

Commonwealth of Pennsylvania  
**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: <input type="text"/>		Report Filed By: <input type="text"/>		1.	2.	3.
					X	
Name of Filing Committee, Candidate or Lobbyist: <b>FRIENDS OF CASEY</b>						
Street Address: <b>2500 WEST END AVENUE</b>						
City: <b>POTTSVILLE</b>			State: <b>PA</b>		Zip Code: <b>17901 -</b>	
TYPE OF REPORT  (place X to the right of report type)	1.	2.	3.	4.	5.	6.
				X		X
	7.	YEAR				X
Name of Office Sought by Candidate: <b>CLERK OF COURTS</b>			DATE OF ELECTION <b>05 16 2023</b>		District Number	Office Code <b>OTH</b>
						Party Code <b>REP</b>
						County Code <b>54</b>
(SEE INSTRUCTIONS FOR CODES)						
Summary of Receipts and Expenditures from:		01 01 2023		To	05 01 2023	
A. Amount Brought Forward From Last Report		\$		564.22		
B. Total Monetary Contributions and Receipts (From Schedule I)		\$		24,058.14		
C. Total Funds Available (Sum of Lines A and B)		\$		24,622.36		
D. Total Expenditures (From Schedule III)		\$		3,256.50		
E. Ending Cash Balance (Subtract Line D from Line C)		\$		21,365.86		
F. Value of In-Kind Contributions Received (From Schedule II)		\$		539.54		
G. Unpaid Debts and Obligations (From Schedule IV)		\$		NONE		

**AFFIDAVIT SECTION**

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 4th day of May, 2023  
 Commonwealth of Pennsylvania-Notary Seal  
 Sarah Louise Celani, Notary Public  
 Schuylkill County  
 My Commission Expires May 10, 2025  
 Commission Number 1394291  
 My commission expires 5 MO. 10 DAY 2025 YR.

*Norman R. Lettich*  
 Signature of Person Submitting Report  
**NORMAN R. LETTICH**  
 Printed Name  
 (570)   
 Area Code Daytime Telephone Number

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 4th day of May, 2023  
 Commonwealth of Pennsylvania-Notary Seal  
 Sarah Louise Celani, Notary Public  
 Schuylkill County  
 My Commission Expires May 10, 2025  
 Commission Number 1394291  
 My commission expires 5 MO. 10 DAY 2025 YR.

*Maria Casey*  
 Signature of Candidate  
**MARIA CASEY**  
 Printed Name  
 (570)   
 Area Code Daytime Telephone Number

Department of State • Bureau of Commissions, Elections and Legislation  
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate FRIENDS OF CASEY	Reporting Period From <u>01/01/2023</u> To <u>05/01/2023</u>
-----------------------------------------------------------	-----------------------------------------------------------------

<b>CONTRIBUTIONS OVER \$500 FROM PART A AND PART B</b>	
TOTAL for the Reporting Period (1)	\$ NONE

<b>CONTRIBUTIONS OVER \$500 FROM PART A AND PART B</b>	
Contributions Received from Political Committees (Part A)	\$ NONE
All Other Contributions (Part B)	\$ NONE
TOTAL for the Reporting Period (2)	\$ NONE

<b>CONTRIBUTIONS OVER \$500 FROM PART C AND PART D</b>	
Contributions Received from Political Committees (Part C)	\$ NONE
All Other Contributions (Part D)	\$ 24,058.14
TOTAL for the Reporting Period (3)	\$ 24,058.14

<b>CONTRIBUTIONS OVER \$500 FROM PART C AND PART D</b>	
TOTAL for the Reporting Period (4)	\$ NONE

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD.</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 24,058.14
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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.

Name of Filing Committee or Candidate <b>FRIENDS OF CASEY</b>	Reporting Period From <u>01/01/2023</u> To <u>05/01/2023</u>
------------------------------------------------------------------	-----------------------------------------------------------------

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

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.	PAGE TOTAL \$ <b>NONE</b>
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**PART B  
ALL OTHER CONTRIBUTIONS**

**\$50.01 TO \$250.00**

**Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 to \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part A.)**

Name of Filing Committee or Candidate <b>FRIENDS OF CASEY</b>	Reporting Period From <u>01/01/2023</u> To <u>05/01/2023</u>
------------------------------------------------------------------	-----------------------------------------------------------------

			DATE	AMOUNT
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

<b>PAGE TOTAL</b>
\$ NONE

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.

