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

	•			ar and legible.	it sno	ald be typed)			
Filer Identification Number	Repo	rt Filed B k X)	y Ca	ndidate 🚾	X	Committee			Lobbyist 1	_
Name of Filing Committee, Candidate or Lobbyist	Bryan	Fife			<u> </u>		19-4-18 (Association and Association (Association)	l liz		_
Street Address	4160 V	Voodsda	le Ave					_ -		
City Erie			Sta	ate PA		Zip Code	16510			
Type of Report (Place x under report type)										_
1-6 th Tuesday 2-2 nd Friday 3-30 Day P	ost 4- 6th T	uesday	5- 2 nd Fr	lday 6- 30 Da	y Post	7- Annual	Special 2 nd	Friday	Special 30 Day	1.6
Pre-Primary Pre-Primary Primary	Pre- El		Pre- Ele		· · · · · · · · · · · · · · · · · · ·	75	Pre-Electic		Post-Election	4
				X						
Date Of Election 05/16/202	Year 3	170	2023	Amendi Report	ment		Termination Report	on 🐇	\boxtimes	
Summary of Receipts and From Date	37.7	To Date				For	Office Use O	nly		1.16
Expenditures 5/2/23		6/51	/23							
A. Amount Brought Forward From Last Re		-3	,577.73							-
B. Total Monetary Contributions and Rece (From Schedule I)	pts \$	7	799.30				النبيري. معالي		; •	
C. Total Funds Available (Sum of Lines A and B)	\$	-2	,778.43				<u> </u>	2023 JUN	} =	
D. Total Expenditures (From Schedule III)	\$	•	0.00				in or in ordinary		<u>.</u> 0	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-2	,778.43				í,	LANG GOOD		
F. Value of In-Kind Contributions Received (From Schedule II)	\$		0.00				•	27	3 0. -	
G. Unpaid Debts and Obligations (From Schedule IV)	\$		0.00					3	F	
All Access to the Control of the Con				vit Section						_
Part 1- If this is a Committee report, treasurer sig	n here. If thi	rio a Can	lidate ra pi	ort, candidate sig	n here:-					
I swear (or affirm) that this report, including the sworn to and subscribed before me this day of June 20 23	ittached sch	dule on	E S t	o the best of my	knowled ⁄	ge and belief tr	ie, correct an	d complete 、	•	
9 dough 1/200 0 20 23		155			7					
1 day 61 30 1 20 0 1	٠	36	\ \text{\frac{1}{2}} \text{\frac{1}{2}}	Si	gnature o	of Person Submi	tting report		_	
Valuedynn Rusyyc	nc_	1863	Z S M			Brya	J 818E		_	
Signature (/		多位的	돌로보			Printed Name		/		
My Commission expires 3-4-26		夏景宮	젖쯨위	814	_	62	3 542	5	_	
MO. DAY	YR.		. Here	Area Code		Day	ime Telephor	ne Number		
Part II- If this is a report of a Candidate's Authoria			te s 📶 s					·+.		_
I swear (or affirm) that to the best of my knowled amended.	ge and belie	illoge Billion	ical comm	ittee has not viol	ated any	provisions of the	ne Act of June	3, 1937 (P.	L. 1333, NO.320) as	s
Sworn to and subscribed before me this		, 2026)74	VANIA							
day of 20										
20		ļ.			Sign	ature of Candid	ate		-	
Signature						Printed Name			_	
My Commission expires					_				_	
MO. DAY YR.				Area Code		Dayti	ne Telephone	Number		

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

The state of the s		
Filer Identification Number		
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The state of the s		
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1:Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	At.	
Total for the reporting period (1)	\$	0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	0.00
Total for the reporting period (2)	\$	0.00
3: Contributions Over \$250.00 (From Part Cand Part D)		
Contributions Received from Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	0.00
Total for the reporting period (3)	\$	0.00
4. Other Receipts-Refunds, Interest Farned, Returned Checks, ETC. (From Part E)	2.0	
Total for the reporting period (4)	\$	0.00
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)	\$	0.00

