



Commonwealth of Pennsylvania - Campaign Finance Report

page 1 of 5

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Mark A. Nenichka					
Street Address		77 Brook Street					
City	Swoyersville	State	PA	Zip Code	18704		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-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	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)		05/18	Year		2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
		01/01/2021	
A. Amount Brought Forward From Last Report	\$	0	RECEIVED 2021 MAY 28 AM 9:09 BOARD OF ELECTIONS HARRISBURG, PA
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1979.02	
C. Total Funds Available (Sum of Lines A and B)	\$	1979.02	
D. Total Expenditures (From Schedule III)	\$	1979.02	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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 on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

28 day of MAY 20 21

Signature: Jillie Andrews

My Commission expires 5/20/24

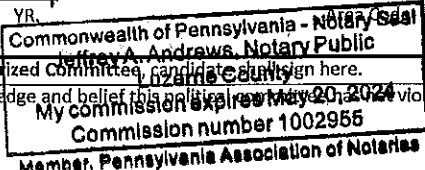
Signature of Person Submitting report: Mark A. Nenichka

Printed Name: Mark A. NENICHKA

570

283-2263

Daytime Telephone Number



Part II- If this is a report of a Candidate's Authorized Committee, candidate sign here.

I swear (or affirm) that to the best of my knowledge and belief this political report does not violate 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: _____

My Commission expires _____ MO. DAY YR.

Signature of Candidate: _____

Printed Name: _____

Area Code: _____

Daytime Telephone Number: _____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Mack A. Newickka</i>	Reporting Period From <i>01/01/2021</i> To <i>05/28/2021</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <i>0</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$ <i>0</i>
All Other Contributions (Part B)		\$ <i>250.00</i>
TOTAL for the Reporting Period	(2)	\$ <i>250.00</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ <i>0</i>
All Other Contributions (Part D)		\$ <i>1729.02</i>
TOTAL for the Reporting Period	(3)	\$ <i>1729.02</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
TOTAL for the Reporting Period	(4)	\$ <i>0</i>

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ <i>1979.02</i>
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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 <i>Mark A. Nevichka</i>	Reporting Period From <i>01/01/2024</i> To <i>05/28/2024</i>
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor <i>Arnold E. Plack II</i>	<i>03</i>	<i>08</i>	<i>2021</i>	\$ <i>250.00</i>
Mailing Address <i>PO Box 4174</i>	MO.	DAY	YEAR	\$
City <i>Wyoming</i> State <i>WY</i> Zip Code (Plus 4) <i>18644</i>	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$

PAGE TOTAL
\$ *250.00*

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

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 <i>Mark A. NENICKA</i>	Reporting Period From <i>6/01/2021</i> To <i>05/28/2021</i>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor <i>Mark A. NENICKA</i>				2	10	2021	\$ 657.20
Mailing Address <i>77 Brook Street</i>				2	25	2021	\$ 715.50
City <i>Swoyersville</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18704-</i>		4	9	2021	\$ 358.32
Employer Name <i>Diamond Manufacturing Co</i>				Occupation <i>Safety Specialist/Logistics Mgr</i>			
Employer Mailing Address/Principal Place of Business <i>243 W. 8th Street, Wyoming, PA 18644</i>							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.	PAGE TOTAL \$ 1729.02
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SCHEDULE III
Statement of Expenditures

Filer Identification Number: _____

To Whom Paid		Mozip Graphic Manufactures			Date [MM/DD/YYYY]	\$	657.20
House #	41-43	Street Address	Gates Ave		Description of Expenditure		
City	Kingston	State	PA	Zip Code	18704	Yard signs, Palm cards	
To Whom Paid		Mozip Graphic Manufactures			Date [MM/DD/YYYY]	\$	715.50
House #	41-43	Street Address	Gates Ave		Description of Expenditure		
City	Kingston	State	PA	Zip Code	18704	Door hangers, Signs	
To Whom Paid		Mozip Graphic Manufactures			Date [MM/DD/YYYY]	\$	530.00
House #	41-43	Street Address	Gates Ave		Description of Expenditure		
City	Kingston	State	PA	Zip Code	18704	Yard signs	
To Whom Paid		Mozip Graphic Manufactures			Date [MM/DD/YYYY]	\$	76.32
House #	41-43	Street Address	Gates Ave		Description of Expenditure		
City	Kingston	State	PA	Zip Code	18704	Palm Cards, Door hangers	
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			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

Subtotal Total \$1979.02