

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification 20230014		1 1 1 1 1 1 1 1	ort Filed ark X)	Ву	Candida	ate			Committee Lobi			γist							
Name of Filir Lobbyist	ng Com	mittee, Ca	ndidate	or		Friends of Tyter Titus													
Street Addre	SS				840	East 40th	n												
City		Erie			<u> </u>			State	PA			Zip C	ode	165	04				
Type of Repo	rt (Plac	e x under i	report ty	pe)															
1-6 th Tuesda Pre-Primary		2 nd Friday -Primary	3- 30 D Primar			Tuesda Election		rd Friday - Election	المتحداث	O Day P	ost	7- Ar	nual	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	cial 2 -Elect	^{na} Friday Ilon		ial 30 -Elect	
								X											
Date Of Elect (MM/DD/YY	J		11/	07	Yea	r (. Dar.	2023	100 100 10	endmei ort	nt			100 0	mina oort	tion			
Summary of	-	s and	From [Date	. d . 20	To Da	te				Maria de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela c		For	Offic	e Use	Only	order States		
Expenditure:				02/202			10/23/	23								areas areas		·	·
A. Amount B	rought	Forward F	rom Las	t Repo	nt :	\$	11,507	.12									2		
B. Total Mor (From Sched		ontributio	ns and f	(eceipt	s .	\$	6,860.	28								70 (4)))	
C. Total Fund (Sum of Line		1.3.11.0.1914 (Co.)			\$ 18,367,40														
D. Total Expe		es			\$ 14,532.38														
E. Ending Ca: (Subtract Lin	h Balai					\$ 3,835.02			**************************************										
F. Value of Ir	-Kind (** ** * * * **	ons Rece	ived		\$										diam.	C	>	
(From Sched G. Unpaid De	bts an	d Obligatio	ons			My c	Com										4		
(From Sched									ection										
Part 1- If this is	a Comr	nittee repor	rt, treasur	er sign	here. If	18 3				ate sign h	nere. owledi	ze and	belief	rue. c	orrect	and compl	ete.		
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87 day	of <u>C</u>	HODE!	206	<u> 23</u>		nnun nnun	tson, e Cou	ennes		Signs		of Pare	on Sub	nitting	renor				
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Part II- If this is I swear (or affi	s a repor	t of a Candi	date's Au	thorize	d Comr	ni tte , ca	milidate	sha I sign i	nere.	ot violate	ed anv	provi	slons of	the A	ct of Ju	ıne 3, 1937	' (P.L. 13	33, NC).320) as
amended.	,	DES I	3.14 Mar	ab,							1							•	•
Sworn to and	subscrib	ed before m	e this	n h	Member	ly cor	\ M M M		6	1/1		4	A						
27 day	01(<u> 100e</u>	20_	03	er, Pen	My commission expires Decem	Commonwealth of Pennsylvania - Angela L. Watson, Notary			Ju			of Cand						
<i>U</i>	L Great	ature	WO	W	기스 ITISITIVE ITISITIVE	ion e)	Wa P	_					d Name		3				
My Commissio		11 -	02-0	200	ania A	Ede County expires De sion number	enns tson,	_	614				4	31-	45	53			
MO. DAY YR.			SSOCI	S Dec	Vivani		Area (Code			Day	/time `	Teleph	one Numb	er				
					Association	14.55 155.80	P N	<u> </u>											
						ber 2, 2	Notary S Public												
						,2026	Seal												

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
	20230014	•

	Total for the reporting period	(1)	\$ 1335.28
2. Contributions of \$50.01 to \$250.00 (F Part A and Part B)	rom		
Contributions Received from Political Con	nmittees (Part A)		\$ 250.00
All Other Contributions (Part B)			\$ 2775.00
	Total for the reporting period	(2)	\$ 3025.00
3. Contributions Over \$250.00 (From Pa	or deal of \$100 to a control for all the end of the second section is a second section.		
Contributions Received from Political Con	nmittees (Part C)		\$ 1000,00
All Other Contributions (Part D)			\$ 1500.00
	Total for the reporting period	(3)	\$ 2500,00
4. Other Receipts-Refunds, Interest Earn	ed, Returned Checks, ETC. (From Part E)		
	Total for the reporting period	(4)	\$ 0
Total Monetary Contributions and Receip enter amount totals from Boxes 1, 2, 3 an	ts during this reporting period (Add and d 4; also enter this amount on Page 1, Rep	oort	\$ 6,860,28

