### **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 :	ion 2023	0322				port ed B		CAND	IDATE		соми	<b>ITTEE</b>	<b>✓</b>	LOBE	BYIST	
Name of Filing C	Committee, Candida	ate or L	obbyist:		FRI	ENDS	S OF	PROKOP	IAK							
Street Address:																
City:	LEVITTOWN							State:	PA			Zip Co	de: 1	9054		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	-		30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	<b>~</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	-	-	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	<b>/</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2025					NG METH CHECK O				PAPER		<b>\</b>	DISKE	ΓΤΕ
Name of Office S	– Sought by Candidat	te:		_				DATE (	OF ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	YE	AR					-
								11		4	2025	<b> </b>	(SEE IN	NSTRUCTION IN COLUMN TO SERVICE SERVIC	ONS FOR C	ODES)
Summary of Expenditures	Receipts and	МО	DAY	YEAR			_	МО	DAY	YI	EAR	FC	R OFFI	CE USE	ONLY	
			4 1		2025	T	1	5	5	5	2025					
	ought Forward Fron		-				\$				985.26					
	ary Contributions A		• `	Sche	dule	= I) ——	\$			4,4	400.00					
C. Total Funds Available (Sum Of Lines A and B)						\$				385.26						
D. Total Expend	ditures (From Sche	edule II	<u>.I)</u>				\$			4,6	515.60					
E. Ending Cash	Balance (Subtract	t Line D	From Line C	)			\$			11,7	69.66	<u> </u>				
F. Value Of In-	Kind Contributions	Receiv	ed (From Sch	hedu	le II	[)	\$				0.00	<u> </u>				
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)	<u>'                                     </u>	_		\$				0.00	<u> </u>		· 		
				AFF	·ID/	AVIT	ΓSE	CTION								
	s a Committee repo	•							•							
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	e attached sche	edules	s file	d on p	paper (	or by elec	tronic m	edium	, are to t	the best o	f my kno	wledge	and belie	of , true
Sworn to and subs	scribed before me this day of	i	20							S	Signature	of Perso	n Submit	ting Rep	ort	
	Signatui	re		_	_	_	· -					Prin	ted Nam	e		
My Commission Ex	xpires						_					Ema	il			
	мо	D	PAY	YR					Ar	ea Coc	le	Daytim	e Telep	hone Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized (	Comn	nitte	ee, Ca	andid	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	) that to the best of med.	ny knowle	edge and belief	f this	; polit	tical	comm	ittee has ı	not viola	ted an	y provis	ions of th	e act of J	lune 3,19	937 (P.L.	1333,
Sworn to and subsc	cribed before me this day of		20								s	ignature (	of Candid	late		
							-					Printe	d Name			
My Commission Exp	Signature pires						-					Ema	il			
	МО		DAY	YR			ı		Area	Code		D	aytime 1		ne Numbe	 er

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF PROKOPIAK	From:	4/1/202	<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)			\$	700.00
All Other Contributions (Part B)			\$	100.00
TOTAL for the Reporting	(2)	\$	800.00	
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	3,600.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	) Period	(3)	\$	3,600.00
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			\$	4,400.00

#### **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.

Nam	e of Filing Committee or Candidate	e		Re	porting F	Period			
FRIE	NDS OF PROKOPIAK			Fre	om:	4/1/20	<u>125</u> <b>To</b> :	5/5/2025	
						DATE			AMOUNT
	ame of Contributing Committee RON GOODMAN PAC				мо	DAY	YEAR		
<u> </u>	g Address		1		3	3	2025	\$	250.00
City	HARRISBURG	<b>State</b> PA	Zip Code (Plus 4						
	ame of Contributing Committee				мо	DAY	YEAR		
	MPGROUND OWNERS ASSOC. PA	С							250.00
City	HARRISBURG	<b>State</b> PA	Zip Code (Plus 4	4)	2	27	2025	\$	230.00
	ame of Contributing Committee				мо	DAY	YEAR		
	RMAKERS LOCAL 13 PAC FUND								300.00
City	g Address NEWPORTVILLE	<b>State</b> PA	Zip Code (Plus 4	4)	3	12	2025	\$	200.00

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

**PAGE TOTAL** 700.00

### 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** 

DATE

FRIENDS OF PROKOPIAK

From:

<u>4/1/2025</u> **To:** 

5/5/2025

AMOUNT

Full Name of Contributor ROY C AFFLERBACH	мо	DAY	YEAR			
Mailing Address				\$ 100.00		
City YORK	State	Zip Code (Plus 4)	3	25	2025	
	PA	17406				

