1 of 12





## Commonwealth of Pennsylvania - Campaign Finance Report

	(Note: T		·				it snot	ild be type			1.0 901	
Filer identification Number		97.500	ort Filed B ark X)	ly Can	dida	ite	X	Committee			Lobby	rist
Name of Filing Committee, Ca Lobbyist	ndidate or	Trac	y A. Gast									-
Street Address	gog 270 oktor Togʻar sakar ofin	124	75 Lakevie	w Drive								
City Edinboro	<u>)</u>			Stat	e	PA		Zip Code	16412			· · · · ·
Type of Report (Place x under	report type)								•			
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday Pre-Primary Pre-Primary	3-30 Day Post Primary	100	h Tuesday Election	5- 2 <sup>nd</sup> Frid Pre- Elect	4 6 5 77 0	6-30 Da Election	1.7.2.5.5.3.5.5.6.1.5.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7	7- Annual	Special 2" Pre-Electi	4 74 4 5 5 5 5	**************************************	al 30 Day Election
				X	: Jagan			75-00-0-00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0			Ī	
Date Of Election (MM/DD/YYYY)	11/07/2023	Yea	ur .	2023		Amend Report	nent :		Terminati Report	ion		
Summary of Receipts and Expenditures	From Date		To Date	included by				For	Office Use (	Only		
	06/10/2023			/23/2023		76,775,88456 2,677,753,753	1 (61 ) VII - 62 1 (41 ) VII - 62		11 To C 15	•1	F-3	Web 127 (7)
A. Amount Brought Forward I	in a superior of the state of		\$	0							2	
B. Total Monetary Contribution (From Schedule I)	ons and Receipts	ĝ.	\$	0					CT			
C. Total Funds Available (Sum of Lines A and B)			\$	0				200				
(From Schedule III)	D. Total Expenditures (From Schedule III)			\$ 0		6 M 8: 12						
E. Ending Cash Balance (Subtract Line D from Line C)		n (200) Aprilia Britania	\$ 0				တဲ့					
F. Value of In-Kind Contribution (From Schedule II)	ons Received		\$	0						all Allen	2	
G. Unpaid Debts and Obligation (From Schedule IV)	ons		\$	1000.00								
Part 1- If this is a Committee repo	et transumar sign h	IF	Z Z	Affidav		11.1.41	no hora					
I swear (or affirm) that this report	, including the atta	ched:	contector en or	n paper is to	the	best of my	knowleg	ge and belief	true, correct a	ind comple	ete.	
Sworn to and subscribed before m	ne this		miss mm Pen	weal		-IV	2/.	An Il	_ ()			
24 day of UC-12De	1 2023	_	issic nsylv	ը <u>\$</u> Չ	_	<del>//</del> (		of Darran Sub			reace	
I swear (or affirm) that this report Sworn to and subscribed before m  Au day of OC factor  On the state of t	)atsor	<u>.                                    </u>	on nui	Penns atson	Ti	racy A. Ga	ist	Printed Na	me report			
Signature	43 4/		es De	insylvania - on, Notary County	4	10			3.9099			
My Commission expires MO.	DAY YR	<u>-</u>	es Decembe imber 14255 Association of			Area Code	<del></del>		ytime Teleph	one Numb	er	
Part II- If this is a report of a Cand	idate's Authorized	Comr			ign h	ere.						
I swear (or affirm) that to the best amended.				litical commi			olated an	y provisions of	f the Act of Jur	ne 3, 1937	(P.L. 133	3, NO.320) as
Sworn to and subscribed before m	ne this			•								
day of	20	_	.1		_			natura of Co-	lidato		<del></del>	
		_			_	Signature of Candidate						
Signature			, 1					Printed Name	•			
My Commission expiresMO.	DAY YR.	<del></del> .	-			Area Code	-	Da	ytime Telepho	ne Numbe	 er	

# SCHEDULE I Contributions and Receipts

**Detailed Summary Page** 

Filer Identification Number Tracy A, Gast			
1. Uniternized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)	6 1 136 A	\$	Silve Courtee Dorrige Transcription
All Other Contributions (Part D)		\$	······································
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	30 V K		
Total for the reporting period	(4)	\$	
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, Rep Cover Page, Item B)	oort	\$	

#### 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	n <b>Number</b> Tracy A. G	ast			
- con successive some life has size ( A.Se	ceresco com resportante de la composición del composición de la composición de la composición de la composición del composición de la composición de la composición de la composición de la composición del composición de la composición de la composición del composición del composición de la composición del composición del composición del composición del composición del composición del comp				Amount
Full Name of Co Committee	intributing	<u> </u>	Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address		**************************************	Date [MM/DD/YYYY] S	
City		State	Zip Code	-Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	NSSE(1888 N.75 P.40)	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Transfer of the state of the st	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	[40] 1900 (1733) [40] [40] [40] [40] [40] [40] [40] [40]	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
Clty	Expression from Control See	State	Zip Code	Date [MM/DD/YYYY] \$	

