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

	(Hote: His rep				na so typea	1	
Filer Identification Number	A200 CAR TONG	ort Filed B rk X)	y Candidat	te l	Committee	X	Lobbyist
Name of Filing Committee, Candidat	te or	136 450 Y 36 305 60	⊢ ∶Γ ^	by77575757676			[*************************************
Lobbyist Street Address	\$100 P (100 S 4 10 S	•	Fite Co			+ for Disti	vet Judge
Total	<u> </u>	100	mogadu	le Huenu	<u> </u>		
Erie Erie			State	48	Zip Code	16510	
Type of Report (Place x under report			-				
1-6 th Tuesday 2- 2 nd Friday 3-30	Company of the white of the party of the contract of the contr	Contract to the second of the	张县46年4年8日在北京中的 第二	6-30 Day Post	7- Annual	Special 2 nd Friday	Special 30 Day
Pre-Primary Pre-Primary Prim	ary Pre-E	lection	Pre- Election	Election		Pre-Election	Post-Election
				X			
Date Of Election (MM/DD/YYYY)	Year 2.0	323		Amendment Report		Termination Report	X
Summary of Receipts and From	n Date	To Date	I I		For	Office Use Only	1
Expenditures 5/2	123	LK	723				
AAmount Brought Forward From L	_	 				5	
B. Total Monetary Contributions and	d Receipts \$		٧. ٩٧			and s	nya 11 11 11 - 9
(From Schedule I)		0				22 Fi	
C. Total Funds Available (Sum of Lines A and B)	\$	396	2.44				
D, Total Expenditures (From Schedule III)	\$	<u> </u>	2.44			OUNTY	₩ 6
E. Ending Cash Balance	\$		۷. ۹۹		•	至一	ੜ ਼
(Subtract Line D from Line C) F. Value of In-Kind Contributions Re	ceived S	0)			3	F
(From Schedule II)	Leiveu 3						
G. Unpaid Debts and Obligations (From Schedule IV)	\$	1 .					
		27	< Affiliavit Sec	tion			
Part 1- If this is a Committee report, treas I swear (or affirm) that this report, includi	surer sign here. If t	his is a Can heddles on	Anne to the	ndidate sign here. best of my knowled	ge and belief to	rue, correct and comple	te.
Sworn to and subscribed before me this		MM		٠,٠٠٠	.n	,	
9 day of June 20	23	ISSE E	NAME AT	Jary K	Kelse	·	<u> </u>
Valendynn Pany	ycle		EXE (SAVY Sikniture	of Person Subm	nitting report	
signature	γ -		} } } } } }		Printed Nam	i6	
My Commission expires 3-4-2	26		7条名441 —	814		19-3130	
MO. DA		はあ	₹ 6	rea Code	Day	time Telephone Numb	
Part II- If this is a report of a Candidate's I	Authorized Comm knowledge and hel	itte elo andi ief trid boli	date shall sign he tick contrittee	ere. has not violated an	v provisions of	the Act of June 3, 1937	(P.L. 1333. NO.320) as
I swear (or affirm) that to the best of my lamended.		- 88°	g ₹	The state of the s	for a particular and		to the second second second second
Sworn to and subscribed before me this		المسط الألام المسط	≨ β	1//			
9 day of June 20	23	ည် လူ		12 +			
Valence Lynn Himi	unke	3 3 3 3 3 3 3 3 3 3	3 3	Sign	nature of Candi		
Signature	7		ZZZ		Printed Name		
My Commission expires 3-4-2(<u> </u>	ZAC	?'Z'#\T\	514		23 5425	
MO. DAY	YR.		A RESERVE	rea Code	Day	time Telephone Numbe	r
		75	<u> </u>				
		<u>25</u>	§ §				

