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

Filer Identification	833926470	Report Filed By	Candidat	e	Committee	X .	Lobbyist
Number	• •	(Mark X)				47	
Name of Filing Comm Lobbyist	nittee, Gandidate or	FRIENDS-	10 E/2	+ Mar	W FONTE	Ü	
Street Address	and with the contract of the second	3831		15/1	7		
		30 21 6	State	1/4	Zip Code	11-16	
City	ERIC	····		16		16505	
Type of Report (Place						1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Orașial 60 Day
1-6 th Tuesday 2- 2 Pre-Primary Pre-	nd Friday 3- 30 Day Post Primary Primary		2 nd Friday re- Election	6- 30 Day F Election	Post 7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
						Termination	
Date Of Election (MM/DD/YYYY)	05/14/2012	Year		Amendme Report		Report	
Summary of Receipt		To Date	-	1 3.	For	Office Use Only	
Expenditures			- 10 -	the lateral to			
	05/02/23	06/0	5/23		i ta i i		
	Forward From Last Repor	0000	\$, 3 8			5	2023 JUN
	ontributions and Receipt	s 8 400	.00				<u>မ</u>
(From Schedule I) C. Total Funds Availa	hle					20 kg	\(\)
(Sum of Lines A and	the contract of the contract o	1 2468	(7,28)			Party Party	<u>. 5</u>
D. Total Expenditure	S	\$ 2468 107.	58.		-	EGISTRAT	
(From Schedule III) E. Ending Cash Balan	ICO .	8 707	4.40			3	X
(Subtract Line D from	n Line C)	\$ 286), 80°			=	•
	ontributions Received	8 10	•			<u>a</u>	9
(From Schedule II) G. Unpaid Debts and	I Obligations						•
(From Schedule IV)	Obligations	8 N1	·				
			Affidavit Se				
Part 1- If this is a Comn	nittee report, treasurer sign this report, including the att	here. If this is a Candi ached schedules on D	date report, ca aper, is to the	best of my kn	nere. lowledge and belief	true-correct and comple	ete.
Sworn to and subscribe		20110 2 2011022100 211 p		Commence of the Control of the Contr	Zan		
13 day of 3		4		4	as il	T	
) ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	realth of Pennsylvania	- Notary Sea	Sign	ature of Person Sub	mitting report	
Slone		iryan Trost, Notary F		1 40.	Printed Na		
	12 11.23	Erie County		8/4	€(342433	
My Commission expire		<u>issi</u> on expires Decer imission number 1		Area Code	Di	aytime Telephone Numb	per
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as							
amended.							
Sworn to and subscribed before me this 13 day of JUNE 20 23 1 May B. Quesic							
	Commo	wealth of Penusylvan Bryan Trost, Notary	nia - Notary So Public	Marei	Signature of Cano	didate MNie	- Labor service
Sign	ature	Eria (Inuniv		, l	Printed Name		
My Commission expire	s 12-11-2 My соп	miesion expires Dec	ember 11, 20	1		04 2682	
	MO. DAY YRC	ommission number	1230130	Ared Code	Da	ytime Telephone Numb	er

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number 833 JULY 6		
1.Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor		
Total for the reporting period (1) \$	MA.
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		7//1
Contributions Received from Political Committees (Part A)	8	150.00
All Other Contributions (Part B)	8	-0-
Total for the reporting period (2) 8	150-61
3. Contributions Over \$ 250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	8	250.00
All Other Contributions (Part D)	8	
Total for the reporting period (3)) 8	250.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	· · · · · · · · · · · · · · · · · · ·	
Total for the reporting period (4)	8	NA.
Total Monetary Contributions and Receipts during this reporting period (Add and	8	

enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report

Cover Page, Item B)

