

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

Filer identificat Number	. 7. 1				eport Filed Mark X)		Candid		I Sho	Committe			Lobbyist
Name of Filing Lobbyist		nittee, Ca	indidate or	An	gie Amatan	gelo	<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>	
Street Address				23	3 West 29th	Stree	t						
City		Erie	<u> , , , , , , , , , , , , , , , , , , ,</u>				State	PA		Zip Code	40500	 -	
Type of Report	(Place	x under	report type)								16508		<u> </u>
1-6 th Tuesday				A. 6	th Tuesday	E 3	^d Friday	6- 30 Da	ni Daire		7 N S = 10 × 20 × 20	- 00	
Pre-Primary	Pre-	Primary	Primary	Pre	- Election		Election	II 1941 A.S. 194		7- Annual	Special Pre-Elec	2 nd Friday tion	Special 30 Day Post-Election
Date Of Election	L							<u> </u>]	
(MM/DD/YYYY)			5/16/2023	Ye	ar	2	2023	Amendr Report	ment		Termina Report	tion	
Summary of Rec Expenditures			From Date 56/5/17/2023		To Date	100	10/5/2			For	Office Use	Only	
A. Amount Brou	ght F	orward Fi	om Last Report	8 1	Ś	 800.00	~~~		<u>18 (1. 4.)</u>	3.39	<u> </u>	<u>4. 133, 5</u> •	
B. Total Moneta (From Schedule	i)		is and Receipts		\$	0						Yote	2023
C. Total Funds A (Sum of Lines A a	and B				\$	0							
D. Total Expendi (From Schedule I E. Ending Cash Ba	III)				\$	0						SE	5
(Subtract Line D F. Value of In-Kin	from	Line C)	s Received	*	\$	0				÷			
(From Schedule I G. Unpaid Debts	1)			13 M	1	124.64	1					NO.	က္သ
(From Schedule I	V)	~"Pario		(100 km)		0			·	_		•	
Part 1- If this is a Co	mmitt	ee report,	treasurer sign her	re. If	this is a Cano	dialas.	idavit Sec		horo				
swear (or affirm) ti Sworn to and subsci	nat tini	s report, ir	icluding the attach	ned s	chedules on	paper,	is to the b	est of my k	nowledg	e and belief tr	ue, correct a	ınd complet	e.
day of			20										
		:						Sigr	nature of	Person Subm	itting report		
Si My Commission exp	gnatu	re			,					Printed Name	!		
wy commission exp		мо.	DAY YR.				Ar	ea Code	-	—	ime Telepho	one Number	_
art II- If this is a rep	ort of	a Candida	te's Authorized Co	omm	ittee , candid	ate sha	III sign her	e.		<u> </u>			
mended.	at to t	ne best of	my knowledge an	d bel	ief this politi	cal con	nmittee h	as not violat	ted any p	rovisions of th	e Act of Jun	e 3, 1937 (P	.L. 1333, NO.320) as
worn to and subscri	ibed b	efore me t	his										·
day of			20		٠,					•			
					Į.			-	Signat	ure of Candida	ite		-
	nature				, [Pr	inted Name			-
1y Commission expir		10. D	AY YR.				—	a Code		Daytin	ne Telephon	e Number	_
<u>-</u>											•		

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

CHECK MENTINE AUTOMOTE			
(1915年-1917年) - 大道的電影·基础等的 表演的			
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	ili Meyera Y	795 V 5 1 10 20 1 20 1 10 4 10 5 10 10 10 10 10 10 10 10 10 10 10 10 10	
A 2000 of reas hell contributor			
Total for the reporting period	(1)) \$	12.0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			9 X 5. 6
Contributions Received from Political Committees (Part A)		[\$]	10
All Other Contributions (Part B)			
contributions (rait b)		\$	
Total for the reporting period	(2)	\$	_
3. Contributions Over \$250.00 (From Part C and Part D)	<i>/</i> 2	The Report Bases of the Comment	_
Contributions Received from Political Committees (Part C)		\$	Q 1.3
All Other Contributions (Part D)		\$	
Table Country		<u> </u>	
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			\$-7.5°
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, Recover Page, Item B)	port	\$	

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.

riler identificatio	mumber				
Full Name of Co	ontributing				Amount
Committee				Date [MM/DD/YYYY] \$	
House #					
nouse #	Street Addres	2 A		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Manager					
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Addres	s		Date [MM/DD/YYYY] \$	
		ā.			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address	<u> </u>		Date [MM/DD/YYYY] \$	
		:		Date [MM/DD/YYYY] \$	
City		State	Zip Code		
				Date [MM/DD/YYYY] \$	
ull Name of Con	tributing			Date [MM/DD/YYYY] \$	
Committee				Date [MM/DD/YYYY] \$	
louse#	Street Address			Date [MM/DD/YYYY] \$	
ity		State	Zip Code	Date [MM/DD/YYYY] \$	
				Date [MM/DD/YYYY] \$	
uli Name of Con	tributing				
ommittee				Date [MM/DD/YYYY] \$	
ouse#	Street Address				
	Jan det Addi ess			Date [MM/DD/YYYY] \$	
ty.		T Share 1			
		State	Zip Code	Date [MM/DD/YYYY] \$	
III Name of Cont	ributing	[44] (A)	August 1997		
mmittee				Date [MM/DD/YYYY] \$	
ouse#	Street Address				
				Date [MM/DD/YYYY] \$	
ty		State			
		State	Zip Code	Date [MM/DD/YYYY] \$	
Series I					

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.)

Full Name of Contributor Street Address Street Address Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ State Zip Code Date [MM/DD/YYYY] \$ State Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ State Date [MM/DD/YYYY] \$	Filer Identifica	tion Number:			
House # Street Address City Date [MM/DD/YYYY] S Full Name of Contributor Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S Full Name of Contributor Date [MM/DD/YYYY] S	Same Series	A service to the Peter			
House # Street Address Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City Da	Full Name of	Contributor			
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Date MM/DD/YYYY S	House #	Street Address			
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Full Name of Contributor Date [MM/DD/YYYY] \$ State Zip Code Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ C			State	Zip Code	Date [MM/DD/YYYY] \$
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Date MM/DD/YYYY S					
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ Flows # Street Address Date [MM/DD/YYYY] \$ Lity State Zip Code Date [MM/DD/YYYY] \$ Lity Date [MM/DD/YYYY] \$ Lity Date [MM/DD/YYYY] \$ Lity State Zip Code Date [MM/DD/YYYY] \$ Lity Date [MM/DD/YYYY] \$ Lity State Zip Code Date [MM/DD/YYYY] \$ Lity Date [MM/DD/YYYY] \$	House #	Street Address			Date (MANA/Dr. Annous)
State Zip Code Date [MM/DD/YYYY] \$					arate miniop/min
Date [MM/DD/YYYY] Street Address Date [MM/	City		State	7in Code	
Date [MM/DD/YYYY] S					Date [MM/DD/YYYY] \$
Date MM/DD/YYYY S	ull Name of Co	ontributor	160,000		(2.5) (3.5) (3.5)
Date [MM/DD/YYYY] \$ State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Ouse # Street Address Date [MM/DD/YYYY] \$ Ty State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$					Date [MM/DD/YYYY] \$
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Date [MM/DD/YYYY] \$ State Zip Code Date [MM/DD/YYYY] \$ Ill Name of Contributor Date [MM/DD/YYYY] \$ State Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$					Date [MM/DD/YYYY] \$
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Date [MM/DD/YYYY] \$					
Date [MM/DD/YYYY] \$ Street Address Date [MM/DD/YYYY] \$	ty		State	Zip Code	Date IMM/DD/yyyyl &
Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ V State Zin Code	700 00 00 00 00 00 00 00 00 00 00 00 00				
Date [MM/DD/YYYY] \$	III Name of Cor	tributor			Date [MM/DD/yyyy]
Pate [MM/DD/YYYY] \$					
y State 71- College	ouse#	Street Address			Data (MM/DD/00000
State The Code					Pare [IMIM/DD/TYYY] S
Date [MM/DD/YYYY] \$	у		State	Zin Code	
<u>(2017年 - 1977年 - 19</u>			140 y 154 140 y 154		Date [MM/DD/YYYY] \$
	<u> </u>				

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	on Number:				
Full Name of					
Contributing C				Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	5
		P 0-1528-(01)		37	
City		State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of				Date [MM/DD/YYYY]	\$
Contributing Co	Committee				
House#	Street Address				\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
			Zip Code	Date Intial DOLETCHE	
Full Name of Contributing Co	ommittee	- P-AR-LO	1 - 30-24, 2029 y 20-20,	Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	<u> </u>
City		State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Contributing Co		<u> Essentiales </u>		Date [MM/DD/YYYY]	5
House#	Street Address			Page (pp /voye)	1944 1950 1949 1949 1949
1003577	Street numbers			Date [MM/DD/YYYY]	\$
City	In the National Section 1	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ominittee	38,595,335	75 New Y 1865	Date [MM/DD/YYYY]	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
House #	Street Address				
House #	Street Augress			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co		TYPE CHE	<u> </u>	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	- Library & A. S. Sandill -	State	Zip Code	Date [MM/DD/YYYY]	\$
					A Company

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 C	0.050 (I. G. 60)			Date [MM/DD/YYYY] \$	_
10 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14 14 14 14 14 14 14 14 14 14 14 14 14 1				
House#	Street Address	-		Date [MM/DD/YYYY] \$	
City		State			
		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	li i de la compania del compania de la compania del compania de la compania del la compania de la compania del la compania de la compania de la compania del la co		The first control of the control	Occupation	
Employer Maili Principal Place	ing Address /				
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
31					
House #	Street Address			Date [MM/DD/YYYY] \$	
City	10000000000000000000000000000000000000	Total and the second	The state of the s		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	建等等的 医乳腺 拉特		学校生的社会公司等金 科	Occupation	
Employer Mailir	ng Address /				
Principal Place of Full Name of Co	AND THE PROPERTY OF THE PARTY O			Date [MM/DD/YYYY] \$	
				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
				Part of the Part o	
City	Risk Constitute on Security	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name					
Employer Mailin				Occupation	_
Principal Place o	of Business				_
Full Name of Cor	itributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] S	_
Employer Name					
				Occupation	
Employer Mailing Principal Place of	g Address / f Business			Proposition and L	

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	aber:			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Code	
Fúll Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		500 1994 pg	<u> </u>	(2.5%)
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		The second second	<u> </u>	- PX9
Full Name				
House #	Street Address			
City		State	Zip Code	Daté [MM/DD/YYYY] \$
Receipt Description			<u>artingking ar</u>	
Full Name				
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Em Silvery	<u> </u>	[43.4]
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Table A factor	<u> </u>	[100.0]

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) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
1. UNITEMIZED IN-KIND CONTR	IRLITIONS DECEMBED WALLS OF A		
· · · · · · · · · · · · · · · · · · ·	IBUTIONS RECEIVED-VALUE OF \$	50.00	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	1124.72
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01 TO \$250),QQ (F	ROM PARTIFI
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.00 (FRO	M PAR	
TOTAL for the reporting period			
	(3)	\$	1124.72
TOTAL VALUE OF IN-KIND CONTRIBUTION	INS DURING THE PERCETING	T & -	
PERIOD (Add and enter amount totals fr	om boxes 1, 2, and 3; also enter	\$	
on Page 1, Report Cover Page, Item F)			1124.72
		Ц,	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

rher loen(mcat)	A Number				
Full Name of Co	Comprehensive and the second			Date [MM/DD/YYYY]	
gar vagas e i				St. Property • Constitute of the constitution	
House#	Street Address			Date [MM/DD/YYYY]	\$
City			* 17年88年後紀代(17)	- San Land Company	
		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of (Contribution		S in description of		<u> </u>
Full Name of Co	ontributor	基础设置		Date [MM/DD/YYYY]	
House#	Street Address			Date [MM/DD/YYYY]	\$
City		I se a a constant			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	Contribution				
Full Name of Co	entributór			Date [MM/DD/YYYY]	
				<u>এটাক বাই ক্লিক ক্ষুব্ৰ সাম্ভ্রিক বাই ক্লিক্ট্রক বাই ক্রিক্ট্রক বাই ক্রিক্ট্রক বাই ক্রিক্ট্রক বাই ক্রিক্ট্রক ব</u>	
House #	Street Address			Date [MM/DD/YYYY]	S
		1			
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of C	ontribution	2017/03/4 2017/03/4 2017/03/4	<u> </u>		<u>(£3)</u>
Full Name of Co	ntributor	强胁牵环		Date [MM/DD/YYYY]	(\$)
House #	Street Address			Date [MM/DD/YYYY]	
City		I Towns and the second	Processor at 1 (2007) grad		
Uty		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution		<u>* 1900年の表表の映画</u> *	i	<u> </u>
Full Name of Cor	ntributor	7.374		Date [MM/DD/YYYY]	**************************************
House #	Street Address			Date [MM/DD/YYYY]	\$
City			Francis Construction (Construction)		
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution	26 11 28 34 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	<u> </u>		
<u> Na Granda de Maria</u>	<u>E Call Ballet Systemson</u>				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identificati	on Number:			
Full Name of C	-ontributor			Date [MM/DD/YYYY] \$
House#	Street Address			¿Date [MM/DD/YYYY] \$
City	a likewana kata kan antan	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	ie (Total and operational and advantage of	/Occupation
Place of Busine				Description of Contribution
Full Name of C	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	The state of a control of the I	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	e		Personal Report Co. Co. Co. Co.	Occupation
Place of Busine				Description of Contribution
Full Name of Co	antributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	- Commence of the second	State	Zip Code	Date [MM/DD/YYYY] \$

