	g Address			3	14	2025	\$	21.20		
City	San Francisco	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		CA	94158	ChatGP	T subscript	ion				
To Wh	om Paid			мо	DAY	YEAR				
Uber										
Mailin	g Address			1	15	2025	\$	198.68		
City	San Francisco	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		СА	94103	Transpo	ortation- rie	de to LGE	3TQ Com	mission Meeting		
<b>To Wh</b> Uber	om Paid			мо	DAY	YEAR				
	g Address			1	15	2025	\$	30.00		
	-	Chata	Zip Code (Plus 4)							
City	San Francisco	State			tion of Exp		STO Com	mission Meeting		
	CA 94103			Transpo						
Uber				мо	DAY	YEAR				
	g Address			1	16	2025	\$	163.91		
City	San Francisco	State	Zip Code (Plus 4)	4) Description of Expenditure						
			Transpo	ortation- re	turn fron	n LGBTQ	Commission			

To Whom Paid			мо	DAY	YEAR				
Uber			110		TEAK				
Mailing Address			1	16	2025	\$	29.80		
City San Francisco	State	Zip Code (Plus 4)	Description of Expenditure						
	CA	94103	Transpo Meeting		turn from	n LGBTC	) Commission		
To Whom Paid			мо	DAY	YEAR				
Key Bank									
Mailing Address			1	31	2025	\$	5.00		
City Lansdale	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	19446	Service	fees					
To Whom Paid			мо	DAY	YEAR				
Key Bank									
Mailing Address			2	28	2025	\$	5.00		
City Lansdale	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	19446	Service	fees					
							PAGE TOTAL		
inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	495.99		