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 Number		-		
			····	Amount
Full Name of Contributing			Date [MM/DD/YYYY] \$	estati Seria Seria
Committee			77 15 15 15 15 15 15 15 15 15 15 15 15 15	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	The state of the s
House # Street Address				
mouse in Street Address			Date [MM/DD/YYYY] \$,
City	State	ZIp Code	Date [MM/DD/YYYY] \$	Manual American Ameri
		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
Full Name of Contributing			Date [MM/DD/YYYY] -\$	
Committee				Addition of the second of the
House # Street Address			Date [MM/DD/YYYY] \$	
7. (1) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
_Gity/iii	State	Zip Code	Date [MM/DD/YYYY] \$	WORKS
				SOLVE STATE OF STATE
Full Name of Contributing Committee		·	Date [MM/DD/YYYY] \$	1
House # Street Address			Date [MM/DD/YYYY] \$	
Gis	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee 1			######################################	The state of the s
House # Street Address			Date [MM/DD/YYYY] \$	To the second se
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] S	(A)
			MRC 14. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20.	
City	State	Zip Code	Date [MM/DD/YYYY] S	

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:		
· · · · · · · · · · · · · · · · · · ·		
The state of the s		

Full Name of Contributor State Zip Code Date IMM/DD/YYYY S					
City State ZipCode Date: MM/DD/YYYY 5 Full Name of Contributor Full Name of Contributor Full Name of Contributor State ZipCode Date: MM/DD/YYYY 5 Full Name of Contributor City State ZipCode Date: MM/DD/YYYY 5 Full Name of Contributor Full Name of Contributor Full Name of Contributor Street Address Date: MM/DD/YYYY 5 State ZipCode Date: MM/DD/YYYY 5 Street Address Date: MM/DD/YYYY 5 Date: MM/DD/YYYY 5 Street Address Date: MM/DD/YYYY 5	Full Name of Contributor			Date [MM//DD/YYYY]	\$ _
Full Name of Contributor Full Name of Contributor State Zip Code Date [MM/DD/YYYY] Signate Address Date [MM/DD/YYYY] Signate Addres	House # Street Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date [MM/DD/YYYY]	\$
# Street Address Date MM/DD/YYYY S # Street Address Dat	City 5	State	Zlp Code	Date [MIN/DD/YYYY]	\$
House # Street Address Date MM/DD/YYYY S	Full Name of Contributor				
State Zip Code Date IMM/DD/YYYY S					**************************************
Full Name of Contributor Full Name of Contributor Full Name of Contributor City State Zip Code Date [MM/DD/YYYY] S Full Name of Contributor City State Zip Code Date [MM/DD/YYYY] S Full Name of Contributor City State Zip Code Date [MM/DD/YYYY] S Full Name of Contributor City Street Address Date [MM/DD/YYYY] S Full Name of Contributor Date [MM/DD/YYYY] S Street Address Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S	House # Street Address			Date [MM/DD/YYYY]	\$ 1
House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$	GICY-	State	Zip Code	Date [MM/DD/YYYY]	\$
City Street Address Date [MM/DD/YYYY] S Full Name of Contributor Date [MM/DD/YYYY] S	Full Name of Contributor	1		Date [MM/DD/YYYY]	\$
Full Name of Contributor Date [MM/DD/YYYY] \$	House # Street Address			_Date [MM/DD/XXXX]	\$
House # Street Address Date [MM/DD/YYYY] \$	City.	State	Zip Code	Date [MM/DD/YYYY]	\$
House # Street Address Date [MM/DD/YYYY] \$	Full Name of Contributor		7 1900 W 2.7	(Day of MANAGES (NAVAN)	× 4
City State Zip Code Date [MM/DD/YYYY] \$				1	77.
Full Name of Contributor Date [MIM/DD/YYYY] \$ House # Street Address Date [MIM/DD/YYYY] \$ City State Zip Code Date [MIM/DD/YYYY] \$ Full Name of Contributor Date [MIM/DD/YYYY] \$ House # Street Address Date [MIM/DD/YYYY] \$	Street Address			Date [MM/DD/YYYY]	\$
House # Street Address Date [MM/DD/YYYY] \$ Gity State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$	Gity.	State	Zip Code	Date [MM/DD/YYYY]	\$
Gity State Zip Code Date [MM/DD/NY/Y] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$	Full Name of Contributor			Date [MM/DD/YYYY]	\$
Full Name of Contributor Date [MM/DD/YYYY] House # Street Address Date [MM/DD/YYYY] \$	House # Street Address			Date [MM/DD/YYYY]	\$
House # Street Address Date [MM/DD/YYYY] \$		State	Zip Code	Date [MM/DD/\\AY]	\$
STATE OF THE PROPERTY OF THE P	Full Name of Contributor			Date [MM/DD/YYYY]	\$
City State Zip Code Date [MM/DD/AYYYY] \$	House# Street Address		, , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY]	\$.
	City	State	Zip Code	Date [MM/DD/YYYY] #	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.

ipler identification Number:			
Full Name of Contributing Committee			Date [MM/DD/YYYY]
House # Street Address			*IDate [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM//DD//YY/M]
Full Name of The Contributing Committee			Date [MM/DD/YYYY] \$
Hoúse # Street Address			Date [MM//DD//YAYY]
City)	State	Zip Code	Date [MM/Db/YYYY] . \$
Full Name of Contributing Committee			Date [MM//DD/YYYY] \$
House H			Date [MM/DD/YYYY] \$
City . Full Name of	State	Zip Code	Date [MM/DD/YYYY] \$
Contributing Committee			Datê [MM/DD/YYYY] \$
Gity Street Address	State	₩Zip Code	Date (MM/DD/YYYY) \$
Full Name of	SACTOR OF THE PROPERTY OF THE	- Alberta	Date [MM/DD/YYYY] 5
Contributing Committee	š.		Date [MM/DD/YYYY] \$
GIÇ	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of			Date [MM/DD/YYYY] \$
Contributing Committee House # Street Address	\$		Date [MM/DD/YYYY] 5
City 7	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:

Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Mailing Address // Principal Place of Business			Cooperior (··
kuli Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Mailing Address / Principal Place of Business		·		,, <u>-1, -1, -1, -1, -1, -1, -1, -1, -1, -1, </u>
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City: Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$ Occupation	
Employer Mailing Address / Principal Place of Business	R			
Full Name of Contributor			, Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City Employer Name	State	Zip Code	Date [MM/DD/YYYY]	
Employer Malling 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.

Eller Identification Number	16.			
Full Name	Bryan Fife Committee t		Judge	
House # 4160	Street Address 4160 Wood	sdale Ave		
City	Erie	State PA	Zip 16510	Date MM/DD/YYYY] \$ 799.30
Receipt Description	Repayment of Loan			
Full Name				
House #	Street Address			
City/M		State	Zip g	Date [MM/DD/YYYY] 5
Receipt Description				
Full Name				
House #	street Address			
CITY A	237	State	Zip Code	Date (MM/DD/YYYYY)\$
Receipt Description #				
Full Name*			***************************************	****
House #	treet Address			
City 1		State	Zip 7 Code 5	Date MM/DD/AYYY) \$
Receipt Description	4 255			
Full Name				
House #	treet Address			
City	Jem Own	State	Zip Code.	Date [MM/DD/YYYY] \$
Receipt Description	* *	Linebathmont Water Dr. June 5	Section 2. Price Section and American	I Japanes
Full Name		· ···		
House# S	reet Address			
City		State	Zip Code	Date [MM//DD/YYYY] \$
Receipt Description				

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. JUNITEMIZED IN-KIND CONTRIBUT		9	DR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2. IN KIND CONTRIBUTIONS RECEIVED	D-VALUE OF \$50,01 TO \$250	.00 (F	ROM PART F)
TOTAL for the reporting period	(2)	\$	
37 IN-KIND CONTRIBUTION RECEIVE	OVALUE OVER \$250,000 (FROI	n PAR	TG) 1827 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS	DUDING THIS DEDORTING	Ś	
PERIOD (Add and enter amount totals from on Page 1, Report Cover Page, Item F)		\$	0.00

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Num	nber:				-
Full Name of Contrib				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY]	
Chy 4		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contr					
Full Name of Contrib	Jutor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] _ \$.	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contr	类。《基本法 》				
Full Name of Contrib				Date [MM//DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY] \$	
City Description of Contri	The state of the s	*State	Zip Code.	Date [MM//DD/YYYY] \$5.	
一位: 李安庆	APP TO THE PARTY OF THE PARTY O				
Full Name of Contrib	utor			Date [MM/DD/YYYY] 5.	
House #	Street Address			Date [MM/DD/YYYY] \$	
City Description of Contri		State.	Zip Code #	Date [MM/DD/YYYY] \$	
	· 基 基础机				
Full Name of Contrib	7. 3.5			Date [MM/DD/XYYY] \$	
House #	Street Address			-Date [MM//DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contrib	ibution	4			

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	·
Full Name of Contributor.	Date [MM/DD/YYYY] - \$
House # Street Address	Date [MM/DD/YYYY]
City. State Zip Code	Date [MM/DD/AYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal American Place of Business	Description of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip/Code S	Date [MM/DD/YYYY] \$
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/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation 3
Employer Mailing Address / Principal Place of Business	Description Contribution
Full Name of Contributor	Date [MM/DD/AYYY] 4\$
House # Street Address	Date [MM/DD/YYYY]
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description Cof. Contribution

Statement of Expenditures

Filer Identification Number:		
Filer Identification Number:		,

A STATE OF THE STA		,
# TF		

To Whom Paid?				Date [MM/DD/XYYY]
Haused	Street Address			Description of Expenditure A
City 1		State	Zip (##) Code [®]	
To Whom Paid				Date [MIM/DDYYYAY] \$
House#	Street Address			Description of Expenditure
City		State	Zip # Code	
To Whom Pald		****		Date [MIM](DD)AYYYM]5.
House #	Street Address			Description of Expenditure:
City		State	Zip : Code	
To Whom Pald				Date [MM/DD/YYYY] \$
House#	Street Address			Description of Expenditure
Gltý E		State 5	Zip. ∉Code	
To Whom Paid.				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City :		State	Zip	
To Whom Paid				Date [MM/Db/YYYY] \$
House #	Street Address			Description of Expenditure
Gity		State	Zip	
To Whom Paid				Date (MM/DD/YYAY) \$
House #	Street Address			Description of Expenditure
Gity 1		State	Zip We * Code	
To Whom Paid				Date [MM/DD/YWW] \$
House#	Street Address			Description of Expenditure
City		State	Zip = Code No.	

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 Creditor				Outstanding Balance of Debt
House # Str	eet Address		E DEBILINGURRED MM/DD/YYYYY)	\$
City		State	Zip	
Description of Debt			Code	
Name of Creditor				Outstanding Balance of Debt
- 14 XX X	eet Address		E DEBT INCURRED	\$
			MIM/DD/YYYY]	
City		State	Zip: Code	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House # Str	eet Address		E DEBT INCURRED MM/DD/YYYY] Ü	\$.
City		State	Zip 44. Code 12	
Description of Debt	#			
Name of Creditor				Outstanding Balance of Debt
House # Str	eet Address		EDEBT INCURRED VIIV/DD/XXXYY]	5 5
City		State 🥳	Zip: Code	
Description of Debt 75				
Name of Creditor				Outstanding Balance of Debt
House # Stre	eet Address		E DEBT INCURRED MM/DD/YYYY]	
City		State	.Zip .Code	
Description of Debt	10 10 10 10 10 10 10 10 10 10 10 10 10 1			
Name of Greditor				Outstanding Balance of Debt
House # Stre	eet Address		DEBT INCURRED MM/DD/YYYY)	\$
City 2		State	Zip Code	
Description of Debt				