

# Commonwealth of Pennsylvania - Campaign Finance Report

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

City  Lacke City  Type of Report (Place x under report type)  1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Day Post 4- 6 <sup>th</sup> Pre-Primary Pre-Primary Primary Pre-E  Date Of Election (MM/DD/YYYY)  Summary of Receipts and From Date Expenditures  A. Amount Brought Forward From Last Report \$  B. Total Monetary Contributions and Receipts (From Schedule I)  C. Total Funds Available (Sum of Lines A and B)  D. Total Expenditures \$ (From Schedule III)  E. Ending Cash Balance (Subtract Line D from Line C)	Tuesday 5.2 Election Pres  To Date  05/05/0  4) 800  4) 800  4) 800	State  2nd Friday Election  0.00  0.00  0.8	Frank B	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election  Termination Report  Office Use Only	Special 30 Day Post-Election
City  Lacke Citu  Type of Report (Place x under report type)  1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Day Post 4- 6 <sup>th</sup> Pre-Primary Pre-Primary Primary Pre-E  Date Of Election (MM/DD/YYYY)  Summary of Receipts and From Date Expenditures  A. Amount Brought Forward From Last Report \$  B. Total Monetary Contributions and Receipts (From Schedule I)  C. Total Funds Available (Sum of Lines A and B)  D. Total Expenditures (From Schedule III)  E. Ending Cash Balance (Subtract Line D from Line C)	Tuesday 5.2 Election Pres  To Date  05/05/0  4) 800  4) 800  4) 800	State  Priday Election  O-00  O-00	6-30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election  Termination Report  Office Use Only	Special 30 Day Post-Election
Type of Report (Place x under report type)  1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 Day Post 4-6 <sup>th</sup> Pre-Primary Pre-Primary Primary Pre-E  Date Of Election (MM/DD/YYYY)  Summary of Receipts and From Date Expenditures  A. Amount Brought Forward From Last Report \$ B. Total Monetary Contributions and Receipts (From Schedule I)  C. Total Funds Available (Sum of Lines A and B)  D. Total Expenditures (From Schedule III)  E. Ending Cash Balance (Subtract Line D from Line C)	Tuesday 5.2 Election Pres  To Date  05/05/0  4) 8/00  4) 8/00  4) 8/00	State  2nd Friday 2- Election  COCO  COCO	Election  Amendment	7-Annual	Special 2 <sup>nd</sup> Friday Pre-Election  Termination Report  Office Use Only	Post-Election
Type of Report (Place x under report type)  1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Day Post 4-6 <sup>th</sup> Pre-Primary Pre-Primary Pre-E  Date Of Election (MM/DD/YYYY)  Summary of Receipts and From Date Expenditures  A. Amount Brought Forward From Last Report \$  B. Total Monetary Contributions and Receipts (From Schedule I)  C. Total Funds Available (Sum of Lines A and B)  D. Total Expenditures (From Schedule III)  E. Ending Cash Balance (Subtract Line D from Line C)	To Date  05/05/0  4) 800  4) 800  4) 945	(2023 0.00	Election  Amendment		Special 2 <sup>nd</sup> Friday Pre-Election  Termination Report  Office Use Only	Post-Election
Pre-Primary Pre-Primary Primary Pre-E  Date Of Election (MM/DD/YYYY)  Summary of Receipts and From Date Expenditures  A. Amount Brought Forward From Last Report \$ B. Total Monetary Contributions and Receipts (From Schedule I)  C. Total Funds Available (Sum of Lines A and B)  D. Total Expenditures (From Schedule III)  E. Ending Cash Balance (Subtract Line D from Line C)	To Date  05/05/0  4) 800  4) 800  4) 945	(2023 0.00	Election  Amendment		Pre-Election  Termination Report  Office Use Only	Post-Election
Summary of Receipts and   From Date	To Date  05/05/  &  4) 8/00  4) 8/00  4) 9/15	0.00 0.00	Baden - 15 - 12/65/2014	For C	Report  Office Use Only	2023 NA
Summary of Receipts and   From Date	To Date  05/05/  &  4) 8/00  4) 8/00  4) 9/15	0.00 0.00	Baden - 15 - 11/65/2014	For C	Report  Office Use Only	2023 NA
Expenditures    Color   Color   Color	05/05/05/05/05/05/05/05/05/05/05/05/05/0	0.00 0.00		For C		2023 HA
(From Schedule I)  C. Total Funds Available (Sum of Lines A and B)  D. Total Expenditures (From Schedule III)  E. Ending Cash Balance (Subtract Line D from Line C)	4)860 4)860 4)945	0.00			VOTER I	2023 MA
(Subtract Line D from Line C)					F.11	
to the control of the	20.0	00			25	က်
F. Value of In-Kind Contributions Received \$ (From Schedule II) G. Unpaid Debts and Obligations \$	8	· .			TAY E	당
(From Schedule IV)	B	_			Š	2
Part 1- If this is a <b>Committee</b> report, treasurer sign here. I	is is a Candida	Affidavit Sec e report, ca	ndidate sign here		· 	·
My Commission expires 12 2 2 2026.  MO. DAY YR.  Part II- If this is a report of a Candidate's Authorized Commit	Of Pennsylvania, Watson, Notary Pulation, Notary Pulation, Notary Pulation, Pulation Pulation, Notary Pulati	All sign he	A23 rea Code	Printed Name Dayti	ting report RS  A 833- Ime Telephone Numbe	<u>-</u> <u>1</u> 096
I swear (or affirm) that to the best of my knowledge and belia amended.	eg his political o	committee h	nas not violated any	provisions of th	e Act of June 3, 1937 (F	P.L. 1333, NO.320) as
Sworn to and subscribed before me this  day of My 202023  Member, Pennsylvania Association of No. DAY YR.	Commons Ang My comm		Signal Si	Printed Name	E RESUK	<u>n</u> g

#### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number			 _
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	2000 2 (V) <b>20</b>		
<ul> <li>1 - 1 - 25 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -</li></ul>	<u> </u>		
		4	

1.Uniternized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 435.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ X
All Other Contributions (Part B)	\$ 1450,00
Total for the reporting period (2)	\$ 1,450,00
3. Contributions Over \$250,00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ ×
All Other Contributions (Part D)	\$ 3,490,00
Total for the reporting period (3)	\$ 3,49000
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
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)	\$ 5375.00

#### 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			<del>''</del>		
	•	¥ ,				Amount
Full Name of Con	tributing	· .			Date [MM/DD/YYYY] \$	
Committee						
House #	Street Address			<del></del>	Date [MM/DD/YYYY] 8 \$	
		·.			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
City		State	Zip Code		Date [MM/DD/YYYY] 5	
Full Name of Con	tributing	A CONTRACT OF THE CONTRACT OF	Nasara I		Date [MM/DD/YYYY] \$	
Committee			,			
House #	Street Address		v		Date [MM/DD/YYYY] \$	
			***************************************			
City	To programme to the control of the c	State	Zip Gode \		Date [MM/DD/YYYY] \$	
Full Name of Con	tributing		第2年27年第57日開発を開発し場合が		Date [MM/DD/YYYY] \$	
Committee					The state of the s	
House #	Street Address			,	Date [MM/DD/YYYY] \$	
				1. S.		
City		State	Zip Code	1	Date [MM/DD/YYYY] \$	
Full Name of Con	tributing	ACC SOCIES OF SOCIES SOCIES	(App. 1997年) 20世紀 4月 1985年 17月 1		Date [MM/DD/YYYY] \$	
Committee					(1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
House #	Street Address				Date [MM/DD/YYYY] \$	
City		State	Zip Code		Date [MM/DD/YYYY] \$	
Full Name of Con	tributing				Date [MM/DD/YYYY] \$	
Committee						
House #	Street Address				Date [MM/DD/YYYY] \$	ţ::
					\ \$3	
City		State	Zip Code		Date [MMXDD/YYYY] \$	
Full Name of Con	tributing	p - 2020 Week	[1998年末2009年 11日-安全的公司		Date [MM/DD/YYYY] \$	
Committee						
House#	Street Address				Date [MM/DD/YYY] \$	
City		State	Zip Code		Date [MM/DD/YYYY] \$	
			4.00			

### **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.

Filer Identification Number:	<u> </u>	· · · · · · · · · · · · · · · · · · ·	ــــــــــــــــــــــــــــــــــــــ	 
	1			
Filer Identification Number:	10230039		•	
The state of the s	17000-1			

