

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification	Report Filed B			Committee			Lobbyist	
Number	(Mark X)				4,			
Name of Filing Committee, Candidate or Lobbyist	Cheru	1 Com	Stock					
Street Address	9051	Old	Route	. 49 <u> </u>	6			
City UCKlan	/	State	PA	Zip Code	1643	-6		
Type of Report (Place x under report type)								
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Post Pre-Primary Pre-Primary Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Pre-Electio		Special 30 C Post-Electic	
Date Of Election	Year		Amendment	 	Termination	n		· · ·
(MM/DD/YYYY) 05/16		2023	Report		Report			
Summary of Receipts and From Date	To Date			For	Office Use O	nly		
Expenditures 05/04/2	3 Nol1	5/23						
A. Amount Brought Forward From Last Report	\$ -371	8 95						· · ·
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 3/5	50			,	S	20	
C. Total Funds Available	\$ 211	سماد در					2023 JUN 15	
(Sum of Lines A and B)		<i>43.7</i> 5					Ξ	
D. Total Expenditures (From Schedule III)	\$ -34c	1345	٠		į	四面	-di-	
E. Ending Cash Balance	s v	<u> </u>			:			
(Subtract Line D from Line C)	<u> </u>						70	٠
F. Value of In-Kind Contributions Received (From Schedule II)	\$ \				=	2<	P# 15:	
G. Unpaid Debts and Obligations	5 1				č	=		
(From Schedule IV)	X				4			
Part 1- If this is a Committee report, treasurer sign he	ere. If this is a Can	Affidavit Sec lidate report, ca						
I swear (or affirm) that this report, including the attac	ched schalule	papeg, is to the l	best of my knowled	dge and belief tr	ue, correct an	d complet	e.	
Sworn to and subscribed before me this	3 CS	Z III	-					
15th day of JUNE 20 23		ga g					_	
migan minure	commission e Commissio Commissio Imber, Pennsylv	monwealth of Megan M. N	Signature	of Person Subm	itti ve report	6	-	
0 Signature	118	Penns		Printed Nam	e	- · · /		
My Commission expires 10 18 26	A La ries		8/4		M-39	144		
MO. DAY YR.	Social 1	A lotari	rea Code	Day	time Telephor	ne Numbe	r	
Part II- If this is a report of a Candidate's Authorized		late shall sign he	ere.					
I swear (or affirm) that to the best of my knowledge a amended.	and beliefallighout	icalecta mittee i	ias not violated an	y provisions of t	he Act of June	3, 1937 (I	r.L. 1333, NO.3	(20) as
Sworn to and subscribed before me this	3, 2026 10 Notaries	Seat						
day of20	- '	. —	Sign	nature of Condi	lata		_	
· · ·	_		SIG.	nature of Candid	161C			
Signature	, 1			Printed Name				
My Commission expires	-				ina Tal	- At 1	_	
MO. DAY YR.		A	rea Code	Dayt	me Telephone	: wumber		

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

iller identification Number (Ω_A .	// · · · · ·		
- E - E - E - E - E - E - E - E - E - E	(MONI.	march		
ま 洗 20 を ま	(DHY/YIA I			
Water Committee	1000			

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	\sim
2. Contributions of \$50:01 to \$250:00 (From Part A and Part B)	Alt.	
Contributions Received from Political Committees (Part A)	\$	×
All Other Contributions (Part B)	\$	X
Total for the reporting period (2)	\$	N
3. Contributions Over \$250.00 (From Part C and Part D)	į.	
Contributions Received from Political Committees (Part C)	\$	31550
All Other Contributions (Part D)	\$	× ×
Total for the reporting period (3)	\$	315.50
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC: (From Part E)	jh.	
Total for the reporting period (4)	\$	X
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 Page 1, Report Cover Page, Item B)	\$	3/5.50

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.

Filer Identification Number	/-	() 1		
	rery (onsole		
				Amount
Full Name of Contributing Committee		'	Date MM/DD/YYYY \$	
				\sim
House # Street Address		<u> </u>	Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
			27	
House # Street Address		<u> </u>	Date MM/DD/YYYY	
The second secon			Parameter .	
Gity	State	Zip Gode	Date MM/DD/YYYY) \$	-
Full Name of Contributing				
Committee			Date [MM/DD/YYYY] \$	
House # Street Address				
House # Street Address			Date [MM/DD/YYYY] u\$=	
Clip	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing	And the second s			
Committee States			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
Gity	State	Zip Gode, see	Date [MM/DD/YYYY] \$	
er van		Section 1		
Full Name of Contributing		A STATE OF THE STA	Date [MM/DD/YYYY] \$	
Committee				ĺ
House # Street Address	<u> </u>		Date [MM/DD/YYYY] \$	
				ŀ
Grand Marie Control of the Control o	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MIM/DD/YYYY] \$	
ent suit and the suit of the s				
House # Street Address			Date [MM/DD/YYYY] -\$	
			10 mg	ł
elly	State	Zip Code	Date [MM/DD/YYYY] \$	
			100 mg 10	l