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

						Amount
Full Name of Co	ntributing		<u> </u>	Date [MM/DD/YYYY]	\$	
Committee	LG	3ta Fer	d PAC NW, ste 525	05/12/2023		250.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
122	15	EYE ST	NW, ste 525			
		State	Zip Code	Date [MM/DD/YYYY]	\$	
Wa Wa	shington	D				
Full Name of Co		Panisan 1 Th		Date [MM/DD/YYYY]	\$	
Committee	r militar di e 7 media Si 1971 di la di di di di di Si 1971 di					
House #	Street Address			Date [MM/DD/YYYY]	s	
House #	Street Address			Sare DAMANANALITAL	•	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$	
Committee				1		
House #	Street Address			Date [MM/DD/YYYY]	\$	
					1	
City		Ctata	Zip Code	Date [MM/DD/YYYY]	\$	-
City		State	EIP COUC	Pare Signal, DO\1141]	•	
Foots No.	The state of the s	The first		Para Indo January	-	
Full Name of Co Committee	HERIOUTING TO S			Date [MM/DD/YYYY]	\$	
	Garage Control (1)			Date [MM/DD/YYYY]	Ś	
House #	Street Address			Pare [WIM/DD/YYYY]	3	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributing	- Itania - I		Date [MM/DD/YYYY]	\$	
Committee						
	Campa & delignor			Date [MM/DD/YYYY]	Ś	
House #	Street Address			POLE HAHAI DOVI LALL		
						
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
			Providence of the second			
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$	
Committee					[•]	
House #	Street Address		,	Date [MM/DD/YYYY]	\$	
						ı
City		State	Zip Code	Date [MM/DD/YYYY]	\$	· · · · · · · · · · · · · · · · · · ·
with y		Jiait	Tampaan on Pariti	Sale living DD/1411	-	ı
						i

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.

		<u> </u>
Filer Identification Number: 20230014		

Full Name of Contributor:	Date [MM/DD/YYYY] \$	
Howard Pulchin	05/07/2023	100.00
House # Street Address	Date [MM/DD/YYYY] \$	10 mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/m
300 North End Avenue 11C		1
City New York State NY Zip Code 10282	Date [MM/DD/XYXY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
Beau Whiteman	05/19/2023	100.00
House # Street Address	Date [MM/DD/YYYY] \$	
1350 Levis St NE		44 44 44 44 44 44 44 44 44 44 44 44 44
City Washington State DC Zip Code 20000	Date [MM/DD/XYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
Alexandra Townsend	06/15/2023	100.00
House # Street Address	Date [MM/DD/YYYY] \$	
3500 13+h St NW # 104	09/30/2023	50.00
City State Zip Code	Date [MM/DD/YYYY] \$	And the state of t
Washington DC 20010		75 1. 2.
Full Name of Contributor	Date [MM/DD/YYYY] \$	
Carlos Guillermo Smith	06/15/2023	100.00
House # Street Address Stonington Avenue	Date [MM/DĎ/YYYY] \$	
City Orlando FL Zip Code 32817	Date [MM/DD/YYYY]	(5) (5) (6) (7) (7) (7) (7) (7) (7)
Full Name of Contributor	Date [MM/DD/YYYY]	
Laine Alexander	25 (S)	
BACKS AND STATE OF ST	06/15/2023 Date [MM/DD/YYYY] 5	100.00
House # 433 Street Address North Greenway Dr.	Pate IMM/PP/MAA/I	À.
Trivity State AL Zip Code 35673	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
Hollie Chadwick	0611512023	100.00
House # 1141 Street Address Emanuel Street	Date [MM/bb/YYYY] \$	
City State Zip Code	Date [MM/DD/YYYY] \$	
Henderson HV 89002	<u> </u>	

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.

