

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification 833926470	Report Filed By Candid (Mark X)	ate	Committee	(Lobbyist
Name of Filing Committee, Candidate or Lobbyist	FRIENDS 13	Elet Mo	ney Rennie	
Street Address	3831 Ediat 10	20,	, , , , , , , , , , , , , , , , , , , ,	
city Epie	State	Pa	Zip Code 16508	3.
Type of Report (Place x under report type)				
1- 6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	4-6 th Tuesday 5-2 th Friday Pre-Election Pre-Election	A CAMPAGNA CONTRACTOR OF THE CONTRACTOR OF THE CAMPAGNA CONTRACTOR OF THE C	7- Annual Special 2 rd F Pre-Election	
Date Of Election (IMM/DD/YYYY) OS/10/03	Year	Amendment Report	Termination Report	
Summary of Receipts and From Date Expenditures 01/01(23)	To Date: 05/01/25	-	For Office Use On	l y
A. Amount Brought Forward From Last Repor B. Total Monetary Contributions and Receipts	370.13			
(From Schedule I) C. Total Funds Available	2000:00			2023 HAY
(Sum of Lines A and B) D. Total Expenditures	\$ 2592:T3 \$ 24.35			
(From Schedule III) E. Ending Cash Balance	\$ 2568.38			ES 7
(Subtract Line D from Line C) F: Value of in-Kind Contributions Received (From Schedule II)	5 -0			PHI2: 30
G. Unpaid Debts and Obligations (From Schedule IV)	\$	<u> </u>		30
Part 1- If this is a Committee report, treasurer sign h	Affidavit Se			· · · · · · · · · · · · · · · · · · ·
I swear (or affirm) that this report including the atta	ched schedules on paper, is to the		e and belief true, correct and	complete.
2 day of May 200 Fron Tro	Bennsylvania Notary Seal County Public Seal	Signaturé o	f Person Submitting report	······································
Signature Commission expis	County Public Notary Seal	/ Koloer	Printed Name	
My Commission expires MO. DAY	hos vernoer -	Area Code	4342435 Daytime Telephone	
Part II- If this is a report of a Candidate's Authorized	Committee, candidate/shall sign i			
I swear (or affirm) that to the best of my knowledge amended. Sworn to and subscribed before the than on weather than the signature of the state of my knowledge amended. Sworn to and subscribed before the than on weather than the signature of the state of the sta	and belief this political committee	has not violated any	provisions of the Act of June 5	3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before the that nonwo		Dea	\cap	
day of My 20 Bran Th	TA Pennsyl	//wy	Hogywer Hure of Candidate	
Signature Common Signature	Count Physian C		Penne Printed Name	
My Commission expires NO DAY YE	nber of the second of the seco	8/4 Area Cado	504208	
Signature Commission expires MO. DAY YR.	Pennsylvania Notary Seal Post, Notary Fiblic Seal Posember 11, 2023	Area Code	Daytime Telephone	(ValityC)

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	833921.470	
	8 = 70 4 1 70.	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	us se	
Total for the reporting period (1)	NA
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	1	NA
Ali Other Contributions (Part B)	1	3
Total for the reporting period (2) (5
3. Contributions Over \$250.00 (From Part C and Part D)	a Kil	
Contributions Received from Political Committees (Part C)	5	
All Other Contributions (Part D)	1	2000.00.
Total for the reporting period (3) 5	2000.00. 2000.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)) 5	NA
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)	١ ٠	2680.88

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

Filer Identification	Number	83392	6470.		
100000000000000000000000000000000000000					Amount
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	NA.
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Col Committee	ntributing			Date (MM/DD/YYYY) \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing			Date (MM/DD/YYYY) \$	
House #	Street Address			Date [MM/DD/YYYY] S	
City	Form now APENCE SACREMAN	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee				Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] S	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$	
City	[Agr-03am/03/02#m/03/04]/0389	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] S	
City		State	Zip Code	Date [MM/DD/YYYY] S	· · · · · · · · · · · · · · · · · · ·

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.)

