Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed I (Mark X)	By Candida	te	Committee	X	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	FRIA	NOS 2	01/10	T MI	CHAFL KE	45
Street Address	11/1/2	1/2	HIA	<u> </u>	FIIEL PU	,
city FRIE		State	PA	Zip Code	16504	
Type of Report (Place x under report type)	•					
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Post Pre-Primary Primary 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
Date Of Election (MM/DD/YYYY) 5//6	Year	2027	Amendment		Termination	
		2023	Report		Report	
Summary of Receipts and From Date Expenditures	To Date			For	Office Use Only	
A. Amount Brought Forward From Last Repor	* \$ O	0				10 1 10 1 10 10 10 10 10 10 10 10 10 10
B. Total Monetary Contributions and Receipt: (From Schedule I)	\$ 29	743	:			
C. Total Funds Available (Sum of Lines A and B)	\$ 7 G	43			< ≅	
D. Total Expenditures (From Schedule III)	s 21	92				
E. Ending Cash Balance (Subtract Line D from Line C)	\$	<i>L</i> 7			Ari	
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 2	5) - ()				O E
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 12	98			71	2
		Affidavit Sec			9	<u> </u>
Part 1- If this is a Committee report, treasurer sign h I swear (or affirm) that this report, including the atta				lge and helief t	tue correct and comple	te.
Sworn to and subscribed before me this	ioned Jenedales of	in paper, is to the	DESILOT MY KNOWICE	ige una sener t	ac, correct and comple	
day of20	_ '1	<u> </u>				
			Signature	of Person Subn	itting report	
Signature				Printed Nam	e	**************************************
My Commission expires	_	A	rea Code	Day	rtime Telephone Numbe	<u></u>
Part II- If this is a report of a Candidate's Authorized	Committee cand	lidata chall cian be				
I swear (or affirm) that to the best of my knowledge amended.				y provisions of	the Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this						
day of20	- '1					
	_	_	Sigr	nature of Candi	date	
Signature	, J	_		Printed Name		
My Commission expires	_		rea Code	Davi	ime Telephone Number	<u> </u>

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Tilan Islamtification Bloomban	
Filer Identification Number	
Professional State Control of the C	
antino di aggiorni di	
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ing the first of the first of interest in the first of th	

1.Unitermized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 495
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ 00
All Other Contributions (Part B)	\$ 1140
Total for the reporting period (2)	\$ 1160
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 0/
All Other Contributions (Part D)	\$ 1294
Total for the reporting period (3)	\$ 2943
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ 00
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)	\$ 2943

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 Identificatio	n Number				
	·				Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City	The start their	State	Zip Code	Date [MM/DD/YYYY]	\$
				<u></u>	
Full Name of Contributing			Date [MM/DD/YYYY]	\$	
Committee				<u> </u>	
House #	Street Address			Data (MANA/DD/WWW)	
House #	20 GET VARIESS			Date [MM/DD/YYYY]]
		1			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
= •••		1 4 2 2			
Full Name of Co Committee	entributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		Alexandra y a e 10 Alema y a		<u> </u>	
Full Name of Co	ontributing	1		Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	[* S
				The state of the s	
Full Name of Co	untelle stime	100		S-1-2 ARRETOR MOON!	
Committee	urnoung			Date [MM/DD/YYYY]	
					1995 1995
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					16.50 1 A.A. 1
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	- ps
		Jidie	zih cone	Date Lanal DDI 1111	
* v					13 A

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:

Full Name of Contributor W111 AM COLE	Date [MM/DD/XXXX] \$	250
House # Street Address EAST 1814 STREET	Date [IVM/DD/YYYY]	
City FA Zip Code 76502	Date [MM/DD/YYYY] S	
Full Name of Contributor: SHERKY ROWAN	Date [MM/DD/YYYY] \$ \$	250
House # Street Address BIRD DXIVE	Date [MM//DD/YYYY] & S	
City State PA Zip.Code 16570	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
CARL ANDERSON	04/12/2023 Date/MM/00/MM/	60
House # Street Address PARADE STREET City State Zip Code		
Full Name of Contributor		
House # Street Address	Date [MM/DD/YYYY] \$ 0 4/1 2/2/23 Date [MM/DD/YYYY] \$	100
12663 FORNEST DRIVE City State Zip Code	Date [MM/DD/MYY] S	
FDINBORO PA 76412	Date [MM/DD/YYYY] \$	
House # Street Address	B3 15 2/123 Date MM/DD/MWY 5	50
480 MOOREHEADVILLE RYO City State Zip.Code	04/12/20)3 Date [MM/00/YYYY] \$	50
Full Name of Contributor	Date [MM/DD/YYYY] \$	
RICHARD WAENER House # Street Address	03/2/1/2023 Date (MM/60/YYYY) \$	100
City State Zip Gode	04/20/203 Date [MM/DD/YYYY] \$	100
ERIE PA 16508		

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:

Full Name of Con				D	ate [MM/DD/YYYY]] \$	
House#	Street Address	ZABETT	H WATTS		74/30/2023 ate*(MM/00/YYYY)	3 5	100
393		M/R/6/2			ate (www.bo/min.ng		
City	CAST	State	Zip Code	20Z	ate [MM/DD/YYYY]	\$	
Full Name of Con	たりよ. tributor	MA	- 76		ate [MM/DD/YYYY]	\$	
a programa de la composición dela composición de la composición de la composición dela composición dela composición dela composición dela composición de la composición dela composición d	CUR	TIS MO	DRE		04/12/2023	3	200
House # 4 4	Street Address	PAVIDS	ON AVE	D	ate [MIM/DØ/A\\\X\]	\$	
City ER	TE	State PA	Zip Code	5504 D	ate [MM/DD//YYY)	\$	
Full Name of Con	tributor			D	ate [MM/DD/AYYY)	\$	
House#	Street Address			D	ate [MM/DD/YYYY]	\$	
City	The support spirit spir	State	Zip Gode	,D	ate [MM/DD/MYY/]	\$	
Full Name of Con	tributor.			D	ate [MM/DD/YYYY]	\$	
House:#	Street Address		1	, D	ate [MM/DD/YYYY]	.\$	
Gity		State	Zip Code	D	ate [MM/DD/YYYY]	Ş	
Full Name of Con	tributor			(b)	ate [MM/DD/YYYY]	\$	
House #	Street Address			D	ate [MM/DD/YYYY]	.\$	
City		State	Zip Code	D	ate [MM/DD/YYYY]	\$	
Full Name of Con	tributor			. D.	ate [MM/DD/YYYYY]	\$	
House #	Street Address			D	ate [MM/DD/YYYY]	\$	
City		State	Zip Code	® D i	ate [MM/DD/YYYY]	\$	

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House# Street A	ddress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Füll Name of Contributing Committee			Date [MM/DD/XXXX] \$	
House# Street A	ddress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/\\\)	
Full Name of				
Contributing Committee			Date [MM/DD/XYYY] \$	
House # Street A	ddress		Date [MM/DD/YYYY] \$	
(City)	State	Zip Code	Date [MM/DD/XXYY] S	
Full Name of Contributing Committee			Date [MM/DD/MMM] \$	
House # Street Ac	ldress		Date [MM/DD/YYYY] \$	
(City)	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/MYYY] \$	
House #/ Street Ac			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/WWY] \$	
House # Street Ac			Date [MM/DD/YYYY] \$	
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:				
			, · · · · · · · · · · · · · · · · · · ·	
Full Name of Contributor	HAEL KEY	15	Date [MM/DD/YYYY] \$	746
House # Street Address		ST STREET	Date:[MM/DD/YYYY] \$	<i>500</i>
City	State PA	Zip.Code 16504	Date/(MM/pb/yyyy) \$ 04/15/70/3	.50
Employer Name	WASTEL		Occupation/ SELME	174
Employer Mailing Address / Principal Place of Business	2901 EAS	TLAKE RD LAW		1 16531
Full Name of Contributor			Date:[MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip:Code	Date [MM/DD/\\\\]	
Employer Name. Employer Mailing Address /			Occupation	
Principal Place of Business				
Full Name of Contributor			Date:[MM/DD/XYYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
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/YYYYY] \$	
House # Street Address		,	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address / 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.

rnei soenuncation (van)				
Full Name		·- ·-		
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
200			Code	
Receipt Description				
Full Name				
House#	Street Address	Construction decided		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House#	Street Address			
City		State	Zip. Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House#	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
er digresses			Code	Date [MM/DD/YYYY] \$.
Receipt Description				
Full Name				
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt: Description				
Full/Name			***	·
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
Receipt Description			Code	
veceiht nezcubuqu				

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:			
		·_ = ***:- **	
1. UNITEMIZED:IN-KIND CONTRI	BUTIONS RECEIVED-VALUE OF S	550:00 C	R LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	EIVEDEVAKUE OF \$50001 TO S22	0.00 (FI	OM:PARTF)
TOTAL for the reporting period	(2)	\$	250
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250:00 (FRO	OMIPAR	(G) and the second second constitution of the second secon
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)		r \$	250

