RESELFUITH B. THIRLIUIT		ושנשת	FURTH	· pai. · · ·	TOTAL POINT
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(Note: This report must be clear and legible. It should be typed)							
Filer Identification Number		Report Filed B	y Candida	ate X	Committee		Lobbyist
Name of Filing Committee	, Candidate or	Damala Nalaa	'	;	J	1	
Lobbyist	Pamela Nolan						
Street Address	2601 Rice Rd						
City Edin	boro		State	PA	Zip Code	16412	
Type of Report (Place x under report type)							
1-6 th Tuesday 2- 2 nd Fri	day 3- 30 Day Post	4- 6th Tuesday	5- 2 nd Friday	6- 30 Day Post	7- Annual	Special 2 nd Friday	Special 30 Day
Pre-Primary Pre-Prima		Pre- Election	Pre- Election			Pre-Election	Post-Election
						-	
Date Of Election	05/40/0000	Year	0000	Amendment		Termination	
(MM/DD/YYYY)	05/16/2023		2023	Report		Report	
Summary of Receipts and	From Date	To Date	•		For	Office Use Only	
Expenditures	04/01/2023	05/01/2023					
A. Amount Brought Forwa	rd From Last Repor	t \$	0				- · · · · · · · · · · · · · · · · · · ·
B. Total Monetary Contrib	utions and Receipts	\$ 0				<u> </u>	20
(From Schedule I)	ations and receipts	′ ′ ′	4.27	i.		===	23
C. Total Funds Available		\$ 0		1		9 9	3
(Sum of Lines A and B)		82	26.77			zom.	2023 MAY -4
D. Total Expenditures		\$ 00	37k 7777			<u> </u>	-
(From Schedule III)		\$ 00	26177			य य	-0
E. Ending Cash Balance (Subtract Line D from Line			TRATION	PM 4: 22			
F. Value of In-Kind Contributions Received \$,250.00	Ī		= =	77: 803
(From Schedule II)	<u> </u>		¥	22			
G. Unpaid Debts and Obligations \$ (From Schedule IV)							
		3 3	Affidavit Se	ection		,	··· ·
Part 1- If this is a Committee r	eport, treasurer sign h	ere. If this is a Can	didate report, c	andidate sign here.			
I swear (or affirm) that this rep	ort, including the atta	che discone di les di	aper, is to the	best of my knowle	dge and belief t	rue, correct and comple	te.
	re me this	ela L. Winission		الم لله			
day of 11/U	1 20 XX	3 msylving Est	\$ \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	James		MINU	<i>.</i>
Much CX	1 bot NR		Penns	Signature	of Person Subn	nitting report	
Signature	uncer			tame la	Printed Nam	VOLAN	
- 12	S 8 8 3	Vivania	4118	,	150 51	771.	
My Commission expires				<u></u> T			
IVIO	. DAY YR.	55 ber	up to	Area Code	Đa:	viime reiephone Numbi	= 1
Part II- If this is a report of a Ca			idata shall sign h		,		
I swear (or affirm) that to the best of my knowledge and be this political committee has not violated 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 ' k							
day of20				Signature of Candidate			
Signature					Printed Name		
My Commission expires							
MO.	DAY YR.	_		Area Code	Day	time Telephone Numbe	r

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1.Unitermized Contributions and Receipts: \$50,00 or Less per Contributor		
Total for the reporting period (1)) \$	en e
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		, L
Contributions Received from Political Committees (Part A)	\$	
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)	\$	
All Other Contributions (Part D)	\$	826.77
Total for the reporting period (3)	\$	824.77
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 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] \$			
1 Yama	da No	lan	04-25-2023 276.7	77		
House # Street Address	Λ·	١.	Date [MM/DD/YYYY] S			
Control of the Contro	Rice R		04-06-2023 100.0	9		
City Fillows	State PA	zip Code 16412	Date [MM/DD/YYYY] \$ 350.1	9 C)		
Employer Name			Occupation Clinical Core	<u>Λ</u> .		
Employer Mailing Address /	Sarah Re	ed	C I I N'CEL COTE	<u> </u>		
Principal Place of Business		···				
Full Name of Contributor			Date [MM/DD/YYYY] \$			
			5 Table (55 Avev)			
House # Street Address			Date [MM/DD/YYYY] \$			
City	State	Zip Code	Date [MM/DD/YYYY] \$			
	A 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor			Date [MM/DD/YYYY] \$			
House # Street Address			Date [MM/DD/YYYY] \$			
			1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -			
City	State	Zip Code	Date [MM/DD/YYYY] \$			
Employer Name	,	1 11 11 11 11 11 11 11 11 11 11 11 11 1	Occupation			
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor			Date [MM/DD/YYYY] \$			
			5			
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	.					
remolpai riace yi udalileaa						