Filer Identification Number: 20230014

Full Name of Contributor Drew Wiburne	Date [MM/DD/YYYY] \$	100.00
House # Street Address	06 /15/203 Date [MM/DD/YYYY] \$	
City State Zip Code	Date [MM/DD/YYYY] 5	·
Wichita KS 67205		
Full Name of Contributor Maurin McBroom	Date [MM/DD/YYYY] \$	100.00
House # Street Address	Date [MM/DD/XYYY] \$	
City Seattle Lake Washington Blvd S State WA Zio Code 98144	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
Eva Mancuso	06 15 2023 Date [MM/DD/YYYY] 5	100.00
194 Pine Glen Drive		
East Greenwich RI 210 Code 02818	Date [MM/DD/YYYY]	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
Ebony Washington	06/28/2023	100.00
House # Street Address	Date [MM/DD/YYYY] \$	
16 Roman Ave	**************************************	
City Staten Island NY Zip Code 10314	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date (MM/DD/WWW)## \$2	
Michael Canfield	06/28/2023 Date [MM/DD/YYYY] \$	100.00
House: 7724 Street Address Oregano Way	5.75	
City State Zip Code	06/18/2023 Date [MM/DD/YYYY] \$	25.60
Gilroy CA 95020	DATE (127) VOC 1. (/ mm 1200 289 21) GAZY (121 90 21 1 mm 10 21 1	
Full Name of Contributor Laith Wardi	Date [MM/DD/YYYY] \$	1 A
	0 6 / 38 / 30 3 S	100.00
330 Greenhurst Drive		
City Erie State PA Zip Code 11509	Date [MM/DD/YYYY] \$	

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.

Full Name of Contributor	Date MM/DD/WWI = 5
Jayanti Addkeman	06/29/2023 100.00
House # 12835 Street Address Corte Cordillera	Date [MM/DD/YYYY] \$
Salinas State CA Zip Code 93908	Date [MM/DD/YYYY] \$
Full Name of Contributors	Date [MM/DD/XYYY] \$
Crestina Martinez	66/29/2023 /00.00 Date [MM/DD/YYYY] \$
House # Street Address P. O. Box 66	Date (MM/DD/YYYY) S
San Luis State CO Zip Code 81152	Date [MM/DD/YYYY] \$
Full Name of Contributor	Date [MM/DD/XYYY] \$
Darlene Ryan	05/06/2033 100.00
House # Street Address Martin Road	nate (MM/DD/AATT)
City . Waterford State PA Zip Code 16441	Date [MM/DD/YYYY] \$
Full Name of Contributor	Data (MM/DD7AYY) ESE
Chelsea Oliver	08/27/2023 160.00
House # 611 1/2 Street Address 5 Center St	Date (MM/dD/YYYY) \$
City Corry State PA Zip Code 16407	Date [MM/DD/XXXX] S
Full-Name of Contributor	Date [MM/DD/YYYY] S
Jana Thumpson House # Street Address	09/03/2023 100.00
House # 1352 Street Address West 44th St	Date [MM/DD/YYYY] \$ 5.00
city Erre State PA Zip Code	08 A0 A0 33 5.00
Full Name of Contributor	Date MM/DD/YYYY] \$
JanaThompson	07/20/2023 5.00
House # 1362 Street Address West 44th St	Date [MM/DD/YYYY] \$ 0 4 20 20 25,00
City Erre PA ZIP Code	05 [A0] 3073 5.00

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.

Filer Identification Number: 20230014		
Filer Identification Number:		
P 40055 TRANSPORTED TO THE PROPERTY OF THE PRO		
20230014		
BRIGHT SECTION FOR EXPERIENCE AND		
0.100ath2.0012.000019930019032200b.3004.000500	and the same of th	

