Reset Form

Print Form



Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By Candidate (Mark X)				Committee				
Name of Filing Comm Lobbyist	nittee, Car	ndidate or	Tracy Gast							
Street Address	Street Address				12475 Lakeview Dr					
City	Edinboro				State	PA	Zip Code	16412		
Type of Report (Place	x under r	eport type)								
1-6 th Tuesday 2-2 Pre-Primary Pre-I	nd Friday Primary	3- 30 Day Post Primary	2015/2010	†Tuesday Election	5- 2 nd Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
				3n/± 161		X				
Date Of Election (MM/DD/YYYY)		11/07	Yes	F	2023	Amendment Report		Termination Report	X	
Summary of Receipts	and	From Date		To Date			For	Office Use Only 🖖 🖠	region de la company	
Expenditures		10/24/23	Total Variation	1	1/27/23	the hold the plant of				
A. Amount Brought F	orward Fi	rom Last Report	3 9.53	\$ 1	1000.00		eren in de en de Roese Fender.	and the control of th	8	
B. Total Monetary Co (From Schedule I)	ntributio	ns and Receipts		\$	0			ETT (A) Section of	다 다 다	
C. Total Funds Availal (Sum of Lines A and B	A SHOW THE SAME	ing and a		\$	0				1	
D. Total Expenditures (From Schedule III)	4.6		\$ 0		\$ 5.7 Y					
E. Ending Cash Balanc (Subtract Line D from	The second of the second			\$ 0 2 5 75			7. 7.			
F. Value of In-Kind Co	Tr 47 4 - 32	ns Received		\$	0			The state of the s	<u></u>	
(From Schedule II) G. Unpaid Debts and	Obligatio	ns		\$. 0					
(From Schedule IV)				<u> </u>	Affidavit Sec	tion				
Part 1- If this is a Commit	ttee report	, treasurer sign h	ere. If	this is a can	didate report, ca	ndidate sign here.				
I swear (or affirm) that the Sworn to and subscribed	nis report, i	including the attac	ched s	ici e dule gor	i paped, lis to the	best of my knowled	ge and belief tr	ue, correct and complet	te.	
Sworn to and subscribed	Detore me	this		mission expir ommission nu Pennsylvania	wea	- // L/J	DD D	2		
day of day	<u> </u>	1 1 1	-	nsyl	: 371	$-\mu$	of Person Subm	<u> </u>		
-aside	<u> </u>	WATA)î	<u>_</u>	nission expir mmission nu Pennsylvania	of Penr Watson	PRAC	ey H.	7A-5T		
/Signate	ure		,	~ 1 ~ 0	Cour.		Printed Nam	e 		
My Commission expires_	12/	03 <u>403</u>	6°	nber 142	sylvania n, Notary	110	<u>ح</u>	33 9099		
	MO. ◀	DAY YR.		nber 1425 Association	Jy P Z	rea Code	Day	time Telephone Numbe	er	
Part II- If this is a report of				nitige	ida ឆ្នាំall sign he					
l 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										
						Sign	nature of Candid	late		
Signati	ıre		_	.		Printed Name				
My Commission expires_	140	DAY VD			 -					
	MO.	DAY YR.			А	rea Code	Dayt	ime Telephone Number	•	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number Tracy A. Gast	

1. Unitemized 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)	185 Q 185, 84	
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$ 11 11 11 14 14 14 14 14 14 14 14 14 14 1
Total for the reporting period	(3)	\$
4: Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E		
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, ReCover Page, Item B)	port	\$

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

	Iracy	A. Gast			
					Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address	s .		Date [MM/DD/YYYY]	S
City	2000 2000 300 300 300 300	State	Zip Code	Date [MM/DD/YYYY]	\$
				<u> </u>	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House#	Street Address	š		Date [MM/DD/YYYY]	S
				<u>Regio di Sara Persan</u> , da 1721 (Persan Sat P ersa	
City	Land the modern age	State	Zip Code	Date [MM/DD/YYYY]	S
		V-10			
Full Name of Co	ntributing	POPPEND A A	Committee Committee (Committee Committee Commi	Date [MM/DD/YYYY]	5
Committee					Nata Nata
House #	Street Address			Date [MM/DD/YYYY]	S
		W States	•		
City -		State	Zip Code	Date [MM/DD/YYYY]	\$
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Full Name of Co Committee	ntributing		Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$
					38 (16) 38 (16) 38 (19)
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				2.7 to \$4.99.00 to 6.00 (2.00 (2.00 to 6.00 to	
Full Name of Co	ntributing	Villatin East (#525)		Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
				A transfer and the Secretary of Secretary of the Conference of the	
City		State	Zip Code	Date [MM/DD/YYYY]	\$.
				20-3-2-21	
Full Name of Co	ntributing	the salesymmet		Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City	j i notekagas nellesi än saffi lan	State	Zip Code	Date [MM/DD/YYYY]	S
		17 1			
2016/2016/51		10.5 (0.8 (A.10.8)	1987 yr. 189 april (1961)		No Sept 1

