### **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 202	230293				port ed B		CAND	IDA	TE		COMN	1ITTEE	<b>✓</b>	LOB	BYIST		
Name of Filing C	ommittee, Cand	idate or L	obbyist:		FRIE	END	S OF	CHAD R	EICH	IARE	)							
Street Address:	305 ANTIET	AM DRIV	E															
City: WAYNESBORO State									PA	١			Zip Cod	<b>ie:</b> 17	268-1	801		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.					30 DA		POS	T- :	- 3.		AMENDMENT REPORT?		Yes	N	0	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION						30 DA		POS	POST- 6.			TERMINA REPORT?		Yes	N	O	<b>\</b>
report type)	ANNUAL REPOR	<b>T</b> 7.	<b>Year</b> 2025					NG METH CHECK (					PAPER		<b>√</b>	DISK	ETTE	
Name of Office S	ought by Candid	ate:	-					DATE	OF E	LEC	TIO	N	District Number	Office Code	Par	ty Code	Cour	
								МО	DA	Y	YE	AR	99999		REF	1	28	
								1	1	•	4	2025		(SEE INS	TRUCTI	ONS FOR	CODES	)
Summary of		МО	DAY	YEAR	ł			МО	DA	Υ	YE	AR	FO	R OFFIC	E USE	ONLY		
Expenditures	from:		1 1	. 2	025	Т	0		5		5	2025						
A. Amount Bro	ught Forward Fro	om Last R	leport				\$				3,8	40.84						
B. Total Moneta	ary Contribution	s And Rec	eipts (Fron	n Sche	dule	ı)	\$				1,1	00.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 4,940.84																		
D. Total Expenditures (From Schedule III) \$ 2,985.34																		
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$				1,9	55.50						
F. Value Of In-	Kind Contributio	ns Receiv	ed (From S	chedu	le II	()	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From :	Schedule IV	/)			\$				14,1	96.26		,				
				AFF	ID/	٩VI	T SE	CTION										
PART I - If this is			_						-	-		_						
I swear (or affirm) correct and comple		icluding th	e attached sc	hedule	s file	d on	paper	or by elec	ctroni	c me	dium,	are to t	he best o	f my knov	vledge	and bel	ief , tr	ue
Sworn to and subs	cribed before me tl day of	nis	20								S	ignature	of Perso	n Submitt	ing Re <sub>l</sub>	ort		_
	Signa	ture	_				- -						Prin	ted Name				-
My Commission Ex	pires						_						Ema	il				
	МО	D	AY	YR						Area	Cod	е	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorized	Comn	nitte	e, C	andid	ate shal	l sigi	n he	re.							
I swear (or affirm) No 320) as amende		my knowl	edge and beli	ief this	polit	tical	comm	ittee has	not v	iolate	ed any	y provisi	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subsc	ribed before me thi day of	s	20						_			Si	ignature o	of Candida	ite			_
							-						Printe	d Name				-
	Signature	e					-											_
My Commission Exp	ires												Ema	il				
	мо	D	AY	YR	l		-		A	rea C	ode		Da	aytime To	elephor	e Num	ber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF CHAD REICHARD	From:	1/1/202	<u>5</u> To:	<u>5/5/2025</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)			\$	100.00
TOTAL for the Reporting	) Period	(2)	\$	100.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	1,000.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	1,000.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	1,100.00

#### **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 Candidate				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.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candidate

**Reporting Period** 

FRIENDS OF CHAD REICHARD

From: 1/1/2025 To:

DATE

5/5/2025

**AMOUNT** 

	Full Name of Contributor  James and Lucy Ivins					YEAR	
Mailin	g Address 10597 Ash Drive						<b>\$</b> 100.00
City	Waynesboro	State	Zip Code (Plus 4)	1	7	2025	
		PA	17268				

PAGE TOTAL

\$

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

100.00

#### **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 Per	Reporting Period						
FRIENDS OF CHAD REICHARD	From:	1/1/2025	То:	<u>5/5/2025</u>				