Full Namerol Contributor:	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	
	Thompson	10/20/2033	5.00
House # Street Address	1	Date [MM/DD/YYYY] \$	\$250 \$200 \$400 \$400 \$400 \$400 \$400 \$400 \$40
1357	West 44th	P. C. C.	
eny Erie	State Zip Code 14509	Date [MM/DD/YYYY] \$	
Full Name of Contributor		Date [MM/DD/YYYY] \$	
Christ	tina Salvia	05/05/2023	a5.00
House # Street Address		Date [MM/DD/YYYY] \$	
3603	Schaper Ave	05117/2023	10.00
ON THE RESERVE OF THE PERSON O	State Zip Code	Date [MM/DD/YYYY] \$	16 00
Erie	PA 16508	06/17/2023	10.00
Full Name of Contributor		Date [MM/DD/YYYY] \$	
AND THE STATE OF T	stina Salvia	07/17/2023	10.00
House # Street Address	- S	Date [MM/DD/YYYY] \$	22
3603	Schaper AVE	08/17/2023	10.00
en Erie	State Zip Code 16508	Date MIN/DD/YYYY) \$	10.00
,,	PA 16508	09/17/2023	
Full Name of Contributor	A. 0 1.	Date [MM/DD/YYAY] \$	[0.0]
<u> </u>	Stina Salvia	10 17 3033	
House # Street Address 3603	Schaper Ave	Date [MM/DD/YYYY] \$	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Ene	State PA Zip Code 16508	Date [MM/DD/YYYY] \$	The Committee of The Co
Full Name of Contributor	BORRANT MERCHANISTERS	Date [MM/DD/YYYY] \$	
Ale>	cander Reber	09/30/2023	00.001
House # Street Address		Date [MM/DD/YYYY] \$	
a 77	Union St		
	State Zip Code	Date [MM/DD/YYYY] \$	
Millersburg	PA 17061	127.20	
Full Name of Contributor		Date [MM/DD/YYYY] \$	
Eth	an Smith	10/01/2023	100.00
House # Street Address		Date MM/DD/YYYY) \$	
1924	8th St NW W-407	7) (Ag 22) (Ag 23) (Ag 23) (Ag 23) (Ag 23) (Ag 23) (Ag 24) (Ag 24) (Ag 25) (Ag 26) (Ag	
City	State Zip Code	Date [MM/DD/YYYY] \$	
Washington	DC 20001		

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.

Filer Identification Number: 20230014	
A man and a man	

Full Name of Contributor	Date [MM/DD/YYYY] \$	\$ - 0 5 - 0
Tan Price	10/04/2023	125.00
House # Street Address	Date [MM/DD/YYYY] \$	
a10 Gross St.		
City Pittsburgh State PA Zip Code 15224	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date (MM/DD/YYYY) \$	7 () () () () () () () () () (
Cecilia Roche	10/16/2033	60.001
	Date [MM/DD/YYYY] \$	100.00
House # Street Address East 44 th	34 79497 3 93993 3 D (CONT) 1 1 3043 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
City Eric State PA 210 Code: 16510	Date [MM/DD/YYYY] \$	
Full-Name of Contributor	Date [MM/DD/YYYY] \$	100
Kim Clear	08/10/2023	100.00
House # Street Address	Date [MM/DD/YYYY] \$	
4855 Asbury Road		
City Erie State PA ZID Gode 16506	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	5-66 5-66 5-66 5-66 5-66 5-66 5-66 5-66
Marlo Torrelli	05/05/2023	100.00
House # Street Address	Date [MM/DD/YYYY] \$	
4243 Fargo Street		
city Erie State PA ZipiGode 16510	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date MM/DD/XXXXIII \$	
C Ross	05/02/2023	100,00
House # 5110 Street Address 3rd St NW	Date [MM/DD/YYYY] \$	
City Washington State DC Zip Code 20011	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
Kara Crannell	05/03/2023	00.001
House # Street Address	Date [MM/DD/YYYY] \$	725
8706 Mayfair Drive		\$2.00 100 100 100 100 100 100 100 100 100
McKean State PA Zip Code 16426	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.

Full Name of		•		Date (MIX/DD/AYAY)	Vin
-ull Name of Contributing Co	immittee Great	er PA Cav	rpenters lec	08/14/2023	1,000.00
louse# 180	Street Address	Spring G	rpenters lec rarden St.	Date [MM/DD/YYYY] \$	
lity	ladelphia	State PA	Zip Code	Date [MM/DD/YYYY] - \$	
ull Name of ontributing Co			•	Date [MM/DD/YYYY] \$	THE
łouse #	Street Address	:		Date [MM/DD/YYYY] \$	
ity	Kna servinii ilia	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ımmittee			Date [MM/DD/YYYY] \$	S C C C C C C C C C C C C C C C C C C C
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/,DD/AYYY]	500 500 500 500 500 500 500 500 500 500
full Name of Contributing Co	umplitiee			Date [MM/DD/YYYY] - \$	
House #	Street Address			Date [MM/DD/YYYY] \$	44 49 10 10 10 10 10 10 10 10 10 10 10 10 10
o ity		State	Zip Code	Date [MM/DD/YYYY] \$	##
ull Name of Contributing Co	ińmittee			Date [MM/DD/YYYY] \$	
louse #	Street Address			Date [MM/DD/YYYY] \$	
i lity 2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	医电子语 E 作品	State	Zip Code	Date [MM/DD/YYYY] S	
ull Name of Contributing Co	imnittee	terrestatualis	THE CONTRACTOR SECRETARISES FOR THE SECRETARISES FO	Date [MM/DD/YYYY] \$	100 C
House#	Street Address			Date [MM/DD/YYYY] \$	