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number			

	23000	£264.80.	With the state of a state of the state 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	1000		
Part A and Part B)		\$1.50 \$1.50	Control of the Contro
Contributions Received from Political Committees (Part A)		\$	^
All Other Contributions (Part B)	\longrightarrow	S	0
ra outer contributions frate of	1	131	0
Total for the reporting period	(2)	\$	
	1		0
3. Contributions Over \$250.00 (From Part Cand Part D)	经等3 查书3		
Contributions Received from Political Committees (Part C)		\$	2
All Other Contributions (Part P.)		4	8
All Other Contributions (Part D))	\$	0
Total for the reporting period	(3)	\$	
			0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	erio di Più lia		
Total for the reporting period	(4)	\$	
		<u> </u>	0
Total Monetary Contributions and Receipts during this reporting period (Add and		\$	

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.

r per rueriti (Cato					
					Amount
Full Name of Co	ntributing			Date [MM/DD/YYYY] 5	
Committee					
House #	Street Address			Date [MM/DD/YYYY] S	
					*
City		State	Zip Code	Date [MM/DD/YYYY] \$	
			7 78 9 9 9 9 9		
Full Name of Co	intributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address		, ·····, ·	Date [MM/DD/YYYY] \$	· ··· · · · · · · · · · · · · · · · ·
			•		
City		State	Zip Code	Date [MM/DD/YYYY] -\$	
				12 A	
Full Name of Co	ontributing			Date [MM/DD/YYYY] S	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
					:
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee					r-8
House #	Street Address			Date [MM/DD/YYYY] - \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	*

Full Name of Co Committee	entributing			Date [MM/DD/MM] & S	
House #	Street Address			Date [MM/DD/YYYY] \$	
	Senson Proposition and the senson of the sen				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
and the same of th		Secretary	60.45.190.45.90		
Full Name of Co Committee	entributing			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] S	
1100367	Juect-Address			Pate (MINITED) 13	
			a - 285 - 224 Augusta		
City Assessment		State	Zip Code	Date [MM/DD/YYYY] 5	

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.)

rier dema (catorixidino).				
Full Name of Contributor			Date (MM/DD/WWY)	S
House # Street Address			Date (MM/DD/WWW	S
<u> </u>				
Gity .	State	Zip Gode	Date (MM/DD/XYYY)	\$
Full Name of Contributor			Date (MM/DD/YYYY)	\$
House # Street Address			Date (MM/DD/MAY)	\$
City	State	Zlp Code	Date IMM/PD//WM	5
Full!Name of Contributor	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	pomandisc t district state (state day)	HAYYAYQONM) EXEG	5
House # Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/XXXX)	(\$
City	State	, Zip Cöde	Date (MM/DD/AMM)	\$
			2	
Full Name of Contributor			Pate [MW/PP/MAM]	
House # Street Address			Date (MM//DD///////)	
City.	₹State	₹Zip Code	Date [MM/DD/AAAA]	S
Full Name of Contributor			Date [MM/DD/AYYA]	:
House # Street Address				<i>\$</i>
City .	State	Zip Code-	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YWY]	\$
House # Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	
Gity -	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.

Filer dentification Number:

Full Name of Contributing Committee			Date [MM/DD/MYY]	
House # Street Address			Date [MM/DD/M/(Y)]	\$
Cliy	State	Zip Code	Date (MM/DD/YYYY)	
				\$
Full Name of Contributing Committee			Date [MM//DD//YYYY]	
House # Street Address			Date [MM/DD/YYYY]	\$
(ejty)	State	Zip Code	Date (MM//DD//YAYY)	
		**		
Full Name of Contributing Committee			Date [MM/DD/AAA)	
House # Street Address			Date (MM/DD/AAAA)	\$
EGGy :	State	Zip Code	Date [MM/DD/YYXX]	\$
Full Name of Contributing Committee	(ghilliansur)um pasa		Per Inivide Varanti	
House # Street Address			Date (MMX/DD/X444)	
/Gity	State	Zlp(Gode)	Date [MM/DD/YYYY]	\$
Full Name of			Date MM/Db/MM	
Contributing Committee				
House # Street Address			Date MM/DD/AYAA)	
[Gity]	State	Zip.co.e		25 A
	Jale	Alpevises	Poster Inimido Avanta	
Full Name of Committee			abate MW/DD/AAYA	
House #/ Street Address			Date [MM/DD/YYYY]	
<u>Gity</u>	State 4	Zip Code	EDWEIN WASHINGTON	
	State	AIP COOK	Date [MM/DD//WW]	

