Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identificat	ion			rt Filed E	Ву Са	andida	ite		Commit	ttee	igua es		Lobb	yist
Number Name of Filing (Committee, C	andidate or	(Mar		TO TORSE STORY	464,779				94123454	My gymens			Trigon Communication Communica
Lobbyist			Barba	ıra Lincol	in ·		*							
Street Address			6692	Crane R			:: :						•	* :
City	Edinbo	ίο			St	ate	PA		Zip Cod	•	16412	<u>.: '' ' '</u>		
Type of Report (•								··					
1-6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	y 3-30 Day Post Primary	4-6 th Pre-El	na katamatan katamatan dari	5- 2 rd Fi Pre- Ele	11370 35	6-30 Da Election	7	7- Annu	Street Carlot Care	Special 2 Pre-Elect	Priday tion		ial 30 Day Election
ST3 1-22 Mark to a second state of the second	V	Set Barrier states are arrange of the second			Family Co.	1				0.03-10.0		MOLEON,	5 300 years	305 X 707 Cap
Date Of Election (MM/DD/YYYY)	1 44 5 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	05/16/2023	Year		202:	3	Amenda Report	nent		163	Termina Report	tion		
Summary of Re	celpts and	From Date	TOTAL STATE	To Date	9				Wit 49	For O	ffice Use	Only	aran laka	
Expenditures		01/01/2023	1005-50	05	5/01/2023	hindern strik								
A Amount Brou	ight Forward	From Last Repor	t \$		0		33141 2262 41 05 Carp.	SENTENCE.	terbanan melujir	<u> </u>	ACCENTATION OF THE	Parker (Lawrence passes	26937 . <u>1931</u>	And the substitution of the
B. Total Moneta (From Schedule		ons and Receipts	\$ \$, O		:.		.:					
C. Total Funds A (Sum of Lines A	\vailable	Fellow (April 1985)	\$	·	0				•					
D. Total Expend (From Schedule	litures (II)		\$	\$	2,872.40							<	2	
E Ending Cash E (Subtract Line D	from Line C)		. \$	-\$	2,872.40				·				2023 MAY	
F. Value of In-Ki (From Schedule G. Unpaid Debts	ii) s and Obligati		\$		0	· · ·				: ::::::::::::::::::::::::::::::::::::		RES	AY -8	
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-alye	Signature	WATSE	<u> </u>	Pennsy attach	ission num			Soul	Printed	$\underline{R_i}$		Co/N		
My Commission ex	xpires 13-	03-2006	0	15 y u	ission expirements of managements of the management of the managem	· _	814	: 	<u>.</u>		160-	-88/	14	
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day of_	1 1	20	-			—		Sign	ature of Ca	andida	te		 .	
	Signature		-						Printed Na	me				
My Commission ex			_	•		_		_	· <u>-</u>			-		
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· 					*.						•			

SCHEDULE I

Contributions and Receipts Detailed Summary Page

Filer Identification Number		

1:Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	k 4	
Total for the reporting period (1	.) {	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	eroota Julij	
Contributions Received from Political Committees (Part A)	3	
All Other Contributions (Part B)	1	3 · · · · · · · · · · · · · · · · ·
Total for the reporting period (2) 5	
3. Contributions Over \$250.00 (From Part C and Part D)		The state of the s
Contributions Received from Political Committees (Part C)	. \$	
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)	ŧ	