Client Manifestan Mitembar	0 0 1 . 1 - 1	
Extinct triciles has trues (420 times - 22)	001911171	
Filer Identification Number:	V 5 7121.61 ///	
	1 1 July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	V	

	NG GOL				Death
Full Name of Contribute	or I			Date (MM/DD/YYYY)	NA
House #	Street Address			Date [MM/OD/YYYY]	
div	energian de la companya de la compa	State	Zip Code	Date (MM/DD/YYYY)	
Full Name of Contribute	o't			Date (MM/DD//SYM)	
Houseff	Street Address			Date (MM/DD/YYYY)	
City	and terratorial of London School (State	Zip Code	Date [MM/DD/YYYY]	•
Full Name of Contribute	or .			Date [MM/DD/YYYY]	
House #	Street Address			Date (MM/DD//YYYY)	
City		State	Zip Code	Date (MM/OD/XYYY)	
Full Name of Contribute	D			Date (MM/DD/XYYX)	
House #	Street Address			Date [MM/DD/YYYY]	
Chy		State	Zip Code	Date (MM/DD/AVV)	
Full Name of Contributo	Of .			Date [MM/DD/XYYY]	
House #	Street Address			Date (MM/DD/XYXX)	
City	5 0000000000000000000000000000000000000	State	Zip Code	Date [MM/DD/YYYY]	
Füll Name of Contribute	pit			Date [MM/DD/YYYY]	
House #	Street Address			Date (MM/DD/YYYY)	
Eny	CLASSIC CONTROL AND	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.

File: Identification Number:			
Filer Identification Number:	_ ^		
Market State Control of the Artist Control of the C			
	0 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	, 0		
3.3 - 1.3 min 1914 3.7 mg 111 - 2.3 mg 141 - 3.5 mg 121 - 1.5 mg 121 - 1.5 mg		 	

Full Name of Contributing Committee			Pate (MM/OD/AXA)	\$ NA
House # Street Address				\$.
City	State	Zip Code		\$
Full Name of Contributing Committee			Date (MM/DD/WWY)	\$
House's Street Address			Date (MM/DD/YYYY)	\$
City	State	Zib Code		\$1
Full Name of Contributing Committee				\$
House # Street Address			Date [MM/DD/YYYY]	5
Cley	State	Zip Code		5
Full Name of Contributing Committee				
House #. Street Address			Date [MM/DD/YYY]	\$
City	State	Zip Code		
Full Name of Contributing Committee			A CONTRACT OF THE CONTRACT OF	\$
House # Street Address				5 .
City	State	Zip/Code		
Full Name of Contributing Committee				
House # Street Address				\$
City	State	Zip Code	Date [MM/DD/*YYY]	

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:	33926 47	٥.		
Full Name of Contributor A part Address 9010	ek A. WRI Pout 98.	slit	Oate [MM/DD/YYYY] 5 O4/ 63/20/3 Date [MM/DD/YYYY] 5	2000.00
City GRAND Employer Name	State Pa (Ze), rul)	21p Code 16417.	Date (MM/DD/YYYY) S Occupation	
Employer Malling Address / Principal Place of Business Full Name of Contributor House# Street Address			Date (MM/DD/YYYY) \$ Date (MM/DD/YYYY) \$	
City 11	State	Zip Code	Date [MM/DD//YYY] \$	
Employer Malling Address / Principal Place of Business Full Name of Contributor			Date [MM/DD//YYY/] \$	
House # Street Address City	State	Zip Code	Date (MM/DD/YYYY) \$ Date (MM/DD/YYYY) \$	
Employer Mailing Address / Principal Place of Business Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address City	State	Zip.Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Malling Address /, Principal Place of Business	[68528551]		Occupation	

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.

8320926470

Filer identification Number:

Full Name				
House #	Street Address	· , · ·		
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	7073
Receipt Description				
Full Name				
House #	Street Address			
City		State	(Z)b	Date (MM/DD/MYYY) \$
			Code	
Receipt Description				
Full Name				
House #	Street Address			
City		State	74b	Date (MM/DD/YYYY) \$
			Code	
Receipt Description			\$444.000 500.501.00	[5000]
Full Name				
House#	Street Address			
City		State :	Zip	Date (MM/DD/YYYY) \$
711			Code	
Receipt Description				
Füll Name				
House #	Street Address		-	
	Street Address	201 - Yeshila (1483)	ka-frankriet	
City		State	Zip Code	Date [MM/DD/XXXX] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

**		
Filer Identification Number:	- ^ ^ / / /	
E Filer Identification Number 201		
· · · · · · · · · · · · · · · · · · ·	V ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
	X 7 2464 1 1 1	
	7 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Property of the Annual Control of the Control of th	• • • •	
A TOTAL CONTROL OF THE ACTION		

