ಗಳುರ	UFULL		ITICI VIII

# Commonwealth of Pennsylvania - Campaign Finance Report

		(Note:			st be clear ar	ıd legible.	. It shou	ıld be typed	<u>)                                    </u>			
Filer Identification Number		30014		ort Filed E ırk X)	By Candid	ate 1	X	Committee	To think		Lobbyist	
Name of Filing Comm Lobbyist	nittee, Ca	ndidate or	Tyler	Titus								
Street Address	e distriction (A)	A THE RESERVE	840 E	East 40th								
City	Erie	Maria Litra Chia and Assessment	341,		State	PA		Zip Code	16504			
Type of Report (Place	x under r	eport type)							<u> </u>			
1-6 <sup>th</sup> Tuesday 2- 2 Pre-Primary Pre-	Primary	3- 30 Day Pos Primary	of the chart courses will be	Tuesday lection	5- 2 <sup>nd</sup> Friday Pre- Election	的 Data NG BS PER SHARE PER		7- Annual	Special 2" Pre-Election	12-40 November 10-1995 530	Special 30 Day Post-Election	を見ると
Date Of Election (MM/DD/YYYY)		11/7/23	Year	Transcription of the second		Amendr Report	ment		Terminatio	on		
Summary of Receipts Expenditures	and the stands	From Date	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	To Date	CONTROL OF BHANKER SOM		en en sier	For	Office Use O	inly	on of the second second	
A. Amount Brought F		05 02 202 rom Last Repo		1	15/2023	15.00		10 A.	Erace with		e da la la la la companya da la	
B. Total Monetary Co (From Schedule I)		ns and Receipt	\$		103,12	1			•	<	28	
C. Total Funds Availa (Sum of Lines A and I	B)		\$	13,0	010.82						7023 JUN 12	
D. Total Expenditure: (From Schedule III)			\$	12 -	184.44					AFT		
E. Ending Cash Baland (Subtract Line D from	CARLOWAY SALCORED TO A CO	elistes 10 per sur sur sur sur sur sur sur sur sur su	\$		10	1		-	÷	(OC	•	
F. Value of In-Kind Co (From Schedule II)	Charles and the second	ns Received	\$	124	<u>. 38</u>	1				war.	₹ œ	
G. Unpaid Debts and (From Schedule IV)	Obligatio	ns constant of	\$	629	. 15	<u>.</u>				<b>2</b>	22	
Part 1- If this is a Commi	ittee renori	t treasurer sign (	hara ifti	nie ie a Car	Affidavit Se		- hara					
I swear (or affirm) that t	his report, i	including the att	ached sc	hedule: or	Saper, so the	best of my	n nere. knowled	ge and belief tr	ue, correct an	ıd complete	= 8	
Sworn to and subscribed		20 23	<del>_</del> ,	Compression Nu	Wealth of Penn III. J MONELLA! IN. Spring Carle Ca unission Expire	- Zu 81		Total of Person Subm			MITTON WALL THOM	
Signat	ture	necu <u>-</u>	<u>=</u>	П	sylvaria - Nota	<u> ,</u>	Tyle	Printed Name				
My Commission expires_	/2. MO.	18 200 DAY YR	24		Notary Sea ny Public ny Public ny Public ny Public	814 Area Code	<del>-</del>	4. Day	<u>31 - 455</u> time Telephor	23 ne Number	Notary Publisher 18	
Part II- If this is a report	of a <b>Candid</b>	ate's Authorizer	Commi	ttee, cand		iere.		<u></u>			7 K Z	
I swear (or affirm) that to amended.							ated any	provisions of t	he Act of June	: 3, 1937 (P.	L. 1333, NO.320)	as
Sworn to and subscribed	l before me	this:										
day of		20	_	1.	_		Sign	ature of Candid	late		<del>-</del>	
Signat	ure	***************************************	_	٠,١	_			Printed Name			<del></del> -	
My Commission expires_	MO.	DAY YR.		•		Area Code	_		ime Telephone	e Number	_	
								-41				