State

Zip Code

Date [MM/DD/YYYY]

\$

City

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: 20230014		
20230014		
LOLOGOIT		
Carrier 1981 (1994) 1 1 1 1 1 1 1 1 1		

Full Name of Contributor		Date [MM/DD/YYYY)
Da	wid Bohnett	07/07/2033 1,000.00
House # Street Address		Date [MM/DD/YYYY] \$
245	Beverly Drive	
City	ills state CA Zip.code 90212	Date [MM/DD/\\\)
Beverly Hi	ills CA 90312	Occupation
	Baroda Ventures LLC	Fnvestor
Employer Mailing Address / Principal Place of Business	245 South Beverly Drive, Bev	erly Hills, CA 90212
Full Name of Contributor		Date [MM/DD/YYYY] \$
Ste	phanie Sedor	05/31/2023 100.00
House # Street Addres	48	Date [MM/DD/AMM] \$
313	Mingo Road	06/30/2023 100.00
City	State Zip Code	Date (MM/DD/XXXX) \$
Wexford	PA 15090	07/31/2023 100.00
Employer Name	Highwark Health	Occupation Actuary
Employer Mailing Address / Principal Place of Business	120 Fifth Avenue, Pittsbu	15222 ,
Full Name of Contributor		Date [MM/DD/YYYY] \$
St	-ephanie Sedor	08/31/2023 100.00
House # Street Addres		Date [MM/DD/AYYY) \$
373	Mingo Road	09/30/203 100.00
on Wexford	State PA 21p Code: 15090	Date [MM/DD/YYYY] \$
Employer Name	Highmark Health	Occupation Actuary
Employer Mailing Address / Principal Place of Business	120 Fifth Avenue, Pittsh	
Full Name of Contributor	TOO FIT WELLOW, I'M	Date [MM/DD/YYYY] \$
		2.00 m
House # Street Addres	S	Date [MM/DD/YYYY] \$
City.	State Zip Code	Date [MM/DD/YYYY] \$
	2000年度第一	10 20 20 20 20 20 20 20 20 20 20 20 20 20
Employer Name		Occupation
		K 20000 to the tree mode unique
Employer Malling Address / Principal Place of Business		Namens managan

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.

Filer identification Number:

20230014

	-			
Full Name				"
House #	Street Address			
Gty		State	Zip code	Date [MM/DD/YYYY] \$
Receipt Description				15.5 25.00 15.5 25.00 15.5 15.00 15.5 15.00
			·····	
Full Name				
House #	Street Address			
City	(PE-200 PALICE CONTROL OF THE PERSON OF THE	State	Zip Code	Date [MM/DD/YYYY] S
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY]
Receipt Description	1	<u>.</u>		
Full Name				
House #	Street Address			
City	A STATE OF THE STA	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				William States
Full Name			-	
House of	Street Address	PRESERVA	L-a-market-parates	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			\$\$2.5619.1336	No. 14
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Section Constitution	E59.2

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: 2023001	4		
	MITIONIC DECENSED AVAI	LUE OF \$50.00 OR LESS PER CONTRIBUT	
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	1:TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)		
3. IN-KIND CONTRIBUTION RECE	IVED VALUE OVER \$250	0,00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	·
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:		
20230014		
Filer identification Number: 20230014		

Full Name of Contrib	outor	-	······	Date [MM/DD/YYYY]	
			<u></u>		
House #	Street Address			Date [MM/DD/YYYY]	
G.V.	Par same score a samous [State	Zip Code	Date [MM/DD/YYYY]	
Description of Contr	bution		Freshindrens van dismed		
Full Name of Contrib	outor:	व		Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	8
	TREET OF LOUISE TO JURISH	State	Zip code	Date [MM/DD/YYYY]	
Description of Contr	ibution		provint to the state of the sta		総合なの
Full Name of Contri-	luca Tangan	s		Date [MM/DD/XXXX]	
House #	Street Address			Date [MM/DD/YYYY)	
Gity	Ere of purse Mirabour	State:	Z/p Code	Date [MM/DD/YYYY]	(200 - 100 -
Description of Contr	lbution				
Full Name of Contrib	outoia 1900–1900 1900–1900			Date MM/DD/WYY	
House #	Street Address			Date [MM/DD/YYYY]	
City	Na or distribution of constitution, and	State	Zip Code	Date [MM/DD/YYYY)	
Description of Contr	ibution				
Full Name of Contrib	outor.		•	Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City	In this area was seen as	State	Zip Gode	Date [MM/DD/YYYY]	
Description of Contr	ibution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:				
20230014				
20230014				