Full Name of Contributor			Date [MM/JDD/A444]). \$	MA.
House # Street Add	dress		Date (MM/DD/YWY) \$	
Gfty .	State	Zip Gode	Date [MM/OB/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date (MM/DD/AYYY) S	
House:# Street Add			Date [MM/bb/YYYY] \$	
Sity	State	Zip Code	Date (MM/Db/yyyy) \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/XXXV] \$	
House # Street Ad	dress		Date (MM/DD/YYYY) \$	4
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] S	
House # Street Ad			Date [MM/DD/YYYY] \$	
City Description of Contribution	State	Zip Code	Date [MM/DD/XYYY] \$	
Full Name of Contributor			Date (MM/DD/MYY) S	
House # Street Ad	dress		Date [MM/OD/YYYY] \$	
Gity	State	Zíp Code	Date [MM/DD/YYYY] \$	
Description of Contribution				

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:	833924	170		
ikookunnanikdenikerunes 21	AVAGEVIERESSENGVerbEIS	liä lääg läässovon von älessä pisn	CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	NA:	
Z. IN-KIND CONTRIBUTIONS RE	(BEVIER VAN EER SCHOOL	ile (o X/2/3/90 o visitio) (MEZ/Aram		
TOTAL for the reporting period	(2)	\$		1 10
3 IN-KIND CONTRIBUTION REC	ZEIVEOPVALUETOVERIS250	0.00 (FROM PARILG)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3; a	1 ' 1		

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Eller Identification Number	-0110	i de la companya de	
Striet identification Number 20	$\alpha \alpha \lambda \gamma $	17.19	
A PERSONAL PROPERTY OF A SECURITION OF A SECUR	シークフィー	17.61 71\ -	
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to account the second research to the second		7 (/	
The state of the s	•		
Filer Identification Number:	0 - 10	Ψ7 / ο -	

Full Name of Contributor		EXTRACTOR TATALANTA CONTROL OF THE SECOND CO
eui Name or Contributor		Date [MM/DD/YYYY] 5 NA
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/XYYV] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
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	Personage (Processes	Occupation
Employer Mailing Address / Principal Place of Business		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] \$
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 Mailing Address / Principal Place of Business		Description of Contribution

Statement of Expenditures

Filer identification Number:	833924470	

To Whom Paid				Date (MM/Db/yyyy)
	folsept	Kenne _		Date [MM/DD/YYYY] \$ 24.35 Description of Expenditure OIS COUNTRY BUFFUR EVENTS UNITED M-PMON Date [MM/DD/YYYY] \$
House # 282	Street Address	SIST HIS		Description of Expenditure
City		State	Zip	010 COUNTRY BUFFET FIEDLEST
En	· ·	174	code /698.	Union Member
To:Whom Paid				Date [MM/DD/XYYY] S
and the second	Production of the state of the		<u> </u>	
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Pald				Date (MM/DD/YYYY)
1				
House #	Street Address			Description of Expenditure
City	A VANDO CONTRACTOR OF THE SAME	State	Zip Code	
To Whom Paid		DESCRIPTION AND DAY	Modernest of Machineral	Date (MM/DD/AVA) S
		· · · · · · · · · · · · · · · · · · ·	····	
House #	Street Address			Description of Expenditure
City	surrectories de participations propriété par march	State	Zip Code	
To Whom Paid	Na Caracteria de la Car			S Date (MM/DD)/XXXX/ MASS
House #	Street Address	— — — — — — — — — — — — — — — — — — —		Description of Expenditure
City		State	Zip Code	
To Whom Pald				Date [MM/DD/YYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip	
			Code	
To Whom Paid				Date [MM/DD/YYYY] S
House #	Street Address	**************************************		Description of Expenditure
City		State	Zip	
			Code	
To Whom Paid				Date (MM/DD/YYYY) \$
House #	Street Address			Description of Expenditure
City	[2] (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	State	Zip	
			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.

Filer Identification Number:	833926478	
And the property of the proper		

			Outstanding Balance of Debt
House ¥	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	· NA -
City		State Zip Code	1 100
Description of Debt		Beautiful	- Control of the Cont
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	-
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House'#	Street: Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	Editor (SS Sagistation)	State Zip Code	- 1
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/XYYY]	5
City		State Zip Code	
Description of Debt			[25]
Name of Creditor			Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	5
City		State Zip Code	
Description of Debt		Filtered system contract	
Name of Creditor			Outstanding Balance of Debt
	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of Debt			