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:		
Full Name of Contributor		Date [MM/DD/YYYY] \$
	1LD KELS	04/15/2023 250
House # Street Address		Date [MW/DD/XXXXX] \$
2176 Lity 2	ZASI CANDVIEW State Zip Code	Date [MM/DD/YYYY] \$
ERTE	PA 16504	Bode (MM//DD/MISH)
Description of Contribution	DKINTDANAPILY	[22000]
Full Name of Contributor	The state of the s	Date [MM/DD/YYYY] \$
House:# Street Address		Date [MM/DD/YYYY] \$
City *	State Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution		
Full Name of Contributor		Date [MM/DD/YYYY] \$
100 Miles		
House # Street Address		Date [MM/DD/YYYY] 5
City	State Zip Code	Date [MM/DD/YYYY] 5
Description of Contribution		
Full Name of Contributor		Date MM/DD/YYYYI \$
		Date [MM/DD/YYYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution		
Full Name of Contributor	88.9	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

Filer identification Number:			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Stree	t-Address		Date [MM/DD/YYYY] \$
(Gity)	State	Zip Gode	Date [MM/DD/YYYY] \$
Employer Name			Occupation ()
Employer Mailing Address / Place of Business	Principal.		Description of Contribution
Full Name of Contributor			Date [MM/DD/XYXX]
	Address		Date [MM/DD/YYYY] \$
(City)	State	Zip Code	Date [MM/DD/YYYY] \$5
Employer Name			Occupation
Employer Mailing Address // Place of Business	Principal		Description of, = Contribution
Full Name of Contributor			Date [MM/DD/AYAA]
THE STATE OF THE S	Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY)] \$5
Employer:Name			Occupation
Employer Mailing Address / Place of Business	Principal		Description of Gontribution
'Full Name of Contributor			Date [MM/DD/AYAY]
	Address		Date [MM/DD/XXXX]
City	State	Zip Code	Date [MM/DD/XYXX] \$
Employer Name			Occupation
Employer Mailing Address / Place of Business	Principal.		Description & of

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street.	Address	Date [MM/DD/XYYY] \$
V. 23. 17. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18		
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / P Place of Business	rincipal)	Description
		of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
	ASSACIATION FOR CONTRACT	
House# Street A	videress	Date [MM/DD/XYYY] \$
City %		Date [MM/DD/YYYY] \$
	Section Constitution	
Employer Name		Occupation.
Employer Mailing Address / Pi Place of Business	rincipal	Description of
		Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street A	ddress	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer/Name		Occupation
Employer Mailing Address // Pr	rincipal	Description
Place of Business		of: Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
	Now Western	
House # Street A	ddress	Date [MM/DD/YYYY] \$

Zip Code

State

Date [MM/DD/YYYY]

Occupation

Description

of Contribution \$

City

Employer Name

Place of Business

Employer Mailing Address / Principal

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 Identification Number:

Name of Creditor	MICHAEL KEYS	0	itstanding Balance of Debt
House # Stree	EAST 4151	DATE DEBT INCURRED S	
City	EKI E State	PA Code 1650	1298
Description of Debt	20ANS FROM CANDIA	VITE.	-
Name of Greditor		(9)	itstanding Balance of Debt
#House(#) Stre	et Address	DATE DEBT INCURRED S [MM/DD/MMM]	
ा	State	Zip Code	
Description of Debt			<u>-</u>
Namerorkereditor		િભ	rtstanding Balance of Debt
#House# Stre	et/Address	DATE DEBT-INCURRED \$ [MM/DD/XYYYY]	
City	State	Zip Code	
Description of Debt		«Code»	
Namelor(Creditor		(0)	itstanding Balance of Debt
House:## Stre	et/Address	DATE DEBT INCURRED S	
City	State	Z p Code	
Description of Debt		. Programme and the second sec	
Name of Creditor		•	itstanding Balance of Debt
House# Stre	et-Address	DATEIDEBT INCURRED \$	
City	State	Zip Code	,
Description of Debt			
Name of Creditor		(O)	itstanding Balance of Debt
House # Stre	et Address	DATE DEBT INCURRED S	
City	State	Zip Code	
Description of Debt		code	<u>.</u>
210年10年10年1日 1日 1	9		



Pennsylvania Department of State

Bureau of Campaign Finance & Lobbying Disclosure
500 North Office Building, Harrisburg, PA 17120 • 717.787,5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

2023 MAY -9 PM 2: 04

Unsworn Declaration in Lieu of Swern Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports.** This form must be signed by hand where a signature is required.

6 th Tuesday 2 nd Friday 30 Day 6 th Tuesday Pre-Primary Pre-Primary Pre-Election F	
Pre-Primary Pre-Primary Pre-Election F	2 nd Friday
	re-Election
☐ Cycle 6 ☐ Cycle 7 ☐ Cycle 8 ☐ Cycle 9	
O Day Post-Election Annual Report 2 nd Friday Pre-Special Election 30 Day Post-Spe	ecial Election

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Date (MM/DD/YY)

Name Location (City/State/Country)



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
500 North Office Building, Harrisburg, PA 17120 • 717.787,5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

MICHALL FEYS -- KIE FA

Printed Name Location (City/State/Country)

Date (MM/DD/YYYY)