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

Filer Identification Number	Report Filed By (Mark X)		te X	Committee		Lobbyist
Name of Filing Committee Candidate or Lobbyist	EIIEN	5CH1	4uERM1	4N	() 建新加加 (2025) 24 [Peritali rabe ena 2004
Street Address	1820	Mil	LFAIR	RD		
CINY ERIE		State	PA	Zip Code	16505	
Type of Report (Place x under report type)						
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Primary Primary	F801-1010 (4.64 %) 45-3 (4.14 H) 3	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY) No. 7	Year	□	Amendment Report		Termination Report	
Symmary of Receipts and From Date Expenditures		3-33		For	Office Use Only	
A. Amount Brought Forward From Last Report	\$	19.25	agus kug grand legel i	<u>af - Ale ear tuif Ne Audi</u>	<u>a or in a isanaan ar ilin kaga er</u>	・16時に、 多力・結構機構機能があり。
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ \$	-			entered and a second	2023 OCT
C: Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III)	\$	9. 25)CT 26
E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received	S S	4,00				P# 2:
(From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV)	\$			·	E-case 3 	5
Part 1- If this is a Committee report, treasurer sign he	are If this is a landis	Affidavit Sec				
I swear (or affirm) that this report, including the attac	ched schedules on pa	aper, is to the b	est of my knowled	ge and belief tr	ue, correct and comple	te.
Sworn to and subscribed before me this Application 2023 August 12 12 12 12 12 12 12 12 12 12 12 12 12	Commonwealth of Pennsylva Angela L. Watson, No Erie County My commission expires De Commission numbe Commission numbe Member, Pennsylvania Asso	E Ar	Signature of	of Person Subm CHAU Printed Name	itting report ERMAN	<u>~</u>
I swear (or affirm) that to the best of my knowledge a	ind bधारिक्षेत्र politic	committee h	as not violated any	provisions of t	ne Act of June 3, 1937 (P.L. 1333, NO.320) as
I swear (or affirm) that to the best of my knowledge a amended. Sworn to and subscribed before me this	er 2, 2026 of Notaries	tary Seal				
day of20	- '					
Signature	-			ature of Candid Printed Name	ate	_
My Commission expires	• •					
MO. DAY YR.	-	Ar	ea Code	Dayti	me Telephone Number	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1) \$	in new train a new proposition of the control of th
2. Contributions of \$50.01 to \$250,00 (From 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)	in versi	
Contributions Received from Political Committees (Part C)	\$	era ya mpimbiyahar daku hisukarahin ini ili gingi mongo baja ya badi hudan sa ilan intonoji. Daku dhi gabi n T
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)	\$ t	\$

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	n Number				
					Amount
Full Name of Co	ontributing			Date [MM/DD/YYYY] \$, -
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
City	orr atall	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Land Marie Con-	Date [MM/DD/YYYY] \$	i
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
				1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
City	1955 - 1955 (1964) 1964 (1964) 1964 (1964) 1964 (1964) 1964 (1964) 1964 (1964) 1964 (1964) 1964 (1964) 1964 (1	State	Zip Code	Date [MM/DD/YYYY] \$	<u> </u>
Full Name of Co	ntributing	5. A. Z. (195)	<u> </u>	Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
		_			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
	Name of the control of				
Full Name of Co Committee	ntriputing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	1 - 1 - 1 - 1 - 1	State	Zip Code	Date [MM/DD/YYYY] \$	
eria di la Bulliani eri				- 1046 - 1046 - 1046 - 1046	
Full Name of Co Committee	ntributing			.Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing		· · · · · ·	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
5% (14) (14) 5% (14) (14)					
City	previous territorial	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 Identification Number:

Full Name of Contributor			Date [MM/DD/YYYY] S	
House # Street Add	(25万度) []		Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY] . \$	
			Date [MM/DB/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House# Street Add	ress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
			The control of the co	
Full Name of Contributor	make Medical Control	《GML的研究 Walfills Adv Add Synthesis and	Date [MM/DD/YYYY] \$	
House # Street Add			Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
1			A. C.	
Full Name of Contributor			Date [MM/DD/YYYY] \$	**
rui vanie orcontributor			Date [MM/DD/YYYY] \$	
House # Street Add	把原文 型			
Truck # Street Add	ress		Date [MM/DD/YYYY] \$	
and the second s	Tax Z - 488-01-02-04-1	a nasangan nasangan pengangan		
City 1	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor	(2011年)		Date [MM/DD/YYYY] \$	
Tuli Name of Contributor			Date [MM/DD/YYYY] \$	
	Several Several			
House# Street Add	ress		Date [MM/DD/YYYY] \$	
<u> </u>				
City	State	Zip Code	Date [MM/DD/YYYY] \$	
The state of the s				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Add	ress		Date [MM/DD/YYYY] \$	
The state of the s				
City	State	Zip Code	Date [MM/DD/YYYY] \$	

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 Numb	er.				
				'	
Full Name of Contributing Committee	ee .			Date [MM/DD/XXXX]	S
House #	Street Address			Date [MM/DD/YYYY]	\$
	la Cara				
<u>City</u>	- Section of the sect	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committe	e e			Date [MM/DD/YYYY]	* \$
House #	Street Address			Date [MM/DD/YYYY]	(\$)
City	38008 (State	Zip Code	Date [MM/DD/YYYY]	7\$
Full Name of Contributing Committee	: :e::	(a) - Marinda Algabado-Sara	and the second s	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	35
Gity		State	Zip Code	Date [MM/DD/YYYY]	\$
SHEKSHANDSHAM		in the sales	TRACE STREET		
Full Name of Contributing Committe	e .			Date [MM/DD/YYXY]	(\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Carlotte State Sta	State	Zip Code	Date [MM/DD/YYYY]	35 T
Full Name of Contributing Committe	ė	og ger can it seig earro	officers and officers and	Date [MM/DD/YYYY]	\$ \$ 12.5 \$ 2.5 \$ 2
House:#	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	· ************************************
THE PROPERTY OF THE PROPERTY O	d-metri	1997 is			GENERAL STREET
Full Name of Contributing Committee	e			Date [MM/DD/YYYY]	*\$
使用者 [2]	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		等等的 在	Production 1		

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)

Fileridentification	Number			
Full Name of Con				Date [MM/DD/YYYY] \$.
House #	Street Address			Date [MM/DD/YYYY] \$
City	200 mm に対しないという事情を表示では、	State	Zip Code	Date [MM//DD/YYYY] \$
Employer Name				Occupation
Employer Mailing Principal Place of	Business			特別國家語傳統 特別 (2) 新新州市 (2)
Full Name of Con	tributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing Principal Place of	Business			[Lagrano, some generale dettodige]
Full Name of Con	tributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	The state of the s	State	Zip Code	Date (MM/DD/YYYY) \$
Employer Name				Occupation
Employer Mailing Principal Place of	Business			
Full Name of Con				Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] S
City		State	Zip Code	Date [MM/DD/YYYY] S
Employer Name				Occupation
Employer Mailing Principal Place of				

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 Name				
House #	Street Address	 		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
- City		State	Zip.	Date [MM/DD/YYYY] \$
Receipt Description		是	Code	
'Full Name				
House#	Street Address			
City distribution of the control of		State	Zip	Date [MM/DD/YYYY] \$
Access 121 Control of the			Code	
Receipt Description				
Full Name House #	1964 1964 1969			
City	Street Address	State	Zip	Date [MM/DD/YYYY] \$
			Code	Date MM/DD/YYYYI \$
Receipt Description				
Full Name				
	Street Address	[88 -22 84820	Institute the state of the stat	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		HW. (5) SOUTH	小水電影響調整等2	
Full Name	\$ 25 p			
	Street Address			
City	* * * * * * * * * * * * * * * * * * *	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Teat thermand		1,3056

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					
					Market and the second s
1 UNITEMIZED IN KIND CONTRI	BUTIONS RECEIVED A	VALUE OF \$50.00 O	R LESS PER CONTR	BUTOR	
TOTAL for the reporting period	(1)	\$			
				<u> </u>	
2 IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50	001 TO \$250.00 (FF	OM PARTE)		
TOTAL for the reporting period	(2)	\$			
				Section Company of the	interior in the state of the st
3 1 IN≥KIND CONTRIBUTION RECE	IVED-VALUE OVER \$.	250:00 (FROM PAR	(G)		
TOTAL for the reporting period	(3)	\$			
TOTAL VALUE ÖF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for			~		
on Page 1, Report Cover Page, Item F)			Ψ		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

(2) 工程的研究工程的研究中的基础的工程的工程的工程的工程的工程的工程的工程的工程的工程的工程的工程。		
Filer Identification Number:		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street A	Address		Date [MM/DD/YYYY]] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution		•	
Full Name of Contributor			Date [MM/DD/YYYY] (\$\$
House # Street A	ddress		Date [MM/DD/YYYY] \$
City	State	*Zip Code	Date [MM/DD/YYYY] \$5
Description of Contribution			
-Full Name of Contributor			Deleta and Stranger
runivarie of Contributor			Date [MM/DD/YYYY] \$
House # Street A	ddress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution		そ出版化。留置物質の発生や行を可能が変	
Full Name of Contributor	ACCUS SECURIOR ACCUSANCE		Date [MM/DD/YYYY] \$\$
House # Street A	ddress		Date [MM/DD/YYYY] \$
Giv	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution		GONES GEOGRAPHIC STANCE	
Full Name of Contributor	22-52-33-75-33-36-10-10-1		Date [MM/DD/YYYY] \$
The State of the S			* Date Intro/DD/ITTI
House # Street A	ddress		Date [MM/DD/YYYY] \$
icity .	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution		[1250-366][[250-55][6]	- President and the second and the s
100日中国的美国共享共享的企业的企业的发展。1007年1月10日的发展的	1000 to 100 to 1		

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

· 指指表面上的表示中语:由于在1990年间,并2000年间,2000年间的1990年间,2010年间,1990年间,1990年间,1990年间,1990年间,		 	
Filer Identification Number:			
· · · · · · · · · · · · · · · · · · ·			
the programme of the decision in the programme and the programme of the pr			1
	 		_

602 - ONAS TOUR PORTO A CARLE BAROOT PER AND	
Full Name of Contributor	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	Description
Place of Business	of Contribution
Full Namerof Contributor	[Date [MM/DD/YYYY] \$
House:# Street Address	Date [MM/DD/YYYY] \$
Gity State Zip Code	Date [MM/DD/YYYY] S
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] S\$
City State Zip Code	Date [MM/DD/YYYY] S
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] S
City State Zip Code	Date [MM/DD/YYYY]: S
Employer Name	Occupation
Employer Mailing Address /, Principal Place of Business	Description of Contribution

Statement of Expenditures

Filer Identification Number:		•	

To Whom Paid	Comm	iTTEE	780	EIECT	7 CHECK	Date [MM/DD/YYYY] \$	
House#	EILEN	<u>5046</u>	tu er	MAN	45438	10-16-23	500.00
422	Street Address	OAYO	<u> </u>	Care canti season can anni		Description of Expenditur	
City ERV	<u>Έ</u>	State	PA	Zip Code	16505	money to s	wppdrt my Needs
To Whom Paid		•				Date [MM/DD/YYYY] S	
House #	DESAの Street Address	ナルカン	,16n.	24 (Z	RAPHICS	10-10-Q3	84.75
540		m 18) T		Pescription orcapendistric	
ER	i∈	State	PA	Zip Gode	16502	CAR MAGNE	ISIGNS
To Whom Paid						Date [MM/DD/YYYY] \$	
House#	Street Address					Description of Expenditure	
City		State		Zip Code		 In a finish processing of the control of the control	KARATERITAR TO AAAA KATEERAANI KATEERAANI KATEERAANI KATEERAANI KATEERAANI KATEERAANI KATEERAANI KATEERAANI KA
To Whom Paid					 !	Date [MM/DD/YYYY] \$	
House #	Street Address					Description of Expenditure	
City	[1] geograph of experience of Street (2) of March (2)	State		Zip Code		ORANI BARANCE PROCESSO (AREAS A PARENCE A	THE SERVICE PROPERTY OF THE SERVICE
To Whom Paid						Date [MM/DD/YYYY] \$	
House #	Street Address					Description of Expenditure	
City		State		Zip Code		33 4 3 14 genous a septembro de la Participa de la visión que en comprese en comercia en	itan inita eti parama et ere an cumuran et es mesentat et es esta et esta et esta et esta et esta et esta et e
To Whom Paid						Date [MM/DD/YYYY] \$	Sales established
House #	Street Address					Description of Expenditure	
City		State		Zip Gode			
To Whom Paid						Date [MM/DD/YYYY] \$	A See England
House#	Street Address	Pi a otro con rel			:	Description of Expenditure	
City		State 2		Zip Code			
TolWhom Paid			_			Date [MM/DD/YYYY] \$	Polyton Action (may be a
House #	Street Address					Description of Expenditure	
City		State		Zip Code			<u> 1880 - 10 (1884 1883 1884 1885 1886 1886 1886 1886 1886 1886 1886 1886 1886 1886 </u> Indiana de la companya

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.

File rue it region (anno	G. 6			
Name of Creditor. House #	Street Address		E DEBT:INÇURRED MM/DD/YYYYJ Zip	Outstanding Balance of Debt
Description of Debt Name of Creditor House #	itreet Address		Code E DEBT INCURRED. VMI/DD/YYYYJ	Outstanding Balance of Debt
City Description of Debt Name of Creditor House #	treet Address	February (2008)	Zip Code	Outstanding Balance of Debt
City Description of Debt Name of Creditor		State	VIM/DD/YYYY] Zip Code	Outstanding Balance of Debt
Gity. Description of Debt	treet Address		Zip Code	S
Name of Creditor House # 5 City Description of Debt	treet Address		DEBT INCURRED MM/DD/YYYYI Zip Code	Outstanding Balance of Debt
City	treet Address		DEBT INCURRED IM/DD/YYYY] Zip Gode	Outstanding Balance of Debt
Description of Debt				