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A Maria Cara de Cara d

400.00

PART A **Contributions Received From Political Committees**

 $\$\,50.01\,\,\text{TO}\,\$\,250.00$ 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 8	33426	470		_	
					Amount
Full Name of Contributing	<u> </u>		Date [MM/DD/YYYY]	8 -	
Committee	If Pac		05/11/23		2DH
House # Street Address	0 1	3	Date [MM/DD/YYYY]	8	-
	10 Pap 3	25			
Full Name of Contributing Committee House # Street Address City Evil Name of Contributing	State	Zip Code	Date [MM/DD/YYYY]	8	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	8	
House #			Di	1	
House # Street Address			Date [MM/DD/YYYY]		
City	State	Zip Code	Date [MM/DD/YYYY]	8	
Full Name of Contributing	4 42 -		Date [MM/DD/YYYY]	8	
Committee			Pare [MM/DD/TTTT]	 °	
House # Street Address			Date [MM/DD/YYYY]	8	
City	State	Zip Code	Date [MM/DD/YYYY]	8	
	3-040	P 2000	-ceo faint ppi ((())	"	
Full Name of Contributing Committee	, a company and a second second		Date [MM/DD/YYYY]	8	
House # Street Address			Date [MM/DD/YYYY]	8	
City	State	Zip Code	Date [MM/DD/YYYY]	8	
				1	
Full Name of Contributing Committee			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 Contributing			Date [MM/DD/YYYY]	8	
Committee				1	
House # Street Address			Date [MM/DD/YYYY]	8.	
Ot-					
City	State	Zip Code	Date [MM/DD/YYYY]	8	
and the second s				,	ŧ

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.)

	833	924478					
Full Name of Co	ntributor	0 00 0	0		Date [MM/DD/YYYY]	8	a fr
	Kevin	13, 11CC	rlac		es/11/200		150.60
House #	Street Address	a me	t/)or		Date [MM/DD/YYYY]	8	
815							
City Ep	re	State Po	Zip Code	15892151.	Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributor				Date [MM/DD/YYYY]	\$	
						· .	
House #	Street Address				Date [MM/DD/YYYY]	8	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributor				Date [MM/DD/YYYY]	8	
	Y A						
House #	Street Address				Date [MM/DD/YYYY]	8	
		*					
City	t	State	Zip Code		Date [MM/DD/YYYY]	8	·
AND			N				
Full Name of Co	ntributor				Date [MM/DD/YYYY]	8	
House #	Street Address				Date [MM/DD/YYYY]	8	
110000 #	5.1 001 NB01 000					1	
City		State	Zip Code		Date [MM/DD/YYYY]	8	
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Full Name of Co	ntributor				Date [MM/DD/YYYY]	8	
		•					1
House #	Street Address	·			Date [MM/DD/YYYY]	8	
City		State	Zip Code		Date [MM/DD/YYYY]	8	
Full Name of Co	ntributor	:			Date [MM/DD/YYYY]	- 8	
House #	Street Address				Date [MM/DD/YYYY]	8	
City		State	Zip Code		Date [MM/DD/YYYY]	8	
						1	

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.

iler Identification	V non	34410			
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] 8	
House #	Street Address	Date [MM/DD/YYYY] 8			
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Zity		State	Zip Code	Date [MM/DD/YYYY] \$	
ull Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] 8	
City	Tradition and a	State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] 8	
House #	Street Address			Date [MM/DD/YYYY] 8	
		·		200 000 000 000	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] 8	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of				Date [MM/DD/YYYY] \$	
Contributing Co					
House #	Street Address	·		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of		Date [MM/DD/YYYY] 8			
Contributing C				D. HARLON GRANT LA	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 8	

All Other Contributions

Over 8 250.00

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:

Filer Identification Number: 233	3926470		
Full Name of Contributor			Date IMM /DD //DDW
			Date [MM/DD/YYYY] 8
	·		
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
P	1		
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address		<u> </u>	Date [MM/DD/YYYY] 3
			Succlimation till
City	State	7in Code	
	State	Zip Code	Date [MM/DD/YYYY] 8
Employer Name			Occupation
			Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
ter to the first such a light and			Pare family pp/11111
House # Street Address			
Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			
Transfer Control of the Section 1997			Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] 8
			many farmet was 's a s 1
City.	State	Zip Code	Date Parks (DO ADDA)
	State	Zip Goue	Date [MM/DD/YYYY] 8
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.

