Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By Candid (Mark X)	late X Co	mmittee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	HEATH	R FAIN	CETT	
Street Address	U2103 ST	TE ING	ERD.	101
city ALBION	State	PA	Gode ILOL	HOI
Type of Report (Place x under report type)		,		
1-6 th Tuesday 2-2 rd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	4-6 th Tuesday 5-2 nd Friday Pre-Election Pre-Election		Annual Special 2 nd Frida Pre-Election	y Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY) 11-17-23	Year	Amendment Report	Termination Report	
Summary of Receipts and From Date Expenditures 0-6-2	To Date 3 10-23-22	5	For Office Use Only	
A. Amount Brought Forward From Last Repor	50 00 00 00 00 00 00 00 00 00 00 00 00 0			
B. Total Monetary Contributions and Receipts (From Schedule I)	\$			
C. Total Funds Available (Sum of Lines A and B)	\$			
D. Total Expenditures (From Schedule III)	\$ 44h. 24		M23 OCT 26	
E: Ending Cash Balance (Subtract-Line D from Line C)	\$	1	المديدة خطودا. حديدي (أي أ)	
F. Value of In-Kind Contributions Received	1963年 	1	7 7 2:	
(From Schedule II) G. Unpaid Debts and Obligations	\$	1	ATION 2: 0 5	
(From Schedule IV)	ν QAffidavit			
Part 1- If this is a Committee report, treasurer sign has I swear (or affirm) that this report, including the atta	sched schedue son paper, sto th	candidate sign here. e best of my knowledge a	and belief true, correct and com	plete.
Sworn to and subscribed before me this	149 E018	(XID DIA	1. Harama	A/
ay of October 20 23	msviyania - i. Notary Pu Zounty res Decemi umber 1422 Association	Signature of P	erson Submitting report	W.
Signature	Erle C Frie C Non n.	TIEMY	finted Name	 7;
My Commission expires $12 - 02 - 24$	monwealth of Per Sue Shërmeid Sue Shërmeid Ommission expi Commission n	014	444-87	<u>(V)</u>
MO. DAY YR	(<u> </u>	Area Code	Daytime Telephone Nur	miner
Part II- If this is a report of a Candidate's Authorized I swear (or affirm) that to the best of my knowledge amended.	l Committ िह , candi <u>र्ध</u> ्यरe श्रीह्वा। sign and belie t this political dom mitte	here. e has not violated any pro	ovisions of the Act of June 3, 19	37 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this				
day of20	- 1	Signatu	re of Candidate	
Signature	_		nted Name	
	. 1			
My Commission expires	<u> </u>	Area Code	Daytime Telephone Num	nber

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

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 Part A and Part B)		3 7 7 7 8 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	
Contributions Received from Political Committees (Part A)		\$	
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)	y Přísov ²	\$	and the second s
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
	Yazis		Į.
1. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E	4. Project		· <u>表现,1945年6月,1955年6月,195</u> 年2月,1957年,1958年,1958年,1958年,1958年,1958年,1958年,1958年,1958年
b. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E Total for the reporting period	(4)	\$	

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.

					Amount
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] 4 5	
		ुर्द <u>्धाः स्था</u> तस्थानस्था	- Carrier and a Carrier and a		
City (1)		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor	ntributing	Sychology (400 (400 HEQ. 2)	Date [MM/DD/YYYY] 5	
Committee					
House #	Street Address			Date [MM/DD/YYYY] 4 5	
		**************************************	Processing and Company of the State of the S		
Gity		State	Zip Code	Date [MW/DD/YYYY] \$,
Full Name of Cor	ntributing	ng a carregge at \$45.5		Date [MM/DD/YYYY]	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	<u> </u>
	2, can 1145	The second	The second secon		-
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor	ntributing	3000 100 Table		Date [MM/DD/YYYY] \$	
Committee				100	
House #	Street Address			Date [MM/DD/YYYY] 46 US	
		COLUMN	716 623 600	Date [MM/DD/YYYY] 3 S	1
Gity	\.*	State	Zip Code	Sate (WWW/DB/YYYY) S	
Full Name of Cor	ntributing 4.1	्र व प्राप्तिक किल्कि	y ang sa sang na na sang Sang Mangalah Sang	Date [MM/DD/YYYY] \$	
Committee	20 20 20 20 20 20 20 20 20 20 20 20 20 2				M
House #	Street Address			Date [MM/DD/YYYY] \$	3 3 1
City	i i	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor	ntributing		學會發展大學的學樣等	Date [MM/DD/YYYY] \$	
Committee	120 Co., 40 Spilat - 120			75 mm / 1	
House #	Street Address			Date [MM/DD/YYYY] \$	Ċ.
				10 mm	
City		State	Zip Code	Date [MM/DD/YYYY] S	
	<u> </u> _a	Language			

