

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number			Report File	d By	Candid	ate 🔍	Committee		Lobbyist
Name of Filing Com	 mittee, Ca	ndidate or	(Mark X)				7		
Lobbyist			Brian Butler						
Street Address			8739 Fritz H	ill Road					······································
City	Wattsbu		<u></u>		State	DA	Zip Code	Laur	
T 4.B 4.01		<u>- </u>				PA		16442	
Type of Report (Place			·						
1- 6 th Tuesday 2- 2 Pre-Primary Pre	2 ^{na} Friday -Primary	3- 30 Day Post			nd Friday	6- 30 Day Po:	st 7- Annual	Special 2 nd Fri	• • • • • • • • • • • • • • • • • • •
rie-rimary Pie	-Primary	Primary	Pre- Election	ı Pre	- Election	Election		Pre-Election	Post-Election
		X							
Date Of Election	<u></u>	-1 /	Year			Amendment	+ =	Termination	<u> </u>
(MM/DD/YYYY)		5/16/23				Report		Report	
Summary of Receipt	s and	From Date	To D	ate			For	Office Use Only	
Expenditures						•		J	
A Amount Brought	F	4/29/2023	i {	06/05/2	023			-	
A. Amount Brought I	Forward F	rom Last Keport	\$	0					"
B. Total Monetary Co	ontributio	ns and Receipts	\$	1200.0	20				
(From Schedule I) C. Total Funds Availa	. Gla			1200.0					5 3
(Sum of Lines A and			\$	1200.	00				
D. Total Expenditure	-		\$						OTERRES
(From Schedule III)						·			
E. Ending Cash Balan (Subtract Line D from			\$	1200.0	00				<u> </u>
F. Value of In-Kind Co	<u> </u>	ns Received	\$						C - C
(From Schedule II)					i				
G. Unpaid Debts and (From Schedule IV)	Obligatio	ns	\$	2026.8	38				= ,
(From Schedule IV)		<u> </u>			idavit Se				<u>♀</u> ∺
Part 1- If this is a Comm	ittee report	, treasurer sign he	re. If this is a				<u>. </u>		
I swear (or affirm) that to swear (or affirm) that to swear to and subscribed day of It also signal My Commission expires	his report,	ncluding the attac	hed schedules	on page	s to the	best of my knowl	edge and belief tr	ue, correct and co	mplete.
Sworn to and subscribed	d before me	this	, on	inger ger	We	1	1 -		
day of	u.	20 ØD	- 100		声	1/2 -	<u> </u>		
Megle	. W	atoon	yiva	nex Nat		Bignatur BRIV	e of Person Subm	nitting report	?
Signat	ture	,	nia I	<u> </u>) I	- /	Printed Nam	e	<u>.</u>
My Commission expires	12/6	2/2024	nbe	s De	ا ا	514	(602 9	ラグノタ
	MO.	DAY YR.	ssociation	nty Decem	lvania -	rea Code		rtime Telephone N	lumber
Part II- If this is a report	of a Candid	ate's Authorized (Sommittee co		n 1	ere			
I swear (or affirm) that to	Part II- If this is a report of a Candidate's Authorized Committee committee ign there. I swear (or affirm) that to the best of my knowledge and belief to be political contain ittee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as								
amended.			in i	2026	Seal				
Sworn to and subscribed	l before me	this	" L						
day of		20	٠,						
			·			Sí	gnature of Candid	late	
Signat	ure		.]	•			Printed Name		
_			. 1				THINGS NOTIC		
My Commission expires_		DAY YR.	-		_	rea Code	Doub	ima Talanhana M.	····
		100			H	TOU LOUIC	μαγι	ime Telephone Nu	+111112[

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
	n jagasin sa	Spring PAPE in a Proposition to Contract of the Contract of th
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)	\dashv	\$
Total for the reporting period	(2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	an grades, letter	\$
All Other Contributions (Part D)	\dashv	\$
Total for the reporting period	(3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	S S S S S S S S S S
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, Repo		\$

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.

