Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	(M	ort Filed B	y Candida	te	Committee		Lobbyist
Name of Filing Committee, Ca Lobbyist	me of Filing Committee, Candidate or bbyist		> B	RZ6211	NSW		
Street Address		3	26 U	A Asec	* ()	- RA	
City	ERIE	•	State	PA	Zip Code	1650	9
Type of Report (Place x under i	report type)						
1- 6 th Tuesday 2- 2 nd Friday Pre-Primary Pre-Primary	「などしないできる」は経験を整理を含むしています。	Tuesday Election	5-2 nd Friday Pre- Election	6-30 Day Post Election	1. 文學經濟學的經濟別學問題的表示。 (1987年)	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY)	0 < / // 2.3		2023	Amendment Report	31 I I I'0	Termination Report	
Summary of Receipts and	From Date	To Date				ffice Use Only	
Expenditures	05/03/203	321 MARIO POSTO 017 MARIO POSTO	, 15, 2023				
A. Amount Brought Forward F		5 UT	195.00		8 t Mark (1988) 1984 1985 1985 1985 1985 1985 1985 1985 1985 1985 1985 1985 1985 The Company of the Company o	5 8	
B. Total Monetary Contributio (From Schedule I)		3	0 6				
C. Total Funds Available (Sum of Lines A and B)		50	95 00			Season Season	ភ
D. Total Expenditures (From Schedule III)		1985		STRATY OF S4			
E. Ending Cash Balance (Subtract Line D from Line C)		26	10 .0				
F. Value of In-Kind Contribution (From Schedule II)	ns Received	3	0-				
G. Unpaid Debts and Obligation (From Schedule IV)	ins .	3) 원				
Part 1- If this is a Committee repor	t treasurer sign here lift	Z Nisiša Cam	Affidavit Sec				
I swear (or affirm) that this report,	including the attached	il dies on			ige and belief tru	e, correct and complet	te.
Sworn to and subscribed before m	e this	Erie (mission o mission n	erna S	Thomas	131	- 21 (10 1 6	. /
Some of Done	nandes	2 X 2 1 2	Penns ndez,	Signature CH 2017	of Person Submit	ting report	~
Signature		mber S		0, 34/	Printed Name		
My Commission expires MO.	DAY YR.	punty pires April 3, 20 mber 1288912 Association of No	T _	rea Code	Davti	me Telephone Numbe	<u>-</u>
		\$ 12 Kg	F 9		Dayti	respirone numbe	
Part II- If this is a report of a Candid I swear (or affirm) that to the best		li e f this poli			y provisions of the	e Act of June 3, 1937 (P.L. 1333, NO.320) as
amended.		Memby 3	om on one				
Sworn to and subscribed before me	ა2	Com:	nonwe: Tonia	Edi	Kny	renshi	
day of SULIV	20 00	missic missic	Ferna —	Sigr	nature of Candida	ر أم العالم	
Signature	uravr	ion expires ion number	alth of Penns	_ <i>C</i>	Printed Name	- I V Cae	
My Commission expires	3-27	My commission expires April 3, 20 Commission number 1288912 Member, Pennsylvania Association of Na		<u> </u>	3	92-55V1	·
MO.	DAY YR.	\pril 3 1288(ation o	- ·	rea Code	Daytin	ne Telephone Number	
		912 of Notaries	7.3				
		ries 7	Seal				

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

对于19世纪 19年2日至19年2日在19世纪 16年5月2日1日至10日 11日	• • • • • • • • • • • • • • • • • • • •
Filer Identification Number	
i incline in the contraction of	
- 最初には銀貨機能・大阪の大陸機能を設定された。 1975年 1977年 - 1977	
2.2.1.5.2.1.3.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
1.7 to 1995 12 (4) (4) (4) (4) (4) (5) (5) (4) (4) (4) (5) (5) (5) (6)	
[2] [2] [2] [2] [2] [2] [2] [2] [2] [2]	
1 13. 持续機能 (* 1. 2) 13. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20	
The separation of the contract of the contract of the second of the contract o	

	•
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$ 11 20074 1 1 4 1 1 10 1
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)	\$
Total for the reporting period (3)	\$ A . A
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.

Called State of the second	A STATE OF S			inglighting as a family family and a	Amount
Full Name of Con Committee	iputing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	ntributing	1 1000 1000 3 1	personal Contract TEXE	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	ntributing	ps. 2. 2. 2978 [109-131 (A.Br. 330-1	Date [MM/DD/YYYY] 3 S	
House #	Street Address		<u> </u>	Date [MM/DD/YYYY] S	
City		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Con Committee	ntributing	, www.combil	The state to profest the sixt	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	ıtributing	1.000.000		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	ttributing	F 小雄な野	par de de la la la	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
CIEV		State	Zip Code	Date [MM/DD/YYYY] \$	
					Į.

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.)

Alea dentine don Nomber &

House # 4716 Sanny lake	Date [MM/DD/AMM] S 65/12/2023 Date [MM/DD/AMM] S	100,00
GISY ERE State PA ZIDGODE 16509	Detta[[NIN//ÞÞ/AAAA]] ss	
DAVID SLUMSKI	Date MM/ DD/MMM S OS/ 12/ 2028	100,00
House #1 8012 Street Address Driffwood	Date MM//DD///MM) \$	
City EXITE State PA Zipicode 16511	Pate MM/DD/AAAM S	
House # 84 Street Address Beach Kaven Carve	Date(MM/DD/MM) S OS / IL / ZUZS Date(MM/DD/MM) S	100.00
	· · · · · · · · · · · · · · · · · · ·	
Enie Pa Mass	*Date [VIM/DD/AXXA] Si	
FullName of Contributor	Date [MM//DD//YYYY] S	
	Date [MM/DD/YYYY] \$	
(City) State Zip/Gode	Date (MM/DD/MM/4); S	
Full Name of Gontributor	Date([MM//DD/A6464] \$	
House # Street Address	Date [MM/JDD/AYYYY] S	
City State Zip Code	Date [MM//DD/AAAA) \$	
HullName of Contributor	[Date][MIM/DD/MMM] \$	
House # Street Address	Date [MM/DD/\\\\)	
City Zip/Code Zip/Code	(Date [MM/DD/MMM] &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.

siliaddentincation/Number

Full Name of Contributing Committee			/Date [MM//DD/AYAY] (\$	
\HOUSe\(\text{ii.}\) Street Address			Date MM//DD/AyAA1 25	No. of the control of
GTV	State	zip(code	Date [MM/DD/\\\\\]	AND CONTRACTOR OF THE CONTRACT
Holli Name of Committee Contributing Committee	Available of a constitution of	(Millians) in a removemble man is a constant of the constant o	(Date [MM/DD//Y/Y/Y]) 3	The state of the s
House ¹⁾ Street Address			Date [MM//DD/AAAAI] S	
Ghy.	State	Zlp/Code	Date [MM//DD/YYYY]	September 19 Septe
FWNNemelof Contributing Committee	(RESPECTATION)	(分類為1800X19598888222099)	Date MM/DD/AAAA	Service Company of the Company of th
House# Street Address			Date(MM/Job/MAM), S	W. Chrostoff and and a chronical and a chronic
Gify.	State	Zip(code	Date MIM//DD///A//A/ 5	SANSAN SETTINGS
Full Name of Contributing Committee			adate MM//DD/AAAA	Well standard to the standard
Höuse #. Street Address			[Date [MM//DE///AXXX]] . S	Self-August Annual Annu
City	State	Zip Code	(Date [MIM/DD/AYAM] S	
Full Name of Contributing Committee			Date [MM//DD//YYY//]	Service of the servic
House# Street Address			Date [MM/DD/YYYY]	is meneral tradepoint in the control of the control
GIV.	State	Zip Code	Date [MM//DD///////]	
Full: Name of Contributing Committee.			{Date MIV/DD//YYYY *	Salad Sarahan
House # Street 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;			
HulliNamesofscont/lbitter/			[Pate MM//DD/AYAYA] S
ldousell) StreetyAddress			(S)
City Employer/Name see	State	Zip (códe)	Date [MM/DD/AYA)
lamployer/Mailing:/Additess// Paimopal@laceof/Business			
Full (Fine Fol/Contabutor			Date[MM//DD/AAAA/]
House # Street Address	September of the septem	THE STORY ENGINEERING AND A O	Date [MM/DD/MMM] \$
Ciry Employer Name	State	-Zip Code	Date (MM/DD/YYYY) \$
(Employer (Melling/Addiness// Principaliphace/of/Business			
Haulli Vameroi (Contributor:			Date MM//DD/AAAA
House # Street Address	To Table 14	SECOND SERVICE AND A SERVICE AND A SECOND SERVICE AND A SECOND SERVICE AND A SECOND SERVICE AND A SECOND SECOND SERVICE AND A SECOND SE	Date [MM/DD/YYYY]
Giv Engloyer Name	State	Zip Code	Date [MM/DD/XXXX] & S
Employer:Malling/Address:// Principal:Place:or:Business	72.032		
Hull+Name of Contributor.			Date:[MM/DD/AYAA] \$
House# Street Address			Date [MM/DD/YAYY] S
Gity Employer Name	State	Zip Gode	Date [MM/DD/\\\\]
Employer Name Employer Mailing Address / Principal Place of Business			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.

Hillanddentiidenidan(Aumber				
FOURTHING **				
[10] [10] [10] [10] [10] [10] [10] [10]	eevAddress	· *		Pa-
aHouse## Su CeBy		State	Zin	Date MM/DD/MWM \$
9.5			Zip Code	Transaction to control to the control of the contro
पुस्त्वीयः <u>ज</u> न्मवीयाण		- ACCESSION RESIDENCES	Tricks (Tricks Share and Artificial)	Taxonde I
Füll Meime		'		
House# Str	ee Address	7.00		1
Giv	Market School School School School	State	Zip, TV Code	Date [MM/DD/XYYY]
Receipt Description				
Fellitzenne				
House#j Sta	eet Address			
Gky		State	Zip (4)	Date [MM/DD/YYYY] (\$
			Code	*Date(MM//DD/AYAYI)
Receipt Description		对不管所能的基本公司	(3000000000000000000000000000000000000	1956 M
Full Name				
House# Str	eet/Address			•
Gity	and the second s	State	Zip: Code	Date [MM/DD/XYYY] \$
Receipt Desailption	500 C			
 RUNINEma				
	eet Address			
Gity - S		State	Zip	Date MM/DD/XYYY1 SS
			Zip Code	Date [MM/DD/XYYY] \$
संवर्गाम् विकासीम् स्टिन्स		Armania Kondello Institut	To the begans of the spirit smooth.	1 Person VI
Fülli Yeme	5 to 10 to 1		-	
House # Str	eet Address			
GITY		State	Zip Code	Date [MM/DD/yyyy] S
Receipt Description	200			

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

Aller Identification Number.	_		
AL, UNITEMIZED INFKIND CONTRIBUTIO	NSREGRIVADEVALUEIOFS50)(0(0)(0	R LESS RER GONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
22 KHAINID CONTRIBUTIONS RECEIVED		oov/ee	(0)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)
TOTAL for the reporting period	(2)	\$	
3. IKHKIND/GONTRIBUTION/REGEIVED-V	/ALUE OXERS250000 (FROM	1IPAR	[·G)
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DU PERIOD (Add and enter amount totals from bo on Page 1, Report Cover Page, Item F)		\$	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

	enesi i melmi vanes i				
Tallariteantiiteattoniyti	moen e				
hill Venne of Good I	outor.			Date [MM/JpD/////M]	
House #	Street Address		- 10.	Date [MM/DD/MMM]	
(बीर्)	I v. and a property of the contract of the con	State	Zip Code	//Pate [MM//DD//YYYY] TS	
Description of Cont.					
RullNameofContri	outor L	•••		Date [MM/Db//YYY/]	
(House#	Street-Address			»Date (MM//DD//\\\\)	
City *		State	Zip Code	Date [MM//DD//YYYY] S	
Desafittonoi@nii					
Eulli Name of Contrib	outo.* !!			Date-(MM/DD/MYW)	
House#	Street/Address			Date [MM/DD//YYYY] S	
(City) Description of Contro		State	Zip Code	Date [MM/DD/YYYY] \$	
					,
Still (kime.of/Contrib	Utor.			*Date(MM/DD/AYAY)	
(House #	Street Address	***		Date [MM/DD/MM/)	
(Gis/) (Description/o)/Contr	hitian	State	Zip Gode	Date [MM//DD///////]	77. C.
Full Name of Contrib	utor.			Pate [MM//DD//YMY)]	
House #	Street Address			Date [MM/DD/YYYY] \$	
(City):	Teres in the constant control of the	State	Zip Code	Date [MM/DD/MMM] \$	
Description of Contr					