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:

Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address	-		Date [MM/DD/yyyyy]	\$5
City.	State	Zip Code	Date [MM/DD//YYYY]	353
Full: Name of Contributor	Information and or any	12-7071_SE2000/24 ener-settoque e	Date (MM/DD/YYYY)	\$\$X
House's Street Address			Date (MM/DD/XXXX)	<u>\$</u>
Gity	State	Zip Code	Date [MM/DD/YYYY]	
		The state of the s		
Füll Name of Contributor			Date [MM/DD/YYYY)	
House # Street Address			Date [MM/DD/YYYY)	\$
(City)	State	Zip Code.	Date [MM/DD//Y/Y/]	\$5
Full Name of Contributor/	3.66.2.13(1997); 1445,1746. [在50万里的6额40ga在前20ga,用	Date [MM/DD/YYYY]	
House# Street Address			Date [MM/DD/YYYY]	\$
City.	State	Zip Code	/Date [MM/DD/YYYY]	3
Full-Name of Contributor	[2] Menting State and Alberta	ANNOUNCE AND THE COLUMN TO THE		S
House # Street/Address			Date [MM/DD/YYYY)]	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Gity.	State	Zip Godë	Date [MM/DD/XYYY]	\$
Full Name of Contributor.			Date (MM/DD/YYYY)	\$
House# Street Address			Date [MM/DD/YYYY]	. S
City	State	Zip Code	Date [MM/DD/YYYY]	

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

FulliName of Contributing Committee:			Date:[MIM/DD///MY/] }	
House(# Street Address			Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/WWW]	
Fully Name of			Dates(MIXI/Db/AWW);	
Contributing Committee			ACCOUNT OF THE PARTY OF T	
THouse # Street Address			Date [MM/DD/XXYY]	
(city	State	Zip Code	Date (MM/DD/YYYY)	
Full Name of Contributing Committee			Date(IMM/DD/AWW)	
House# Street Address			Date [MM/DD/MYYY]	
<u>Clivy w</u>	State	Zip Code	Date [MM/DD/YYYY]	
Euli Name of Contributing Committee			Date MM/DD/MMM ;	
House # Street Address			Date [MM/DD/YYYY]	
CITY	State.	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee			Date [MM/DD/YYYM]	
House # Street Address			Date [MM/DD/MYYY]	
City:	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee				5
House # Street Address			Date [MM/,DD/,YYYY]	5
Cliv	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 Num	ber A			· · · · · · · · · · · · · · · · · · ·	
Full Name of Contrib	utor .			Date[MM/DD/YYYY]	
House#	Street Address			Date [MM/DD/YYYY]	
				The state of the s	
Gity.		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	AFACCZ/			Occupation'	
Principal Place of Bus	iness			4Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
Gity.		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Add				Occupation	
Principal Place of Bus	iness				
Full Name of Contribu				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] S	·
Gity		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Mailing Add Principal Place of Bus	iness				
Full Name of Contribu				Date [MM/DD/YYYY) \$	
House #	Street Address			Date [MM/DD/YYYY] S	
City		State	Zip.Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Ado	iress /			Occupation	
Principal Place of Busi					

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.