VOLUME TO A STATE OF THE PROPERTY OF THE PROPE	<del></del>		
Full Name of Contributor	Christopher Bleadi	Date [MM/DD/YYYY] S	50.00
	eet Address	Date [MM/DD/YYYY] \$	
Bary Egie	State PO Zip Code 4.504	Date [MM/DD/YYYY] \$	
	PF) 16506		<u> </u>
Full Name of Contributor		Date [MM/DD/YYYY] S	
House #   Stre	eet Address	02/10/2033 Date [MM/DD/YYYY] \$	50,00
61ty 055	Avania Rd.		
Failevi	w PA Zip Code 10415	Date [MM/DD/YYYY] \$	
Full Name of Contributor		Date [MIM/DD/YYYY] \$	
House#   Co.	Robert Bortz	08/14/8023	50,00
House# Stre	eet Address Harvard Rd	Date [MM/DD/YYYY] \$	
city ERIC	State Zip Code	Date [MM/DD/YYY] \$	
	PT 110508		
Full Name of Contributor	Limoto Magain	08/14/3083	50,00
	per Address	Date [MM/DD/YYYY] \$	30,00
1.11.5	BROWN AVE		
City	State Zip Gode	Date [MM/DD/YYYY] S	
Full Name of Contributor		Date [MM/DD/YYYY] \$	
	Amanda Marks		$\Gamma \cap \cap \cap$
TO BE ADDRESSED OF THE PROPERTY OF A SECRETARIAN AND A SECRETARIAN AND ASSESSMENT OF A SECRETARIAN ASSESSMENT OF A SEC	_ / * / / / / / / / / / / / / / / / / /	00 118 1000 3	
House # Stre	et Address	Date [MM/DD/YYYY] \$	50,00
1517	Gumner Dr.	Date [MM/DD/YYYY] S	50,.00
1517 ERIE	et Address	Date MM/DD/YYYY \$  Date MM/DD/YYYY \$	50,.00
City ERIC Full Name of Contributor	State PA ZID Code: 1U5'05	Date [MM/DD/YYYY] S	50,.00
City ERIC Full Name of Contributor	State PA ZID Code: 1U5'05	Date [MM/DD/YYYY]   \$   Date [MM/DD/YYYY]   \$   Date [MM/DD/YYYY]   \$   Oate [MM/DD/YYYY]   \$	50.00
City ERIC Full Name of Contributor	State Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	50.00 60.00
City ERIC Full Name of Contributor	State PA ZID Code: 1U5'05	Date [MM/DD/YYYY]   \$   Date [MM/DD/YYYY]   \$   Date [MM/DD/YYYY]   \$   Oate [MM/DD/YYYY]   \$	50.00 60.00

#### 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.		
Will are presented to the person of the pers		
Full Name of Contributing Committee		,Date [MM/DD/M/M] = \$
House# Street-Address		Date [MM/DD/YYYY] \$7
Cly	State Zip/Code	Pate MM/DD/AAYA() 5
Eull Namelof Contributing Committee		Date [MM/DD/AAAA] \$
House # Street Address		Date (MM/DD/YYYY)
Civ	State Zip:Gode	Date MM/DD/M/Y/
Full Name of Contributing Committee		Date [MM/DD/AYYYM] \$
Höüse:# Street Address		Date [MM/DD/NYYY] ;
Gly	State ( Zip Code)	Date [MIW//DD/AYAY]
Full Name of Contributing Committee	``	Date [MM/DD/XXXX]
House# Street Address		Date[MM//DD/XYXY)] \$
(Gity)	State Zip Code	Date [MM/DD/XYYY]
Full Name; of Contributing Committee.	\	Date [MM/,DD/,YYYY] \$
House# Street Address	\	Date [MM/DD/YYYY] SS
City	State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee		Date [MM/DD/XYYY]
House# Street Address		Date [MM/DD/YYYY]
(City)	State Zip Code	Date [MM/DD/YYYY] S.