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:		
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$5	J.UU C	RELESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$	
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.	00 (FI	ROM PART F)
TOTAL for the reporting period (2)	\$	
3: IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	/I PAR	T G)
TOTAL for the reporting period (3)	\$	1,250.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING	\$	
PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		1,250.00

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification	on Number:			
les and other sections to the state of the section	Title Lathways Little (e.g.)	· · · · · · · · · · · · · · · · · · ·		
Full Name of Co	ontributor Carrie Eastm	on Crow		Date [MM/DD/YYYY] \$ 4/4/2023
	Came Lastin	an Grow		
House # 5341	Street Address			Date [MM/DD/YYYY] \$
534	R	t 6N		
City	Lastron March Control	State	Zip Code	Date [MM/DD/YYYY] \$
Edinbor	ro	PA	16412	
Employer Nam	e	1/	U. so Hasta	Occupation
Employer Maili	ing Address / Principal	o Kenn	1 Hayes Electri	Description
Place of Busine			·	of Attorney fee to defend challenge
				Contribution
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House#	Street Address	 		Date [MM/DD/YYYY] \$
				(4) A
City	Talleto, triberi 1999 ka	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam				Occupation
Grandelline Co.	ng Address / Principal	У. У.		
Place of Busine		/*/ ///		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] \$
Care			an dig mandalapanani permandip (an a	
	<u>witeen ja tiin oli ja kaitusti ja Appa (1011) kaitustusta</u>			1900 1900 1900 1900 1900 1900 1900 1900
Employer Name		18 13 86		Occupation
	ng Address / Principal	4.0 4.4 9.7		Description
Place of Busine	SS			of Contribution
Full Name of Co	intributor	<u> </u>		Date [MM/DD/YYYY] \$
	15 15 15 15 15 15 15 15 15 15 15 15 15 1			
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		38 33		Occupation
Employer Maili	ng Address / Principal	94 9		Description
Place of Busine	S S	14 14		of
4、1、1、1、1000年至1、14个大概有关工业管理	运动工程 医马耳氏 大地名美国大多国 化基基氯化基 化标准设置器	Cal		Contribution

Statement of Expenditures

A PRINCE POLICE ESTABLISTA DE LA CONTRA LA CON		
Filer Identification Number:		, , , , , , , , , , , , , , , , , , ,
The tachtineption for the line of the line		
[편하기 16] 10 : 10 : 10 : 10 : 10 : 10 : 10 : 10		, , , , , , , , , , , , , , , , , , ,
2 4 1 1 1 1 1 1 1 1 1		
*** (1994年) 1994年 -		,
5.4 6 6 7 7 4 6 6 6 4 4 4 6 6 6 4 6 7 6 6 7 6 6 7 6 6 7 6 6 6 6		
선생활 등 전염되었다고 하는 것 같아요 [10] 그 10] 경기 이상 등 다양했다.		,
하는 양성 등을 하는데 하면 하셨다. 그는 이 사람이 되었다는 이 사람이 그 중요 없는 사람들이 다른		

To Whom Paid		,		Date [MM/DD/YYYY] \$
Vistaprint				4/25/2023 276.77
House # 275	Street Address N	/yman St		Description of Expenditure
	M. A.		[See Section 2]	
City Waltham		State MA	Zip 02451	Yard signs
To Whom Paid	<u> </u>			Date [MM/DD/YYYY] \$
	Go tun	9Me-Co	urrie Crow	04-06-2023 100.00
House #	Street Address			Description of Expenditure
City	<u> </u>	State	Zip Code	Section (Annual Call Annual Call Medicana Call Section Call Sec
To Whom Paid	A.	N Toy Killer (Kro.)	Annual Age (N.A. M. A.)	Date [MM/DD/YYYY] \$
	Gofun	1me-Co	urie Crow	04-11-2023 350.00
House #	Street Address		4.100	Description of Expenditure
City	<u> </u>	State	Zip Code	
To Whom Paid	2		code	Date [MM/DD/YYYY] \$
	707 7 7 7 7 7 8			Date (WW/DD/TETT)
House #	Street Address			Description of Expenditure
City		State	-Zip Code	
To Whom Paid		[612000010+14] -	<u> </u>	Date [MM/DD/YYYY] \$
	(전)			
House #	Street Address			Description of Expenditure
City		State	Žip.	
			Code	
To Whom Paid	사 사 소		***	Date [MM/DD/YYYY] \$
House #	Street Address		١	Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #				Description of Expenditure
	Street Address			Description of expenditure
City		State	Zip Code	
To Whom Paid		and the second s	Wash open to be	Date [MM/DD/YYYY] \$
Banea # 1			-	
House #	Street Address			Description of Expenditure
City	40.63 (4.32.89) (3.38)	State	Zip	
			Code	