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

Filer Identification Number	Report Filed E	By Candida	ite X	Committee		Lobbyist
Name of Filing Committee, Candidate or	1		. 1 -	,	·	
Lobbyist Street Address	41	THONY	W. Dav	0 3		
0.31	89	45 610	trenek	Koad		
EILO		State	Pa	Zip Code	16509	
Type of Report (Place x under report type)	T		,,			
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Primary Primary	4- 6th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY) 05/IL/2023	Year		Amendment Report		Termination Report	
Summary of Receipts and From Date	To Date			For	Office Use Only	
Expenditures OS/02/203	3 06/0	5/2023				
A. Amount Brought Forward From Last Repor	\$ 216	3,98			جر: سر	2023 JUN
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0			M m	<u> </u>
C. Total Funds Available (Sum of Lines A and B)	8 21	698			am	9
D. Total Expenditures	8					
(From Schedule III) E. Ending Cash Balance	9	17.20			ガー	2
(Subtract Line D from Line C)	·	S10. 23			RATION	<u>မွှာ</u> =
F. Value of In-Kind Contributions Received (From Schedule II)	8	0	,		22	a
G. Unpaid Debts and Obligations (From Schedule IV)	8	0				
		Affldavit Sed	ction			
Part 1- If this is a Committee report, treasurer sign h I swear (or affirm) that this report, including the atta	ere. If this is a Can	ididate report, ca	ındidate sign here.	Ing and hallof tr	us garrest and somel	ata .
Sworn to and subscribed before me this	ž ž	: 31	A //	iyo anu bener u	ue, correct and compr	si ę.
9th day of Jule 2023	Commi Commi mber, Penr	monwealth Angela L	(Methony C	Vav		
auch C. Water	3 8 3	<u> </u>	Ann+wy	of Person Subm	auls	
Signature	ion n Ivania	of Penns of Penns Watson, Erie Con	24/	Printed Nam	e	
My Commission expires 12 02 000	sion number 1/ sylvania Associat	of Pennsylvania Watson, Notar Erie County	X/ / trea Code	— Con	572-745	2
Mo. DAI III.	#1 N Y			Day	time relephone Numb	
Part II- If this is a report of a Candidate's Authorized I swear (or affirm) that to the best of my knowledge	Committee 体现d and belief t	Blate sona∭ sign he Nical ooorganittee	ere. has not violated an	y provisions of t	he Act of June 3, 1937	(P.L. 1333, NO.320) as
I swear (or affirm) that to the best of my knowledge amended.	Votari	iry Seal				,
Sworn to and subscribed before me this	8	26 2				
day of20	- '1	_	01			
	-	_	əigr	nature of Candid	141E 	
Signature	. 1			Printed Name		
My Commission expires MO. DAY YR.	_	A	rea Code	 Davti	ime Telephone Numbe	<u></u>
				•	,	

SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number								
1.Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor	-		 ,				· · · · · · · · · · · · · · · · · · ·	
Total for the reporting period (1) [:	8						
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	<u></u>		<u>'</u>				· .	
Contributions Received from Political Committees (Part A)		S						
All Other Contributions (Part B)	+	8	 			-		
Total for the reporting period (2	2)	S	-		_			
3. Contributions Over \$250.00 (From Part C and Part D)	_	 ·						
Contributions Received from Political Committees (Part C)	\top	8						
All Other Contributions (Part D)	+	8						
Total for the reporting period (3	3)	8						
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)								
Total for the reporting period (4	4) :	S		-				
	7/	_	 					_
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)	- 1	8						

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	n Number				
The second second				-	Amount
Full Name of Co	ntributing			Date [MM/DD/YYYY]	A Mount
Committee	y				
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	. 8
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City	40.00, 100.4	State	Zip Code	Date [MM/DD/YYYY]	8.
Full Name of Co Committee	Intributing	<u> </u>	,	Date [MM/DD/YYYY]	8.
House #	Street Address			Date [MM/DD/YYYY]	8.
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Co Committee	ontributing		<u> </u>	Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	8.
Full Name of Co Committee	ontributing		Date [MM/DD/YYYY]	8	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Contributing Committee				Date [MM/DD/YYYY]	- \$
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	8
.]			· I	I	1 1