DATE AMOUNT

Full Name of Contributing Committee	мо	DAY	YEAR			
OPERATORS FOR SKILL PAC	110	DAI	ILAK	<b>\$</b> 1,000.00		
Mailing Address PO BOX 343				18	2025	_,
City HARRISBURG	State	Zip Code (Plus 4)			2023	
	PA	17108				

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

**PAGE TOTAL \$** 1,000.00

### 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	Name of Filing Committee or Candidate				orting Pe	riod			
				Fron	n:		To	<b>)</b> :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	<b>(4)</b>					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary Page,	Section	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 Candidate		Report	ing Peri	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (	Plus 4)				
Receipt Description	•	•			•		
Forten Commit Tatal of Boot	F an Cabadala I Batallad	I C B	C				PAGE TOTAL
Enter Grand Total of Part	c on scnedule 1, Detailed	i Summary 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		
FRIENDS OF CHAD REICHARD	From:	<u>1/1/2025</u> <b>To:</b>	<u>5/5/2025</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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, 1		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

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

Name of Filing Committee or Car	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 Schedule II, In-Kind Contributions Details			led Sun	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	Name of Filing Committee or Candidate			Rep	porting	Period			
	F					From:			
						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	ce of Business	Cit	ty	State	e Zij	o Code(Plus 4)	Descri	ptio	n of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kir	nd (	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	g Period				
FRIENDS OF CHAD REICHARD	From	1/1/2025	То:	<u>5/5/2025</u>		
		DATE		AMOUNT		

				DATE	AMOUNT			
To Whom Paid				DAY	YEAR			
Amazon	МО		12/11					
Mailing Address 410 Terry Avenue North				9	2025	\$	60.34	
<b>City</b> Seattle	State	Zip Code (Plus 4)	Description of Expenditure					
	WA	98109	Campaign Hats					
To Whom Paid C&J Catering	МО	DAY	YEAR					
Mailing Address 903 Spring Garden Drive				27	2025	\$	2,600.00	
<b>City</b> Middletown	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	17057	Swearing-in lunch					
To Whom Paid Walsh for PA				DAY	YEAR			
Mailing Address PO Box 133			3	24	2025	\$	200.00	
City Sweet Valley	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	18656	Event Tickets					
<b>To Whom Paid</b> Franklin County Republican Comn	мо	DAY	YEAR					
Mailing Address 1931 Philadelphia Avenue				1	2025	\$	125.00	
<b>City</b> Chambersburg	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	17201	Dinner /	Αd				
							PAGE TOTAL	
Enter Grand Total of Expendit	ures on Page 1, Re	port Cover Page, Item D	•			\$	2,985.34	

## 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				Reporting Period						
FRIENDS OF CHAD REICHARD Fro				From:		1/1/2025	То:		<u>5/5/2025</u>	
						DATE		Outstanding Balance of Debt		
Name of Creditor					мо	DAY	YEAR			
Chad Reichard										
Mailing Address 305 Antietam Drive					3	31	2025	<b>\$</b>	2,498.89	
<b>City</b> Waynesbo	oro	State Zip Code (Plus 4)			Description of Debt					
		PA	17268	previous cycle loan forward						
Name of Creditor						DAY	YEAR			
Gerald Reichard					МО	DAY	YEAK			
Mailing Address 12886 Spring Aire Circle				3	31	2025	<b>\$</b>	11,607.10		
City Waynesboro State Zip Code (Plus 4)				Description of Debt						
		PA	17268		previous cycle loan forward					
Name of Creditor							\ <del></del>			
Caitlin Porter					МО	DAY	YEAR			
Mailing Address 10895 Mentzer Gap Road					3	31	2025	\$	90.27	
City Waynesboro State Zip Code (Plus 4)				Description of Debt						
	PA 17268 previous cycle loan for						n forwa	ırd		
									PAGE TOTAL	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	14,196.26		