uli Name				
louse #	Street Address			
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ity		J State	Code	WAT.
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uli Name				,
louse #	Street Address			
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leceipt Descript	tion			
ull Name				
louse #	Street Address			
alty and the value of the value	The same of the first of the same of the s	State	Zip Code	Date [MM/DD/YYYY] \$
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Receipt Descrip	tion			
full Name				
House #	Street Address			
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Receipt Descrip	tion			
Full Name				
House #	Street Address			
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Receipt Descrip	otion			
Full Name				
House #	Street Address		. ==-	
1 × 2. × 1		State	Zip	Date [MM/DD/YYYY] 8

SCHEDULE (

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: 8	33926470		
1. UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VALUE ()F \$ 50.00 OR LESS P	ER CONTRIBUTOR
TOTAL for the reporting period	(1)	8	NA.
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01 TO	3250.00 (FROM PAR	TF)
TOTAL for the reporting period	(2)	8	
3. IN-KIND CONTRIBUTION RECEI	VED-VALUE OVER \$ 250.00 (FROM PART G)	
TOTAL for the reporting period	(3)	8	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)	NS DURING THIS REPORTING om boxes 1, 2, and 3; also er	ster .	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$ 250

Filer Identification Number:		 •	
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				D-1- (1414 (DD)0000
Full Name of Co	ntributor			Date [MM/DD/YYYY] 8
				100
House #	Street Address			Date [MM/DD/YYYY] 8
City	i	State	Zip Code	Date [MM/DD/YYYY] 8
Employer Name) Nastralijas (1900.)			Occupation
	ng Address / Principal			Description
Place of Busines			·	of Contribution
Full Name of Co	ntributor			Date [MM/DD/YYYY]
House #	Street Address			Date [MM/DD/YYYY] 8
ALC: 1		State	Zip Code	Date [MM/DD/YYYY] 8
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Employer Name				Occupation
	ng Address / Principal	73 - T	· · · · · · · · · · · · · · · · · · ·	Description
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Full Name of Co	Intributor			Date [MM/DD/YYYY] 8
House #	Street Address			Date [MM/DD/YYYY] 8
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City		State	Zip Code	Date [MM/DD/YYYY] \$
선생용의 학자 최고 조건 (17)		To the second second		
Employer Name				Occupation
Employee Maili	ng Address / Principal			Description
Place of Busine				of
		.A		Contribution
Full Name of Co	intributor	i de la companya di sanggaran di Sanggaran di sanggaran di sangga		Date [MM/DD/YYYY] 8
House #	Street Address			Date [MM/DD/YYYY] 8
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City		State	Zip Code	Date [MM/DD/YYYY] 8 .
Employer Name				Occupation
Employer Maili	ng Address / Principal	- N	A Company of the Comp	Description
Place of Busine				Of
				Contribution

SCHEDULE II Part f

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	20291.14
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Full Name of Contribu	itor		·	Date [MM/DD/YYYY]	8 21 1	
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Statement of Expenditures

Filer Identification Number:				
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House # 5148-	Street Address	State L		Description of Expenditure
City Erico		State Pa	Zip Code 16589	Busines Caros
To Whom Paid				Date [MM/DD/YYYY] \$
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City		State	Zip Code	And the state of t
To Whom Paid				Date [MM/DD/YYYY] 8
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City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] 8
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House #	Street Address			Description of Expenditure
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				Exert Fanal SN 1111
	Street Address		The state of the s	Description of Expenditure
City		State	Zip - : - '	
			Code	

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:	6374V 471		
	83726970	•	

Name of Creditor				Outstanding Balance of Debt
	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	8
City		State	Zip Code	NA
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of Debt			,	
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	8
City		State	Zip Code	
Description of Debt		W		
Name of Creditor	:			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	8
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City		State	Zip Code	
City Description of Debt		State		
		State	Code	Outstanding Balance of Debt
Description of Debt Name of Creditor	Street Address	State		Outstanding Balance of Debt
Description of Debt Name of Creditor House #	Street Address	State State	DATE DEBT INCURRED	
Description of Debt Name of Creditor House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
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Description of Debt Name of Creditor House # City Description of Debt Name of Creditor	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	•
Description of Debt Name of Creditor House # City Description of Debt Name of Creditor	Street Address Street Address		DATE DEBT INCURRED [MM/DD/YYYY] Zip Code DATE DEBT INCURRED	8 Outstanding Balance of Debt