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 Cor	ntributing				Date [MM/DD/YYY	M S	
Committee						45 S	
House #	Street Address		"	·	Date [MM/DD/YYY	Y] \$	
Giy		State	Zip Code	<u> </u>	Date [MM/DD/YYY	YI \$	
at Tay :	·					517 5175	
Full Name of Cor Committee	itributing				Date [MM/DD/YYY	Y] \$	
House#	Street Address				Date [MM/DD/YYY	Y] \$	
				•.			
City		State	Zip Code		Date [MM/DD/YYY	<u>Y]</u> \$	
Full Name of Con Committee	itributing	·			Date [MM/DD/YYY	Y] \$	
House #	Street Address				Date [MM/DD/YYY	YI S	
City		State	Zip Code	:	Date [MM/DD/YYY	YI S	:
Full Name of Con Committee	tributing	Access (* Accessor stage)			Date [MM/DD/YYY	Y] \$	
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City	processing and the significant of the significant o	State	Zip Code		Date [MM/DD/YYY	YI S	
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Full Name of Con Committee	tributing				Date [MM/DD/YYY	Me ss	
House #	Street Address		<u>, </u>		Date [MM/DD/YYY	Y] S	
			Harris and the second	*		911/2	
City		State	Zip Code		Date [MM/DD/YYY	M S	
Full Name of Con Committee	tributing			***	Date [MM/DD/YYY	ŋ s	
House #	Street Address		:		Date [MM/DD/YYY	Y] S	
City		State	Zip Code	:	Date [MM/DD/YYY	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
					Prace Invalvantury	YI \$	

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

		:					
							<u> </u>
Full Name of Contributor.				.*	REATO (MM/DE)/AAYAA	\$	144
House # Stre	et Address		. :.		Pate [MM//DD/77777]	. \$	
GRY.	S	tate	Zip Code	:	Pate [MM/DD/YYYY]	S	
Full Name of Contributor					Date [MM/DD/XXXX)	S	. · · · · · · · · · · · · · · · · · · ·
House # Stre	et Address				Paramani (Minimana)	is	
Gity,		tate	ZIp Code	· ·	Pate [MM//DD//YYYY]	S	
Full Name of Contributor			.:		Date MM/DD/////M	S.	· · · · · · · · · · · · · · · · · · ·
House)# Stre	et Address			1	(Date) (MM/ADD/MAM)	SI	
Gity .		tate I	ZIp Gode		Date (MM/DD/AAAM)	S.	
Full Name of Contributor.					Pate (MM//DD/AAAA)	E)	
House# Stre	et Address				Date [MM/OD/MAY]	5	
Gity	S	iate	Zip Gode.			\$	
Full Name of Contributor		¹				5	
	et Address			Garcos .		S	
City	S	ate 	Zip Code	C. Constitution of the Con	Date [MM/DD///////]	S	
Full Name of Contributor					Date (MM/DD/AAAA)	\$	
	it Address		:.:		Pate (MM/OD/AAAA)	S	
CKy/		ate	Zip Gode	.:	Date [MM/DD/MYY]	S	

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

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Full Name of Contributing Committee				· · · · · · · · · · · · · · · · · · ·	Date (MM/DD/MA/M)	Š	
	reet Address				BDAGE LIMM/JODYMMAN	S	
City		State	Zip Code			\$	
Full Name of Contributing Committee					Date (MM/DD/MMM)	S	
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(Glt)/	ev.	State	Zip Code		Date (MM//DP//////)	Ś	
Rull Name of Contributing Committee				 	Date (MM//DD//A/A/A)	S	
	reet Address	Name - Language - Lang	And Annual Control of the Control of		Date IMM/DD//////	9	
(Gty)	in I	States	ZID Code		Date (MM//DD////A/A/	G	
Full Name of Contributing Committee					Date MM/DP/AAAA	S	
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rgity . Full Name of	·····································	State	Zip Gode		Date (MM/DD//////)	S)	
Contributing Committee	raet/Address				Date (MM/DP/AMM)	5	
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Contributing Committee	eet/Addiress		··· .		Date (MM/DD/MM)	S	
Gity T		State	Zip Code		Date (MM/DD/MM)	S	