Full Dames	
House(#) SweenAddicss	
City State Zip Date MM/DD/XXXVI S	
िकां है। सिक्यमुंहर मिक्क्ष्यत्वित्रां का	
Full:Name	
City Street/Additions State Zip Dete MIN//DD/AAAA \$1 Code Cod	
Code Date MIV/DD/AAAA State Code	
Gulpvance	
House# Street Address	
Code:	
Grounce	
House# Street Address State Zip Date [MM/DD/AYYY] \$	
Street Address State Zip Date MM/DD/AYYY State Code	_
Full Name.	
Flouse# Street Address Gis/ Zip Date [MM/DD/YYYY] S	
Gity State Zip Date [MM/DD/YYYM] S Gode Receipt Description	
Full-Name	
House# Street Address State Zip Date [MM/DD/YYYY] \$	
Gity State Zip Date [MM/DD/YYY] \$ 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:				
MESSAGE ESTRUMENTAL MIDERATINS DANGERON MAN				
1 WINTEMIZED IN KIND CONTRI	BOITONS/RECEIVED VA	LUEUR SSUULUR LESS	FER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		_
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	1/TO \$250.00 (FROM PA	RTE)	
TOTAL for the reporting period	(2)	\$		
3. AN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250	DOO (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
L				
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from		1 ' 1		
on Page 1, Report Cover Page, Item F)	om boxes 1, 2, and 3, a	also criter		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Notification N	umbe i				
	<u> </u>		<u> </u>		
Eull Name of Com	ilbutor.		******	(Date(MM/DD/AYAA)) \$	
House#	Street Address			Date [MM//DD//WYY//ii	
(Gtty)		Staté	Zip Code	Date(IMM/DD/YYYYY)	
Description of Con	tribution				
Fill Name of Gont				Date (MM//DD//YYYY); S	
House#	Street Address	Name and American		Date [MM/DD/XYYY] \$	
City.	irvain a industrie allactes (Southern average Last) a schematical	State	Zip Code	Date [MM/DD/XYYX] \$	
Description of Con	tribution .				
Full Name of Conti				*Date [MM/DD/YYYY]	
#House#	Street Address	(Ships and Wallson)		Date [MM/DD/XYXXI] \$	
City Description of Con	Prisidelan	State	Zip Code	Date [MM/DD/YYYY] \$	
		Al .			
Full Name of Conti				Date [MM/DD/(YYYY)]	
House#	Street Address			Date [MM/DD/YYYY/] \$	
City Description of Con	• ALIKIT • FOR A STATE OF THE S	State	Zip Gode	Date [MM/DD/YYYY] S	
基準整備工作					
Full Name of Contr				Date [MM/DD/XYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City.	<u>स्तर्थक विकेशास्त्र कार्यक्रियाः स्त्र</u> स्वाप्त स्वाप्त स्वर्णस्य स्वाप्त स्वाप्त स्वाप्त स्वाप्त स्वाप्त स्वाप्त	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Con	tribution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number			
Full Name of Contributo	X		Date [MM/DD/XXYY] \$
House # Si	rreet Address		Date [MM/DD/YYYY] \$
Gity.	State	Zip Code	Date [MM/DD/YYYY] S
Employer Name	(A. (1997)	35mm 1952 2002 00 (1960 00 (Occupation (Company)
Employer Mailing Addre Place of Business	ss // Principal		Description of Contribution
Full Name of Contributo			Date [MM/DD/XYYY]
House# St	reet Address		Date [MM/DD/YYYY]
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Addre Place of Business	ss / Principal		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
	reet Address		Date [MM/DD/YYYY] \$
Gity	State	Zip.Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Addres Place of Business	ss / (Principal		Description of Contribution
Full Name of Contributor			Date:[MM/DD/YYYY] S
	eet Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Addres Place of Business	is / Principal		Description of Contribution

Statement of Expenditures

Filler dentification Number	 	

no who marked IMPRI	NT. COM		Date [MM//DD/AYYYY]	344,24
House# Street Address	4550 BEE	CHNUT ST.	Description of expenditure	
HOUSTON	State TX	code 71083	YARD SI6	NS
Trownow Pale, TURE	EBUTTONG	S. COM	Date [MM//DD/AYAYA]	52,00
House # Street Address	2991 INTE	RSTATE PKW	Description of Expenditure	
BRUNSWICK	State 0十	200 44212	BUTTONS	S/PING
Tio Whom Paid			*Date [MIN/DD/M/M] * \$	1
House:# Street-Address			Description of Expenditure	
City/	State	Zip Code ¹¹ 1		
IIIô Whom Paid			Date [MM/JDD/AYYY4] S	
House # Street Address			Description of Expenditure	
(Gity)	State.	Zip Code		
no Whom:Paid			Date [MM/DD/AYAYA] S	
THOUSE #. Street Address			Description of Expenditure	
City	State	Zip Code		
Tro Whom Paid			Date [MM/DD/WYYY] S.	
House# Street Address			Description of Expenditure	
(City)	State	Zip (Code		
To Whom Paid			Date [MM/DD/YYYY] \$	
House# Street Address	Total March Cody	In the second second	Description of Expenditure	
iGity Mary	State	Zip Code		
To Whom Paid			Date [MM/DD/YYYY] \$	
House # Street Address			Description of Expenditure	
Crty	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			
Name of Creditor			Outstanding Balance of Debt
#House #	et Address	DATE DEBT-INCURRED.	
Gity Description/of Debt	State	'Zip' Code	
Nemreo/regeditor			Outstanding Balance of Debt
大型。11 10.34 化并积 型。22.3 4	et/Address	DATE DEBT INCURRED [MM/DD/YYYY]	#\$.
Description of Debt	State	Zip Code	
Name of Greditor			Outstanding Balance of Debt
	et Address	DATE DEBT INCURRED	\$
City Description of Debt.	State	Zip Code	
Name of Creditor	et Address	DATE DEBT INCURRED	Outstanding Balance of Debt
		[MM/DD/YYYY]	
Description of Debt	State	Zip Code	
Name of Greditor			Outstanding Balance of Debt
House# Stre	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City . Description of Debt	State	Zip' Code	44
Name of Creditor			Outstanding Balance of Debt
House # Stree	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	.
City. Description of Debt	State	Zip Code	