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Files Identification Number:	nerul Co.	MStock		
Full Name of Contributor			#Date [MM/DD/YAYY/]	X
House # Street Ai	ddress		Date [MM/DD/YYYY] \$	
city	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date (MM/DD/YYYY)	
House # 5treet Ad	ddress		Date [MIM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY]	=
House# Street A	diress		Date [MM/DD/YYYY] \$	***
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/Y/Y/]	
House # Street Ad	ddress		Date [MM/DD/YYYY] \$	
ols.	State .	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Contributor	·		Date [MM/DD/YYYY] \$	
House # Street Ac			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Ac			Date [MM/DD/YYYY] \$	
City	State	Zip Code:	Date [MM/DD/Y/YY] \$	

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 over \$250.00 in the reporting period.

Filer dentification Number;	Chern Com	40CK		
Full Name of Contributing Committee	Friends to Ele	ect Claeryl Con	Date [MM/DD/MYY] 15/22/2023	315.50
1 965/ Stree	Friends to Electronic	ute 99		
City McKlan	State PA	Zip Code 164	- Y	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
	Address		Date (MM/DD/YXXY)	
CIV.	State	ZipiCode	Date [MM/DD/YYYY]	.
Full Name of Contributing Committee			110	• * · · · · · · · · · · · · · · · · · ·
	f Address		Date [MM/DD/YYYY]	<u> </u>
City	State	Zip Code	Date [MM/DD/AYYY]	
Contributing Committee	• Address		Date [MM/DD/YYYY]	
City 1	State	Zip Code	Date [MM/DD/XYYY]	\$
Full Name of Contributing Committee			Coate [MM/DD/AYYY]	<u> </u>
1	t Address		Date [MM/DD/YYYY]	.
City !	State	zip Code	Date [MM//DD/YYYY]	\$
Full Name of Contributing Committee	The state of the s		Date [MM/DD/YYYY]	
House # Stree	t Address	1.40	Date [MM/DD/YYYY]	.
City	State	Zip Code	Date (MM/DD/YYYY)	\$

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer identification Number:

Filer Identification Number: Tw	iends to	Elect Che	ryl Constock
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Addres	\$5.		Date (MM/DD/YYYX) \$
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Malling Address / Principal Place of Business			
Full Name of Contilbutor			Date [MM/DD/YYYY] .\$
House # Street Addres			Date [MM/DD/YYYY] \$
City : Employer Name :	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Place of Business	n the		
Full Name of Contributor			Date [MIM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip code	Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Place of Business			Control of the Contro
Full Name of Contributor	and		Date (MM/DD/YYYY) \$
House # Street Addres			Date [MM/DD/YYY] \$
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Place of Business			

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.

Filer Identification Number:	Chery 1 C	onstoc	K	
House # 9(51 St	Friends Platiness Old	to Elect Route	<u>" Chem) C</u> 99	omstock_
City A Receipt Description 5	McKean	State PA	Zip Code 16436	Date [MM/DD/YYY] \$ 3/5.50
Full Name ##	Hortial Ke	fund of	loan, to Co	omnittee
	reet Address			
City #		State :	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	7.00 6.00 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Full Name #	reet Address			
City	NOCKALANI ESS	State	Zip	Date [MM/DD/YYYY] \$
Receipt Description			Code	
Full Name				
・ 塩 環	reet Address			
City No.	i cer	State	Zip.	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name IS: Höuse # Sti	reet Address			
建 了美		State #	Zip	Date:[MM/DD/YYYY] _ \$
	10.0		Code	
Receipt Description				
Full Name				
	reet Address	5 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	To the state of th	
City Receipt Description		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				

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

Filer Identification Number:	herui Co	nstork		
	V .			
1. UNITEMIZED IN KIND CONTR	(1)	UE UF \$50.00 O	K LESS PER CONTRIBUTOR	
TOTAL OF the reporting period	(-)	"	<u> </u>	
2. IN-KIND CONTRIBUTIONS RE	CEIVED-VALUE OF \$50.01	1 TØ \$250.00 (FR	OM PARTE)	
TOTAL for the reporting period	(2)	\$	X	
3.7 N-KIND GONTRIBUTION REC	EIVED-VALUE OVER \$250	0.00 (FROM PAR	(9)	
TOTAL for the reporting period	(3)	\$	X	
TOTAL VALUE OF IN-KIND CONTRIBUTI	ONS DUBING THIS REPO	RTING \$ 1		
PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)		' {	X	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Numbers	hera!	Constock	
	··· / /		