Name of Filing Committee or Candidate <b>FRIENDS OF CASEY</b>	Reporting Period From <u>01/01/2023</u> To <u>05/01/2023</u>
------------------------------------------------------------------	-----------------------------------------------------------------

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

**PAGE TOTAL**  
\$ NONE

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

**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.)**

<b>Name of Filing Committee or Candidate</b> FRIENDS OF CASEY	<b>Reporting Period</b> From <u>01/01/2023</u> To <u>05/01/2023</u>
------------------------------------------------------------------	------------------------------------------------------------------------

Full Name of Contributor	DATE			AMOUNT
FREDERICK J & JILL E FANELLI	1	19	23	\$ 3,000.00
<b>Mailing Address</b> 16772 BRIGHTLING WAY				\$
<b>City</b> NAPLES	<b>State</b> FL	<b>Zip Code (Plus 4)</b> 34110 -		\$
<b>Employer Name</b> FANELLI, EVANS & PATEL, PC	<b>Occupation</b> ATTORNEY			
<b>Employer Mailing Address/Principal Place of Business</b> 1 MAHANTONGO ST, POTTSVILLE, PA 17901				

<b>Full Name of Contributor</b> JEFF PARKER	1	31	23	\$ 1,500.00
<b>Mailing Address</b> 857 WYNONAH DRIVE				\$
<b>City</b> AUBURN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17922 -		\$
<b>Employer Name</b> SELF-EMPLOYED	<b>Occupation</b> CONSULTANT			
<b>Employer Mailing Address/Principal Place of Business</b> N/A				

<b>Full Name of Contributor</b> MARIA T CASEY	5	1	23	\$ 19,558.14
<b>Mailing Address</b> 207 ARLENE ST				\$
<b>City</b> MINERSVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17954 -		\$
<b>Employer Name</b> SCHUYLKILL COUNTY	<b>Occupation</b> CLERK OF COURTS			
<b>Employer Mailing Address/Principal Place of Business</b> 401 N 2ND ST, POTTSVILLE, PA 17901				

<b>Full Name of Contributor</b>				\$
<b>Mailing Address</b>				\$
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>		\$
<b>Employer Name</b>	<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b>				

<b>Full Name of Contributor</b>				\$
<b>Mailing Address</b>				\$
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>		\$
<b>Employer Name</b>	<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b>				

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

**PAGE TOTAL**  
**\$ 24,058.14**

## 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 <b>FRIENDS OF CASEY</b>	Reporting Period From <u>01/01/2023</u> To <u>05/01/2023</u>
------------------------------------------------------------------	-----------------------------------------------------------------

Full Name
-----------

Mailing Address
-----------------

City	State	Zip Code (Plus 4) -	Amount	\$
------	-------	------------------------	--------	----

Receipt Description
---------------------

Full Name
-----------

Mailing Address
-----------------

City	State	Zip Code (Plus 4) -	Amount	\$
------	-------	------------------------	--------	----

Receipt Description
---------------------

Full Name
-----------

Mailing Address
-----------------

City	State	Zip Code (Plus 4) -	Amount	\$
------	-------	------------------------	--------	----

Receipt Description
---------------------

Full Name
-----------

Mailing Address
-----------------

City	State	Zip Code (Plus 4) -	Amount	\$
------	-------	------------------------	--------	----

Receipt Description
---------------------

Full Name
-----------

Mailing Address
-----------------

City	State	Zip Code (Plus 4) -	Amount	\$
------	-------	------------------------	--------	----

Receipt Description
---------------------

Full Name
-----------

Mailing Address
-----------------

City	State	Zip Code (Plus 4) -	Amount	\$
------	-------	------------------------	--------	----

Receipt Description
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<b>PAGE TOTAL</b>
\$ NONE

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

# 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 FRIENDS OF CASEY	Reporting Period From 01/01/2023 To 05/01/2023
-----------------------------------------------------------	---------------------------------------------------

TOTAL for the Reporting Period (1)	\$ NONE

TOTAL for the Reporting Period (2)	\$ NONE

TOTAL for the Reporting Period (3)	\$ 539.54

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, Report Cover Page, Item F.)	\$ 539.54
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**SCHEDULE II  
PART F  
IN-KIND CONTRIBUTIONS RECEIVED**  
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <b>FRIENDS OF CASEY</b>	Reporting Period From <u>01/01/2023</u> To <u>05/01/2023</u>
------------------------------------------------------------------	-----------------------------------------------------------------

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL \$ <b>NONE</b>
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SCHEDULE II  
PART G  
**IN-KIND CONTRIBUTIONS RECEIVED**  
VALUE OVER \$250.00