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 Contributo				ADate [MM/DD/WYYY]: 5	
	treet:Address			Date [MM/DD/(YYYY) \$	
City Employer Name		State	Zip Gode	Date [MM/DD/YYYY] \$	11 (12 (12 (12 (12 (12 (12 (12 (12 (12 (
				Occupation:	
Employer Mailing Addre Principal Place of Busine Sull Name of Contributo					
				¿Date [MM/DD/YYYY] \$	
	treet Address			Date (MM/DD/YYYY) \$	
City, Employer Name	C.W.	State	Zíp:Code	Date (MM/DD/MYV) S	
Chipoy-inalie				Occupation:	
Employer Mailing Addre Principal Place of Busine					
Full Name of Contributo	(i. .]			@Date (MM)/DD)AYAY); //\$	
House# S	treet Address			SDate (MM//DD//YYYY) \$	
City Employer Name		State	Zip Code	Date (MIM/DD/AWYY) S	
rannova vane		*		Occupation -	
Employer Mailing Addre Principal Place of Busine	95			[manuscript and manuscript and manus	
Füll Name of Contributo				Date [MM/DD/MYV] \$	
	treet Address			Date (MM/Db/YYYY) S	
City		State :	Zip Code	Date (MM/DD/YYYY)	
Employer Name		,	ATTOTY TO STANDARD	Occupation:	
Employer Mailing Addre Principal Place of Busine					•

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 Number					
Full Name					
	treet Address	Lab Salver Zaverou			
City		State	Zip Code	Date [MM/DD/YYYY]	
Receipt Description Full Name			Tool days a second property of		(2000)
	reet Address				
City		State	Zip	Date [MM/DD//YYYY]	\$
Receipt Description			Code		
Full Name:					
	reet-Address	Anomal Market All Park	Language plant Var		
City		State	Zip Code	Date [MM/DD/YYYY]	4 \$
Receipt Description		经 类似等型变			三
Full Name House # Sti	reet Address				
<u>City</u>		State	Zip	Date [MM/DD/\\YY	
Receipt Description			Code		
Füll Näme *		*** ***			
House# Str	reet Address				
City		State	Zip Code	Date MM/DD/MM	\$
Receipt Description					(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Full:Name House #3 Str	reet Address				
City	ACELIAUUI ESS	State	Zip	Date [MM/DD/YYYY]	<u>S</u>
Receipt Description			Code	11.10	
Receipt Description		\$10 (Alland Ands)		I	

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:			
STATE OF THE STATE	RibbioNSREGEWEDSW/	IE OF \$50.00 OR LESS PER CONTRIBUTO	R
1. **UNITEMIZED IN*KIND CONTRI TOTAL for the reporting period	(1)	\$	
IN-KIND CONTRIBUTIONS REG TOTAL for the reporting period	EIVEDAVALUE OF SSOOL	10 \$2\$0 00 (FROM PARTE)	
TOTAL TOT the reporting period	\ - 1		
3. IN-KIND CONTRIBUTION RECE			
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for Page 1, Report Cover Page, Item F)			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer identification Number:				
Full Name of Contributor			Date (MM/DD/XYYY) \$	
House # Street	Address		Date [MM//DD/YYYY] 5	
(Gify	State	·Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution	<u></u>			
Full Name of Contributor			Date [MM/DD/YYYY] 5	
	Address		Date [MM/DD/XXXXI] \$	
City	State:	Zip Code	Date [MM/DD/YYYY] \$	
Pescription of Contribution				
Full Name of Contributor			Date [MM/DB/XYXX] S	
	Address		Date:[MM/DD/MYY)] S	
City Description of Contribution	State	Zib Code	Date [MM/DD/XYYY] S	
			SOCIOCOSTA POPOS CONTROL DE CONTR	
Full Name of Contributor	er ar valleyen neces;		Date (MM/DD/AWV) S	
	Address	Transition to the state of the	Date [MM/DD/YYYY] Sc	
City Description of Contribution	*State	Zip:Code	Date MM/DD/YYYY) 5	·
Full Name of Contributor	92/47/		=Date [MM/,DD/,YYYY] \$	
	Address		Date [MM/DD/YYYY] S	
City Description of Contribution	State	Zip Code	Date [MM/DD/YYYY] S	
Description of tribution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:			
			Date [MM/DD/YYY]
Full Name of Contributor			
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] 4\$
Employer Name			Occupation Description
Employer Mailing Address / Principal Place of Business			of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MIM/DD/XYYY] 1\$
City	State	Zip Code	Date [MM//DD/XYYY] \$
Employer Name			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/AYYY] \$
Gity	State	Zip.Code	Date (MM/DD/YYY) \$
Employer Name			Occupation
Employer Malling Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MIM/DD/YYYY] \$
Gitý -	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution

Statement of Expenditures

	Statement of Expens
Filer Identification Number:	

Fig Whom Paid	The second like the second
JAX Stowe Fund	05 04 2023 50.00
House # 4628 Street Address PARK wood Drive	Description of Expenditure
City Erie State PH Zip 16510	Contribution to fundraiser
To Whom Paid	Date [WW\DD\XXXX] \$
Mc Carty Printing Walco Label	05/04/2023 2350.89
246 Street Address EAST 7th Street	Description of Expenditure
City Exic PA Code 16503	Post CANDS AND MAIL FULFILL MEN
To Whom Paid	Date [MM/DD/XYYY] S
Bob Bretz Crentive Services House # Street Address	04\06\2023 50.00 Description of Expenditure
397 Liberty Street	Description of experience e
CONNEAUT State OH Code 44030	Door Hanger Design Production
To Whom Paid Bob Bot Country of Country	Date [MM/DD/AYYY] \$
BOD Brodz Creptive Services House # _ Street Address	DS\04\Z023\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
397 Liberty Street	
CONNEAUT OH Gode 44030	Post Clard Design Production
	- 10 - 11 10 000 C
To Whom Paid	Date [MM/,DP/,YYYY] \$
Rosco's Sports BAV AND Grill	Date [MM/DD/YYYY] \$5 U87.25
Rosco's Sports BAV AND Grill House# 4646 Street Address BYHHALD ROND	Date [MM/,DD/,YMM) \$
Rosco's Sports Bar and Grill House# 4646 Street Address Bittalo Road Gity Erie State PA Gode 16510	Date [MM/DD/YYYY] 85 U87. 25
Rosco's Sports BAV And Gill House # 4646 Street Address BYHALO Rowd Gity Erie PA Gode 16510 To Whom Paid *	Date [MM/DD/YYYY] ST UST. ZS Description of Expenditure Election day weeting - Food Date [MM/DD/YYYY] S
Rosco's Sports BAV AND GVIII House # 4646 Street Address By HALO Rowd Gity Eric State PA Gode 16510 To Whom Paid Rosco's Sports BAV AND GVIII House # Street Address	Date [MM/DD/YYYY] ST UST. ZS Description of Expenditure Election day weeting - Food Date [MM/DD/YYYY] S OS (16 \ ZOZ3 \ 100.00
Rosco's Sports Bar and Grill House # 4646 Street Address Bythe Road Gity Erie PA Gode 16510 To Whom Paid Rosco's Sports Bar and Grill House # 4646 Street Address Bythe Road	Date [MM/DD/YYYY] ST UST. ZS Description of Expenditure Election day weeting - Food Date [MM/DD/YYYY] S
Rosco's Sports BAV And Girill House # 4646 Street Address BYTHIO Rowd City Erie Rosco's Sports BAV And Girill House # 4646 Street Address Buttalu Road City Erie City Erie City Erie Rosco's Sports BAV And Girill City Erie Code 16510	Date [MM/DD/YYYY] 35 Description of Expenditure Election day meeting - Food Date [MM/DD/YYYY] 5 OS 16 2023 100.00 Description of Expenditure
Rosco's Sports BAV And Girill House # York Street Address By Halo Rowd Gity Erie State PA Gode 16510 To Whom Paid House # York Street Address By Halo Rowd City Erie State QA Code 16510 To Whom Paid	Date [MM/DD/YYYY] & U87. 25 Description of Expenditure Election day meeting - Food Date [MM/DD/YYYY] & 100.00 Description of Expenditure Election day meeting - Bevarage
Rosco's Sports Bar and Grill House # 4646 Street Address Bythe Road Gity Erie Rosco's Sports Bar and Grill House # 4646 Street Address Bythe Road City Erie State QA Code 16510 To Whom Paid Bryan Fite House # Street Address	Date [MM/DD/YYYY] S Description of Expenditure Election day meeting - Food Date [MM/DD/YYYY] S Description of Expenditure Election day meeting - Bellevaes Date [MM/DD/YYYY] S