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,	Tracy A. Gast			

	and the second		-		
Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	*
City		State	Zip Code	Date [MM/DD/YYYY]	\$.
Full Name of Contribut	tor			Date [MM/DD/YYYY]	\$
House #	Street Address	•		Date [MM/DD/YYYY]	\$
Gity		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribut	ior	ages of the following section of	Secretary muses a process of policy	Date (MM/DD/YYYY)	4\$
House #	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	.\$.
	24 THE ST				現 然 情
Full Name of Contribut				Date [MM/DD/XYYY]	\$
·House #	Street Address			Date [MM/DD/YYYY]	\$
City	794 33 34 W 2004 - 70 of Astronomy 1994 4 7 1	State	Zip Code	Date [MM/DD/YYYY]	Š
Full Name of Contribut	OF			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$ 1
Full Name of Contribut	or .			Date [MM/DD/YYYY]	\$
House#	Street Address		1	Date [MM/DD/YYYY]	\$
Gity	Section 1 and 1 an	State	Zip Code	Date [MM/DD/YYYY]	

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. G	ast			
Full Name of			Date [MM/DD/YYYY] \$\$	
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of	P-00-92199 (854.0)	至6年後,對於2年2時的計畫27年20年2	Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY] \$	
city	State	Zip Code	Date [MM/DD/MYYY] \$	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee		•		
House # Street Address			Date [MM/DD/YYYY] 5	
City	State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	r			
House # Street Address			Date [MM/DD/YYYY] \$	
	2004-2000-2000-2			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	Acres Comments		Date [MM/DD/YYYY) \$	
Contributing Committee				
House # Street Address			Date:[MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	[1] (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	The Assert Court and The Court of Court	Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY] \$	
			10 A	
/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: Tracy A. Ga	st		
Full Name of Cor	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	k	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mallin				Occupation
Principal Place of Full Name of Cor	egy vern juggeppen, denem resourcement greating (Date [MM/DD/YYYY] \$
House #	Street Address		,	Date [MM/DD/YYYY] \$
City	(85-22 Service Mark 122 T Carl over environments area	State	Zip Code	Date [MM/DD/YYYY] S
Employer Name Employer Mailin Principal Place of	ş Address /	·		Occupation
Full/Name of Con	- Front and on the processor and an experience and an experience			Date [MM/DD/YYYY]
House #	Street Address			Date [MM/DD/YYYY] \$
Gity		State	Zip:Code.	Date(IMM/DD/YYYY) 5
Employer Name Employer Mailing Principal Place of				Occupation
Full Name of Con	AND THE PROPERTY AND ADDRESS OF THE PARTY OF			Date [MM/DD/YYYY] \$
House #	Street Address		1.166	Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing	Address /			Occupation

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	Tracy A. Gast	
海盖 成集制器 "说 写你" 不是"大多年的通過你不得的是一杯的女子	700	
Full Name		
House# S	treet Address	
City	State Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		
Full Name		
House # S	treet Address	
city	State Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		
Full Name		
House# S	rreet Address	
City Day of State of	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		[韓]
Full Name		
House # St	reet Address	
City	State Zip Code	Date [MM/DD/YYYY] 5
Receipt Description		
Full Name		
	reet Address	
" 14	the County Law Asia	Tanana tanan kanan alam
City	State Zip Côde	Date [MM/DD/YYYY] 5
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: Tracy A	. Gast			
A SOUNT A MARKET AND CONTROL	······································			
1. UNITEMIZED IN-KIND CONTR			EK CUNIKIBUTUK	
TOTAL for the reporting period	(1)	\$		
2. (N-KIND CONTRIBUTIONS REC	ZEIVEDLVALUETOESSOM	01170 \$250 00 (FROM PAI	₹π. ε γ	
TOTAL for the reporting period		\$		
TOTAL for the reporting period	. (2)			
3. IN-KIND CONTRIBUTION RECE	EIVED-VALUE OVER \$25	0.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$	AND STATE AND STATE OF STATE OF THE STATE OF	And a final file control as a file and a first and a first and a file and a f
CANTON OF THE WIND CONTRIBUTE				
TOTAL VALUE OF IN-KIND CONTRIBUTION 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	