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.)

riiei iueiiiiileain					
Full Name of C	ontributor			Date [MM/DD/YYYY] \$	
					(4) 분 교
House #	Street Addres	S		Date [MM/DD/YYYY] 8	<u> </u>
City] File (1) 4 Fig. (1) File (4) 4 File (1) 4	State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of C	ontributor	rate t		Date [MM/DD/YYYY] 8	h 1
					(일 왕)
House #	Street Addres	s		Date [MM/DD/YYYY] 8	
		.e. € 			11 12
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of C	ontributor			Date [MM/DD/YYYY] 8	
					1
House #	Street Addres	s		Date [MM/DD/YYYY] 8	
City	-	State	Zip Code	Date [MM/DD/YYYY]	
	* 1,114 * 4 * * * *	100			한 : 8 명 6 명
Full Name of C	ontributor			Date [MM/DD/YYYY]	
House #	Street Addres	ss		Date [MM/DD/YYYY] 8	
144				2. Account 197	
City		State	Zip Code	Date [MM/DD/YYYY] \$	SM / Control of the control of the c
Full Name of C	ontributor			Date [MM/DD/YYYY]	
House #	Street Addres	S.		Date [MM/DD/YYYY] 8	
City	Total Seriffense, 1996,	State	Zip Code	Date [MM/DD/YYYY] 8	. E
				\$1 07	
Full Name of C	ontributor			Date [MM/DD/YYYY] 8	
	· · · · · · · · · · · · · · · · · · ·			10 to	
House #	Street Addres	S		Date [MM/DD/YYYY] 8	A 1 () ()
		4 1			uid one
City		State	Zip Code	Date [MM/DD/YYYY] \$	
海区劃			(Ayer Lee full M		4. 4 9. 5

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 Number:

			-	· · · · · · · · · · · · · · · · · · ·	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] 8	
House #	Street Addre	22		Date [MM/DD/YYYY] \$	
	J. J			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
City	becta about to practite	State	Zip Code	Date [MM/DD/YYYYY] 8	
				The state of the s	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House #	Street Addre	188		Date [MM/DD/YYYY] 8	
		(1) (1)			
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of		C	a conservation of the conservation of	Date [MM/DD/YYYY] \$	
Contributing Co	mmittee			\$ \frac{1}{2} \fra	
House #	Street Addre) \$\$		Date [MM/DD/YYYY] 8	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Contributing Co	mmittee	kistinstakki) i	5-11-16-12-00-17-55-2-17-17-16-1	Date [MM/DD/YYYY] 8	
House #	Street Addre)SS		Date [MM/DD/YYYY] \$	
City.	Patrick Art を登場	State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Contributing Co	mmittee	percentage TEC	produce the con-	Date [MM/DD/YYYY] 8	
House #	 Street Addre)SS		Date [MM/DD/YYYY] 8	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Contributing Co	mmittee	Lu Regergues N	In worse to the first	Date [MM/DD/YYYY] \$	
House #	Street Addre	199		Date [MM/DD/YYYY] 8	
	Street Addre				
City	Transfer of the State of the St	State	Zip Code	Date [MM/DD/YYYY] \$	
NGW TE					

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:

ull Name of Contributor			Date [MM/DD/YYYY] \$
louse # Street	Address		Date [MM/DD/YYYY] 8
iny	State	Zip Code	Date [MM/DD/YYYY] &
Employer Name		The same based on the same of	Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor	, etc. 10 (10 H)		Date [MM/DD/YYYY] &
House # Street	Address		Date [MM/DD/YYYY] 8
City	State	Zip Gode	Date [MM/DD/YYYY] \$
Employer Name		The state of the s	Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor	entique entre de la lace		Date [MM/DD/YYYY] 8
数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据	t Address	·	Date [MM/DD/YYYY] 3
House # Street			
House # Street City	State	Zip Code	Date [MM/DD/YYYY] 8
	State	Zip Code	Date [MM/DD/YYYY] \$
City Employer Name Employer Mailing Address /		Zip Code	
City Employer Name		Zip Code	
Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor		Zip Code	Occupation Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
City Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor		Zip Code	Occupation Date [MM/DD/YYYY]