Name of Filing Committee or Candidate <b>FRIENDS OF CASEY</b>	Reporting Period From <u>01/01/2023</u> To <u>05/01/2023</u>
------------------------------------------------------------------	-----------------------------------------------------------------

				DATE	AMOUNT
Full Name of Contributor <b>CHRISTINE A. HOLMAN</b>				MO. DAY YEAR <b>03 17 2023</b>	\$ 539.54
Mailing Address <b>204 E BROAD ST</b>				MO. DAY YEAR	\$
City <b>TAMAQUA</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18252 -</b>		MO. DAY YEAR	\$
Employer of Contributor <b>SELF-EMPLOYED</b>				Occupation <b>ATTORNEY</b>	
Employer Mailing Address/Principal Place of Business <b>N/A</b>				Description of Contribution <b>CAMPAIGN MATERIAL</b>	
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 539.54

**SCHEDULE III  
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate <b>FRIENDS OF CASEY</b>	Reporting Period From <u>01/01/2023</u> To <u>05/01/2023</u>
------------------------------------------------------------------	-----------------------------------------------------------------

To Whom Paid <b>SAC SALES</b>	2	24	23	Amount <b>\$ 2,676.50</b>	
Mailing Address <b>381 W MAHANOY AVE</b>	Description of Expenditure <b>SIGNS</b>				
City <b>GIRARDVILLE</b>	State <b>PA</b>	Zip Code (Plus 4) <b>17935 -</b>			
To Whom Paid <b>POTTSVILLE CITY REP COMMITTEE</b>	2	24	23	Amount <b>\$ 500.00</b>	
Mailing Address <b>BOX 449</b>	Description of Expenditure <b>CONTRIBUTION</b>				
City <b>POTTSVILLE</b>	State <b>PA</b>	Zip Code (Plus 4) <b>17901 -</b>			
To Whom Paid <b>SACRAMENTO FIRE COMPANY</b>	3	2	23	Amount <b>\$ 80.00</b>	
Mailing Address <b>2206 E MAIN STREET</b>	Description of Expenditure <b>CONTRIBUTION</b>				
City <b>SACRAMENTO</b>	State <b>PA</b>	Zip Code (Plus 4) <b>17968 -</b>			
To Whom Paid				Amount <b>\$</b>	
Mailing Address	Description of Expenditure				
City	State	Zip Code (Plus 4) <b>-</b>			
To Whom Paid				Amount <b>\$</b>	
Mailing Address	Description of Expenditure				
City	State	Zip Code (Plus 4) <b>-</b>			
To Whom Paid				Amount <b>\$</b>	
Mailing Address	Description of Expenditure				
City	State	Zip Code (Plus 4) <b>-</b>			
To Whom Paid				Amount <b>\$</b>	
Mailing Address	Description of Expenditure				
City	State	Zip Code (Plus 4) <b>-</b>			
To Whom Paid				Amount <b>\$</b>	
Mailing Address	Description of Expenditure				
City	State	Zip Code (Plus 4) <b>-</b>			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	<b>PAGE TOTAL</b> <b>\$ 3,256.50</b>
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## 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.

Name of Filing Committee or Candidate <b>FRIENDS OF CASEY</b>	Reporting Period From <u>01/01/2023</u> To <u>05/01/2023</u>
------------------------------------------------------------------	-----------------------------------------------------------------

Name of Creditor				Outstanding Balance of Debt	
Mailing Address				\$	
DATE DEBT INCURRED					
City		State	Zip Code (Plus 4)		
Description of Debt					
Name of Creditor				Outstanding Balance of Debt	
Mailing Address				\$	
DATE DEBT INCURRED					
City		State	Zip Code (Plus 4)		
Description of Debt					
Name of Creditor				Outstanding Balance of Debt	
Mailing Address				\$	
DATE DEBT INCURRED					
City		State	Zip Code (Plus 4)		
Description of Debt					
Name of Creditor				Outstanding Balance of Debt	
Mailing Address				\$	
DATE DEBT INCURRED					
City		State	Zip Code (Plus 4)		
Description of Debt					
Name of Creditor				Outstanding Balance of Debt	
Mailing Address				\$	
DATE DEBT INCURRED					
City		State	Zip Code (Plus 4)		
Description of Debt					
Name of Creditor				Outstanding Balance of Debt	
Mailing Address				\$	
DATE DEBT INCURRED					
City		State	Zip Code (Plus 4)		
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL
\$ NONE