Occupation

Description

Contribution

Occupation

Description

Contribution

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

\$

\$

\$

Employer Name

Place of Business

Employer Name

Place of Business

House #

City

Full Name of Contributor

Employer Mailing Address / Principal

Employer Mailing Address / Principal

Street Address

State

Zip Code

Statement of Expenditures

Filer Identification Number:		
19.4.1.5.2006 - 在19.4.1.1.6.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		
The state of the community of the state of t		
- 1000 at 1000		

To Whom Pal	ld .			Date [MM/DD/YYYY] \$
House #	Street Address	S		Description of Expenditure
City		State	Z(p Code	
To Whom Pai	l'app	W686768431	[/\tau\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Date [MM/DD/YYYY] \$
House #	Street Address	S		Description of Expenditure
City	EPON TO WASHED	State	Zíp . Code	
To Whom Pai	d 35 -	Edwar van Arres	6.55m,24336-44	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	Enter Supplier (1988 Section 68)	State	Zip Code	
To Whom Paid	(d.	Pathogeronesa	[XXX 75/4004/80016]	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid	d	kalarinos 4	E // 100 processor a	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	The Section of the Assets	State	Zip Code	
To Whom Paic		Edition of the Control of the Contro	The state of the state of	Date [MM/DD/YYYY] 5
House #	Street Address			Description of Expenditure
City	Provide the passive sign	State	Zip Code	
To Whom Paid		Tros acrossos.	Inditional and was of	Date [MM/DD/YYYY] \$
House#	Street Address			Description of Expenditure
City	<u>k mangang at italian </u>	State	Zip Code	
To Whom Paid		Louiscour.	Total Medicane Count	Date [MM/DD/YYYY] 5
House #	Street Address			Description of Expenditure
City		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:

Name of Credit	or		Outstanding Balance of Debt
House #	Street Address		INCURRED \$
p dall		[MINIVO	D/YYYY]
City		State Zíp	
Description of D	Debt	Code	
Name of Credit			
House #	Street Address	DATE NEDT	Outstanding Balance of Debt INCURRED \$
	Street Address		INCURRED \$ D/YYYY]
City		State	
		Code	
Description of D	Jebt		
Name of Credito	or.		Outstanding Balance of Debt
House #	Street Address		INCURRED \$
		[MM/DI	P/MY1
City		State Zig	
Description of D	lebt	Code	
Name of Credito			
House #	And Patrick Seve	DATE DEBT	Outstanding Balance of Debt
	Street Address	[MM/DE	
City		State Zip	
		Code	
Description of D	lebt:		•
Name of Credito	or	····	Outstanding Balance of Debt
House #	Street Address	DATE DEBT	SAG GAT RANGER ARTS I SAGE THE FIRST
		[MM/DD	<u>>/www.</u>
City		State Zip	
Description of D	ebt	Code	
Ballings of the			
Name of Credito			Outstanding Balance of Debt
House #	Street Address	DATE DEBT (MM/DD	
			(2.1)
City		State Zip Code	
Description of D	èbt	Partiessifered Baseline	20104
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Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Unsworn Declaration in Lieu of Sworn 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.

eporting Cycle	Name				
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3	☐ Cycle 4 6 th Tuesday		Cycle 5 2 nd Friday Pre-Election
6 th Tuesday	2 nd Friday	30 Day			
Pre-Primary	Pre-Primary	Post Primary	Pre-Election		
0					
Cycle 6	☐ Cycle 7	☐ Cycle 8 2 nd Friday Pre-Special Election		☐ Cycle 9 30 Day Post-Special Election	
Day Post-Election	Annual Report				

is submitted with a report by a contributing lobbyist, the lobbyist 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.

DSEB-502R Updated 1/22/2021



Pennsylvania Department of State

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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	Date (DD/MM/YYYY)
Printed Name	Location (City/State/Country)