

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year		Amendment Report	Termination Report		
11/07/2023		2023					<input checked="" type="checkbox"/>

Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only
M.S.V.		08/16/23	10/23/23	
A. Amount Brought Forward From Last Report			\$ 0.00	
B. Total Monetary Contributions and Receipts (From Schedule I)			\$ 0.00	
C. Total Funds Available (Sum of Lines A and B)			\$ 0.00	
D. Total Expenditures (From Schedule III)			\$ 277.72	
E. Ending Cash Balance (Subtract Line D from Line C)			\$ 0.00	
F. Value of In-Kind Contributions Received (From Schedule II)			\$ 0.00	
G. Unpaid Debts and Obligations (From Schedule IV)			\$ 0.00	

2023 OCT 23 PM 2:14  
 FREE COUNTY  
 VOTER REGISTRATION

Part I- If this is a <b>Committee</b> report, treasurer sign here. If this is a <b>Candidate's</b> report, candidate sign here. I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this <u>23</u> day of <u>October</u> 20 <u>23</u> <u>Sue Sheffield</u> Signature		Affidavit Section Notary Public Erie County Commission expires December 2024 Commission number 1424443 Pennsylvania Association of Notaries		<u>Michael D. Orr</u> Signature of Person Submitting report <u>Michael D. Orr</u> Printed Name <u>814</u> Area Code <u>756-5526</u> Daytime Telephone Number	
My Commission expires <u>12-02-26</u> MO. DAY YR.					

Part II- If this is a report of a <b>Candidate's Authorized Committee</b> , candidate's authorized committee 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	
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**Part A and Part B)**

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)	\$	
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 <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	

**7. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 TO \$250.00 (FROM PART E)**

TOTAL for the reporting period (2)	\$	
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**3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART E)**

TOTAL for the reporting period (3)	\$	
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TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$	
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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 Committee					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 Committee					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]	\$		

House#		Street Address		Date [MM/DD/YYYY]	S
City		State		Date [MM/DD/YYYY]	S
Full Name of Contributor				Date [MM/DD/YYYY]	S
House#		Street Address		Date [MM/DD/YYYY]	S
City		State		Date [MM/DD/YYYY]	S
Full Name of Contributor				Date [MM/DD/YYYY]	S
House#		Street Address		Date [MM/DD/YYYY]	S
City		State		Date [MM/DD/YYYY]	S
Full Name of Contributor				Date [MM/DD/YYYY]	S
House#		Street Address		Date [MM/DD/YYYY]	S
City		State		Date [MM/DD/YYYY]	S
Full Name of Contributor				Date [MM/DD/YYYY]	S
House#		Street Address		Date [MM/DD/YYYY]	S
City		State		Date [MM/DD/YYYY]	S
Full Name of Contributor				Date [MM/DD/YYYY]	S
House#		Street Address		Date [MM/DD/YYYY]	S

House #		Street Address		Date (MM/DD/YYYY)	\$
City		State		Zip Code	
House #		Street Address		Date (MM/DD/YYYY)	\$
City		State		Zip Code	
Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$
House #		Street Address		Date (MM/DD/YYYY)	\$
City		State		Zip Code	
Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$
House #		Street Address		Date (MM/DD/YYYY)	\$
City		State		Zip Code	
Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$
House #		Street Address		Date (MM/DD/YYYY)	\$
City		State		Zip Code	
Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$
House #		Street Address		Date (MM/DD/YYYY)	\$
City		State		Zip Code	
Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$
House #		Street Address		Date (MM/DD/YYYY)	\$

City		State		Zip Code		Date (MM/DD/YYYY)	S
Employer Name					Occupation		
Employer Mailing Address // Principal Place of Business							
Full Name of Contributor					Date (MM/DD/YYYY)		S
House #		Street Address			Date (MM/DD/YYYY)		S
City		State		Zip Code	Date (MM/DD/YYYY)		S
Employer Name					Occupation		
Employer Mailing Address // Principal Place of Business							
Full Name of Contributor					Date (MM/DD/YYYY)		S
House #		Street Address			Date (MM/DD/YYYY)		S
City		State		Zip Code	Date (MM/DD/YYYY)		S
Employer Name					Occupation		
Employer Mailing Address // Principal Place of Business							
Full Name of Contributor					Date (MM/DD/YYYY)		S

Receipt Description										
Full Name										
House#		Street Address								
City				State		Zip Code			Date [MM/DD/YYYY]	S
Receipt Description										
Full Name										
House#		Street Address								
City				State		Zip Code			Date [MM/DD/YYYY]	S
Receipt Description										
Full Name										
House#		Street Address								
City				State		Zip Code			Date [MM/DD/YYYY]	S
Receipt Description										
Full Name										
House#		Street Address								
City				State		Zip Code			Date [MM/DD/YYYY]	S
Receipt Description										



City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution								
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
Phone #	Street Address					Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution								
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
Phone #	Street Address					Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution								
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
Phone #	Street Address					Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution								
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
Phone #	Street Address					Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution								
Full Name of Contributor						Date [MM/DD/YYYY]	\$	

City		State		Zip Code		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		
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		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	

House #		Street Address		Description of Expenditure	
City		State		Zip Code	
To Whom Paid				Date [MM/DD/YYYY]	\$
House #		Street Address		Description of Expenditure	
City		State		Zip Code	
To Whom Paid				Date [MM/DD/YYYY]	\$
House #		Street Address		Description of Expenditure	
City		State		Zip Code	
To Whom Paid				Date [MM/DD/YYYY]	\$
House #		Street Address		Description of Expenditure	
City		State		Zip Code	
To Whom Paid				Date [MM/DD/YYYY]	\$
House #		Street Address		Description of Expenditure	
City		State		Zip Code	
To Whom Paid				Date [MM/DD/YYYY]	\$
House #		Street Address		Description of Expenditure	
City		State		Zip Code	
To Whom Paid				Date [MM/DD/YYYY]	\$

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]			\$		
City	State			Zip	Code				
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]			\$		
City	State			Zip	Code				
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									