Rosco's Sports BAV And Girill House # 4646 Street Address Gity Erie Rosco's Sports BAV And Girill House # 4646 Street Address Buttalu Road Gity Erie To Whom Paid Bryan Fite House # 4160 Street Address Whom Paid Bryan Fite House # 4160 Street Address Woodsdule Avenue	Date [MM/DD/YYYY] & U87. Z5 Description of Expenditure Election day meeting - Food Date [MM/DD/YYYY] & 100.00 Description of Expenditure Election day meeting - Bevarage
Rosco's Sports Bar And Girill House # York Street Address By Halo Road Gity Erie Rosco's Sports Bar And Girill House # Uby Street Address By Halo Road Gity Erie State QA Code 16510 To Whom Paid Bryan Fife House # 4160 Street Address Woodsdale Avenue City Erie State QA Code 16510 Ery Whom Paid Bryan Fife House # 4160 Street Address Woodsdale Avenue City Erie State QA Code 16510	Date [MM/DD/YYYY] S Description of Expenditure Electron day weeting - Food Date [MM/DD/YYYY] S OS 16 2023 100.00 Description of Expenditure Electron day weeting - Belograes Date [MM/DD/YYYY] S Ob [SA 2023 799.30 Description of Expenditure Repayment of 1040.
Rosco's Sports Bar And Grill House # 4646 Street Address City Erie Rosco's Sports Bar And Grill House # 4646 Street Address City Erie State AA Code 16510 To Whom Paid City Erie To Whom Paid City Erie To Whom Paid City State City State City State City Street Address City Street Address City State City Street Address City Street Address	Date [MM/DD/YYYY] S Description of Expenditure Electron day meeting - Food Date [MM/DD/YYYY] S OS 16 2023 100.00 Description of Expenditure Electron day meeting - Belly gees Date [MM/DD/YYYY] S Ob [M 2023 799.30 Description of Expenditure
Rosco's Sports Bar And Girill House # York Street Address By Halo Road Gity Erie Rosco's Sports Bar And Girill House # Uby Street Address By Halo Road Gity Erie State QA Code 16510 To Whom Paid Bryan Fife House # 4160 Street Address Woodsdale Avenue City Erie State QA Code 16510 Ery Whom Paid Bryan Fife House # 4160 Street Address Woodsdale Avenue City Erie State QA Code 16510	Date [MM/DD/YYYY] S Description of Expenditure Electron day weeting - Food Date [MM/DD/YYYY] S OS 16 2023 100.00 Description of Expenditure Electron day weeting - Belograes Date [MM/DD/YYYY] S Ob [SA 2023 799.30 Description of Expenditure Repayment of 1040.
Rosco's Sports Bay And Grill House # Ustlo Street Address By And Grill To Whom Paid City Erie State DA Code 16510 City Erie State DA Code 16510 To Whom Paid Bryan File House # 4160 Street Address Woodsdale Avenue City Erie State DA Code 16510 To Whom Paid City Erie Street Address Woodsdale Avenue City Erie State DA Code 16510	Date [MM/DD/YYYY] S Description of Expenditure Electron day weeting - Food Date [MM/DD/YYYY] S DS 16 2023 100.00 Description of Expenditure Electron day weeting - Belonger Date [MM/DD/YYYY] S DESCRIPTION of Expenditure Repayment of 1040. Date [MM/DD/YYYY] S Description of Expenditure

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.