#### SCHEDULE I

## **Contributions and Receipts**

Detailed Summary Page

Filer Identification Number			
	7.020 4 000 14		
	2065011		

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	453.70
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	100 ST 1527 S	
Contributions Received from Political Committees (Part A)	\$	250.00
All Other Contributions (Part B)	\$	800.00
Total for the reporting period (2)	\$	1050.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
Total for the reporting period (3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	
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)	\$	1,503.70

#### 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

Full Name of Contributing Committee  LCFBTQ VICTOR Fund PAC  Street Address  Date [MM/DD/YYYY] \$ 250.0  House # Street Address  Date [MM/DD/YYYY] \$ 250.0  Full Name of Contributing Committee  House # Street Address  Date [MM/DD/YYYY] \$ 250.0  Date [MM/DD/YYYY] \$ 250.0  Date [MM/DD/YYYY] \$ 250.0  Full Name of Contributing Committee  Date [MM/DD/YYYY] \$ 250.0  Date [MM/DD/YYYY] \$ 250.0  Date [MM/DD/YYYY] \$ 250.0  Full Name of Contributing Committee  Date [MM/DD/YYYY] \$ 250.0  D	·
Committee  LCFBT Q VICTOR FUND PAC  05 /11/ av23  250.0  House # Street Address  Date [MM/DD/YYYY] \$  City Washington State DC Zip Code Zv005  Full Name of Contributing Committee  House # Street Address  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  House # Street Address  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$	
City Washington State Di Zip Code Z0005 Date [MM/DD/YYYY] \$  Full Name of Contributing Committee Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee Date [MM/DD/YYYY] \$	
City Washington State DC Zip Code Z0005  Full Name of Contributing Committee  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee	~ <b>`</b>
Date   Date   MM/DD/YYYY    S	
Date   Date   MM/DD/YYYY    S	
Full Name of Contributing Committee    Date [MM/DD/YYYY]   S	
Committee	
House # Street Address Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee Date [MM/DD/YYYY] \$  Full Name of Contributing Committee Date [MM/DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee	
Full Name of Contributing Committee    Date [MM/DD/YYYY]   \$	
Full Name of Contributing Committee    Date [MM/DD/YYYY]   \$	
Full Name of Contributing Committee  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee	
Committee    House #   Street Address   Date [MM/DD/YYYY]   \$	
House # Street Address Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee	
City   State   Zip Code   Date [MM/DD/YYYY]   \$  Full Name of Contributing   Committee   C	
Full Name of Contributing Committee  Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee  Date [MM/DD/YYYY] \$	
Committee	
Committee	
House # Street Address Date [MM/DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] \$	
Full Name of Contributing Date [MM/DD/YYYY] \$	
Committee	
House # Street Address Date [MM/DD/YYYY] \$	
City   State   Zip Code   Date [MM/DD/YYYY]   \$	
Full Name of Contributing Date [MM/DD/YYYY] \$	
Committee	
House # Street Address Date [MM/DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] \$	

#### **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 (dentification Number:	 			 and the second second second second	
TO THE PERSON AND THE					
TO DESCRIPTION OF THE PROPERTY					

