Date Of Election (MM/DD/YYYY)	05/16/2023	Year		2023	Amendment Report	X	Termination Report	X
Summary of Receipts and Expenditures	From Date		To Date	.		F	or Office Use Only	
	04/01/2023	1	05	/01/2023		* * * * * * * * * * * * * * * * * * *		
A. Amount Brought Forward I	From Last Repor	t \$		0.00				
B. Total Monetary Contribution (From Schedule I)	ons and Receipt	s \$	72	477	7		www	2
C. Total Funds Available (Sum of Lines A and B)		\$	•	3 26.77				2023 J
D. Total Expenditures (From Schedule III)		\$	*	7 26.77				
E. Ending Cash Balance (Subtract Line D from Line C)		\$		0			요늄	<u>-</u>
F. Value of In-Kind Contribution (From Schedule II)		\$	1	,250.00		٠	SE SE	=
G. Unpaid Debts and Obligation (From Schedule IV)	ons	\$		0				<u>းမ</u>
Part 1- If this is a Committee repo	rt, treasurer sign f	iere. If th	is is a Car	영 Affietvit I didate re s ort	Section , candidate sign here.			
I swear (or affirm) that this report Sworn to and subscribed before m day of Clure	, including the atta ne this			tion of the page		ige and belig	f true, correct and comple May	te./· "
Sushed Signature	fuld	_	Penneyh ield, Not	rle County expires Dece on number 1	Signature Pamela L Nolan	of Person Su Printed N	bmitting report	<u> </u>
My Commission expires 12-0	<u>92 - 2024</u> day yr	<u> </u>	onwealth of P Sue Sheffie	Erle Counmission expires Commission numb	814 Area Code		50-5174 Daytime Telephone Numbe	er
Part II- If this is a report of a Candi			tee 🧔 nd	idat ខ sha ្រ igi				(D. L. 4222, NO. 226)

I swear (or affirm) that to the best of my knowledge and belief the politication at the has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Contributions Received from Political Committees (Part A)		\$ 3,000
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	process of the	\$
All Other Contributions (Part D)		\$ ₹26.77
Total for the reporting period	(3)	\$ q 26.77
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) Total for the reporting period	(4)	\$
Total for the reporting period Fotal Monetary Contributions and Receipts during this reporting period (Add and	(4)	\$
enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Re Cover Page, Item B)	port	

House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing	,	Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	ntributing		Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	ntributing		Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	ntributing		Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	

House # St	reet Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/XYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] 5	
House #/ St	reet Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributor			Date [MM/DD/YYYY] . \$	\Box
House #	reet Address		Date [MM/DD/YYYY] S	
ZCIty.	State.	Zip\Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM//DD/AYYY] \$	
House # St	reet Address		Date [MM/DD/XYYY] \$	
Gity	State	Zip:Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/MYY] \$	·
House # St	reet Address		Date [MM/DD/YYYY] \$	

House#	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	-Date [MM/DD/YYYY]
Full Name of Contributing Co	mmittee	#428 #42 #45	[CSSC 2005/CSSA03]	Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
Gity -		State	Zip Gode	Date [MM/DD/YYYY] \$
Full Name of Contributing Co	mmittee.			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$.
Full Name of Contributing Committee				Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City.		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Co	mmittee	File (Messya)		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$

			04/06/2023
City Edinboro	State PA	Zip Code 16412	Date [MM/DD/YYYY] \$ 350.00
	FA	10412	04/11/2023
Employer Name	Sarah A Reed Child	ren's Center	Occupation Clinical Care Aide
Employer Mailing Address / Principal Place of Business	2445 W 34 St, Erie I	PA 16506	
Full Name of Contributor			Date [MM/DD/YYYY] \$
Disconsideration and the second secon	Address	,	Date [MM/DD/YYYY] \$
R			
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street /	Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
	State Control of	and the constitution of th	V TO
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			P33-45-45-45-45-45-4
Full Name of Contributor			Date [MM/DD/YYYY] \$

Receipt Descrip	tion		427 - 5 - 2 - 2 - 2 - 2	10.004
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion			
Full Name				
House #	Street Address			
City	F 3 8 4 7 4 7 4 7 4 7 4 7 4 7 4 7 4 7 4 7 4	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion	Detect to Add	Richton (barriet)	<u> </u>
Full Name				
House #	Street Address	· · ·		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion	15 mg/s 4 cm	[PROJECTION STREET	T [52,]
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion	[E.ZG325,27]	[94] [84] See C.	[W.8]

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G) OTAL for the reporting period (3) \$ 1,250.00 OTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter the page 1. Report Cover Page I tem 5)	DTAL for the reporting period (3) \$ 1,250.00 DTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING \$ ERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter	OTAL for the reporting period	(2)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING \$ PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter	DTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING \$ ERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter	3. IN-KIND CONTRIBUTION RECEIV	/ED=VALUE OVER \$250.00 (FRO)	VI PAR	r.G)
PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter	RIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter	OTAL for the reporting period	(3)	\$	1,250.00
1,250.00				\$	1,250.00

Color (
Description of C	ontribution		◆ 新 1 本 前 5 下 (1 大 下 下)	I	<u> </u>
Full Name of Co	ntributor	521 W		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$

City		State	Zip Code	Date [MM/DD/YYYY]	
Description of C	ontribution	ANGER VE	Les 200485-2004-200-2004		256]
Full Name of Co	ntributor	95.7		Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	š
Gity		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	ontribution				<u> </u>
Full Name of Co	ntributor	69 		Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	3
City		State	Zip Code	Date [MM/DD/YYYYY]	
Description of C	ontribution				
Full Name of Co	ntributor	<u> </u>		Date [MM/DD/YYYY]	

Edinbo	то	PA	16412		
Employer Nam	ie.	Kevin Hayes	Electric	Occupation Office Manager	
Employer Mail Place of Busine	ling Address / Principal ess			Description of Atty fee to defend petition challenge	
Full Name of C	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Nam	I P		[874_360]; [88746 VA 86]	Occupation	
Employer Mail Place of Busine	ing Address / Principal ess			Description of Contribution	
Full Name of C	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Physical and security and secur	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		Resident ad last and design at 18.	Occupation		
Employer Mail Place of Busine	ing Address / Principal iss			Description of Contribution	
Full Name of Co	ontributor	ns		Date [MM/DD/YYYY] \$	

1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1.				04/06/2023
House #	Street Address			Description of Expenditure
6 144		Incessus color	F1. # 622 / 62 Mil. 1	
City		State	Zip Code	
To Whom Paid	1284	[1264] Sec. [1865]		Date [MM/DD/YYYY] \$
	GofundMe - GM CH	IOICE PROTECTI	ON FUND	04/11/2023 350.00
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid			Coue	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
			Karata a sa sa T	
City		State	Zip Code	
To Whom Paid		87.53337.9		Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
**************************************		bring program and	Description (
City		State	Zip. Code	
To Whom Paic		Transcatorial	With the supplemental of	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	1.26.74% (2.75%)	State	Zip	
			Code	
To Whom Paid				Date [MM/DD/YYYY] \$
	(1) 전 			
House #	Carrie Carrie Carrie			

Name of Credit	iar		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip	
Description of I	Debt		(基等)
Name of Credit	or		Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State Zip	
Description of I	Debt	(१९५५) व १९५६ वर्ष १८८८ वर्ष १८८८ वर्ष १८८८ वर्ष	. <u> </u>
Name of Credit	or		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	.
City Land		State Zip Code	
Description of L	Debt	Research Francisco d	East I
Name of Credit	Of .		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	**************************************
ity .		State Zip	