

Campaign Finance Report

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

Filer Identification Number :		20230278		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: TAXPAYERS FOR SCOTT BARGER												
Street Address:												
City: HOLLIDAYSBURG						State: PA			Zip Code: 16648			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. <input checked="" type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes		No	
	ANNUAL REPORT	7.	Year 2025	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>		DISKETTE			
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR	REP 07			
						11	4	2025	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		1	1	2025		3	31	2025				
A. Amount Brought Forward From Last Report						\$ 357.80						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 2,950.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 3,307.80						
D. Total Expenditures (From Schedule III)						\$ 2,289.36						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 1,018.44						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 1,200.00						

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

Name of Filing Committee or Candidate	Reporting Period
TAXPAYERS FOR SCOTT BARGER	From: <u>1/1/2025</u> To: <u>3/31/2025</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)	\$ 250.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 250.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 1,500.00
All Other Contributions (Part D)	\$ 1,200.00
TOTAL for the Reporting Period (3)	\$ 2,700.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 2,950.00
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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				Reporting Period			
TAXPAYERS FOR SCOTT BARGER				From: <u>1/1/2025</u> To: <u>3/31/2025</u>			
				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 250.00
HIGHMARK PAC OF HIGHMARK INC				3	25	2025	
Mailing Address							
City CAMP HILL	State PA	Zip Code (Plus 4) 17089					

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

PAGE TOTAL
\$ 250.00

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
TAXPAYERS FOR SCOTT BARGER	From: <u>1/1/2025</u> To: <u>3/31/2025</u>

				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$	500.00
The Pennsylvania Insurance PAC				3	25	2025		
Mailing Address								
City	Harrisburg	State	PA	Zip Code (Plus 4)	17101			
Full Name of Contributing Committee				MO	DAY	YEAR	\$	1,000.00
PILOTS ASSN FOR BAY & RIVER DELAWARE PAC				3	25	2025		
Mailing Address								
City	PHILADELPHIA	State	PA	Zip Code (Plus 4)	19147			

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

PAGE TOTAL	
\$	1,500.00

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 TAXPAYERS FOR SCOTT BARGER	Reporting Period From: <u>1/1/2025</u> To: <u>3/31/2025</u>
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DATE				AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$
Scott Barger				700.00
Mailing Address	1	23	2025	
City Hollidaysburg State PA Zip Code (Plus 4) 16648				
Employer Name B&F Enterprises	Occupation Manager			
Employer Mailing Address/Principal Place of Business	City Hollidaysburg	State PA	Zip Code (Plus 4) 16648	

Full Name of Contributor	MO	DAY	YEAR	\$
Scott Barger				500.00
Mailing Address	2	28	2025	
City Hollidaysburg State PA Zip Code (Plus 4) 16648				
Employer Name B&F Enterprises	Occupation Manager			
Employer Mailing Address/Principal Place of Business	City Hollidaysburg	State PA	Zip Code (Plus 4) 16648	

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

PAGE TOTAL
\$ 1,200.00

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 From: To:
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			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.

PAGE TOTAL
\$ 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	
TAXPAYERS FOR SCOTT BARGER		From: <u>1/1/2025</u> To: <u>3/31/2025</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
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 From: To:
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			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.						PAGE TOTAL \$ 0.00

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
TAXPAYERS FOR SCOTT BARGER	From <u>1/1/2025</u> To: <u>3/31/2025</u>

				DATE		AMOUNT	
To Whom Paid MailChimp				MO	DAY	YEAR	\$ 21.20
Mailing Address				1	27	2025	
City Atlanta	State GA	Zip Code (Plus 4) 30308	Description of Expenditure Professional Services				
To Whom Paid MailChimp				MO	DAY	YEAR	\$ 21.20
Mailing Address				2	25	2025	
City Atlanta	State GA	Zip Code (Plus 4) 30308	Description of Expenditure Professional Services				
To Whom Paid MailChimp				MO	DAY	YEAR	\$ 21.20
Mailing Address				3	25	2025	
City Atlanta	State GA	Zip Code (Plus 4) 30308	Description of Expenditure Professional Services				
To Whom Paid C&J Catering				MO	DAY	YEAR	\$ 664.18
Mailing Address				1	31	2025	
City MIDDLETOWN	State PA	Zip Code (Plus 4) 17057	Description of Expenditure catering				
To Whom Paid Joni Mitchell				MO	DAY	YEAR	\$ 111.58
Mailing Address				1	28	2025	
City MIDDLETOWN	State PA	Zip Code (Plus 4) 17057	Description of Expenditure catering				
To Whom Paid Blair Republican Committee				MO	DAY	YEAR	\$ 450.00
Mailing Address				3	3	2025	
City Duncansville	State PA	Zip Code (Plus 4) 16635	Description of Expenditure contribution				

To Whom Paid Precious Life Inc.			MO	DAY	YEAR	\$ 1,000.00
Mailing Address			3	27	2025	
City Altoona	State PA	Zip Code (Plus 4) 16601	Description of Expenditure contribution			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 2,289.36

SCHEDULE IV
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 TAXPAYERS FOR SCOTT BARGER	Reporting Period From: <u>1/1/2025</u> To: <u>3/31/2025</u>
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			DATE		Outstanding Balance of Debt	
Name of Creditor Scott Barger			MO	DAY	YEAR	\$ 700.00
Mailing Address			1	23	2025	
City	Hollidaysburg	State	PA	Zip Code (Plus 4)	16648	Description of Debt Loan
Name of Creditor Scott Barger			MO	DAY	YEAR	\$ 500.00
Mailing Address			2	28	2025	
City	Hollidaysburg	State	PA	Zip Code (Plus 4)	16648	Description of Debt Loan
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 1,200.00