Commonwealth of Pennsylvania

Campaign Finance Statement



File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER: 2023	0293	REPORT FILED	ON BEHALF OF:	Committee			
NAME OF FILING COMMITTEE, CANDIDATE OR LOBB	FRIENDS OF CHAD REICHARD						
STREET ADDRESS							
CITY WAYNESBORO	STATE	PA	ZIP CODE 17268	3-1801			
TYPE OF REPORT 30-Day Post-Primary							
NAME OF OFFICE SOUGHT BY CANDIDATE							
DISTRICT CODE	PARTY CODE REP						
DATE OF ELECTION 11/4/2025							
DATES OF REPORTING PERIOD	5/6/2025	то	6/9/2025	For Office Use Only			
AMENDMENT REPORT? NO	TERI	MINATION REPORT	? NO				
CASH BALANCE AT THE END OF REPORTING PERIOD:		0.00					
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		0.00					
	AFFIRA	AVIT SECTION		I			

PART I -

If statement is filed on behalf of a Political Committee or Candidate's Committee, the Treasurer must sign here.

If statement is filed on behalf of a Candidate, the Candidate must sign here. If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, 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
SIGNATURE			PRINTED NAME			
MY COMMISION EXPIRES	MO.	DAY	YR.	<u>.</u>	AREA CODE	DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE 3, 1937 (P.L. 1333, No. 320) AS AM		NOWLEDGE A	AND BELIEF THIS	S POLITICAL COMM	1ITTEE HAS NOT VIOL	ATED ANY PROVISIONS OF THE ACT OF JUNE	
SWORN TO AND SUBSCRIBED BEFORE ME THIS							
day of			20				
					SIGNATURE	OF PERSON SUBMITTING REPORT	
SIGNATURE			PRINTED NAME				
MY COMMISION EXPIRES	MO.	DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER	