Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number Name of Filing Committee, Candidate or Lobbyist	Report Filed By (Mark X) CONN HEZ	Candidate = TO ELECT	Committee X Ellow Scheceomore	Lobbyist			
Street Address	4721	Sahmort	Lie				
City Fine	1000	State Ds	Zip Code /6503				
Type of Report (Place x under report type)							
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Pos Pre-Primary Pre-Primary Primary	名目:1、2000年1日 2月 2月 2月 2月 2月 2月 1日 2月 1日 2月	2 nd Friday 6-30 Day P 2- Election Election	ost 7- Annual Special 2 nd Frid Pre-Election	ay Special 30 Day Post-Election			
Date Of Election (MM/DD/YYYY) ii/7/48	Year Ze	Amendmer Report	nt X Termination Report				
Summary of Receipts and From Date Expenditures		- 23	For Office Use Only				
A. Amount Brought Forward From Last Repo	n 5 5	8.21	entre de la companya	6 4			
B. Total Monetary Contributions and Receipt (From Schedule I) C. Total Funds Available (Sum of Lines A and B)	\$ 3,55	8.21	전 변 교 교	2023 OCT 21			
D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C)	\$ 3,500	5- 5.21					
F. Value of In-Kind Contributions Received (From Schedule II)	\$		7 2: 29				
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 700	1 -					
	em yo	A fidavit Section	-				
Part 1- If this is a Committee report, treasurer sign I swear (or affirm) that this report, including the att Sworn to and subscribed before me this July day of the property of a Candidate's Authorize	Rela L. Watson, Notary Public Erie County Erie County Rission expires Dacember 2. Symmission number 1425503 Pennsylvania Association of Not odd	i, is to the best of my known in the search of Pennsylvania - Notary	powledge and belief true, correct and constitution of Person Submitting report Printed Name Daytime Telephone N				
I swear (or affirm) that to the best of my knowledge and belied this bolitical momittee 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 All day of October 20 33 Signature My Commission expires 12 24 34 303 MO. DAY YR.	Mangela L. Watson, Notary Public - Erie County - Expire County - Expire December 2 Commission humber 1425503 - Member, Pennsylvania Association of No	8 U Area Code	Signature of Candidate Printed Name 393-36 Daytime Telephone Nu	namber			

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.

(株) (1875年 - 1875年) (1876年) (1876年) (1876年) (1876年) (1876年) (1876年) (1876年) (1876年)				
Filer Identification Number:	4-2850	397_		
在现代的特殊的一种企业的企业的企业。				
Full Name of		Carl part To	Date [MM/DD/YYYY]	
Contributing Committee	1.		Date IVIVIDUAL FIRM	
	no Laury	4 L &	(/26/23	1,000
House # Street Address	0, 2.	. 7	Date [MM/DD/YYYY]	<u> </u>
	(10 DE	× 9610		
GitV	State		Date [MM/DD/YYYY]	
Euie .	PA PA	1650	17.200.18000000000011.000-54年6787-5954900001140-541725-555-550	
Full Name of	7	Security of displaying and security security and security	Date [MM/DD/YYYY]	
	epublican	70	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	22
House # Street Address	> Ot Cour	UTY COMPOSS 100	Ser Commission	
· · · · · · · · · · · · · · · · · · ·	Chelse	= / 000	Date [IMM/DD/YYYY]	7 3
123		_	10/2/23	2,020
Gity	State	Zip Code 15/8	Daté [MM/DD/YYYY]	1 5
CANCASTER) A	1160	4	
Full Name of	***	· ··	Date [MM/DD/YYYY)	188
Contributing Committee				
House# Street Address	<u> </u>		Date [MM/DD/YYYY]	\$
			Bit is a consistent and an advantage of the constraint of the cons	
City	State	Zip Code	Date [MM/DD/YYYY]	
		210 5005	THE PARTY OF THE P	\$
Full Name of			Date [MM/DD/YYYY]	\$ \$ 1
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
Chy	State	Zip Code	Date [MM/DD/YYYY]	\$
Füll Name of			Date [MM/DD/YYYY]	15
Contributing Committee				
House # Street Address		,	Date [MM/DD/YYYY]	1833 1853
	Introduction of transport	me the state of the control of the c	po hogeno, na est applicant and some	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		•	Date [MM/DD/YYYY]	* \$
House # Street Address			Date [MM/DD/YYYY]	S
				1.00 mg
*City##	Crara	ですは今点は400歳以	Data [8464/DD/WWW]	(2016) (4026)

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 Number:	84-2850392	
Full Name of Contributor	Committee to Exect	Date [MM/DD/YYYY]
	DANIEL Loughlie	1000
House # Street Addres	(Po. 9610	Date [MM/DD/YYYY] \$ -10/2/23
GitV. Ene	State A Zip Gode 1650	Date [MM/DD//YYYY] \$
Employer Name		Occupation STATE SENATOR
Employer Mailing Address / Principal Place of Business		
Full Name of Contributor Pa	Republican Concus of	Date [MM/DD/YYYY] \$ 2,000
123	ChelsEA LOOP	
CHY LANCASTEN	State D4 Zip Code 1760Z	Date [MM/DD/YYYY] 3
Employer Name		Occupation
Employer Mailing Address // Principal Place of Business		
Full Name of Contributor	New Schenerman	Date [MM/DD/YYYY] \$ 500 -
House # JYZO Street Addres	Millfair Ane	Date [MM/DD/YYYY] \$
Ene	State Pa Zip, Code 16505	Date [MM/DD/YYYY] \$
Employer Name		Occupation RETIRES LN
Employer Mailing Address / The		

Zip Code

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Occupation

Full Name of Contributor

Employer Name

Employer Mailing Address / Principal Place of Business

Street Address

State

House #

City

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	84-	2850392			
		Augustus (1995年 東京 1995年 - 1995年	School as project	ese memberments, live (March no N 1988 - 1989).	Managara (Managara)

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor.		
Total for the reporting period ((1)	\$ _ 0 -
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ -0-
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)		\$ Z,000
All Other Contributions (Part D)		\$ 1,000
Total for the reporting period ((3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	7 (2) (1)	
Total for the reporting period ((4)	\$ 3,0000
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, Repo Cover Page, Item B)	ort	\$

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:	84-2850	0392		
1 UNITEMIZED IN KIND GON	TRIBUTIONS RECEIVED VALU	JE OF \$50,00 OR LESS	PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	-0-	
Families of the 2 through a section of the 10 through a section of through a section of through a section of the 10 through a section of the 10 through a section of through a section o				0%. 2013. ************************************
2. = IN-KIND GONTRIBUTIONS	RECEIVED VALUE OF \$50:01	TO \$250 00 (FROM PA		
TOTAL for the reporting period	(2)	\$	-6-	
Para Social New Indicant plant in Nich	egeivedevalue over \$250)	OOYEDONA'BADIT/O\		
3: IN-NINDAGON MIBURION N		OUT THE MITTAL STATE		
TOTAL for the reporting period	(3)	\$	-0-	i
TOTAL VALUE OF IN MAID CONTRIB	TIONS DUBING THE BEROR	TING ¢		
TOTAL VALUE OF IN-KIND CONTRIBL PERIOD (Add and enter amount total			-0-	
on Page 1, Report Cover Page, Item	F)			

Statement of Expenditures

				Distriction of the second seco	afetra vilsid
To Whom Paid	REPUBL	can Ares	y OF BA.	Date [MM/DD/YYYY] 10/16/23	3,500-
House # 112	Street/Address	State St.		Description of Expendit	ure L
	BURG	State (J)	Zip Code /710/	DONATI	ON
No Whom Paid				Date [MM/DD/XYYX]	15
House #	Street Address			Description of Expendite	ure P
Gity [[]		State	Zip Gode		
ToWhom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ure)
Gity		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ure
Gty :		State	Zip (Gode		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ure .
City		State	Zip Code		
To Whom Paid				Date [MM/DD/XYYY]	\$
House #	Street Address			Description of Expendit	ure a
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	
House #	Street Address			Description of Expendit	ure in the second secon
City		State	Zip / Code		
To Whom Paid			,	Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ure
Gity		State	Zip Code	The state of the s	

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 Num	84-2850392		
Name of Creditor	Ellow Schauer	nas	Outstanding Balance of Debt
House # 1820	Street Address m./1CArr Hoe	DATE DEBT INCURRED [MM/DD/YYYY] /0/14/2673	500-
City	Free Da State	71 Zip /6_505 -	.
Description of Debt	ST LOAN TO G	MMITTETO ELE	ET Elseveros
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/XYYY]	\$
City Comments of the Comments	State	Zip (Code	an and a second and
Description of Debt			
Name of Creditor		I married to a long to the second of the sec	Outstanding Balance of Debt
PHouse #	Street Address	DATE DEBT INCURRED	
City	State	Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYYY]	\$
City	State	Zip Code	
Description of Debt		1. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	504 A. T
Name of Creditor		HANDON TO THE POST OF THE POST	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$

State

State

Zip Code

DATE DEBT INCURRED

[MM/DD/YYYY]

Zip Code Outstanding Balance of Debt

City

House #

City

Description of Debt

Name of Creditor

Description of Debt

Street Address