Full Name of Contributor Beau M Whiteman	05/19/2023 100.00
House # Street Address 1350 Levis St NE	Date [MM/DD/YYYY] -\$
City State Zip Code	Date [MM/DD/YYYY] 5
Advantid for	Date [MM/DD/YYYY] \$
Full Name of Contributor Howard Pulchin	05/07/2023 100,00
House # 300 Street Address North End Avenue 11C	Date [MM/DD/YYYY] - \$
City New York City State NY Zip Code 10782	Date [MM/DD/YYYY] \$
Full Name of Contributor	Date [MM/DD/WW] \$
Darlene Ryan	05/06/2023 100 . 50 Date [MM/DD/YYY] \$
House # 11654 Street Address Martin Road	
City Waterford State PA 21p Code 1644	Date [MM/DD/YYYY] \$
Eul Name of Contributor	Date [MM/DD/YYYY] \$
Marlo Torrelli	05   05   2023   100.00
House # 4243 Street Address Fav go St	
City Eric State PA Zip Code 16510	Date [MM/DD/YYYY] \$
Full Name of Contributor. Alexander Rose	05/03/2023 50 .00
House #	05 (03/2023 50 '
8530 Lewis Rd	Short A primary trady. Place or regions 2 of Table 2 of
City Harboreveck State PA ZIp Code 16421	Date (MM/DD/YYYY) \$
Full Name of Contributor	0s 102/ 2023 100.00
	Date [MM/DD/YYYY] S
5110 3rd St NW	
Washing ton State DC Zip Code 20011	Date [MM/DD/YYYY] \$

#### 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:	
2013 0014	
2043 VIII	
等等的。	

Full Name of Contributor Vivginia Burger	05/07/ <b>201</b> 3 50.00
House # 148 Street Address E. 36th Street	Date [MM/DD/YYYY] \$
City Erie State PA Zip.Code 16504	Date [MM/DD/YYYY] \$
Füll Name of Contributor	Date [MM/DD/YYYY] \$
Stephanie Sedor	05/31/2023 100.00
House # Street Address Mingo Road	Date [MM/DD/YYYY] \$
City Wexford State PA Zip Code 15222	Date (MM/DD/XXYY) \$
Full Name of Contributor	Date [MM/DD/YYYY] \$ 250,00
Kara Crannell House# Street Address	05/02/2023 250 · Date [MM/DD/YYYY] 5
8706 Mayfair Dr	
City McKean State PA Zip Code 16426	Date [MM/DD/YYYY] \$
Full Name of Contributor	Date [MM/DD/YYYY] 2 \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor	Date [MM/DD/YYYY] 5
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY]\$

and a second of the second

e.

#### **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:		 				-
ine wentikabor numer.						
	20230014	•	•	*		- 1
	7045001	 				
		 			 	-

	<u> </u>			1900 Acres
Full Name of Contributing Committee			Date [MM/DD/\\\\)	
House #/ Street Address			Date [MM/DD/YYYY]	<b>S</b>
Clty	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee			Date [MM/OD/YYYY]	<b>\$</b>
House # Street Address			Date [MM/DD/XYYY]	5
City	State	Zip Code	Date (MM/DD/MYY)	\$ 1
Full Name of Contributing Committee			Date (MM/DD/YYYY)	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip:Code	Date (MM/DD/YYYY) *	<b>.</b> \$.
Full Name of Contributing Committee			DAGE (MM/OD/AYAA)	\$
House # Street Address			Date [MM/DD/Y/YYY]	5
City	State	Zip Code	Date [MM/DD/MYM]	\$
Full Name of Contributing Committee			Date [MM/00/XXXX]	\$
House # Street Address			Date (MM/DD/YYYY)	\$
City	State	Zip Code	Date [MM/DD/YYYY)	<b>5</b>
Full Name of Contributing Committee			Date (MM/DD/AWAY)	<b>\$</b>
House # Street Address		·	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/WYW]	<b>5</b>

# 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 Name			Occupation	
Employer Mailing Address / Principal Place of Business			Executive the state of the stat	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code. 🖫	Date [MM/DD/MYY] \$	
Employer Name  Employer Mailing Address /			Occupation	
Principal Place of Business Full Name of Contributor			-Date (MM/DD/YYYY) \$	<u> </u>
	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$	
House # Street Address				
Citý	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name  Employer Mailing Address /		· ·	Occupation	
Principal Place of Business  Full Name of Contributor			Date [MM/DD/YYYY] \$	
			Date [MM/DD/YYYY] \$	
House # Street Address				
CRy	State	Zip Code	Date (MIN/DD/YYYY) \$	
Employer Name  Employer Mailing Address /	The state of the s		Occupation	
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.