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 Nu	mber:			3
Full Name				
House #	 Street Address			
City	or eccauui caa	State	ZIP	Date [MM/DD/YYYY] 8
		Viale Viale	Code	
Receipt Description		<u> </u>	pri 6.96 (15 <u>ph</u>)	[7/8]
Full Name				
House #	Street Address			
City	Port	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		海里沙兰 凯德	a make Arethro	
Full Name	ARRON CONTROL			· · · · ·
House #	Street Address			
Olty Control of the control of the c		State	Zip Code	Date [MM/DD/YYYY] 18
Receipt Description				76.187 - 275.157 - 186.177
Full Name				
House #	Street Address	Dongresses of	F. ₩ \$5.5850.574	L.D. L. THER (DD/ROOM) and Assi
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			persensers	[3526]
Full Name				
House#	Street Address		** 13	
City		State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Description	134 155 14 155 15 155	Carrison A. Perta La transporter	1. 以下以外。 1. 以下, 1. 以下 , 1. 以	製造。 報報
Full Name				
House #	Street Address			
City	Legisleri Secolus Società I	State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Description	(2012) [1] Total (2012) Sala (2014)	图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图		

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/ UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VA	LUE OF \$ 50.00 OK LESS PER 6.0	NTRIBUTUR
TOTAL for the reporting period	(1)	8	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	1 TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	8	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250	D.00 (FROM PART G)	
TOTAL for the reporting period	(3)	3	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals fr			
on Page 1, Report Cover Page, Item F)	0111 bondo 1, 2, 41.2 2, 2	and office.	

SCHEDULE II Part f

In-Kind Contributions Received

VALUE OF \$ 50.01 TO \$ 250

Filer Identification Nu	imber:				
				Property and the second	
Full Name of Contr	ributor			Date [MM/DD/YYYY]	8
					AGAIL Tales
House #	Street Address			Date [MM/DD/YYYY]	
		8		Buy	
City		State	Zip Code	Date [MM/DD/YYYY]	8
Doconinal	Velhistica				2.698 [- 義生]
Description of Cont			1.11		
Full Name of Contr	ibutor			Date [MM/DD/YYYY]	
					80 S \$80 J
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					(2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Description of Con	tribution				
Full Name of Contr	ibutor			Date [MM/DD/YYYY]	TO IN
					高级。 1000年 1000年
House#	Street Address			Date [MM/DD/YYYY]	<u>報告</u> 3 8 2 7 記載で
Clity	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	83951 1.445
	West-Sea 4	a Burn			(数据) 表示
Description of Con					
Full Name of Contr	ibutor			Date [MM/DD/YYYY]	8
				i	
House #	Street Address			Date [MM/DD/YYYY]	
City	TOUGH BEET	State	Zip Code	Date [MM/DD/YYYY]	8
	Vallage.				第1章 第2章
Description of Con	tripution				
Full Name of Contr	ibutor:			Date [MM/DD/YYYY]	
	100 of 100 grade (100 ft) 100 of 100 ft (100 ft) 100 of 100 ft (100 ft) 100 of 100 ft (100 ft)				
House #	Street Address			Date [MM/DD/YYYY]	8
					(3) 100 (3) 100 (4) 100 (4) 100
City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	Zip Gode	Date [MM/DD/YYYY]	# 154 1
Description of Con	tribution				