#### 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.)

Filer identification Number:

	Iracy A. Gast					
					Page	
Full Name of Cont	ributor.			Date [MM/DD/YYYY]	\$	
House #	Street Address	<del></del>		Date [MM/DD/YYYY]	<b>\$</b>	
nouse #	Street Address					
City		State	Zip Code	Date [MM/DD/YYYY]		<del></del>
Full Name of Cont	lbutor			Date [MM/DD/WWY]	5	
House#	Street Address			Date [MM/DD/YYYY]	Š	
City		State	Zip Code	Date [MM/DD/YYYY]	s	
Full Name of Cont	ibutor			Date [MM/DD/YYYY]	<b>6</b>	
House #	Street Address	<del> ·</del>		// Date [MM/DD/YYYY]	<b>5</b>	
	Street Address					
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Cont	ibutor		_	Date [MM/DD/YYYY]	<b>.</b> S	
					_	
House #	Street Address			Date [MM/DD/YYYY]	\$	
Gity		State	Zip Code	Date [MM/DD/YYYY]	1.5	
Full Name of Cont	ibutor			Date [MM/DD/YYYY]	5	•
Harries A.	Street Address			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date-finity/DD/11111		
City		State	Zip Code	Date (MM/DD/XYXY)	S	
Full Name of Conti	ibutor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
city		State	Zip Code	Date [MM/DD/YYYY]	\$	
			William of the			

#### **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 Identification Number:	Tracy A. Gast			
Full Name of			Date MM/DD/XXXX	(5)
Contributing Committee			A STATE OF THE PARTY OF THE PAR	
House # Stre	et Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
Full Name of			Date [MM/DD/YWY]	S
Contributing Committee				2.2
House# Stre	et Address		Date [MM/DD/YYYY]	<b>(\$</b> )
	1.000	Portugation of the dependent		
City	:State	/Zip Code	Date [MM/DD/AYYY]	
Full Name of			Date [MM/OD/1741/]	8
Contributing Committee				
House # Stre	et Address		Date [MM/DD/Y/YY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Contributing Committee			Date [MIN/DD/XYXX)]	
House # Stree	et Address		Date [MM/DD/YYYY]	<b>(5)</b>
city	State	Zip:Code	Date [MM/DD/YMY]	\$
Full Name of			Patel MW/DD/XXXX	\$
Contributing Committee				
House # Stree	et Address	<del>, , , , , , , , , , , , , , , , , , , </del>	Date [MM/DD/YYYY]	<b>(\$</b> )
			545-541-6-55-54-5-54-5-5-5-5-5-5-5-5-5-5-5-5-5-	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of	· ·		Date [MM/DD/YXYY]	\$
Contributing Committee				
House # Stree	et Address		Date [MM/DD/YYYY]	15
City	State	Zip Code	Date [MM/DD/XYYY]	\$

## 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 Num	Tracy A. Gast			
				70
Full Name of Contribu	itor		Date:[MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] . \$	
Employer Name			Occupation.	
Employer Mailing Ada Principal Place of Bus	iness		and the second s	
Full Name of Contribu			/ Date [MM/DD/YYYYY] \$	
House#	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	processor 1		Occupation	
Employer Mailing Add Principal Place of Bus				
Full Name of Contribu	to.		Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Add Principal Place of Bus	ness			
Full Name of Contribu	itor		Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Add Principal Place of Bus				

#### 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	Tracy A. Gast	· · · · · · · · · · · · · · · · · · ·		
Füll Name		<del></del>		
	treet/Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	©Date [MM/DD/NYYY] \$
Receipt Description				
Full Name House#	treet Address			
City	**	State	<b>Z</b> ID	Date [MM/DD/YYYY] \$
Receipt Description			Code	Date [MM/DD/YYYY] \$
Gull Name				
House # St	ireet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Control of the Contro		
Full Name	000007			
	treet Address			Date [MM/DD/YYYY] : \$
City		State	Zip Code	(Date [MM/DD/YYYY] \$
Receipt Description				
Full Name  House #   St	reet Address	· · · · · · · · · · · · · · · · · · ·		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			*Code	
Full Name		· · · · · · · · · · · · · · · · · · ·		
House # St	treet Address	<del> </del>		A SAME MARKET BY THE SAME OF T
City	ens contra en Schalantan (SA)	State	Zip Code	Date [MM/DD/XYYY] \$
Receipt Description	(25.55)	1825-5-27-5-2-31	Negatification (A)	1889-41

#### 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: Tracy A	. Gast		
1. UNITEMIZED IN-KIND CONTR	IBUTIONS RÉCEIVED-VA	UE OF \$50.00 OR LESS PER CONTI	RIBUTOR
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VAEUE OF \$50.0	LTO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3; IN-KIND CONTRIBUTION RECE	NV-158VANNI-BAVA-08-51-3	VNGV/ED/a)VVDXDTVA)	
		JOHN WEARING	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION	ONS DURING THIS REPO	RTING S	
PERIOD (Add and enter amount totals f on Page 1, Report Cover Page, Item F)			

## SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number: Tracy A. Gast		

Full Name of Contribu	ator	,		Date (MM/DD/YYYY)	<b>5</b>
House#	Street Address	######################################	THE RESERVE THE SECOND	/Date [MW/DD/YYYY]	\$
City	<b>查查的</b> 的现在分词 2000年中的 1000年 100	State	Zip Code	Date (MM/DD/YYYY)	\$
Description of Contrib	oution		Tarana A secure as ea		
Full Name of Contribu	ator			Date [MM/DD/\\\\]	\$.
House#	Street Address				<b>£</b>
City	January Doman Company	State	Zip Code	Date [MM/DD/XYYY]	<b>\$</b>
Description of Contrib	aution				
Full Name of Contribu				130001300000000000000000000000000000000	5
(House)#	Street Address			The state of the s	\$
City		State	Zip Code	Date [MM/DD/YYYY]	<b>5</b>
Description of Contrib					
Full Name of Contribu					\$
House #	Street Address				\$
Gity  Description of Contrib		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribu					\$
House#	Street Address				\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	Jution				

## SCHEDULE II Part G

## **In-Kind Contributions Received**

**VALUE OVER \$250** 

Filer Identification Number: Tracy A. Gast	

Full Name of Contrib	utor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
Gity 3		State	Zip Code	Date [MW/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing Ad Place of Business	dress / Principal			Description of Contribution
Full/Name of Contrib	itor			Date [MM/DD/YYYY]
House #	Street Address	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/XYYY] \$
Employer Name			L. Janobras John Market	Occupation
Employer Mailing Add Place of Business	dress / Principal		100000000000000000000000000000000000000	Description  of  Contribution
Full Name of Contribu	ator.			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] 5
Employer Name				Occupation
Employer Mailing Add Place of Business	dress / Principal			Description of Contribution
Full Name of Contribu	itor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing Add Place of Business	iress / Principal			Description of

# Statement of Expenditures

Filer Identification Number:		
winesing this property of the second		
	·	
ITracy A. Gast		

To Whom Paid			·	Date [MM/DD/YYYY] \$
EB COLUMN			<del></del>	
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] \$
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	
				<u> </u>
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address		Describeration of the last of	Date [MM/DD/YYYY] \$ Description of Expenditure
House #	Street Address	State	Z/p Code	Description of Expenditure
House # City		State	Zip	
House # City To Whom Paid.	Street Address Street Address		Zip Code	Description of Expenditure
House # City To Whom Paid House #		State	Zip	Description of Expenditure  Date [MM/DD/YYYY]   \$  Description of Expenditure
House # City To Whom Paid.			Zip Code	Description of Expenditure  Date [MM/DD/YYYY] \$
House#  City  To Whom Paid  House#  City  To Whom Raid		State	Zip Code Zip Code	Description of Expenditure  Date [MM/DD/YYYY]   \$  Description of Expenditure
House # City  To Whom Paid  City  City  To Whom Raid  House #  City  City	Street Address		Zip Code	Description of Expenditure  Date [MM/DD/YYYY] \$  Description of Expenditure  Date [MM/DD/YYYY] \$  Description of Expenditure
House#  City  To Whom Paid  House#  City  To Whom Raid	Street Address	State	Zip Code Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House # City To Whom Paid  City City To Whom Raid  House #	Street Address	State	Zip Code Zip Code	Description of Expenditure  Date [MM/DD/YYYY] \$  Description of Expenditure  Date [MM/DD/YYYY] \$  Description of Expenditure

#### 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 Ide	entification	Number	Tracy	A. Gast				

Name of	Creditor		Tracy A. Gast		Outstanding Balance of Debt
House #	12475	Stre	et Address Lakeview Dr	DATE DEBT INCURRED [MM/DD/YYYY)	<b>₹</b>
				10/20/2023	
Ċ			Edinboro	PA Code 16412	1000.00
Descripti	on of Debt		Loan to the Committee "Friends to Elect Tracy A. G	ast"	
Name of	Creditor				Outstanding Balance of Debt
House #		Stree	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	•
City		J	State.	Zip Code	
Description	on of Debt	, i	Life Charles and American	I Programmed	[638554]
Name of	Creditor				Outstanding Balance of Debt
House #		Stree	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State	Zip Code	
Description	on of Debt		Land Control of the C		<u> </u>
Name of	Creditor			*	Outstanding Balance of Debt
House #		Stree	et Address	DATE DEBT INCURRED	<b>.</b>
				[MM/DD/YYYY]	
City			State	Zip Code	
Description	on of Debt	+4			
Name of	Creditor				Outstanding Balance of Debt
House #			et Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State	Zip Code	
Description	on of Debt				Riting 1
Name of	Creditor				Outstanding Balance of Debt
House #		Stree	st Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		[.	State	Zip	
Description	on of Debt		<u> </u>	Code	