

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 :		20250190		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: MAGA CONSERVATIVES OF PENNSYLVANIA PAC												
Street Address:												
City: BELLE VERNON						State: PA			Zip Code: 15012			
TYPE OF REPORT (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	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	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				
						11	4	2025				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		6	10	2025		9	15	2025				
A. Amount Brought Forward From Last Report						\$ 0.00						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 34,033.85						
C. Total Funds Available (Sum Of Lines A and B)						\$ 34,033.85						
D. Total Expenditures (From Schedule III)						\$ 31,925.13						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 2,108.72						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 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

Name of Filing Committee or Candidate	Reporting Period
MAGA CONSERVATIVES OF PENNSYLVANIA PAC	From: <u>6/10/2025</u> To: <u>9/15/2025</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 18,033.85

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)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 0.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 13,500.00
TOTAL for the Reporting Period (3)	\$ 13,500.00

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.)	\$ 31,533.85
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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: To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$	0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL	
\$	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 MAGA CONSERVATIVES OF PENNSYLVANIA PAC	Reporting Period From: <u>6/10/2025</u> To: <u>9/15/2025</u>
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				DATE	AMOUNT
Full Name of Contributor DONALD BLAIR				MO	\$ 1,000.00
Mailing Address <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> City BELLE VERNON </div> <div style="width: 15%;"> State PA </div> <div style="width: 45%;"> Zip Code (Plus 4) 15012 </div> </div>				7	
				21	
				2025	
Employer Name SELF				Occupation INSURANCE BROKER	
Employer Mailing Address/Principal Place of Business				City BELLE VERNON	State PA
				Zip Code (Plus 4) 15012	
Full Name of Contributor REGINA PUZAUSKY				MO	\$ 500.00
Mailing Address <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> City ALIQUIPPA </div> <div style="width: 15%;"> State PA </div> <div style="width: 45%;"> Zip Code (Plus 4) 15001 </div> </div>				7	
				19	
				2025	
Employer Name RETIRED				Occupation RETIRED	
Employer Mailing Address/Principal Place of Business				City	State
				Zip Code (Plus 4)	
Full Name of Contributor JERRY HARRIS				MO	\$ 500.00
Mailing Address <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> City PHOENIX </div> <div style="width: 15%;"> State AZ </div> <div style="width: 45%;"> Zip Code (Plus 4) 85042 </div> </div>				8	
				18	
				2025	
Employer Name RETIRED				Occupation RETIRED	
Employer Mailing Address/Principal Place of Business				City	State
				Zip Code (Plus 4)	
Full Name of Contributor ANNELLA LEACH				MO	\$ 1,000.00
Mailing Address <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> City MONONGAHELA </div> <div style="width: 15%;"> State PA </div> <div style="width: 45%;"> Zip Code (Plus 4) 15063 </div> </div>				8	
				4	
				2025	
Employer Name RETIRED				Occupation RETIRED	
Employer Mailing Address/Principal Place of Business				City	State
				Zip Code (Plus 4)	

Full Name of Contributor CRYSTAL CROUSE			MO 7	DAY 26	YEAR 2025	\$ 2,500.00
Mailing Address						
City DUNBAR	State PA	Zip Code (Plus 4) 15431				
Employer Name CROUSE FUNERAL HOME			Occupation FUNERAL DIRECTOR			
Employer Mailing Address/Principal Place of Business		City DUNBAR	State PA		Zip Code (Plus 4) 15431	

Full Name of Contributor MELONIE LEWELLEN			MO 7	DAY 21	YEAR 2025	\$ 3,000.00
Mailing Address						
City UNIONTOWN	State PA	Zip Code (Plus 4) 15401				
Employer Name SMS MINISTRIES			Occupation PASTOR			
Employer Mailing Address/Principal Place of Business		City WEST LEISENRING	State PA		Zip Code (Plus 4) 15489	

Full Name of Contributor MELANIE PATTERSON			MO 7	DAY 21	YEAR 2025	\$ 5,000.00
Mailing Address						
City BELLE VERNON	State PA	Zip Code (Plus 4) 15012				
Employer Name SELF EMPLOYED			Occupation HOTELIER			
Employer Mailing Address/Principal Place of Business		City BELLE VERNON	State PA		Zip Code (Plus 4) 15012	

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

PAGE TOTAL
\$ 13,500.00

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;"> From: To: </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.

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	
MAGA CONSERVATIVES OF PENNSYLVANIA PAC		From: <u>6/10/2025</u> To: <u>9/15/2025</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 RECEIVED - 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 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 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
MAGA CONSERVATIVES OF PENNSYLVANIA PAC	From <u>6/10/2025</u> To: <u>9/15/2025</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
AMERICAN POLITICAL CONSULTING INC				
Mailing Address	9	14	2025	\$ 2,500.00
City JAMISON	State PA	Zip Code (Plus 4) 18929	Description of Expenditure IN-KIND CONTRIBUTION FOR JON MARIETTA.	
To Whom Paid	MO	DAY	YEAR	
ACTION ENTERTAINMENT COLLABORATIVE				
Mailing Address	7	28	2025	\$ 25,035.00
City NASHVILLE	State TN	Zip Code (Plus 4) 37212	Description of Expenditure FUNDRAISER EXPENSES	
To Whom Paid	MO	DAY	YEAR	
STATE THEATER				
Mailing Address	8	5	2025	\$ 1,100.00
City UNIONTOWN	State PA	Zip Code (Plus 4) 15401	Description of Expenditure FUNDRAISER EXPENSES	
To Whom Paid	MO	DAY	YEAR	
COMMUNITY BANK				
Mailing Address	8	12	2025	\$ 26.45
City BELLE VERNON	State PA	Zip Code (Plus 4) 15012	Description of Expenditure CHECKS	
To Whom Paid	MO	DAY	YEAR	
FIVERR				
Mailing Address	8	15	2025	\$ 81.98
City NEW YORK	State NY	Zip Code (Plus 4) 10013	Description of Expenditure PROMOTIONAL EXPENSES	
To Whom Paid	MO	DAY	YEAR	
WV RADIO CORPORATION				
Mailing Address	8	19	2025	\$ 2,475.00
City MORGANTOWN	State WV	Zip Code (Plus 4) 26505	Description of Expenditure RADIO ADS	

To Whom Paid VIBE.CO			MO	DAY	YEAR	\$ 500.00
Mailing Address			8	28	2025	
City CHICAGO	State IL	Zip Code (Plus 4) 60613	Description of Expenditure TV ADS			

To Whom Paid INK SPOT			MO	DAY	YEAR	\$ 206.70
Mailing Address			8	19	2025	
City SOUTH CONNELLSVILLE	State PA	Zip Code (Plus 4) 15425	Description of Expenditure PRINTING			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 31,925.13