# **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.

ber and	30039		 	_
I CA UN	30037	 		

Full Name of Contributor Nicholas White	03/33/33	50.00
House # Street Address East 41st St.	Date [MM/DD/YYYY]	
City GRIC State PA Zip Code 16504	Date [MM/DD/YYYY]	
Full Name of Contributor:  Jaune McNally Russell	03/23/2023	50.00
House # 4822 Rudd St	Date [MM/DD/YYYY]	
Westspringfeld 13 PA ZID COOSE 110443	Date [MM/DD/YYYY]	
Full Name of Contributor Paula Bowers	Date [MM/DD/MM] \$	200,00
House# Street Address Park St	Date [MM/DD/YYYY] \$	
Sharon State PA Zip Code 1646	Date [MM/DD/YYYY] 5	
Full Name of Contributor.  Dapul Marks	Date [MM/DD/YYYY] S	<i>800.00</i>
House # Street Address West 27th St	Date [MM/DD/YYYY]	
ERIE State PA ZiD Gode 16508	Date [MM/DD/YYYY] \$	
Full Name of Contributor  Michael Mashane	Date [MM/DD/YYYY] S	100.00
House # 3035 Street Address Iduil brook Ln	Date [MM/DD/YYYY] S	
City ERIC State PA ZID Code 11506	Date [MM/DD/YYYY] \$	
Full Name of Contributor Timothy George	Date [MM/DD/YYYY] s	
House # 1468 Street Address Elleway C+	Date [MM/DD/YYYY] S	
City Fairview State PA Zip Code 110415	Date [MM/DD/YYYY]	

#### 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.

Eller Identification Number				
FulliName				
House#/	reet Address	-	764 % - 1	1.40
Giy		State	ZÞ	Date [MM/DD/YYYY)] \$
			Code	Date [MM/DD/YYYY] \$
Receipt Description			200m/december 3 Selectionscopering	[257(65)]
ifdliName —				
#House#.	reet Address			
Gity	AMBRICATION FAMILIANT SAFERIN	State	Zip	Date [MM/DD/YYYY] \$
Receipt Description			Code	
Füll Name				
House# St	reet Address			
Gity S	THE PROPERTY OF THE PROPERTY O	State	ZiĎ	Date [MM/DD/YYYY] \$
			Gode	
Receipt Description				Transact
(FUII Name)		·		
House'# St	reet Address	· · · · · · · · · · · · · · · · · · ·		
Gity		State	Zip	Date [MM/DD/AAAA]
			Code \	Date [MM/DD/YYYY] 45
Recellate Déscription				
Full Name				
House# St	eet Address		1	
gity :		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
			, j	
Full Name				
House # Str	eet Address		<del></del>	7-
City .		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			a court	
	dik			

#### 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

Hiller identification (Numbers)			··		
al (UNIDEN) IZED) INHAIND (CONTR	IBUTIONS RECEIVED	EVALUEOFS50(	ODORUESHARRONIALUT	OR Alfabeta kana kana kana kana	
TOTAL for the reporting period	(1)		\$		
2; INEKIND CONTRIBUTIONS RE		0.00 -10.55215.0100			
TOTAL for the reporting period	(2)		\$		
3. INEKIND CONTRIBUTION REC	EWEDEVALUE OVER	\$250:00)(FRGMI)	PART(G), PER WEST STATES		
TOTAL for the reporting period	(3)		\$		
		<u> </u>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for page 1, Report Cover Page, Item F)		i 1	\$	· · ·	

#### SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

	VALUE OF \$50.01 TO	) \$250
Filer identification Number		
Full Name of Contributors		Date [MM/DD/XXXI) \$
House # Street Address		Date MM/DD/\\\\  \$\$
Giỳ	State Zip Code	*Date*[MM/DD/\\\\\\)
Pescription of Contribution	Topological state of the state	技术的器
Full Name of Contributor		Date [MM/DD/AXAM]) 5
House # Street Address		Date [MM/DD/MYYY] 53
<b>Gity</b>	State Zip Code 1	Date [IVIM/DD/AYXAY]
Description of Contribution		-
Full Name of Contributor		Date (IMM/DD/AYAA)    \$
House # Street Address		Date [MM/DD/XYXYI] \$
(Gity,	State Zip Code	Date [MM/DD/AAAXA] \$5
Description of Contribution		
FulliName;oficontributor.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date [MM/DD/MMM] \$
Houself Street Address		-Date (MM//DD//YYYY) )
(Gly)	State Zip Code	Date [MIN//DD/AYAY()] \$5.
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] \$.
Description of Contribution		

## SCHEDULE II

#### Part G

# **In-Kind Contributions Received**

**VALUE OVER \$250** 

SFIEF Identification/Number		
AFUI II Name of Acontributor.		Date (MM/DD/MM)
House# Street Address	\	Date [MM/DD/MYY]
Gity	State Zip Gode	Date [MM/DD/AYYY] S
Employer/Malling Address // Principal	NEW TRANSPORTER	Occupation Description
Race of Business		Of Contribution
Full Name of Contributor		Date Min/DD/MYY4
House # Street Address		Date [MM/DD/XYYY) S
City	State Zip, Code	Date [MM/DD/YYYY] S
Employer Name  Employer Mailing Address // Principal		Occupation Description
Place of Business		of Marie Gontribution
Full Name of Contributor		Pate (MM//DD//YMY)
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] S
Employer Name  Employer Mailing Address / Principal		Secupation
Place of Business		Description  of  Contribution
Full Name of Contributor		Pate[MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City  Employer Name	State Zip Code.	Date [MM/DD/YXYY] \$
Employer Name Employer Mailing Address / Principal		Occupation Description .
Place of Business		of Contribution:

#### **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.

	- Table		
Varue of Greditor			*Outstanding Balance of Debt***
House# Stre	eet-Address	DATE DEBTINGURRED S [MM/DD/M/Y/]	\$
Gity		State Zip	:
Description of Debt		Code.	
Name of Greditor			Qutstanding Balance of Debt
House#	iii) eet Address	DATEIDEBT/INCURRED T	<b>S</b>
Gity		State Zip	
Description of Debt.		Code	
Name of Creditor			
	eet Address	DATE DEBT-INGURRED	Outstanding Balance of Debt
		[MM/pd/yyyy]	
Gity	S. S	State Zip,	
Description of Debt.		Section 2007   Department of the Control of the Con	<u>#####################################</u>
Name of Creditor.  House # Stree	eet Address	DATEDEBTINGURRED	Outstanding Balance of Debt
	etraguess gastina	[MM/JDD/MYY]	
Gity.		State: Zip: Code	
Description of Debt			<u> </u>
Name of Greditor	<u> </u>		Outstanding Balance of Debt
House # Stree	eet Address	DATE DEBT INCURRED [MM/DD/AYYY]	<b>\$</b>
Ciry		state Zip	
Description of Debt		Code	
Name of Greditor			Outstanding Balance of Debt
House'# Stree	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	<b>\$</b>
Giy .		itate Zip	
Description of Debt		Code	<u> </u>

## **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.

Filer Identification Number:		·	
20	2.20039		
THE REPORT OF COMMENTS OF COMM	<del>~~~~</del>		

Full Name of Contributor	Christopher Bleggi	02/18/203 150.00
6041	somerset Dr.	Date [MM/DD/WYY) \$
Gry Fairvi	w state PA zip Gode 16415	Date [MM/DD//YYYY] \$
Full Name of Contributor	GREGORY GRASINGER	03/16/2025 100.00
House# 517	Shawnee Dr.	Date [MM/DD/YYYY] S
cirv Erie	State PA Zip Code 10505	Date [MM/DD/MYY]
Full Name of Contributor	Betsu Boston	03/05/0003 100.00
House# 8/3/	Pacific Loon St	Date [MM//DD/YYYY]
winter S	arden State FL Zip Gode 34787	Date [MM/DD/YYYY]. \$
Full Name of Contributor	Patty Boodwill	Date [MM/DD/YYYY] 5 03/26/203 100,00
House #   Stre	BOOCROFT BIVE	Date [MIM/DD/YYYY] \$
ORIGIC	do State FL Zip.code 32833	Date [MM/DD/YYYY]: 35
Full Name of Contributor	Robert Kuhn	Date [MM/DD/YYYY] \$.
House # Stree	et Address Pheasant DR.	Date [MM/DD/YYYY] \$
GIRORO	A State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor	Joseph De Palma	Date [MM/DD/YYYY] \$
House # Stree	et Address Cast 371th St	Date [MM/DD/XXXX] \$
GIN ERIC	State PA Zip Code 10504	Date [MM/DD/YYYY] \$