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Full Name of Co	intributing			Date [MM/DD/YYYY] \$	
Committee				<u> 1977 - 1980年 日本の日本本の書きでは、「日本の日本</u> 日 日本日本 日本日本	
House #	Street Address			Date [MM/DD/YYYY] \$	
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City		State	Zip Code	Date [MM/DD/YYYY] \$	
				The second section of the	
Full Name of Co	vntributing			Date [MM/DD/YYYY] .\$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
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Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	<u></u>	State	Zip Code	Date [MM/DD/YYYY] S	
CENTER STATE					
Full Name of Co Committee	riti ibuting			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
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Full Name of Co	ntributing	er vem ette di	7 July 20 Wey 1973	Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
Committee				1	
House #	Street Address			Date [MM/DD/YYYY] \$	
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			1. 分别是各类 2. 公会上养殖	100 July 100	
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
			1000000		
City		State	Zip Code	Date [MM/DD/YYYY] \$	

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:		
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House#	Street Address			Date [MM/DD/YYYY]	\$	
17550	0 Ro	oute 8				
City.		State	Zip Code	Date [MM/DD/YYYY]	\$	·
Union C		PA	16438			<u></u> _
Full Name of Co	역 사진 이 속된 경기를 보고 있다.			Date [MM/DD/YYYY]	\$	
	Sonya and Do	ug Nelson		04/29/2023		100.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
5434	We	est 38th Street				
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$	
Erie		PA	16506			
Full Name of Co	ritributor	1	10,000	Date [MM/DD/YYYY]	\$	
	Francis Cleme	nt		05/02/2023		1000.00
House #	Street Address	····		Date [MM/DD/YYYY]	\$	
6262		bblestone Drive		wwy to the Comment of		
City	to the second second	State	Zip Code	Date [MM/DD/YYYY]	\$	
Erie		PA	16509	Page Buildings (1414)		
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
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Full Name of Co	ntributor		Maria Cara Maria La Cara Cara Cara Cara Cara Cara Cara	Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
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Full Name of Cor	ntributor	Janicella A.	[1827] 1524-243	Date [MM/DD/YYYY]	\$	
				Section Property and Comment of the		
House #	Street Address			Date [MM/DD/YYYY]	•	
nuuse #	Sileet Audress			nate flamation at 111	\$	To de la constante de la const
ALC: N		TAC	1 2 - 0 - 1 : 1	B 4 12 14 4 10 14 10 14 1		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
)

PART C

Contributions Received From Political Committees

Over \$250.00

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Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

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HALITY VICTOR OF THE CONTROL OF THE				DOWN AND
(su) (Namero) Contributing Committee			Date MM/DD/AAAM	(S)
House# Street Address			Pate MM/DD/AMM	
(CI)	State	Zip Gode.	Date [MM/DD/M/M]	
Full Name of Contributing Committee	Section or services of	[Spines granular season attended:	Date MM/DD/MM	
House# Street Address			Date(MM//DD/AAAA)	
rdiv :	State	Zip/code	Date [MM/DD/MMM]	**************************************
निर्णातिब्राह्मलर्ग Contributing Committee	Approximation and a second	*Suffe То пито извештвество	DatolMV/DD/AAAA	
House# Street Address	<u>,</u>		*Date MM/JOD/AAAM *	38
Chy	State	Zip (ode)	Date [MM/DD/XXXXI]	\$
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Greet Address		a magain de seguire	Date MM/DD/MM	(\$
Coliy	State	Zip Code	Date [MM/DD/MYM]	\$ 1
ह्याम् Vamerof Gontributing Committee :	,		#Date [MM/DD/M/M]	
House # Street Address			(Date (MM/DD/AYYM)	
(Gity)	State	Zip/Códé	Date [MM/DD/YYYY]	
Full Name of Contributing Committee			Date (MM/PD/AYAY)	(§
House # Street-Address		- 14f0AL	Date [MM/DD/AYYY]	\$
(Gity)	State	Z(p)Code	(Date (MM/QD/MYM)	\$ 1

