

# Campaign Finance Report

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

|                                                                       |                          |           |                         |                          |                                    |                                                      |                     |                                     |                                     |                    |                                     |                    |
|-----------------------------------------------------------------------|--------------------------|-----------|-------------------------|--------------------------|------------------------------------|------------------------------------------------------|---------------------|-------------------------------------|-------------------------------------|--------------------|-------------------------------------|--------------------|
| <b>Filer Identification Number :</b>                                  |                          | 2024C0316 |                         | <b>Report Filed By :</b> |                                    | <b>CANDIDATE</b> <input checked="" type="checkbox"/> |                     | <b>COMMITTEE</b>                    |                                     | <b>LOBBYIST</b>    |                                     |                    |
| <b>Name of Filing Committee, Candidate or Lobbyist:</b> JANON R. GRAY |                          |           |                         |                          |                                    |                                                      |                     |                                     |                                     |                    |                                     |                    |
| <b>Street Address:</b>                                                |                          |           |                         |                          |                                    |                                                      |                     |                                     |                                     |                    |                                     |                    |
| <b>City:</b>                                                          |                          |           |                         |                          |                                    | <b>State:</b>                                        |                     | <b>Zip Code:</b> 17225              |                                     |                    |                                     |                    |
| <b>TYPE OF REPORT</b><br><br>(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                                 | <input checked="" type="checkbox"/> | No                 |                                     |                    |
|                                                                       | 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               |                          | <b>FILING METHOD ( ) CHECK ONE</b> |                                                      | <b>PAPER</b>        | <input checked="" type="checkbox"/> | <b>DISKETTE</b>                     |                    |                                     |                    |
| <b>Name of Office Sought by Candidate:</b>                            |                          |           |                         |                          |                                    | <b>DATE OF ELECTION</b>                              |                     |                                     | <b>District Number</b>              | <b>Office Code</b> | <b>Party Code</b>                   | <b>County Code</b> |
| REPRESENTATIVE IN THE GENERAL ASSEMBLY                                |                          |           |                         |                          |                                    | <b>MO</b>                                            | <b>DAY</b>          | <b>YEAR</b>                         | 90                                  | STH                | REP                                 |                    |
|                                                                       |                          |           |                         |                          |                                    | 11                                                   | 5                   | 2024                                | (SEE INSTRUCTIONS FOR CODES)        |                    |                                     |                    |
| <b>Summary of Receipts and Expenditures from:</b>                     |                          | <b>MO</b> | <b>DAY</b>              | <b>YEAR</b>              | <b>TO</b>                          | <b>MO</b>                                            | <b>DAY</b>          | <b>YEAR</b>                         | <b>FOR OFFICE USE ONLY</b>          |                    |                                     |                    |
|                                                                       |                          | 11        | 26                      | 2024                     |                                    | 12                                                   | 31                  | 2024                                |                                     |                    |                                     |                    |
| <b>A. Amount Brought Forward From Last Report</b>                     |                          |           |                         |                          |                                    | \$                                                   |                     | 0.00                                |                                     |                    |                                     |                    |
| <b>B. Total Monetary Contributions And Receipts (From Schedule I)</b> |                          |           |                         |                          |                                    | \$                                                   |                     | 0.00                                |                                     |                    |                                     |                    |
| <b>C. Total Funds Available (Sum Of Lines A and B)</b>                |                          |           |                         |                          |                                    | \$                                                   |                     | 0.00                                |                                     |                    |                                     |                    |
| <b>D. Total Expenditures (From Schedule III)</b>                      |                          |           |                         |                          |                                    | \$                                                   |                     | 600.00                              |                                     |                    |                                     |                    |
| <b>E. Ending Cash Balance (Subtract Line D From Line C)</b>           |                          |           |                         |                          |                                    | \$                                                   |                     | 0.00                                |                                     |                    |                                     |                    |
| <b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>  |                          |           |                         |                          |                                    | \$                                                   |                     | 0.00                                |                                     |                    |                                     |                    |
| <b>G. Unpaid Debts And Obligations (From Schedule IV)</b>             |                          |           |                         |                          |                                    | \$                                                   |                     | 0.00                                |                                     |                    |                                     |                    |

## 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

|                                              |                                               |
|----------------------------------------------|-----------------------------------------------|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>                       |
| JANON R. GRAY                                | From: <u>11/26/2024</u> To: <u>12/31/2024</u> |

|                                                                                |         |
|--------------------------------------------------------------------------------|---------|
| <b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b> |         |
| <b>TOTAL for the Reporting Period (1)</b>                                      | \$ 0.00 |

|                                                                                  |         |
|----------------------------------------------------------------------------------|---------|
| <b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b> |         |
| <b>Contributions Received From Political Committees (Part A)</b>                 | \$ 0.00 |
| <b>All Other Contributions (Part B)</b>                                          | \$ 0.00 |
| <b>TOTAL for the Reporting Period (2)</b>                                        | \$ 0.00 |

|                                                                         |         |
|-------------------------------------------------------------------------|---------|
| <b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b> |         |
| <b>Contributions Received From Political Committees (Part C)</b>        | \$ 0.00 |
| <b>All Other Contributions (Part D)</b>                                 | \$ 0.00 |
| <b>TOTAL for the Reporting Period (3)</b>                               | \$ 0.00 |

|                                                                                          |         |
|------------------------------------------------------------------------------------------|---------|
| <b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b> |         |
| <b>TOTAL for the Reporting Period (4)</b>                                                | \$ 0.00 |

|                                                                                                                                                                                                 |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>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.)</b> | \$ 0.00 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|