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 a

Hull Name of Contributo		. <u>.: </u>		<u></u>	Date ((MM/DD/AAAA)	
House#! Si	reet Address	· · ·			Date [MM/DD/MAM] \$	
	reec Address					
Giv		State	71b)(code)		Pare [MM/Moo/MM/M] St	
Employer Name					(Occupation)	
Employer/Mailing/Addica RandpallPlace of Busine		: "11				
Full Name of Contributo					Date [MM//DD///////] \$.	
Prouse #	reet/Address		:		Date [MM/,DD/,MMM] S.	
Glty		State	Zip Code	.1	Date [MM/DD/YYYY] 44 45	
Employer:Name					Occupation	
EmployedMalling/Addice Principal Riaceoffusine	S5// SS#			-		:
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					DEG [MM/DD/MMM]	
		State	Zip Code			
Hpuseir St Gfty Employer Name	if-et/Address	State	Zip Code		Pate [MM/DD/AYAA] S	
Figusein Sc Gity	Test/Address	State	Zip Code		Date [MM/DD/MM] S Date [MM/DD/MM] S Occupation	
Apuseir So City Employer Name:	Gee Address SS//	State	ZipCode		Date [MM/DD/AAAA] S Date [MM/DD/AAAA] S Occupation Date [MM/DD/AAAA] S Calculate Date Date	
House # St City Employer Name. Employer Walling Addre Principal Place of Busine Full Name of Contributo House # St	Gee Address SS//	State	ZipiCode		Date [MM/DD/MM] S Date [MM/DD/MM] S Occupation Date [MM/DD/MM] S Date [MM/DD/MM] S	
House # Start City Employer Name. Employer Malling Addre. Principal Place of Busine Full Name of Contributo House # St	Test/Address	State	Zip:Code Zip:Code		Date [MM/DD/MMM] S Date [MM/DD/MMM] S Date [MM/DD/MMM] S Date [MM/DD/MMM] S	
House # St City Employer Name. Employer Walling Addre Principal Place of Busine Full Name of Contributo House # St	reet:Address				Date [MM/DD/MMM] S Date [MM/DD/MMM] S Date [MM/DD/MMM] S Date [MM/DD/MMM] S	

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 Number				
Full Name	34			
House #	eet Address			
City.		State	Zip :Code	Date (MM/DD/MMM)
Receipt Description				
		···		
Full Name		·	<u> </u>	
House # Str	eet Address			
COV		State	Zip), Code	Date [MM/DD/YYYY]
Receipt Description	1445 X			
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	eet Address	For-trace (weeken)	DESIGNATION (Columns)	
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Receipt Description		No.		
Full Name			: : 	
	eet-Address			
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10.000000000000000000000000000000000000	et Address	Terbiantone account	LUC TONNECO PROFES	
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	et:Address	Territory serial		I STATE OF THE PARTY OF THE PAR
Gity		State .	ZID Gode	Date [MM/DD/\\\\)
Receipt Description		Social and supplied in the sup	Workerston and the state of the	上
Market Sept.				

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				
	Table			
1. UNITEMIZED IN KIND GONTRIBUTION	Siredelvedavalue of \$50	OO OR LESS PER	CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
22 Nekind Contributions Received.	/AND=(0]5:55(0)01(10):525(0)	O (FROM PART F		
TOTAL for the reporting period	(2)	\$		
	111 121		**	
3) - IN-KIND CONTRIBUTION RECEIVED-W	AUEOVE, \$25000 (FROM	PARTIG)		
TOTAL for the reporting period	(3)	\$		
			· · · · · · · · · · · · · · · · · · ·	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DU		\$		
PERIOD (Add and enter amount totals from boo on Page 1, Report Cover Page, Item F)	tes 1, 2, and 3; also enter			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer/idem(ficat	on Number						
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i (oute) ()						DETERMINATION S	
	Street/				***		Management of the second of th
હોર)		Si	ate	zip code		DETERMINATION OF THE STATE OF T	
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Description of	(៤០ភូមិជ្រាក្សត្រប		77-77-7		**:		
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RougeO	street/	Address				DETERMINATION STANDARD	
(CITY)	13/数层级等特别	St	ate/	Zip Code		Date (MM/DD/AAAA)	

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	orlom of Contrib	utlön		· · · · · · · · · · · · · · · · · ·				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

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Full Name of Contributor		e e e e e e e e e e e e e e e e e e e			EDECE INIM/DEVANAM		
House # Str	eet: Address		. :		Date (MM/DD/AMAA)		
City	1000000 Hand All Handson 1	State	Zip Code		Date (MIV/DD/MYY	J. S.	* +4 :
Employer Name		2000/2007/200 Ph. 1851	Transformation National		Occupation	[GANDAR]	
Employer Mailing Addres Place of Business	s//Principal				Description of Legistration Contribution	· .	
Full Nam⊖róf(contributo)					AAAAAQOOYMIM] SEG]		
	et Address	Outro Cont. Notice 1	TOTAL CONTROL AND MARKON		Pateliniy/DD/AAAA		.:
Gity		State	Zip(Gode)		Date (MIX/OD/AWAA		· · · · · · · · · · · · · · · · · · ·
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Placeof Business					oj Conabrilon		: .
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	et Address						
Gity,		State	Zip Code	: 	HDEKE WIXWEDYWWW		
Employer Name					Occupation		
Employer Mailing Address Place of Business	s//Principal®				Description of a (contribution		
RUII (Verme of Asontributor)					Meekal (VIIVN) edyngana		
	et Address				Date (MIN/ADD)ANAAA		
(City)		State	∕4þ,©dea	:	Date (MM/DD/MMA		

Employer Mailing Address // Principal (*) Place of Business

SCHEDULE III Statement of Expenditures

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SANCTON STATE		ST PERSONER	22 10 11 17 17	
ALCOHOL: N	11112 (4.53)			
Filer		1000		KIND OF STREET

ToWhomRaid Staples	Dats [MM//DD/////M//] \$ 02/25/2023 55.72
House # 1924 Street Address Keystone Dr	Description of Expenditure
City Erie PA Zip Gode, 15 16509	Printing - Forms/Petition sheets
Tō\Whom!Paid Sign Rocket	Date [MM/DD/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
HOUSE 340 Stree Address Broadway Ave	PARTHIBLET AND THE PROPERTY OF
St. Paul Park St. Paul Park State MN Zip Code 55071	Yard Signs - Printing/Shipping
PostCard Mania	04/26/2023 1,977.51
Street Address Sunnydale Blvd	Description of Expenditures
Clearwater State FL Code 33765	Postcard: Printing, Design + Digital Ads
io)Wilgin Paid. Wix.com	DatP[[M]M/DID/AWA/I]E
House # 500 Street Address Terry A Francois Blvd, 6th Floor	Description of Ependiture
Cfty San Francisco State CA 20 94158	Website - Domain
To Whom Paid Wix.com	DETCHMM/DD/MMM/B \$ 40.28
House # 500 Street Address Terry A Francois Blvd, 6th Floor	Description of type addition
State CA Zip 94158	Website - Hosting/Design initial
To.WhomiRaid. Wix.com	04/26/2023 163.24
Street Address Terry A Francois Blvd, 6th Floor	Description of Executives
San Francisco State CA Code 94158	Website - Hosting/Design remaining balance
Townomicaldi Postcard Mania	04/27/2023 313.25
Houseit 2145 Street Address Sunnydale Blvd	Description of Expenditure
Charwater State FL Zip 33765	Postcard - printing costs
TÖWnomipaid	
(House)# Street Address	Description of Expanditure
Chy State Code Code	

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.

		1.1			
Name of Geditor				โสดเกราลักล์ใส	Balanceo/(DeSt
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Giv		Sac	72(g) Gode		
DEFINATION OF DESIGNATION					
Removiedor:	er Address		DATE DEBUINGURA	2.000	Balance of Debt
	HIAQUIESS		### [[ΝΙΝ <i>Ι</i> /ΟΙΦΙΛΛΛΑΔ]]		
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			+ + 		
Nemeoidallor Nocall	et/Address		JDATE PERMINGURR	fD S	gBallance.cg/(Debt
Giy .	**************************************	State	Zip (code)		
Description of Debt		Paraconagraphic	Transfer Assertance Annual	[250,000.0]	
Name of Greditor		man ja sa sa		Outstanding	Balance/o//Debt
thouse# Stre	etrAddress		DATE DEBTINGURR		
GBY	necessary for the state of the second of the L	State	Z[ba Pa		
Degrifilororbette			illing in the second se		