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 Identings Non Number

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Gi ₃ ?	State	Zip(Gotie)	@Date(MMX/DPX/MYM) \$ \$
Employer/Name			Occupation
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ikulli Nemejo #Contributor.			DETE:[MM/JDD/MAM]
Street/Address			Date [MM/DD/MM] 55
(Gli)	State	Zip Code	(Pate(MM/QD/\\\\\\\)
Employer:Name			Occupation .
Employer Malling Additess // Prindpal Place of Eusiness			
falligame of contributor.	,		Date (MM/PD/AAYA)
(Flouse # Street Address			Date (MM/DD/MMM) IS
Gty,	State	ZiptCode	Date MIN/DD/\\\\\
Employer Name			(Occupation)
lamployer(Mailing/Address// Principal Place of Business			· <u></u>
ralliNeme of Contributor			Date (MM/DD/XXXX)
House#/ Street Address			Date [MM/DD/YXYM]
Gly A	State	Zip Code	Date (MM/DD/XXXX) \$5
Employer Name			Occupation
Employer Mailing Address /. Principal Place of Business			

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.

Header attraction Number					
FAUUKLING:					
House(i) Si	eet Address	~			
City		State	Zip Codex	Date [MM/DD/Y/Y/] - \$	
Receipt Description					
GullName			<u> </u>		
	eet Address				:
Gity		State	Zip Code	Date [MM/D9/\^\\\]	
Racept Description		566689 120 1			
FUII/Verice					
	eet/Address	State		Date [MM/DD/MYY] \$ 75	
idiy			Zip Code	**************************************	
Receipts Description					
Fullik kirine					
House # Str	eevAddress		27.52		
		State	Zip Gode	Date:[MM/DD/\\\\)	
keelpt Perdiption				i consign	
Full Name :					
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			Zip Gode	Date [MM/Db/YYYY] \$	
Kecelpt Description					
Full Name House ## Since	et Address				
COLUMN CO		State	Zip.	Date [MM/DD/XXXX] (\$)	
Receipt Description			Code	Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
			·		

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

(Flanklantfreation Number:				
1. UNITEMIZEDANEAND CON	NRIBUMONSRECENEDAVA	TANGOLESZOLOGOKTASZEKA	K(CON IRIBUITOR	
TOTAL for the reporting period	(1)	\$		
IN 22 HINHKIND CONHRIBUTIONS	REGEIVHDEVANUUE(OFESSO)O	12TOLS 250400 (EROM PART		
TOTAL for the reporting period	(2)	\$		
NEW TO SEE THE WIND CONTRIBUTION R	ECTIVIED AND MENDAL SAND	Voortee) alvertee		
		AUM AND OF		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBU PERIOD (Add and enter amount tota on Page 1, Report Cover Page, Item F	Is from boxes 1, 2, and 3; a			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

		FALCE OF \$30.01 TO \$230
निक्षिप्रकार्यास्य इ	ioniNumber:	
Hulluyamerik	≥ontributor.	SIDEKE [[MIM/DID/AMAN]] S
House#	Street/Address	Date MM/DD/XXXII S

Date [MM/DD/W/M]

Date MM/DD/MMM

Date/IMM/DD/AA/M/IA

Date [MM/DD/YYYY]