	· · · · · · · · · · · · · · · · · · ·	
Full Name of Contributor		Date (MM/DD/YYY) \$
House# Street Address		Date [MM/DD/YYYY] \$
	STATE OF THE PROPERTY OF THE P	
Gity	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/YYYM] \$
House # Street Address		Date [MM/DD/YYY] \$
	State ZIp Code	Date [MM/DD/YYYY] \$
Employer Name:		Occupation
Employer Mailing Address / Principal		Description of
Place of Business		Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] S
ichty	State ZipiCode	Date [MM/DD/YYM] \$
Employer Name	ENCENTRALE ENLEGATIVE ASSECT	Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor	<u> </u>	Date (MM/OD/YYYY)
House # Street Address		Date [MM/DD/YYYY] -\$
	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution

Statement of Expenditures

Filer Identification Number: 20230014			

■ FO:AAUOU	m Paid			Date [MM/DD/YYYY] = \$
	Ene Cou	nty Democratic	Party	10/13/2023 375.00
House #	1305 Street Address	State Stree	, L	Description of Expenditure
City	Erie	State	Zip Code 1650	Fall Fundraiser - Host Table
To Whon	n Daid	CARRELISCUS .	Proposting III Tan Can Carage	Date IMM/DD/WWY
	USPS			09/20/2003 51.00
House #	2)08 Street Address	East 38th		Description of Expenditure
City	Erie	State PA	Zip Code 19515	P.O. Box Fees
To Whon	m paid Laveny's	Brewny Co.		Date [MM/DD/YYYY] \$ 123.00
House #	Street Address	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		69 //8/2013 123.
	118	West 12th	[27] A. C.	
City	Erie	State PA	zip code 	Space Rental
To Whon	m Paid		231 (322.47.23 (HP.) 2 = 1 (33)	Date [MM/DD/MM] \$
		ily Serving	····	09/15/2023 28b.00
House #	5) Street Address	W Congress	87	Description of Expenditure
City	Corry	State PA	zip code 16407	Catering for fundraiser
To Whon	m Paid Safe No	. [Date [MM/DD/YYYY] \$
	CO. Control of the Co	£ +		08 07 2023 125.60
House #	Street Address	Z. + 0\.		Description of expenditure
	1101	French St		
Gity	1702 Erie	State PA	Zip. Code 1650\	Fundraiser
City To Whor	Erie Mead	State PA	code 16501	Date [MM/DD/MYY] \$
To Whor	Erie Brie Erie Co	State	code 16501	07/17/ 2023 40.00
	Erie MPald Erie Co	State PA	code 16501 c Party	Date [MM/DD/MYY] \$
To Whor	Erie Pald Erie Co	state PA Junty Dumocrati	code 16501 c Party	07/17/ 2023 40.00
To Whom	Erie miraid Erie 1305 Street Address Erie miraid	State PA State PA State Stree State PA	code 16501 c Party t	Date [MM/DD/YYYY] \$ 40.00 Description of Expenditure Summer Fundraiser Date [MM/DD/YYYY] \$
To Whor	Erie m Paid 1305 Street Address Erie m Paid Deliver	state PA Junty Dumocrati State Stree	code 16501 c Party t	Date [MM/DD/MYY] \$ 40.00 Description of Expenditure Summer Fundraiser Date [MM/DD/YYYY] \$ 629.75
To Whor House #	Erie m Paid 1305 Street Address Erie m Paid Deliver	State PA Junty Dumocrati State Stree State PA Strategies P.U. Box	code 16501 c farty t zip code 16501	Date [MM/DD/YYYY] \$ 40.00 Description of Expenditure Summer Fundraiser Date [MM/DD/YYYY] \$
To Whor	Erie m Paid Erie Street Address Erie M Paid Deliver Street Address Fig. 1305	state PA Junty Dumocrati State Stree State PA Strategies	code 16501 c Party t	Date [MM/DD/MYY] \$ 40.00 Description of Expenditure Summer Fundraiser Date [MM/DD/YYYY] \$ 629.75
To Whom House #	Erie mpaid Erie Co street Address 1305 Erie Deliver 100970 Street Address 100970 Ar ling for	State PA Junty Dumocrati State Stree State PA Strategies P.U. Box	code 16501 c Party t zipi code 16501	Date [MM/DD/MYY] \$ 40.00 Description of Expenditure Summer Fundraiser Date [MM/DD/YYYY] \$ 629.75 Description of Expenditure Mailers Date [MM/DD/MYYY] \$
To Whom House # City To Whom House # City	Erie TPaid Erie Street Address Erie Deliver 100970 Street Address USPS	State PA Junty Dumocrati State Stree State PA Strategies P.U. Box State VA	code 16501 c Party t zipi code 16501	Date [MM/DD/MYY] \$ 40.00 Description of Expenditure Summer Fundraiser Date [MM/DD/YYYY] \$ 629.75 Description of Expenditure Mailers Date [MM/DD/YYYY] \$ 51.00
To Whom House # To Whom House #	Erie m Paid Erie 1305 Erie 1305 Erie Deliver 100970 Street Address 100970 Ar Inglien USPS	State PA Junty Dumocrati State Stree State PA Strategies P.U. Box	code 16501 c Party t zipi code 16501	Date [MM/DD/YYYY] \$ 40.00 Description of Expenditure Summer Fundraiser Date [MM/DD/YYYY] \$ 629.75 Description of Expenditure Mailers Date [MM/DD/YYYY] \$ 5
To Whom House # To Whom House # City To Whom	Erie TPaid Erie Street Address Erie Deliver 100970 Street Address USPS	State PA Junty Dumocrati State Stree State PA Strategies P.U. Box State VA	code 16501 c Party t zipi code 16501	Date [MM/DD/MYY] \$ 40.00 Description of Expenditure Summer Fundraiser Date [MM/DD/YYYY] \$ 629.75 Description of Expenditure Mailers Date [MM/DD/YYYY] \$ 51.00