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Faller(Georgice) (Construction)	
io)ulhino)Toemal\lllikl	
fileuse#5 Suea ∉Address	Pate[MM/OD/MMM] (5.
City State Zipicode	Date[MM/DD/MM/1]
Entribyer(Neme	(Ocorpetton)
BioployarMeillingAddrass//Raindpelf Receof/Businass	Description of Contribution
ŢijIJŊĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ	Epate(IMM//DD/AYAYA) \$
House#i StreetAddiress	Pate(MM/DD/AMAA) \$
Gley State 72ib;Gode	Date [MM/DD/XYXX] \$
Employer Name	Occupation
tampleyariVeilling/Addices/Addices/Addices/ Recool/Brainess	Desarbiton of contribution
(jo)udijine)joems/j us :	Date [MM/DD/AYAM]
(House)(I) Street Address	[Date:[MM//DD///YA/4] \$
Glay State Zip/Gode	Date:(MM//PD/AYAAI) \$
Employa/Name	ા ભાગમાં તાલુકા છે.
Employer (Valling Address // Prihēlpāl Placeof (Būsiness	r Description con abriton
#WINNERGI/Contributor.	Place([VIV//PIP/AAAA# 53 \$
Street Address	Date(MM/DD/AAAA)
Gity State Zipicode	Date MM/DD/MMM] \$3
(Employer Name	Occupation
Employer (Mailling/Address//Principal) (Placetor/Business)	Description of a contribution

Statement of Expenditures

Fallar (Lan Gration Numbers)

no Whom Reld	D	<i>A</i> . II	یث دیرن جار	Date(MM/DD/MAM)	XI
	N -	- BRITIA	NT MEDIA	65/12/2123	
	を	10 Kg 8503		aDescribition of Expenditura	22 PANIMAN
(Cliy) N	COLE	State PA	Gode 1650C	Marter	,
16) Whom Paid		County Co	outhouse	Date MM/ DD//MMM	100
H60/se# 140	Street Address	WEST 6	STreet	Description of Expenditure	
(वीर्)	BUE	State R1	Code /(SU)	Adm be	v T
iio(Wion)Ralid		N FLOUIN	Club	Date [MM/DD/MYYY]	300
House# 34V	Street Address	Metz St	reet	Pescription of Expenditure	
Glty.	Erle	State Pr	Zip. 1650 Q	PARTY Cost 4	Gratuity
rownom pald	Hol	y Trunly	Pronty	Date [MM/DD/YMY] 5 0 < 14 / 20 23	160 00
House # 613	Street Address	Eg18 23	Street	Pescription of Expenditure	
(effy)	ERIE	State: PA	Zip Code 16503	Tickets / PA	vies
SroWhem Paid	Ed	BRZU	ZIUSLU	Date ([MM/DD//YYY] S 0 6 /08/2023	100
	Street Address	West Ar	lezton Rd	Description of Expenditure	
City C	Sele	State PA	Zip /650°	Gibt art	Volunten
To Whom Paid				(Date)(MM//DD/AAAA) S	
House #	Street Address			Description of Expenditure	
City		State	Zip Gode		
Tro Whom Paid				Date [MM//DD/////Y/] S	
House #	Street Address		·	Description of Expenditure	
City		State	Zipi Code		
To Whom Pald				**Date [MM/DD/AYYY] \$	
House #	Street Address			Description of Expenditure	
Giţ		State	Zip Code		And the second s

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 ide	ntiličetlomNumbe#						
	of Greditor					Outstanding Balance of Debt	
House	Str	est Address			EIDEBT/INGURRED (*) MM//DD/AAYA/J		1902 term
Gity			State 2		Zip Code	-0.2	
Desgrija	ilion of Debit		高能能能源		SECOLO ZENS		—
Named House	of(Grail(Gr/C				Well DOEN	Outstanding Balance of Debt	
		eet Address			DEBTANGURRED MM/PD/MM/M	(5) 140	
Gliv/			State		Zip Code		
	oilonoi(Pebi).						
Name o	offereditor	eet/Address	Į.	MIN DATE	ADEBIT INCURRED	Outstanding Balance of Debt	
			To the second se		MM/DD/MMM]		
Chy,		是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	State		ZIP Code		
	ition of Debt of Greditor				-	©utstanding/Balance/of/Debt/	
House		eet/Address	100 P-114 A		DEBT INCURRED	S	
City			State		Zp		
	tion of Debt				Code		
	di Greditor					Outstanding Balance of Debt	
House #	Stre	Set Address	Physical Physics (1994)	KAN CANDA SA PERIODE AND DESCRIPTION	DEBT INCURRED IM/DD/YYYY)	\$	Reserve
City			State	1	Zip () Code		
Descrip	tion of Debt			[]			
Name o	i/Greditor	e radoress	i i i i i i i i i i i i i i i i i i i		DEBTINGURRED	Outstanding Balance of Debt	
		ietr Address	T-1		IM/DD/YYYYI		
City			State	William Co.	Zip Code®		
Descrip	tiốn of Debt		1		To any other than the second of the second o	24 data (