The control of the co	Filer Identification N	Vijmber:				
City Description of Debt Name of Codition Street Address City State DATE DESTINCTION Street Address City State DATE DESTINCTION OUTSTANDING Balance of Debt City State DATE DESTINCTION Street Address DATE DESTINCTION OUTSTANDING Balance of Debt City State DATE DESTINCTION Street Address DATE DESTINCTION CONTROLLED BY TRICTION STREET ADDRESS DATE DESTINCTION CONTROLLED BY TRICTION STREET ADDRESS DATE DESTINCTION CONTROLLED BY TRICTION CONTROLLED	Name of Greditor				Outstanding Ba	lance of Debt
Description of Debt. Name of Creditor Higher F. Street Address Description of Debt. Street Address Description of Debt. Street Address Date Description of Debt. Description of Debt. Description of Debt. Description of Debt. Descr	House #	Street Address				1. 1800 (14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of Creditor House # Street Address DATE DEST (NCURRED) City State DATE DEST (NCURRED) Cods Description of Debt Street Address DATE DEST (NCURRED) Cods DATE DEST (NCURRED) Street Address DATE DEST (NCURRED) STREET (NOW) (NOW) (NOW) DEST (NOW) (NOW) (NOW) State (NOW) (NOW) (NOW) DOUBTS (NOW) (NOW) (NOW) State (NOW)		5t	State	Zip Code		
City City State State State State State DATE DESTINGUIRED Code City					Outstanding Ba	lance of Debts
Description of Debt Political Content of Debt Political Content of Debt	House #	Street Address) 1 2 4		D	
House # Street Address DATE DEBT INCURRED (MM/DD/XYYY) State Zip Code Name of Creditor Date Address DATE DEBT INCURRED (MM/DD/XYYY) City State Zip Code Description of Debt Name of Creditor Date Debt Incurred (MM/DD/XYYY) State Zip Code Date DEBT INCURRED (MM/DD/XYYY) State Zip Code Date DEBT INCURRED (MM/DD/XYYY) State Zip Code Description of Debt Name of Creditor Date DEBT INCURRED (MM/DD/XYYY) State Zip Code Description of Debt Name of Creditor Date DEBT INCURRED (MM/DD/XYYY) State Zip Code Date DEBT INCURRED (MM/DD/XYYY) State Zip Code Code Date DEBT INCURRED (MM/DD/XYYY) State Zip Code		bt	State	Zip Code		
City State Pare Destription of Debt Name of Creditor House # Street Address Date Destription of Debt City City City Street Address Date Destription of Debt City C						ilance of Debt
Description of Debt Name of Creditor. House # Street Address City Name of Greditor Date Debt Incurred (MM/DD/YYYY) Street Address Date Debt Incurred (MM/DD/YYYY) City Street Address Date Debt Incurred (MM/DD/YYYY) City City Street Address Date Debt Incurred (MM/DD/YYYY) Street Address Date Debt Incurred (MM/DD/YYYY) City City Description of Debt Name of Greditor Date Debt Incurred (MM/DD/YYYY) City State Date Debt Incurred (MM/DD/YYYY) City City State Date Debt Incurred (MM/DD/YYYY) City Code		Street Address		[MM/DD/YYYY]		
Date Debt Street Address Date Debt State Zip Gode		bt # 2 W.	State			,
State Z p Gode		表现形成功能			######################################	ilance of Debt
Description of Debt	House#	Street Address		[MM/DD/MM]	.	
Name of Creditor Street Address DATE DEBT INCURRED State City State Code		151	State	Zip Cade		
City State Zip Code Description of Debt Name of Greditor Name of Greditor DATE DEBT INCURRED Street Address [MM/DD/YYYY] City State Zip Code Code					Outstanding 8	alance of Debt
Description of Debt Name of Creditor. Plouse # Street Address DATE DEBT: INCURRED \$ [MM/DD/YYYY] City State Zip Code	House#	Street-Address		DATE DEBT INCURRE [MM/DD/XYXX]	D \$	
Name of Creditor Country			State >		7. Th	
House# Street-Address DATE DEBT-INCURRED \$ [MM/DD/YYYY] City State Zip Code					Outstanding B	alance of Debt
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