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	Period				
FRIEN	IDS OF PROKOPIAK			From:	<u>4/</u>	<u>/1/2025</u>	То:	<u>5/5</u>	5/202 <u>5</u>
					DA	TE		АМО	UNT
Full N	ame of Contributing Committee				мо	DAY	YEAR		
SGA F	PAC							\$	300.00
Mailin	g Address				3	25	2025		
City	FAIRLESS HILLS	State	Zip Code	e (Plus 4)					
		PA	19030						
Full N	ame of Contributing Committee	-	-		мо	DAY	VEAD		
PSEA	PACE				МО	DAY	YEAR	\$	500.00
Mailin	g Address				2	14	2025	Ť	300100
City	HARRISBURG	State	Zip Code	e (Plus 4)		14	2025		
		PA	17105						
Full N	ame of Contributing Committee	<u> </u>	ı						
	PTOMETRIC PAC		МО	DAY	YEAR	\$	300.00		
Mailin	Mailing Address				_		2025	7	300.00
City	HARRISBURG	State	Zip Code	e (Plus 4)	3	6	2025		
		PA	17101						
Full N	ame of Contributing Committee	!							
LAWP	_				МО	DAY	YEAR	\$	1,000.00
Mailin	g Address				,	21	2025	<b>,</b>	1,000.00
City	HARRISBURG	State	Zip Code	e (Plus 4)	3	21	2025		
		PA	17101						
Full N	ame of Contributing Committee		•		М0	Day	VEAD		
AFSCI	ME COUNCIL 13 POLITICAL &	LEGISLATIVE			МО	DAY	YEAR	\$	500.00
Mailin	g Address				3	20	2025	Ť	500.00
City	HARRISBURG	State	Zip Code	e (Plus 4)		20	2023		
		PA	17111						
Full N	ame of Contributing Committee				МО	DAY	YEAR		
AT&aı	mp;T PAC PA				140	DAT	ILAK	\$	500.00
Mailin	g Address				2	18	2025	'	300.00
City	HARRISBURG	State	Zip Code	e (Plus 4)	]	10	2023		
		PA	17112						

Full N	ame of Contributing Committee			мо	DAY	YEAR	
AFSC	AFSCUF/CAP-PA				2711		<b>\$</b> 500.00
Mailin	Mailing Address				20	2025	
City	HARRISBURG	State	Zip Code (Plus 4)	2	20	2023	
		PA	17101				

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

**PAGE TOTAL \$** 3,600.00

## 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 Candidat	•			Repo	orting Pe	riod			
				Fron	n:		To	<b>)</b> :	
					D	ATE			AMOUNT
Full Name of Contributor					МО	DAY	YEAR	\$	0.00
Mailing Address							7		
City	State	Zij	p Code (Plus	5 4)					
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, Detail	ed Sumn	nary 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 o	or Candidate		Report	ing Perio	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (	Plus 4)				
Receipt Description	•	•					
Enter Grand Total of Part I	on Schodula I. Datailad	Summary Dage	Section	4			PAGE TOTAL
cinter Granu Total Of Part I	e dii Schedule I, Detalled	Summary Page,	Section	<b>4.</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

Name of Filing Committee or Candidate	Reporting Period							
FRIENDS OF PROKOPIAK	From:	<u>4/1/2025</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					
IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Candidate			Reporting Period					
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				<b> </b>		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•			•		
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (	Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(	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

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	iod		
FRIENDS OF PROKOPIAK	From	4/1/2025	То:	<u>5/5/2025</u>

				DATE				AMOUNT
To Whom Paid					DAY	YEAR		
PA HDCC						ILAK		
Mailing Address					25	2025	\$	2,000.00
City HAR	RISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	17108	ASSESSMENT				
To Whom Paid					DAY	YEAR		
GOOGLE SUITE					DA1	ILAK		
Mailing Address					1	2025	\$	115.60
City MOU	NTAIN VIEW	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		CA	94043	GOOGLE SUITE FEE				
To Whom Paid					DAY	YEAR		
BUCKS COUNTY DEMOCRATIC COMMITEE					DAT	TEAR		
Mailing Address					15	2024	\$	2,500.00
City DOY	LESTOWN	State	Zip Code (Plus 4)	Description of Expenditure				
		PA	18901	TABLE AT WINTER FLING				
								PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.								4,615.60