| <div> <div> PART A</div> <div> CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</div> <div> \$50.01 TO \$250.00</div> <div> 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.</div> </div> |       |                   |  |                  |        |      |                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------|--|------------------|--------|------|-------------------------------|
| Name of Filing Committee or Candidate                                                                                                                                                                                                                                                             |       |                   |  | Reporting Period |        |      |                               |
|                                                                                                                                                                                                                                                                                                   |       |                   |  | From:            | To:    |      |                               |
|                                                                                                                                                                                                                                                                                                   |       |                   |  | DATE             | AMOUNT |      |                               |
| Full Name of Contributing Committee                                                                                                                                                                                                                                                               |       |                   |  | MO               | DAY    | YEAR | <div>\$</div> <div>0.00</div> |
| Mailing Address                                                                                                                                                                                                                                                                                   |       |                   |  |                  |        |      |                               |
| City                                                                                                                                                                                                                                                                                              | State | Zip Code (Plus 4) |  |                  |        |      |                               |

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

|                   |      |
|-------------------|------|
| <b>PAGE TOTAL</b> |      |
| \$                | 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: <span style="float: right;">To:</span> |

| DATE                                |       |                   |  | AMOUNT |
|-------------------------------------|-------|-------------------|--|--------|
| Full Name of Contributing Committee |       |                   |  |        |
|                                     |       |                   |  |        |
| Mailing Address                     |       |                   |  |        |
|                                     |       |                   |  |        |
| City                                | State | Zip Code (Plus 4) |  |        |
|                                     |       |                   |  |        |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 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 | Reporting Period |
|                                       | From: To:        |

|                                                      |       |                   |      | DATE       |       |      | AMOUNT            |  |
|------------------------------------------------------|-------|-------------------|------|------------|-------|------|-------------------|--|
| Full Name of Contributor                             |       |                   |      | MO         | DAY   | YEAR | \$ 0.00           |  |
| Mailing Address                                      |       |                   |      |            |       |      |                   |  |
| City                                                 | State | Zip Code (Plus 4) |      |            |       |      |                   |  |
| Employer Name                                        |       |                   |      | Occupation |       |      |                   |  |
| 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.**

|                   |      |
|-------------------|------|
| <b>PAGE 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 | Reporting Period                                                                                        |
|                                       | <div style="display: flex; justify-content: space-between;"> <span>From:</span> <span>To:</span> </div> |

|                     |       |                   |  | 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.

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 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**

|                                                                                                                                                                          |  |                                               |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|---------|
| <b>Name of Filing Committee or Candidate</b>                                                                                                                             |  | <b>Reporting Period</b>                       |         |
| JANON R. GRAY                                                                                                                                                            |  | From: <u>11/26/2024</u> To: <u>12/31/2024</u> |         |
| <b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>                                                                           |  |                                               |         |
| TOTAL for the Reporting Period                                                                                                                                           |  | (1)                                           | \$ 0.00 |
| <b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>                                                                                    |  |                                               |         |
| TOTAL for the Reporting Period                                                                                                                                           |  | (2)                                           | \$ 0.00 |
| <b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>                                                                                              |  |                                               |         |
| TOTAL for the Reporting Period                                                                                                                                           |  | (3)                                           | \$ 0.00 |
| 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.) |  |                                               | \$ 0.00 |

**SCHEDULE II**  
**PART F**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OF \$50.01 TO \$250.00**

|                                       |                                                                      |
|---------------------------------------|----------------------------------------------------------------------|
| Name of Filing Committee or Candidate | Reporting Period<br><br>From: <span style="float: right;">To:</span> |
|---------------------------------------|----------------------------------------------------------------------|

|                                                                                                     |       |                   | 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. |       |                   |      |     |      | <b>PAGE TOTAL</b><br><br>\$ 0.00 |

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

|                                                                                                     |       |                  |       |                  |                             |                    |         |
|-----------------------------------------------------------------------------------------------------|-------|------------------|-------|------------------|-----------------------------|--------------------|---------|
| 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) |       |                  |                             |                    |         |
| Employer of Contributor                                                                             |       |                  |       | Occupation       |                             |                    |         |
| Employer Mailing Address/Principal Place of Business                                                |       | City             | State | Zip Code(Plus 4) | Description of Contribution |                    |         |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. |       |                  |       |                  |                             | PAGE TOTAL<br>0.00 |         |

# SCHEDULE III STATEMENT OF EXPENDITURES

|                                                                   |                                                                             |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>Name of Filing Committee or Candidate</b><br><br>JANON R. GRAY | <b>Reporting Period</b><br><br>From <u>11/26/2024</u> To: <u>12/31/2024</u> |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------|

| DATE                                                                           |                 |                                |  | AMOUNT                         |
|--------------------------------------------------------------------------------|-----------------|--------------------------------|--|--------------------------------|
| <b>To Whom Paid</b><br>FRANKLIN COUNTY REAGAN COALITION                        |                 |                                |  |                                |
| <b>Mailing Address</b>                                                         |                 |                                |  |                                |
| <b>City</b> MARION                                                             | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 17235 |  |                                |
| <b>Description of Expenditure</b>                                              |                 |                                |  |                                |
| SIGN FRAMES                                                                    |                 |                                |  |                                |
| <b>To Whom Paid</b><br>COMMITTEE TO ELECT JANON GRAY                           |                 |                                |  |                                |
| <b>Mailing Address</b>                                                         |                 |                                |  |                                |
| <b>City</b> GREENCASTLE                                                        | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 17225 |  |                                |
| <b>Description of Expenditure</b>                                              |                 |                                |  |                                |
| CONTRIBUTION                                                                   |                 |                                |  |                                |
| <b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b> |                 |                                |  |                                |
|                                                                                |                 |                                |  | <b>PAGE TOTAL</b><br>\$ 600.00 |

