Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed ((Mark X)	By Candidat		Committee		Lobbyist
Name of Filing Committee, Car Lobbyist		HAEI X	1545		<u>· · · · ; L </u>	
Street Address	114 =	ACT 41	- 2TO	ET		
City	77	State	PA	Zip Code	76504	-
Type of Report (Place x under r	eport type)				, - 00, ,	· (40) = (
1-6 th Tuesday 2- 2 nd Friday Pre-Primary Pre-Primary	3-30 Day Post 4-6 th Tuesday Primary 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)	5/16 Year	العسيسيا	Amendment Report		Termination Report	
Summary of Receipts and Expenditures A. Amount Brought Forward Fr	From Date To Date Date	01/2623		For (Office Use Only	
B. Total Monetary Contribution (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) F. Value of In-Kind Contribution (From Schedule II) G. Unpaid Debts and Obligation (From Schedule IV) Part 1- If this is a Committee report	s and Receipts \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Affidavit Sect	didate sign here.		OUNTY ISTRATION	2°.
I swear (or affirm) that this report, i Sworn to and subscribed before meday of		n paper, is to the be				te.
			Signature o	of Person Subm		
Signature	Ι.			Printed Name	2	
My Commission expiresMO.	DAY YR.	Are	ea Code	Day	time Telephone Numbe	er
Part II- If this is a report of a Candid. I swear (or affirm) that to the best of amended. Sworn to and subscribed before me	f my knowledge and belief this pol this			provisions of the	he Act of June 3, 1937 (P.L. 1333, NO.320) as
day of	20		Sign	ature of Candid	ate	
Signature			I	Printed Name		
My Commission expires MO.	DAY YR.	Are	ea Code	Dayti	me Telephone Number	

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number			***
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		y A Gold	
Total for the reporting period	(1)	\$	60
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	05
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	bD
All Other Contributions (Part D)		\$	
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, Report

Cover Page, Item B)

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

					Amount
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee					NED Dist
House #	Street Address	1		Date [MM/DD/YYYY]	\$
	Jueet Addres	-		Pare finish DD/ 11/1]	- 1
			F=-		
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address	 		Date [MM/DD/YYYY]	\$
		·.			-
City			The state of the s	Part of the second	0
City		State	Zip Code	Date [MM/DD/YYYY]	. \$
r.Ba		A Capacita	Mark Charle		
Full Name of Co Committee	entributing	_		Date [MM/DD/YYYY]	\$ 5 .
-Junioritee					
House #	Street Address	7		Date [MM/DD/YYYY]	\$
	Alan Alan Alan Alan Alan Alan Alan Alan				
City		State	7in Code and	Date fasts fan hanne	· · ·
		Juate	Zip Code	Date [MM/DD/YYYY]	\$
Coll Name 4.5	menikarain -	ELL AND BLOOM			6.6
Full Name of Co Committee	microuting			Date [MM/DD/YYYY]	\$
1 - Alexandr 1 - 1 - 11	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Τ			
House #	Street Address	`		Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
				<u> </u>	
Full Name of Co	ntributing	Little 1974		Date [MM/DD/YYYY]	\$
Committee				- pare (ixital) pp/ [111]	
House #	Street Address	·	 _	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				- 5	Taga.
Full Name of Co	ntributing	(, · · · · · ·		Date [MM/DD/YYYY]	\$
Committee				- and familiant 11111	
House #	Street Address	T		Date [MM/DD/YYYY]	
	-in set Address	7		Page figuration [1111]	\ \[\frac{\tau}{2} \]
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		400 0 0	1 1 4 4 4 4 4 4 4		(, 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 Numb	er:				
Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/XXXY]	
City		State	Zip Code:	Date [MM/DD/YYYY]	858 858
Full Name of Contribu	ior .			Date [MM/DD/YYYY]	85
House#	Street Address	<u> </u>		Date [MM/DD/YYYY]®	\$5.
City	E 15 (15 E 25 E	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribu	tor			Date (MM/DD/AWA)	(\$)
House#	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	 52/02a			1900 2000 2 340 20 20 20 20 20 20 20 20 20 20 20 20 20	
Full Name of Contribu					7 . \$ 9 9.\$
House #	Street Address			Date [MM/DD/YYYY]	\$\$
City		State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Contribut	or.	·	•	Date (MM/DD/MMM)	\$
House #	Street Address			Date [MM/DD/XYYY]	. \$.
City	and the state of t	State	-Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribut	or.			Date [MM/DD/YYYY]	S
House #	Street Address		· •··	Date [MM/DD/YYYY]	##\$ \$5.1
City		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:

Full Name of Contributing Committee			Date [MM/DD/XXXX] \$	
House # S	Street Address		Date [MM/DD/MYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	<u> </u>
			The state of the s	
Full Name of		Topic months and the second	Date [MM/DD/YYYY] \$	
Contributing Committee				
House # S	treet Address		Date [MM/DD/YYYY] \$	
City	State.	Zip Code	Date [MM/DD/MM] S	
Full Name of Contributing Committee			Date [MM/DD/MYYY] \$	
				ĺ
House#/	treet Address		Date [MM/DD/YYYY] \$	
79-10-20-10-10-10-10-10-10-10-10-10-10-10-10-10				
City	State	Zip Code.	Date [MM/DD/YYYY] \$	
Eull Name of Contributing Committee			Date [MM/DD/YYYY] (5	
House# Si	treet Address		Date [MM/DD/YYYY] S	
	o and a second			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # S	treet Address		Date [MM/DD/YYYY] \$	
10 m 10 m				
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
		•		:
House# St	treet Address	····	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			Date [MM/DD/YYYY] \$	
	HARDON NORTH			
House # Street Ad	dress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer:Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full:Name of Contributor	<u> </u>		Date [MM/DD/YYYY]	
House # Street Ad	dress		Date [MM/DD/YYYY] \$	<u> </u>
«Citý»	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYM] 35	
House # Street Ad	dress		Date [MM/DD/YYYY] \$	
City.	*State	Zip Code	Date [MM/DD/YYYY] \$	
Employer:Name			Occupation	
Employer Mailing Address // Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Add			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.

Filer identification Num	941.0			
Full Name				
House #	Street Address			
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 # City	Street Address			Z STATE OF THE ARBEIT STATE AND STATE OF THE ARBEIT STATE OF THE A
city		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House # City	Street Address	State :	Zip	Date [MM/DD/YYYY] \$
		Jan	Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name House #	Second Address			
Gity	Street Address	State	Zip	Date [MM/DD/YYYY] \$
A Medical Section (1)			Code	
Receipt Description				
Full Name House #	Street Address			
City	The Causes	State	Zip	Date [MM/DD/YYYY] \$
Receipt Description	366 N		Code	

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-VA	ALUE OF \$50,00 OR LESS PE	ER CONTRIBUTOR	and the second of the second second second
TOTAL for the reporting period	(1)	\$		
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	1 TO \$250.00 (FROM PAR	TF)	Section 1997 - Section Constitution
TOTAL for the reporting period	(2)	\$		H 100 M
3. IN-KIND CONTRIBUTION RECE	IV/-DXVVVHRI-RAVVHDRAVI	O'00/ERMMIDARTICI		
A COMPANY OF THE PROPERTY OF THE PROPERTY OF	IVED=VALUE (OVEN-025	Oldo (FROM FARIEG)		to serve a transfer of the
TOTAL for the reporting period	(3)	\$		
F===		T-1		
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)		1 ' 1		

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] S	
House # Street Addre	SS		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution		La and heartiful the distance where T		
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Addres	S.S.		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY)] \$	
House # Street Addres			Date [MM/DD/YYYY] \$	
City. Description of Contribution	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Addres			Date [MM/DD/YYYYY] \$	
City Description of Contribution	State	Zip Code	Date:[MM/DD/XYYY] \$	
Full Name of Contributor	_	,	Date [MM/DD/YYYYY] \$	
House # Street Addres			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 # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip,Code	Date:[MM/DD/WYY] \$
Employer Name			Occupation
Employer Mailing Address // Principal Place of Business			Description of Contribution.
Full Name of Contributor			Date [MM/DD/MYY]
House # Street Address			Date [MM/DD/YYYY] \$
(City)	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation:
Employer Malling Address / Principal Place of Business			Description of Contribution
Full Name of Contributor.			Date [[XIM/DD/YYYY]] \$
House # Street Address			Date [MM/DD/XYYY] \$
City	State	Zip.Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description: of Contribution:
Full Name of Contributor			Date [MIM/DD/YYYY] \$
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			Description of Contribution

Statement of Expenditures

Filer Identification Number:	

				1911	
To Whom Paid	FRIFNY	IS TO FIFE	TMICHAEL KAS	Date:[MM/DD/YYYY] \$ = ()4/p(/)(2)3	560
House # // 4/	Street Address	- (TREET	Description of Expenditure	Signal and the second of the s
City ERIL	100 May 100 Ma	State YA	Zip Code 16504	LOANTOCAT	MPAIGN
To Whom Paid	DESANTI	(<16A16		Date [MM/DD/YYYY] \$	748
House # 540	Street Address	(بيد د	STREET	Description of Expenditure	
City ERIZ		State PA	Zip «Code» 16504	20AN TO CAM	PAIFN
To Whom Paid	CAM TV	/		Date [MM/DD/MWW] \$	50
House # 142	Street Address	ESTIZIL		Description of Expenditure	en e
city ERI	3	State: PA	Zip. 16501	LOAN TO CAPAI	PAIGN
To Whom Paid				Date (MM/DD/AYAY)	
House #	Street Address			Description of Expenditure	Marian san Talan san Jawa Sa
Gity.		State	Zipanan Code al		No. a 200 per high from consistence of the result of the consistence o
To Whom Paid	_			Date [MM/DD/MMM] S	
House#	Street Address			Description of Expenditure	ge transporter and a security Se programme some states of
City.		State	Zip Code		
To Whom Paid				Date [MM/DD/XXXXI] \$	
House #	Street Address			Description of Expenditure	and the second second
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	a de la companya de
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	e con a sub-legio como. Las Lagrandos de la constanta de la
City		State	Zip) Code	1000	

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 Creditor	©Outstanding Balance of Debt
House #	DATE DEBT INCURRED S [MM/DD/YYYY]
City Description of Debt	State: Zip Code:
Name of Creditor House # Stre	Outstanding Balance of Debt et Address DATE DEBT INCURRED \$
	[MM/DD/YYYY]
City Market and the second sec	State Zip Code See
Description of Debt	
Name of Creditor Street	et Address DATE DEBT INCURRED \$5
	[MM/DD/YYYY]
City	State Zip Code
Description of Debt	
Name of Creditor	Outstanding Balance of Debt
16 (19) 16 (19) 16 (19)	DATE DEBT INCURRED (\$) [MM/DD/YYYY]
City Consequence of the same section of	State Zip Code
Description of Debt	
Name of Creditor	Outstanding Balance of Debt
House #* Stree	et Address DATE DEBT INCURRED [MM/DD/YYYY]
City	State Zip Code
Description of Debt	(Colo regionarios) [Colored Selection (Colored Sele
Name of Creditor	Outstanding Balance of Debt
House# Stree	et Address DATE/DEBT INCURRED [MM/DD/YYYY]
City	State Zip Code
Description of Debt	The same street, and the same



Pennsylvania Department of State

Bureau of Campaign Finance & Lobbying Disclosure 500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

Unsworn Declaration in Lieu of Sworn State Ment for **Independent Expenditure 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 Independent Expenditure Reports. This form must be signed by hand where a signature is required.

Ivallie of Perso	u ennug krebou				
Name of Organ	ization (if app	licable)			
Reporting Cycle	e Name	egista kan samena periode kan di dalam di dalam La terra giornia di dalam di d			
☐ Cycle 1 6 th Tuesday Pre-Primary	Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	☐ Cycle 6 th Tuesda Pre-Electio	y 2	Cycle 5 nd Friday e-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	□ Cycle 2 nd Friday Pre-	e 8 Special Election	☐ Cycle \$	
declare under pe hat the accompa					
Mishell	Dell			5/09/202	3
MICHAZI	ignature of File	/ -	Da T. J	ite (MM/DD/Y	YYY)
Met 1 Laft I Carlon	Printed Name		Locat	ion (City/State	e/Country)