Market : Carlotte to the result of the content of t	desite of the second				
Full Name of Contribu	itor			Date [MM/DD/YYYY]	5
House#	Street Address			/Date [MM/DD/YYYY]	\$
City !!		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	ution	063,4867,4869			版[於[[]]]
Full Name of Contribu	tor.			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	
	Julie Gradule 33				
City		State	Zip Code	Date [MM/DD/YYYY)	
				100 A	
Description of Contrib	ution	Marian Surface allows	[2] (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	<u> </u>	對於強
Full Name of Contribu	tor			Date [MM/DD/YYYY]	S
				100	
House #	Street Address			Date [MM/DD/YYYY]	\$
				entonia de vine de todo en Englando en	
		No. 2014 : Street County	The second are set divine		
City		State	Zip Code	Date [MM/DD/YYYY]	*
Description of Contrib	ution				
Full Name of Contribu	lor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Contrib	ution	3200346686 589E			
	1.45				
Full Name of Contribut	tor			Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	\$ \$
	-III-SEL AUULESS				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				1	
Description of Contrib	ution	······································	1.000.00.00.00.00.00.00.00.00.00.00.00.0		A-1337.1

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer identification Number	racy A. Gast			
		 	· · · · · · · · · · · · · · · · · · ·	

and course were depleted in the construction of the construction o		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	14-3	Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		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 Address / Principal Place of Business	1	Description of Contribution
Full Name of Contributor	1800	Date [MM/DD/YYYY] \$
House # Street Address	1.03	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City Employer Name		Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal		Occupation
Employer Mauing Address / Principal Place of Business		Description of Contribution

SCHEDULE III Statement of Expenditures

Filer Identification Number: Tracy A	۸. Gast		
The state of the s		 	

To Whom Pald 🔞				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	iure 👙
Gity		-State	Žip Code		School Communication of the Co
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditu	ure
City	[State	Zip Code		
To Whom Paid				Date [MM/DD//YYYY]	
House #	Street-Address			Description of Expenditu	ire
City	The state of the s	State	Zip Code		
To Whom Paid				Date MM/DD/WWY	
House #	Street Address		5. Table 2. La	Description of Expenditu	ice
City		State	Zip Code		
To Whom Paid				Date [MM/DD/XXXX]	\$
House #	Street Address			Description of Expenditu	ire
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditu	ire
City		State	Zip Code		
To Whom Paid				Date (MM/DD/YYYY)	\$
Høuse#	Street Address			Description of Expenditu	ır e
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	5
House #	Street Address			Description of Expenditu	r e
City		State	Zip Code		

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.

	•	•		
Contract to the contract of th				
Filer Identification Number:				
STREET INCOME OF THE PROPERTY				
I I I I I I I I I I I I I I I I I I I	asi			

Name of Creditor		Tracy A. Gast	Outstanding Balance of Debt
House # 12475	Stre	et Address Lakeview Dr 10/20/2023	2/45/3/2000 (19) [3:0.5/65]
City		Edinboro State PA Zip Code 1641	2 918.64
Description of Debt		Loan to campaign Debt forgiven. \$81.36 paid in debt	
Name of Creditor			Outstanding Balance of Debt
House #	Stree	et Address DATE DEBT INCURR [MM/DD/YYYY]	ED (\$
City	9.7	State Zip Code	
Description of Debt			The state of the s
Name of Creditor			Outstanding Balance of Debt
House #	Stree	et Address DATE DEBT INCURR [MM/DD/YYYY]	ED \$
City		State Zip Code	
Description of Debt		Transaction and Transaction an	P. September 1
Name of Creditor			Outstanding Balance of Debt
House #	Stree	et Address DATE DEBT INCURR [MM/DD/YYYY]	ED) (\$
City Company of the Company of the Company Company of the Company		State Zip Code	
Description of Debt	enia :		
Name of Creditor			Outstanding Balance of Debt
	Stree	t Address DATE DEBT INCURRI (MM/DD/YYYY)	ÉD \$
City		State Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Stree	t Address DATE DEBT INCURRI [MM/DD/YYYY]	D \$
City		State Zip Code	
Description of Debt			