Statement of Expenditures

Filer Identification Number:		
• Buer identification Number :		
20230014		
1 20230014		
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To Whom Paid		c) ı			·	Date [MM/DD/MYY] \$
	Deliver	Strategi	es			0010512023 6,500.00 Description of Expenditure
House # 004	110 Street Address	P.O. Bo)X			Description of Expenditure
City	ngton	State	AY	Zip Code	22210	Mailers
To Whom Paid	EP¥					Date [MM/DD/YYYY] \$
	PNC B	ran K				05/26/2023 7.50
House#	Street Address					Description of Expanditure
Elty Er	<u></u> ૧	State	PA	Zip Code		PNC Bank Fee
o Whom Paid						Date [MM/DD/YYYY] \$
		Strategy	ies			05/03/2013 6,151.94
House # (VO 4	Street Address	P.O. 2	20X			Description of Expenditure
City	Arlination	State	VA	Zip Code	22210	Mailers
To Whom Paid	T 0_	أورا	Λ			Date [MM/DD/YYYY] \$
· · · · · · · · · · · · · · · · · · ·	trie	Craw	tord	CLC		05 12 2023 125.00
louse# 35	Street Address 2	WS	th c	5te 50	Э.	Description of Expenditure
itv	rie	State	PA -	Zip Code	16501	Spring Fundraiser Spons
To Whom Paid						Date [MM/DD/YYYY] \$
House #	Street Address	· · · · · · · · · · · · · · · · · · ·				Description of Expenditure
City	· ·	State		Zip Code		<u> Produce a de la caractería de la Crista de Caractería de</u>
To Whom Paid		The State Seven Sheet		THE THE THE PART OF STREET		Date [MM/DD/YYYY] \$
House #	Street Address					Description of Expenditure
City	<u> </u>	State		Zip Code		
To Whom Paid	Paris Lares			(Sa.,		Date [MM/DD/YYYY] \$
House #	Street Address					Description of Expenditure
City		State		Zip Code		
To Whom Paid				por se secular al fil		Date [MM/DD/YYYY] \$
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		·		Description of Expenditure
City		State		Zip		

SCHEDULE III Statement of Expenditures

	 _	 	
Filer Identification Number:			
F SHAR IN MORE PARISON NEITH PARISON			
E FREI INCHALLICANOLI INMILIOCA E I			
20230014			
20230014			