## **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.

Filer Identification Number:			 _
	20230039		 1

MILITURE PROPERTY AND THE PROPERTY OF THE PROP			سنب ب	
Full Name of Contributor	-n+hmix	Sunfiliano	Date [MM/DD/YYYY] \$	A50.00
House # Street Addre		- Od	Date [MM/DD/YYYY] S	
City 0 0	State DO	ZE KO	Date [MM/DD/YYYY] \$	
ELIC Full Name of Contributor		16509		
HUNNAME OF CONTRACT			Date [MM/DD/YYYY] \$	
House # Street Addre			Date [MM/DD/YYYY)] \$	
Crty.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor	<b>基於東側原體時</b>	<b>国家会员是在全国部的强</b>	Date [MIM/DD/XYYY]	
House # Street Addre	ess		Date [MM/DD/YYYY] \$	
				7
Gity	State	Zip Code	Date [MM/DD/YYYY] \$.	
Full Name of Contributor	- Spent of the spent of the	Parad Arthonological Carpents Const.	Date [MM/DD/YYYY] \$	
House # Street Addre	iss		Date [MM/DD/YYYY] \$	
Gity.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor				
			Date [MM/DD/YYYY] \$	
House # Street Addres	<b>55</b>		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date:[MM/DD/YYYY] - \$	
Full Name of Contributor	7450144-20-07546, (1	\$255 \$3000 5 PPL (20 T 6648 \$256 \$4 10 10 1)	Date [MIV/DD/YYYY] \$	
House # Street Addres	2004			
			Date [MM/DD/YYYY] \$	
<b>City</b>	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:

	au 20039		<u> </u>
Full Name of contributors		CA STANDARDON(NIM) ETROC	
	Paula Bowers		300.00
	et Address	Date [MM/DD/MYYY]	
350 s	Park Street State Zip Gode		
Shara	n State PA Zip Code: 16146	Date [MM/DD/XXXX) \$	ı
Employer Name	Retired.	Occupation RetiRe	ed
Employer Mailing Address / Principal Place of Business		Personal Property and Property	
Füll Name of Contributor.		Date [MM/DD/XYYY] S	
House:#1 Stree	Charlie Bowers	00/08/2003	300,00
2040	valley view circle	Date [MM//DD//YYYY] S	
City Contra	State Zip Gode	Date [MM/DD/XXXX] S.	
FRICE Employer Name	14 16504	Occupation D D /	~: \\ \( \) \( \)
Employer Mailing Address /	ERIE County	LEPUTU-	Sheriff
PrincipaliPlace of Business :	140 W loth St. FRIE	·	
	Donder Rollopa	Date [MM/DD/WYY] 5	EMM
House # Street	et Address	03/93/308B E	MUU
560	AR byckle Rd		
ERIE	State PA Zip.Code 16509	Date [MM/DD/XXXX] // \$	•
Employer Name	potipod.	Occupation PO-17 P	
Employer Mailing Address / Principal Place of Business	potiend		CA
Full Name of Contributor	F-ILI T-CLA	Date [MM//DD/AYAY]	
	GRANT TRAVIS	09/18/2023 5	DO.00
	LOP DO LA OP	Date:[MM/DD/XXXXI \$	
102   102	State 20 Zip Gode	Date [MM/DD/YYYY] \$	
sedin bo			<del></del>
Employer Name	The Travislaw Firm	Occupation AHORNE	el
Employer Mailing Address / Principal Place of Business	Ino state St - Haio	Spin. DA IIn E	2017

#### 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)

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Filer Identification Number:	· ·		
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Full Name of Contributor	Potharu "B	LUZZ "AMPRZEK	Date[MM/DD/YYYY] s K103/23/2023	man
	Address	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date [MM/DD/M/M] 5	<u>www</u>
3102	Welling			Merrin
eny Epie	State PA	Zip.Gode 11050(0	Date [MM/DD/XXXV] \$	The state of the s
Employer-Name	Prod Rez		Occupation Attal	nerx _
Employer Mailing Address // Principal Place of Business	815 80	ast asth st		11/204
Füll Name organizhuroz	F 1		Date [MM/DP/YYYY] S:	
House # Street	Fundraiser	/ MISC.	03/23/2023	500.00
	Alukess		Engle IMIANDA Land	
City.	State	Zíp Code	Date [MM/DD/XXXX]	
Employer Name.			Occupation	) <del></del>
Employee Mailing Address // Principal Place of Business				
Exincipal Place of Business (** Eull Name of Contributor)			Date [MM/DD/MMM] S	
	<u> </u>			ı
House # Street /	Address		Date (MM/DD/XXXXI) S	1
City,	State	Zip Code	Date (MM/DD/YYYY) \$	· · · · · · · · · · · · · · · · · · ·
Employer Name  Employer Mailing Address /			Occupation	
Principal Place of Business				
Full Name of Contributor			Date (MM/DD/YYYY)	
House# Street A	address		Date [MM/DD/YYYY] # 25	
Gity :	State	Zip Gode	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	~
Employer Malling Address / Principal Place of Business				
Willicipal Lighter of Dramess				,

# Statement of Expenditures

Filer Identification Number:			
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FOUND PAID  TO WHOM PAID  TO W	ERIC CAUNTY/ElectionS  House # HO Street Address  West Coth St.  City Eric State PA Zip Code 16501 Filly  To Whom Paid  New York Bage + Deli 09/18  House # 2000 Street Address  House # 2000 Street Address	7/2023 100 00 of Expenditure  00 Pee  13(23) 43,51
House #   HO   Street Address   West   Oth St.   Description of Expenditure	House # HO Street Address West Coth St.  City Gele State PA Code 16501 Fill Date MM/ To Whom Paid New YORK Bagel + Deli 08/18 House # 200 Street Address Description	of Expenditure  No. Pel  BD/MMM 5  13083 43051
City Frie State PA Zip Code 16501 ATIMA FEE  To Whom Paid New York Board of Deli Description of Expenditure  City Frie State PA Zip Code 16505 Pettto Meeting  To Whom Paid Faulkness Screenprinting Description of Expenditure  To Whom Paid Faulkness Main St.  City Gieard State PA Zip Code 16417 Campaign Shipts  To Whom Paid Faulkness Screenprinting Description of Expenditure  To Whom Paid Uprinting Description of Expenditure  City Gieard State PA Zip Description of Expenditure  To Whom Paid Uprinting Description of Expenditure	City GRIC State PA Code 10501 Fill Date [MM]  To Whom Paid New YORK Bage + Deli 08/18  House # 2000 Street Address Description	12023 43,51
To Whom Paid  New York Bage of Deli Date (MM/BD/MY) \$ 43.65    House # 3780   Street Address   West Lake Rd.   Description of Expenditure    To Whom Paid   Faulkners Screen Printing   Date (MM/DD/MYY) \$ 1,103.50    House # 123   Street Address   Main St.    City Gilard   State PA   Zip Code   10417   Campaign Shipts    To Whom Paid   Faulkners Screen Printing   Date (MM/DD/MYY) \$ 1,103.50    House # 123   Street Address   Main St.    City Gilard   State PA   Zip Code   10417   Campaign Shipts    To Whom Paid   U Printing   Date (MM/DD/MYY) \$ 1,231,231,233,231,233    To Whom Paid   U Printing   Date (MM/DD/MYY) \$ 1,231,231,233    To Whom Paid   U Printing   Date (MM/DD/MYY) \$ 1,231,231,233    To Whom Paid   U Printing   Date (MM/DD/MYY) \$ 1,231,231,233    To Whom Paid   U Printing   Date (MM/DD/MYY) \$ 1,231,231,233    To Whom Paid   U Printing   Date (MM/DD/MYY) \$ 1,231,233    To Whom Paid   U Printing   Date (MM/DD/MYY) \$ 1,231,233    To Whom Paid   U Printing   Date (MM/DD/MYY) \$ 1,231,233    To Whom Paid   U Printing   Date (MM/DD/MYY) \$ 1,231,233    To Whom Paid   U Printing   Date (MM/DD/MYY) \$ 1,231,233    To Whom Paid   U Printing   Date (MM/DD/MYY) \$ 1,231,233    To Whom Paid   U Printing   Date (MM/DD/MYY) \$ 1,231,233    To Whom Paid   U Printing   Date (MM/DD/MYY) \$ 1,231,233    To Whom Paid   U Printing   Date (MM/DD/MYY) \$ 1,231,233    To Whom Paid   U Printing   Date (MM/DD/MYY) \$ 1,231,233    To Whom Paid   U Printing   Date (MM/DD/MYY) \$ 1,231,233    To Whom Paid   U Printing   Date (MM/DD/MYY) \$ 1,231,233    To Whom Paid   U Printing   Date (MM/DD/MYY) \$ 1,231,233    To Whom Paid   U Printing   Date (MM/DD/MYY) \$ 1,231,231,231,231,231,231,231,231,231,23	New York Bage + Deli Description	12023 43,51
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State   PA   Zip   Code   10505   Petition Meeting   Description of Expenditure   PA   Zip   Code   10505   Petition Meeting   Date   MM/DD/YYYY   \$   1,03.50	House # 2000   Street Address   Description	
To Whom Paid  To	科技機能を行うして、   「大学・大学・大学・大学・大学・大学・大学・大学・大学・大学・大学・大学・大学・大	of expenditure
To Whom Paid  FOULKNER'S SCREENPLINTING  House # 123 Street Address Main St.  City Giland State PA Code 16417 Campaian Shipts  To Whom Paid  UPRINTING  State PA Code 16417 Campaian Shipts  0312313033 105.00  Description of Expenditure  Description of Expenditure  Description of Expenditure  Description of Expenditure  To Whom Paid  UPRINTING  To Whom Paid  UPRINTING  Street Address  Haskell Ave  City Van Nuus State CA Zip Code 14010 Campaian Denner  To Whom Paid  UNCKU Buttons  Foulkner's Screen Printing  Description of Expenditure  Description of Expenditure  Description of Expenditure  Description of Expenditure  State CA Zip Code Q14010 Campaian Denner  To Whom Paid  UNCKU Buttons  Foulkner's Screen Printing  Description of Expenditure  State CA Zip Code Q14010 Campaian Denner  Description of Expenditure  Description of Expenditure	10/2011/21/2018 (SINSA)	
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City GIRARD State PA Code 10417 CAMMIAN SIRTS  To Whom Paid UPRINTING  House # 800 Street Address Hackell Ave  City Van Nuus State CA Code 91406 Campaian banner  To Whom Paid Uncky Buttons  House # 101 Street Address Lincoln Parkway Suit Africance Description of Expenditure  State PA Code 10417 Campaian Size 102.13  Description of Expenditure  Date [Min/DD/Ayyy] S 54.46  Date [Min/DD/Ayyy] S 54.46	House # 1 Street Address Description	of Expenditure
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and and and the state of the st	City 2 Zip 2	
TOWNOM PAID DATE MINING STORY OF THE PAID		
Sticker diant 02/19/2023 112.75	Sticker Diant Dallar	
House # 880 Street Address Well Ver Park Rd. Description of Expenditure	House # 880 Street Address U.J. P.O. V. P.D. P.O. Description	of Expenditure
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# Statement of Expenditures