Date MM/DD/AGAAA

Date MM/DD/MMM \$

Date MM/DD/AWW| S

Date [MM/DD/MMM] \$

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Date [MM/DD/YYYY] \$

Date MM/DD/YYYY S

Date [MM/DD/YYYY] S

Zip@de

Zip Code

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House #

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House#

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City

Description of Contribution

Street Address

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Description of Contribution

Description of Contribution

State

State

State

State

Hull Name of Contributor

Description of Contribution

FULINAMERIZ COMPLANT

Hull Name of Contributor

Full Name of Contributor

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

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	Address	Date [MM//DD//M/M/]
-Glay	State Zip Code	Date [MM//DD//YYY] \$ \$
Employer/Name		Occupation
Employer(Malling/Address//E Placeroi/Business	(lingpal)	Description (c) (contribution
Full Name of Contributor		Date [MM//DD/AYAYA]
	Address	Date [MM/DD/AMYA]
City	State Zip Code	[Date [MM//DD//YYYY]] \$
Employer Name		Occupation :
Employer Mailing Address // P Place of Business	ringpal	/Description — or Contribution
Full Name of Contributor		Date (MIM/DD/AYNA)
lifouse # Street /		Date [MM/DD/YYYY] \$
GIV	State Zip Code	Date [MM//DD//YYYY] \$
Employer Name		Occupation
Employal/Mailing/Address//P Phogo/Business	rincipal'	Description of Contribution
Rulli Name of Contributor		Date (MM/DD/ANAA)
House# Street/		Däte [MM/DD/YYYY] S
(Gity) AEmployer Name	State Zip Code	Date (MM/DD/NYYY) (\$
Employer Mailing/Address // Place of Business	rincipal	Description of an in-

Statement of Expenditures

(Eller (densirie aton Numbele)	 	

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Uhousekii	Street/Address			Description of Expenditure
Gity		State	ZIP T Code	
Ito/Whom.Paild	10			Date/(MM/DD/AAAA) S.
House#	Street Address			Description of Expenditure
(Gity)		State	Zip Code	
16 Whom Paid:				Date MM/DD/AAAM -
140ysea#	Street Address			Description of Expenditure
City		State	Zip Code	
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no Whom Palti	***			Date (MM//DDX/MMM)
illouse#	Street Address			Description of Expenditure
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Gi V		State	Zip Code	
aTo\Whom.Paid				// Date:{(MM//DD//W/Y/)(s)
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYM] \$
House #	Street/Address			Description of Expenditure
Gity		State	ZIP Code	

SCHEDULE IV

Statement of Unpaid Debts
Use this Section to itemize all unpaid debts and obligations which are outstanding at the e

Filer Identification		obligations which are outstanding at the	one of the reporting period.
Name of Credi	tor Donna Reese		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	•

	Vame of Creditor Donna Reese					12	Outstanding Balance of Debt		
House #	ĺ	Stre	eet Addres	- 1			TE DEBT INCURRED		\$
	2578			West 24th Street	!		[MM/DD/YYYY]		
City			Erie		State	PA	04/25/2023 Zip Code 16506		1521.10
Descript	tion of Debt		Vard sign	n purchase			Over		
Maria A	Committee	1	<u> </u>	·					
	of Creditor		Donna Re						Outstanding Balance of Debt
House #	2578	Stre	eet Address	West 24th Street [MM/DD/YYYY]			\$		
City			Erie		State	PA	75/1/2023 PA Zip 16506		95.39
Descript	tion of Debt		Vistaprint	l			- Sel Marian		
Name of	f Creditor		Donna Re	eese					Outstanding Balance of Debt
House #	2578	Stre	et Address	S			DATE DEBT INCURRED [MM/DD/YYYY]		•
City				West 24th Street	State		5/9/2023		
			Erie			PA	Code 16506		95.39
Descripti	tion of Debt		Vistaprint	t business cards		_		_	
Name of	f Creditor		Donna Re	eese				1	Outstanding Balance of Debt
House #	2578	Stre	et Address				DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		1 2	1		Ctata		5/10/2023		
		ار دار <u>نیشن</u>	Erie		State	PA	Zip Code 16506		50.00
Descripti	lion of Debt		Facebook	(Ads	, , , , , , , , , , , , , , , , , , ,			•	
Name of	f Creditor		Donna Re	ese				(Outstanding Balance of Debt
House #	2578	Stre	et Address	s West 24th Street	DATE DEBT INCURRED Street [MM/DD/YYYY]		\$		
Ala,,			<u> </u>		1 04-40		05/02/2023		
City			Erie		State	PA	Zip Code 16506	, , , , , , , , , , , , , , , , , , ,	265.00
Descripti	ion of Debt		Printing						
Name of	f Creditor	1111						10	Outstanding Balance of Debt
House #	The second second	Stre	et Address	š			DATE DEBT INCURRED		<u> </u>
					-	[MM/DD/YYYY]			
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Description	ion of Debt								
<u> </u>	and the second	- Jan 1	(· ·