Hier Identification Num	oer.		····			
Full Name	25/2/8					
House #		et Address				
	Stree	at Address				
City Comments of the Comments				State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				1 - Control of the Co	■ Magazini 1, 1995, 1997 (1, 1997)	[See 2]
Full/Name						
House #	Stree	rt Address				
City				State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				p. 0.7 (2) (2) (2)	Emilia San Amerikan San San San San San San San San San S	
Full Name						
House #	Stree	t Address				
City (				State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		PH	7	_E36357 <i>88</i> 6		
Full Name				·		
House #	Stree	t Address				
City				State	Zip Code	Date [MM/DD/YYYY] 5
Receipt Description						<b>                                    </b>
Full Name						
	100	t Address				
City				State	Zip -Gode	Date [MM/DD/YYY] \$
Receipt Description				(新年的ACQTATE TORK 4-20)	<b>国外的</b> 现代的 6	. I (
Full Name						
	Street	Address				
City		A STORE TO STREET		State	Žip Code	Date [MM/DD/YYYY] \$
Receipt Description				Tenne denie ( vollovenie)	1:9:32/2:9:37:9:22/2·1	

#### **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 CONTRIBUTIONS RECEIV	D-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period (1)	\$	
2: IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF	\$50.01-TO \$250.00 (FROM PART F)	
TOTAL for the reporting period (2)	\$	
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVE	R \$250:00 (FROM PART G)	
TOTAL for the reporting period (3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS PERIOD (Add and enter amount totals from boxes 1, 2, a on Page 1, Report Cover Page, Item F)		

#### **SCHEDULE II** PART F

#### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250 Filer Identification Number: 20ん30014					
Filer Identification Number: 20430014	And the second second	<u> Paragonal de la granda de la composition della composition della</u>	VALUE OF \$50.01 TO \$250	 4	
	Filer Identification Number:	20130014		 	

Eul Name of contributors				
			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
Cry	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full! Name of Contributor			Date MM/DD/MYYY S	
	to the state of the	<u>. 15 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - </u>		
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution	######################################			
Full Name of Contributor	<b>约</b>		Date (MM/DD/VVVV) S	
	· .			
House # Street Address	, , , , , , , , , , , , , , , , , , ,		Date [MM/DD/YYMY] S	
City.	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution	Ž.		1 Mileson	
Full Name of Contributor			Date [MM/db//////] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City.	Sate	Zip Code	Date [MM/DD/YYYY] S	
Description of Contribution		Carlotte Control of the Control of t		
Full Name of Contributor	184 185		Date [MM/DD/YXYY] S	
di di	<u> </u>			
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] S	
Description of Contribution	Paraesessesses	[manyama and and and and and and and and and an		

# SCHEDULE II Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

			<u> </u>	 
Filer identification Number:		$(x_1, \dots, x_n) \in P_{n-1}(x_1, \dots, x_n) \cap P_{n-1}(x_n)$	200	
Filer Identification Number:	20220014			
	700014	 		 

Scull Name of Contributors		Date (MM/DD/AYAY)
House #. Street Address		Date [MM/DD/YYYM] \$
	State Zip Code	Date [MM/DD/YYYY] \$
City 4	State Zip Code	2335 (Jillay, 2007), 11.13
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor	·	Date (MM/DD/W/W)
House # Street Address		Date:[MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
		Occupation
Employer Name		Description
Employer Mailing Address / Principal Place of Business		of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
Full Name of Contributor  House # Street Address		Date [MM/DD/YYYY] \$
Hause # Street Address	State Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$
House # Street Address	State Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Occupation
House # Street Address  City  Employer Name  Employer Mailing Address / Principal Place of Business	State Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$
House # Street Address  City  Employer Name  Employer Mailing Address / Principal	State Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Occupation  Description  of  Contribution  Date [MM/DD/YYYY] \$
House # Street Address  City  Employer Name  Employer Mailing Address / Principal Place of Business	State Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Occupation  Description  of  Contribution  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$
House # Street Address  City  Employer Name  Employer Mailing Address // Principal // Place of Business  Full Name of Contributor	State Zip Code  State Zip Code	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Occupation  Description  of  Contribution  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$
Employer Name  Employer Mailing Address / Principal / Place of Business  Full Name of Contributor  House # Street Address		Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Occupation  Description  of  Contribution  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$