		····		
Full Name of Contributor			Date [MM//bD/YYYY] \$	X
House # Street Address			Date [MM/DD/YYYY] \$	
Chy	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
Eull Name of Contributor.			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/WYY] \$	
City	State	Zip Code	Date [MM/DD/AA/A] \$	
Description of Contribution		· ·		
Full Name of Contributor			Date [MIW/DD/AYYY] \$	
House # Street Address			Date [MM/DD/AYYAY] \$	
City Rescription of Contribution	State .	Zip Code #	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date (MM/DD/YYYY) \$	
House # Street Address			Date [MM/DD/YYYY] \$	
(1)	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:				
Filer Identification Number:		<i>/</i> 1	·	
	7 1 1			
	/ /// / /	(- - - - - - - - - - - - - - - - - - -		
整 集 五	1 11/1/01/	I'K MALLAND		
	1 11111111			
· · · · · · · · · · · · · · · · · · ·				
		<u> </u>		

	منطق المتحدد ا		Annual Control of the		
Full Name of Contrib				Date [MM/DD/YYYY] = \$	X
House #	Street Address			Date [MM/DD/YYYY] \$	
city -	E) A massing our model to commercial	State	Zip Code	Date [MM/DD/YYYM] \$	
Employer Name	4000 M		The state of the s	Occupation	
Employer Malling Ad Place of Business				Description of Contribution	
Full Name of Contrib				Date [MM//DD/AYY) \$	votes in reference
House #	Street Address			Date [MM/DD/YYYY] \$	
Chy 1		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		,		Occupation	
Employer Mailing Ad Place of Business	dress / Principal	Separation of the second		Description of A	
Full Name of Contrib	iii iii iii			Date [MM/DD/AYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] = \$	
Civ		State	Zip Code	Date [MM/DD/YYYY] + \$*	
Employer Harrie	# # # # # # # # # # # # # # # # # # #			Occupation	
Employer Mailing Ad Place of Business	iress / Principal			Description of: Contribution	
Full Name of Contribu				Date [MM/Db/YYYY] \$	
House #	Street Address			Date [MM//DD/YYYY] \$	
CITY		State	Zip/Code	Date [MM/DD/AYYY] \$	
Employer Name				Occupation	
Employer Mailing Add Place of Business	iress / Principal			Description and of Contribution	

Statement of Expenditures

Filer Identification Number:	
Enter reentineadel Houses ///	· ·
	クタルベースノレ
	71, 1002

				· · · · · · · · · · · · · · · · · · ·
To Whom Paid	Frendst	o Elect Ch	enn I Constock	Oto 1512033 3403.45
House # 905/	Street Address	Old Route	ery Comstock	Description of Expenditure
	lan	State PA	Zip Code 16436	Loan torniveness*
To Whom Paid				Date [MM/DD/YTYY] 3
House #	Street Address			Description of Expenditure
Gity #		State	Zip	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
Citý		State	Zip Code	
To Whom Pald				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid	=			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] 5
House #	Street Address			Description of Expenditure
City#		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State:	Zip Gode	

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.

Filer Identification Number:

Filer Identification Number:	Comstack		
Name of Creditor			istanding Balance of Debt
House # Street Address	DATE [M	DEBT: INCURRED 3	\ A
	State	Zip	X.
Discription of Debt		Code	<u> </u>
Name of Creditor			tstanding Balance of Debt
House # Street Address		DEBT INCURRED ST	
City 2	State	Z/p Code	
Description of Debt 18			
Name of Creditor			tstanding Balancero(+Debt
House # Street Address		DEBT INCURRED \$ IM/DD/YYYY]	·
企 City量 基	State	Zip.	
Description of Debt			
Name of Creditor Street Address		OU DEBT INGURRED \$	tstanding Balance of Debt
		IM/DD/YYYY]	
City	State	Zip	
Description of Debt			
Name of Creditor House # Street Address	DATE	- 7	tstanding Balance of Debt
		DEBT INCURRED \$\text{IM/OD/May()}} Zip Code	
City 1	State	Zip Code	
Description of Debt			
Name of Creditor House W. Street Address	DATE	DEBT INCURRED \$	tstanding Balance of Debt
Street Address		IM/DD/YYYY]	
City Nation	State	Zip Code	
Description of Debt			

I, Cheryl Comstock, personally loaned \$3403.45 to The Friends to Elect Cheryl Comstock campaign fund while running for District Judge 06-03-06, I hereby forgive the debt of \$3403.45.

Signed,

Cheryl Comstock

Date