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House # 85 Street Address Wuman St	Description of Expenditure
City Waltham State MA code 02451	campaian board
To Whom Paid	Date [MM/DD/SOMY] \$
Vistapant	04116/2003 527.74
House # 8 Street Address Wyman St	Description of Expenditure
Unaltham Stade MA Code 08451	campaian sians
To:Whom Paid	Date [MMVDD/XY/Y] \$
House #   A   Street Address	04103/2083 158.99
110 TERRY AVE N	Description of Expenditure
Seatle State WA code 98109	ward stakes (signs)
To Whom Paid	Date [MM/DD/YYYY] S
House # Street Address -	04 /16/2023 132,49 Description of Expenditure
410 lefty Hye N	Description of expenditure
city Seattle State WA Code 98109	uard stakes (sians)
To Whom Paid	Date [MM/DD/YYYY] \$
Next Day Flyers House # 40 - Street Address	04/11/2023 245.95
135 N Midland Ave	Description of Expenditure
Saddle BROOK State NJ Code 07063	door handers
To Whom Paid	Date MM/DD/YYYYI 3
House # 2000 Street Address 2 / 2	0412212023 156.76
9305 Asburu Rd	Description of Expenditure
city Erie State PA Code 16506	sign materials
To Whom Paid Signs Foe Less	04/21/2023 545.00
House # Street Address	Description of Expenditure
2 ab33 West 12th St.	
City Epie State PA Zip Code 14505	4 X 8 campaian sians
To Whom Paid To a Page 140	Date [MM/DD/MYY]
House # Street Address On June 2	03 <i>1                                    </i>
Ridde Rd.	CERTIFICATION OF EARLINGING
City Sirard State PA Code 16417	campainn event

# Statement of Expenditures

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Application of	Countr	y Fair	· 	04-22-2023 150.00
House # 308	Street Address	355 Mal	nst W	Description of Expenditure
	ald	State PA	Zip	travel expense
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House #	Street Address			Description of Expenditure
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