#### 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:	J	10023	14		N et e	, a	e.	1 2 - 14 - 1 - 1	1 , A	

Name of Creditor	Deliver Strategies, LLC	Outstanding Balance of Debt
House:# Stre	Deliver Strategies, LLC  et Address P.O. BOX 100970  [MM/DD/YYY]  04/03/2023	629.75
City		
Description of Debt	Arlington VA Code 22210  Balance of Mailer Services	
Name of Creditor		Outstanding Balance of Debt
House # Stre	et Address  DATE DEBT (NCURRED  [MM/DD/YYYY]	
City	State Zip Code	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
House # Stree	et Address DATE DEBT INCURRED [MM/DD/YYYY]	
City	State Zip Code	
Description of Debt		and the second s
Name of Crediton		Outstanding Balance of Debt
	et Address DATE DEBT INCURRED [MM/DD/XYXY]	
Gity The part of the control of the London	State: Zip Code	A44
Description of Debt.		
Name of Creditor		Outstanding Balance of Debt
House# Stre	et Address  DATE DEBT INCURRED  [MM/DD/YYYY]	
City	State Zip Code	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
	et Address DATE DEBT INCURRED [MM/DD/YYYY]	
City	State Zip Code	
Description of Debt	[日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本	2001

# SCHEDULE III Statement of Expenditures

Filer Identification Number:	the second second second second	the second second second second		
	20230014			
	XU			
CONTRACTOR CONTRACTOR AND CONTRACTOR			 	

To Whom Paid			Date [MM/DD/YYYY] \$	
beliver	Strategles	LLC	05/03/2023	6.151.94
House # Street Address	P.O. BOX 100	ηθηφ	Description of Expenditure	
Arlington	State VA	Zip Code 222)D	Mailer	
To Whom Paid			Date [MM/DD/YYYY] \$	
Deliver	Strategies	, LLC	06/03/2023	6500
House # Street Address	P.O. BOX 10	0970	Description of Expenditure	
Arlington	State VA	Zip Code 33310	Mailer	
To Whom Paid	<u> </u>		Date (MM/DD/XXXX) \$	
	awford Cen		05/12/2023	/25.00
House # 32 Street Address	West 8th	Ste 502	Description of Expenditure	
env. Erie	State PA	Zip. Code 16501	Sponsorship +	4d
To Whom Paid	(.		Date (MM/DD/YYYY) \$	- 0
PNC Bar	1K		05/26/2023	7.50
**************************************	Fifth Avenu	ie	Description of Expenditure	
Pitsburgh	State PA	Zip	Bank Fee	
To Whom Pald			Date [MM/DD/YYYY] \$	5
House # Street Address			Description of Expenditure	
City :	State	Zip Code	The second secon	
To Whom Paid			Date [MM/DD/YYYY] \$	
House # Street Address			Description of Expenditure	en e
City	State	Zip Code		
To Whom Paid		:	Date (MM/DD/YYYY) \$	
House # Street Address			Description of Expenditure	er en er
Gity	State	Zip Code		
To Whom Paid			Date [MM/DD/YYYY] \$	
House # Street Address	· · · · · · · · · · · · · · · · · · ·		Description of Expenditure	
City	State	Zip Code		