SCHEDULE II Part G

In-Kind Contributions Received VALUE OVER \$ 250

			VALUE OVER \$250	
Filer Identificatio	n Number:			
enteurer ein et die Est			• "	
Full Name of Co	ontributor		<u> </u>	Date [MM/DD/YYYY]
House #	Street Address			Date [MM/DD/YYYY] 8
		Ann States I		P. V.
Gity		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	•	•		Occupation
Employer Maili Place of Busine	ng Address / Principal ss			Description of Contribution
Full Name of Co	ontributor			Date [MM/DD/YYYY]
House #	Street Address			Date [MM/DD/YYYY] \$
City	1985 Angle of the Confession	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	e .	gastijetino (185,87 % (0.40 k)	Occupation
	ng Address / Principal			Description
Place of Busine	SS			of Contribution
Full Name of G	ontributor			Date [MM/DD/YYYYY] 8
House #	Street Address			Date [MM/DD/YYYY] \$
				La constant
City	●子言されていませる。文芸されて美名の本意とのは4 (よう) (よう) (よう) (よう) (よう) (よう) (よう) (よう)	State	Zip Code	Date [MM/DD/YYYY] 8
Employer Nam	STATE OF STA			Occupation
Employer Maili Place of Busine	ing Address / Principal			Description of
				Contribution
Full Name of C	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY]
City	- 1	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam				Occupation
对于通过 。	ing Address / Principal			Description
Place of Busine				of Contribution

Statement of Expenditures

Filer (dentification Number:	
[2] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	
\$6.68\$P\$\$P\$\$P\$	

To Whom Paid	7			Date [MM/DD/YYYY] \$
	Sign	ns 4 le	55	05/05/2023 127.20
House #	Street Address		<u> </u>	Description of Expenditure
263	3 Street Address	West 12		
city E	ne	State Pa	Zip Code (6505	
To Whom Paid	10/0-01	FM Rai	\ ,	Date [MM/DD/YYYY] 8
4	10014			05/12/2023 LaCo+00 Description of Expenditure
House # IC91	Street Address		North	Description of Expenditure
City Wa	terford	State Pa	Zip Code 16441	Radio Advertising
To Whom Paid				Date [MM/DD/YYYY] 8
House #	Street Address	·		Description of Expenditure
City	Market and the test fact	State	Zip Code	
To Whom Paid	THE STATE OF THE S		PUODE RESE	Date [MM/DD/YYYY]
	- 07 - 08 - 18 - 18 - 18 - 18 - 18 - 18 - 18 - 1			
House #	Street Address			Description of Expenditure
		Land Company of Land		
City		State	Zip Code	
To Whom Paid	19. 19. 10.	Margaret (1)	Pro Michael Confine	Date [MM/DD/YYYY] 8
				3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
House #	Street Address		·	Description of Expenditure
City		State	Zip Codé	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid	ÇKI	[17][2][1][1][1][1][1][1][1][1][1][1][1][1][1]	coue	Date [MM/DD/YYYY] 8
House #	Street Address			Description of Expenditure
City	<u> </u>	State	Zip Code	The property of the property for a page to them, is a second of the angle of
To Whom Paid		1 2 2 4		Date [MM/DD/YYYY] 8
House #	Street Address			Description of Expenditure
City	经验证证	State	:Zip:::::::::	
OILY			Code	
San Automotive St.		25 17 57 127	[21.37	

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.

parties or the second of the s				1. A.
Name of Credit	· · · · · · · · · · · · · · · · · · ·	1	DATE DEBT INCURRED	Outstanding Balance of Debt
House #	Street Address	ar ar Car	[MM/DD/YYYY]	
		1: 01-	100-100-0	
City		State	Zip Code	
Description of I	Debt 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			.
Name of Credit				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	
		<u> </u>	[MM/DD/YYYY]	
City		State	Zip	
Description of I	Debt	[100 to][10]	Code	
Name of Credit	Or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	. 그 이 등 변경
		<u>, </u>	et vi Spetitiste Millerte en	
City		State	Zip Code	
Description of I	Debt	January Control Charles	[. 	[532] C]
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	The second secon
		<u>.</u>	[MM/DD/YYYY]	
City		State	Zip Code	
Description of I	Debt		Code 344	(Fig.
	SCHOOL SC			Ontara valles Pologo of Pokt
Name of Credit			DATE DEBT INCURRED	Outstanding Balance of Debt
House #	Street Address		[MM/DD/YYYY]	
City		State	ZIP	#2777 #(1) #(2) #(3) #(4)
		Julia	Code	
Description of I	Debt			
Name of Credit	tor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	
		<u> </u>	[MM/DD/YYYY]	<u> </u>
City		State	Zip	
Description of	Debt		Code	A Maria
	Decision to be a second of the			