To Whom Paid			· · · · · · · · · · · · · · · · · · ·	Date [MW/DD/YYYY)	\$ 6.23
	Act Blue			10/01/2023	
House #	Street Address F	PO Box 441146		Description of Expen	iditure
City Sommer	ville	State MA	Zip Code 02144-0031	Service fee	
To Whom Paid	Act Blue	tecono estano in 'Aid		Date [MM/DD/YYYY	8,94
				09/01/2023	25 S S S S S S S S S S S S S S S S S S S
House #	Street Address	PO Box 441146	·	Description of Expen	
City Sommer	ville	State MA	Zip Code 02144-0031	Service fee	
To Whom Paid		PANESCE IN THE	Listing Starte Land	Date MM/DD/YYYY	17.00
	Act Blue			08/01/2023	17.26
House#	Street Address F	PO Box 441146		Description of Expen	ditura
City Sommer	ville	State MA	Zip Code 02144-0031	Service fee	
To Whom Paid		William Charles	TO SOLVE THE THE SOLVE THE	Date [MM/DD/YYYY	
	Act Blue			07/01/2023	26.15
House#	Street Address	PO Box 441146		Description of Expen	diture
City Sommer	ville	State MA	Zip Code 02144-0031	Service Fee	
To Whom Paid	Act Blue	t 6.6 sastatraa eta 14	LOSS CONTRACTOR	Date [MM/DD/YYYY 06/01/2023	1 5 14.36
House #	Street Address	PO Box 441146		Description of Expen	diture
City Sommer		State MA	Zip 02144-0031	Service Fee	
A. P. S.			Code 02144-0031		Ten la tel
To Whom Paid				Date [MM/DD/MYYY	
House #	Street Address			Description of Expen	diture
City		State	Zip Code	Barrional Anna - Santa Carrio Santa de Carres	kanada nguru 3 yaki 1 (2) - 13 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
To Whom Paid		Section of the sectio	(32)投機線鐵鐵鐵	Date MM/DD/YYYY	
House #	Street Address			Description of Exper	
City		State	7 0		
			Code		
To Whom Paid			-	Date MM/DD/AAAA	
House#	Street Address			Description of Exper	
City		State	Zp		
		in in the second	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.

3 T. W. L. 1939 C. A. B. B. M. L. 1939 C. L. 1939 C. 1		
Filer Identification Number		
Program 100		
13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

Name of Credito				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	
		<u>l. 12</u>	[MM/DD/YYYY]	
City		State	Zip Gode	
Description of D	ebr		PROTECT A	
Name of Credito		· · · · · · · · · · · · · · · · · · ·		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
	Street Address		[MM/DD/YYYY]	경 ⁶ (1)
Gitt y		State	Zio	
Description of D	1		Code	2007 1007
Name of Credito	AND WATER WATER CONTROL OF THE STATE OF THE			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
		<u>- 1984</u>	** AMMANARA SECTION	
City		State	Zip Code	
Description of D	ebi	KEELER LEWIN	Reserve Species	<u> </u>
Name of Credito	ALIGNER TO DAY THE STATE OF THE STATE OF TH			Outstanding Balance of Debt
Lucilianus Erakasana katas	9884983 (4) 31 BASS (1898488888) 31	Tool and	DATE DEBT INCURRED	
House #	Street Address			100 70
House #	Street Address		[MM/DD/YYYY]	
House #		State		
City		21 7 July 2017	[MM/DD/YYYY]	
City	CDT	21 7 July 2017	[MM/DD/YYYY]	Outstanding Balance of Debt
City Description of	CDT	State	[MM/DD/YYYY]	Outstanding Balance of Debt
City Description of Do Name of Credito	ebt.	State	[MM/DD/YYYY] Zip Code	
City Description of De Name of Credito House #	Street Address	State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED	
City Description of Do Name of Credito House #	Street Address	State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip	
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City Description of De Name of Credito House #	ebt. Street Address ebt	State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip Code	Outstanding Balance of Debt
City Description of Do Name of Credito House # City Description of Do Name of Credito	ebt	State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip	S Outstanding Balance of Debt
City Description of Do Name of Credito House # City Description of Do Name of Credito	ebt Street Address	State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
City Description of Do Name of Credito House # City Description of Do Name of Credito House #	Street Address Street Address	State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt