SELECTION SE	
rm	

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

	(Note: Th	nis report	must	be clear and	d legible. It sho	uld be typed)	
Filer Identification Number		Report Fi (Mark X)	C 19.	Candida	te	Committee	X	Lobbyist
Name of Filing Committee, Ca Lobbyist	indidate or	Friends to	Elect	Tracy A. Gast				
Street Address		12475 Lai	keview	Dr				
City Edinboro	D	• • • •		State	PA	Zip Code	16412	
Type of Report (Place x under	report type)							
1-6 th Tuesday 2- 2 nd Friday Pre-Primary Pre-Primary		4-6 th Tues Pre-Electi		5- 2 nd Friday Pre- Election	6-30 Day Post Election	7-Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
			9973-21-0					
Date Of Election (MM/DD/YYYY)	11/07	Year		2023	Amendment Report		Termination Report	
Summary of Receipts and Expenditures	From Date	То	Date		samming of the most of the second	For	Office Use Only	an ang palaman ang ang ang ang ang ang ang ang ang a
	10/24/23		11/	/27/23				78
A. Amount Brought Forward I	rom Last Report	\$	8	31.36				9,
B. Total Monetary Contribution (From Schedule I)	ns and Receipts			0			Francisco Vidio Vidio	
C. Total Funds Available (Sum of Lines A and B)		\$	8	1.38			() () () () () () () () () ()	
D. Total Expenditures (From Schedule III)		\$	8	1.36				PH 12: 04
E. Ending Cash Balance (Subtract Line D from Line C)		\$		0				
F. Value of In-Kind Contribution (From Schedule II)	a kan jarahan jarah san Laman	\$		0				
G. Unpaid Debts and Obligation (From Schedule IV)	ins	\$	91	18.64				
Part 1- if this is a Committee repo	t transcript day ha	un ifabinin	a C-44	Affidavit Sec				
I swear (or affirm) that this report,						ge and belief tr	ue, correct and comple	ete.
Sworn to and subscribed before m	e this					•		
day of	20	-	ı				***	
		_	ሖ		Signature	of Person Subm	itting report	
Signature		•	I			Printed Name	9	
My Commission expires MO.	DAY YR.	-		A	rea Code	Day	time Telephone Numb	er
Part II- If this is a report of a Candi								
I swear (or affirm) that to the best amended.	of my knowledge a	nd belief th	is politic	cal committee I	nas not violated any	y provisions of t	he Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before m	e this							
day of	20		1					
					Sigr	nature of Candid	late	<u></u>
Signature						Printed Name		
My Commission expiresMO.	DAY YR.	-		A	rea Code	Dayti	me Telephone Numbe	r



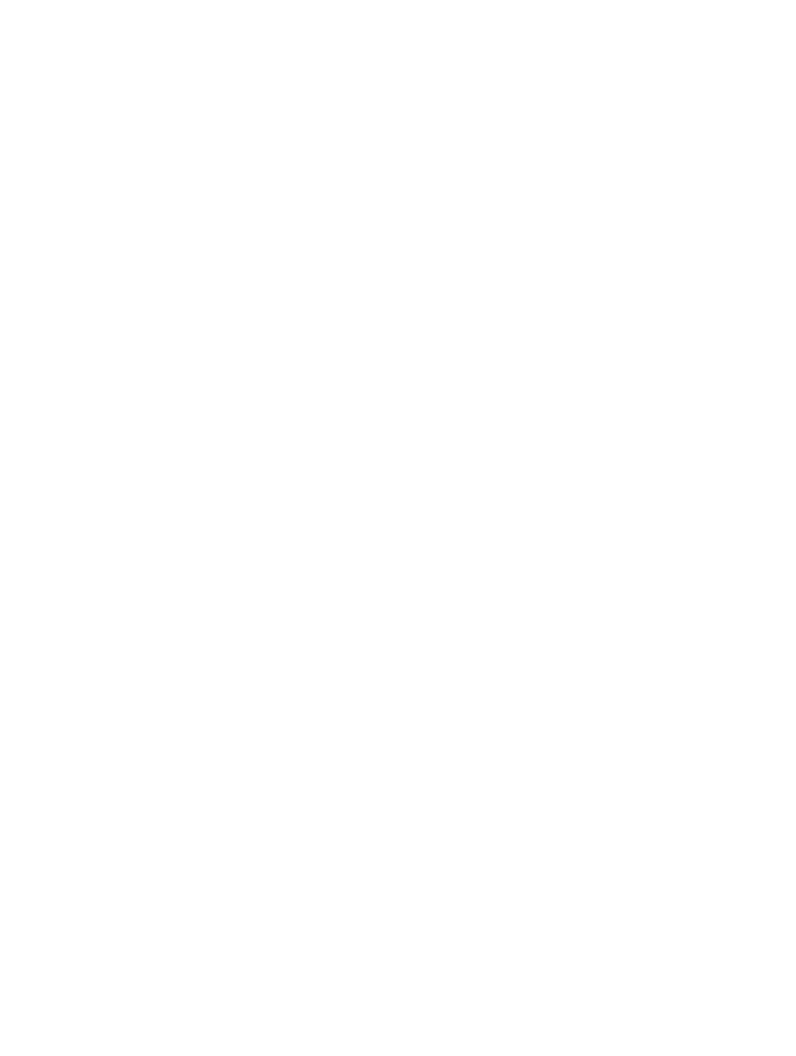
SCHEDULE I

Contributions and Receipts

Detailed Summary Page

File	r Idei	ntification Number						 	 —
			Friends to Elec	ct Tracy A.	Gast				
strage jil	SALE	and property of the result of the fill for the				 			

1. Uniternized Contributions and Receipts-\$50.00 or Less per Contributor		rá,c., j	
Total for the reporting period	(1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		a de la company	
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)	na ya		
Contributions Received from Political Committees (Part C)	10723 2070	\$	
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, ReCover Page, Item B)	port	\$	



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		to Elect Tracy A.	Gast	
				Amount
Full Name of Co	intributing			Date [MM/DD/YYYY] \$
Committee				
House #	Street Address			Date [MM/DD/YYYY] \$
	99.50 Sept. 1			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co				to the state of th
Committee	Atribuang			Date [MM/DD/YYYY] S
House #	Street Address	~ 		Date [MM/DD/YYYY] \$
				Mare Tanah Maria and
City		State	Zip Code	Date [MM/DD/YYYY] \$
				2.5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Full Name of Co	ntributing	FROM CO.	To observe a solution of a respective t	Date [MM/DD/YYYY] \$
Committee				
House #	Street Address		Marine also	Date [MM/DD/YYYY] \$
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
City	Tryotheran, e pro man, a	State	Zip Code	Date [MM/DD/YYYY] \$
	<u></u>			
Full Name of Cor Committee	Atributing			Date [MM/DD/YYYY] S
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Cor	ntributing	er stores	·····································	Date [MM/DD/YYYY] 5
Committee				2 1 1 2 2 2 3 3 4 4 5 5 6 1 1 2 2 4 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
House #	Street Address	<u></u>		Date [MM/DD/YYYY] \$
City =		State	Zip Code	Date [MM/DD/YYYY] S
Full Name of Con	ntributing			Date [MM/DD/YYYY] \$
Committee				
House #	Street Address			Date [MM/DD/YYYY] \$
		t term to the term of	1	
City		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: Friends	• • • •	

Full Name of Contribut			Date [MM/DD/YYYY]	216/22
ruii variie di Contribu			Date ((MM/DD/s111))	
House #	Street Address		Date [MM/DD/YYYY]	\$
Gity	State	Zip Code	Date [MM/DD/YYYY]	\$.
	2.00	2555435		
Full Name of Contribut	or .		Date (MM/DD//YYY)	5
House #	Street Address		Date [MM/DD/YYYY]	
City.	State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Contribut	or	Eliferand Angeles and Angeles and Salar	Spate (MM/DD/AWW)	
			to be a second of the second o	
House #	Street Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribut			Date (MM/DD/YYYY)	\$
House #	Street Address		Date [MM/DD/YYYY]	S
City	State	. Zip Code	Date [MM/DD/YYYY]	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
				注意:
Full Name of Contribut			Date [MM/DD/YYYY]	\$
House #	Street Address	· · · · · ·	Date [MM/DD/YYYY]	\$
City	State	"Zip Code	Date [MM/DD/WYY]	\$
Full Name of Contribut				
Full Name of Contribut	3f		Date [MM/DD/XYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]	[
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 Number: Friends to Elect Tracy A. Gast

Full Name of Contributing Committee			Date [MM/DD/YYYY] \$
House # Street A	ddress		.Date [MM/DD/YYYY] \$
Gity	State	Zip/Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee		·	Date [MM/DD/YYYY] \$
House # Street A			Date [MW/DD/YYYY] \$
Sity	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee			Date [MM/DD/YYYY] (\$
House # Street A	ddress		Date [MM/DD/YYYY] \$
City	State	Zip Gode	Date [MM/0D/YYYY] \$
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$
House # Street A	idress	-	Date [MM/DD/YYYY] \$
Gity	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$
House # Street Ad			Date [MM/DD/YYYY] \$
City.	State	Zip Code	Date:[MM/DD/YYYY] \$
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$
House # Street Ac	dréss		Date [MM/DD/YYYY] \$
City	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)

 В 2000 при при при при при при при при при при				
City identification three kars				
- Schenacharton (Scholing Color)				
Filer Identification Number;	Friends to Elect Tr	A M1		
	rrienas io rieci. Ir	ACV A. LEAST		
		407 / 11		
		•		
是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个				

Full Name of Contributor				
rui Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			@ecupation	
2000				
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
An Appropriate Company of State Company				
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				
Full Name of Contributor			PRODUCTION OF THE PRODUCTION O	
ruii Name of Contributor			Date [MM/DD/YYYY] \$	
Full years of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address				
			Date [MM/DD/YYYY] \$	
House # Street Address	I LUCKS PARTIE		©Date [MM/DD/YYYY] \$	
	State	Zig Code	Date [MM/DD/YYYY] \$	
House # Street Address Eity	State	Zip Code	©Date [MM/DD/YYYY] \$	
House # Street Address	State	Zip Code	Date [MM/DD/YYYY] \$	
House # Street Address City Employer Name	State	Zig Code	Date [MM/DD/YYYY] \$	
House # Street Address Eity	State	Zip Code	Date [MM/DD/YYYY] \$	
House # Street Address City Employer Name Employer Malling Address /	State	Zig Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation	
House # Street Address City Employer Name Employer Malling Address / Principal Place of Business	State	Zig Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation	
House # Street Address City Employer Name Employer Malling Address / Principal Place of Business Full Name of Contributor	State	Zip/Códe	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
House # Street Address City Employer Name Employer Malling Address / Principal Place of Business	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation	
House # Street Address City Employer Name Employer Malling Address / Principal Place of Business Full Name of Contributor	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
House # Street Address City Employer Name Employer Malling Address / Principal Place of Business Full Name of Contributor House # Street Address			Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
House # Street Address City Employer Name Employer Malling Address / Principal Place of Business Full Name of Contributor	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
House # Street Address City Employer Name Employer Malling Address / Principal Place of Business Full Name of Contributor House # Street Address City			Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
House # Street Address City Employer Name Employer Malling Address / Principal Place of Business Full Name of Contributor House # Street Address City		Zip/Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
House # Street Address City Employer Name Employer Malling Address / Principal Place of Business Full Name of Contributor House # Street Address City Employer Name		Zip/Code	Date [MM/DD/YYYY] \$	
House # Street Address Employer Name Employer Malling Address / Principal Place of Business Full Name of Contributor House # Street Address City		Zip/Code	Date [MM/DD/YYYY] \$	



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.

		Friends to Elect Tracy A. Gast
Full Name		
House #	Stre	et Address
City		State Zip Date [MM/DD/YYYY] \$ Code
Receipt Description		
Full Name		
House #	Stre	et Address
City		State Zip Date [MM/DD/YYYY] \$
Receipt Description		Code
Full Name		
House #		et Address
City	oue	State Zip Date [MM/DD/YYYY] S
		Code
Receipt Description		
Füll Name		
House #	Stree	et Address
City		State Zip Date [MM/DD/YYYY] \$ Code
Receipt: Description		
Full Name		
House #	Stree	et Address
City		State: Zip Date [MM/DD/YYYY] . \$ Code
Receipt Description		(Code
Full Name		
	Stree	et Address
City		
Receipt Description		State Zip Date [MM/DD/YYYY] / \$ Code
	8	



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

Friends (to Elect Tracy A. Gast		
1. UNITÉMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VAI	UE OF \$50:00 OR LESS PER CONTI	RIBUTOR
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01	TO \$250.00 (FROM PART F)	the state of the s
TOTAL for the reporting period	(2)	\$	
AND AND AND AND DETANGLES	100 E 3 X E 10 E 3 X E 3 Z E 3 Z E 3		
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER SZ50	UU (PROM PAR) G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals fr		1 ' [
on Page 1, Report Cover Page, Item F)			



SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Friends to Elect Tracy A. Gast	Filer Identification Number:				
		Friends to Elect Tracy A. Gas	t	1	

Description of Contributor Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$	MORTEL CONTROL					28° 40 3
City State Zip Code Date (MM/DD/YYYY) \$ Description of Contribution Full Name of Contribution City State Zip Code Date (MM/DD/YYYY) \$ Description of Contribution Full Name of Contribution Full Name of Contribution Date (MM/DD/YYYY) \$ Date (MM/DD/YYYY) \$ City Date (MM/DD/YYYY) \$ Date (MM/DD/YYYY) \$ City Date (MM/DD/YYYY) \$ Description of Contribution Full Name of Contribution State Zip Code Date (MM/DD/YYYY) \$ Date (MM/DD/YYYY) \$ City State Zip Code Date (MM/DD/YYYY) \$	ruii Name oi Contrio				Date IMW/JU/ATAT	
Description of Contributor Date MM/DD/YYYY S	House #	Street Address			Date [MM/DD/XXXXI]	\$
Description of Contributor Date IMM/DD/YYYY S	City	B1 (\$240) #860 #869 XX XX XX XX XX XX XX	State	Zip Code	Date [MM/DD/YYYY]	
House # Street Address Date [MM/DD/YYYY] S City Description of Contribution Full Name of Contributor Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S City Description of Contributor Date [MM/DD/YYYY] S City Description of Contributor Date [MM/DD/YYYY] S City Date [MM/DD/YYYY] S	Description of Contri	bution	CONTROL OF THE CONTRO	The state of the s		60.000BF
House # Street Address	Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$\$
City State Zip Code Date [MM/DD/YYYY] 3 Description of Contributor House # Street Address City State Zip Code Date [MM/DD/YYYY] 5 Description of Contributor Full Name of Contributor City State Zip Code Date [MM/DD/YYYY] 5 Description of Contributor Full Name of Contributor City State Zip Code Date [MM/DD/YYYY] 5 Date [MM/DD/YYYY] 5 City State Zip Code Date [MM/DD/YYYY] 5 Date [MM/DD/YYYY] 5 City State Zip Code Date [MM/DD/YYYY] 5		Reference and the second	· .			
Description of Contributor Full Name of Contributor City State State Jecode Date [MM/DD/YYYY] S City Description of Contribution Full Name of Contributor Date [MM/DD/YYYY] S Gity State Zip Code Date [MM/DD/YYYY] S Gity State Zip Code Date [MM/DD/YYYY] S City State Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S City Date [MM/DD/YYYY] S City Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S	House #	Street Address			Date [MM/DD/WWW]	\$
Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Description of Contribution Fill Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$	City			Zip Code	Date [MM/DD/YYYY]	S. S
House # Street Address Date [MM/DD/YYYY] S Description of Contribution Full Name of Contributor House # Street Address Date [MM/DD/YYYY] S Description of Contribution Full Name of Contribution Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S	Description of Contri	bution	Barospy (granting)	[李元6848] [李-6848] [李		38933
City State Zip Code Date [MM/DD/YYYY] S Description of Contributor Date [MM/DD/YYYY] S House # Street Address Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S Description of Contribution Date [MM/DD/YYYY] S House # Street Address Date [MM/DD/YYYY] S City Date [MM/DD/YYYY] S Cit	Full Name of Contrib	utor	d		/ Date [MM/DD/YYYY]	\$
City State Zip Code Date [MM/DD/YYYY] S Description of Contributor Date [MM/DD/YYYY] S House # Street Address Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S Description of Contribution Date [MM/DD/YYYY] S House # Street Address Date [MM/DD/YYYY] S City Date [MM/DD/YYYY] S Cit						
Description of Contributor Full Name of Contributor City State Street Address Date [MM/DD/YYYY] State	riouse #				@Date (MM/DD/AYAYA)	
Full Name of Contributor Date [MM/DD/YYYY] \$			State	Zip Code	Date [MM/DD/YYYY]	/ \$
House # Street Address Date [MM/DD/YYYY] \$ City Description of Contribution Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$	Description of Contri	bution				**************************************
City State Zip Code Date [MM/DD/YYYY] \$ 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] \$	Full Name of Contrib	utor			Date [MM/DD/YYYY]	(\$
Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$	House #	Street Address		TO MANAGEMENT OF THE PROPERTY	Date [MM/DD/XYXY]	\$
Full Name of Contributor Date [MM/DD/YYYY] S	City	Beautiful Remove the South Design And	State	Zip Code	Date [MM/DD/YYYY]	\$
House # Street Address Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$	Description of Contrib	oution				:
Clity State Zip Code Date [MM/DD/YYYY] S	Full Name of Contribu	nor			Date [MM/DD/YYYY]	\$
	House #	Street Address			Date [MM/DD/YYYY]	\$
Description of Contribution	City.		State	Zip Code	Date [MM/DD/YYYY]	\$
1	Description of Contrib	sution			[4]	

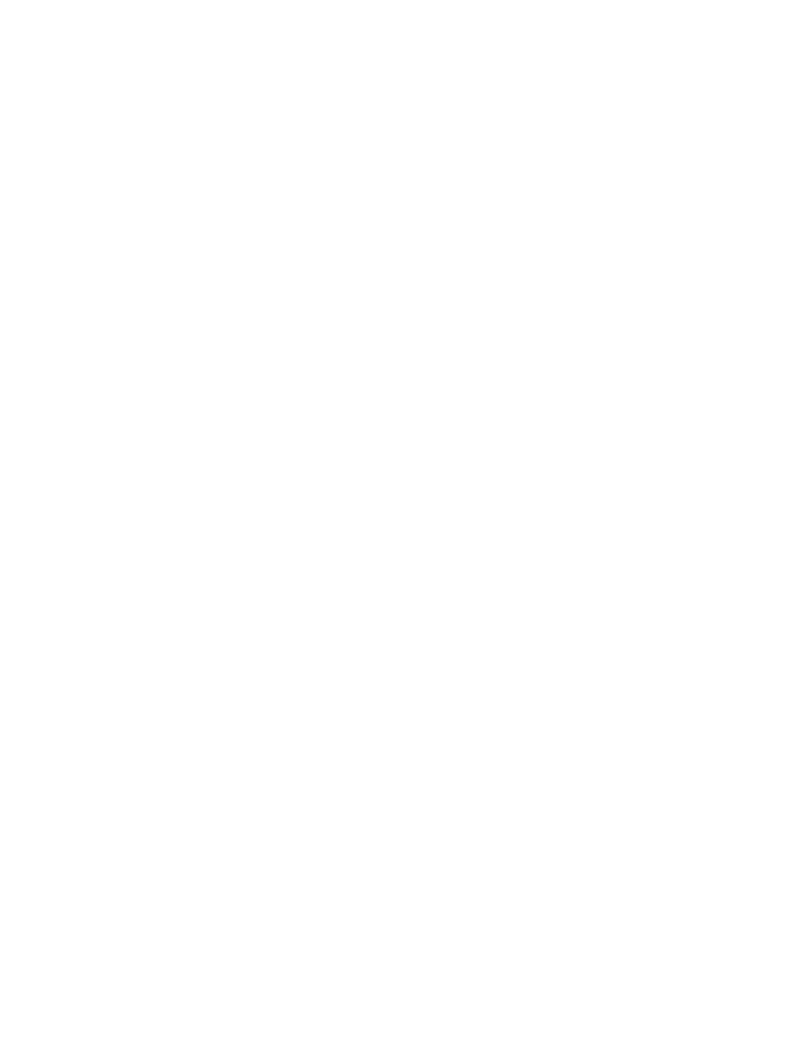
SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:			 	
TO THE RESERVE OF THE PARTY OF	Friends to Elect Tracy A.	Gast		
Constitution of the Artist				

Full Name of Contributor	A		lowerestant and the second
			Date [MM/DD/YYYY] \$
House # Stre	eet Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
CIPOLOGRAPHIC CONTRACTOR CONTRACTOR			Occupation
Employer Mailing Address Place of Business	/ Principal		Description of Contribution
Full Name of Contributor			Date (MM/DD/YYYY) \$
House # Stree	et Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	3.00	ESSECTION ASSOCIATION OF THE PROPERTY OF THE P	Occupation
Employer Mailing Address Place of Business	/ Principal		Description of Contribution
Full Name of Contributor			*Date:[MM/DD/XYYY] .5
House# Stree	et Address		Date [MM/DD/YYYY] \$
City	State:	Zip Code	Date [MM/DD/YYYY] .\$
Employer Name		Proposition agreement 1	Occupation
Employer Mailing Address , Place of Business	/ Principal		Description of Contribution
Full Name of Contributor			Date:[MM/DD/YYYY] 5.
	et Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Fac + 24221 766		Occupation
Employer Mailing Address / Place of Business	Principal		Description of Contribution



Statement of Expenditures

211	identification Number:			 	 	
778	iuentification number.					
		Colombia de Clarat Tarres.				
11.50		Friends to Elect Tracv	A. Gast			
(中国)	THE RESERVE OF THE PARTY OF THE					
W. S. C. C.	400 See 8/2000 EEE EEE EEE EEE EEE EEE					

To Whom Paid		Date [MM/DD/YYYY] \$
House # Street Address		Description of Expenditure
City State	Zip Code	
To Whom Paid		Date [MM/DD/YYYY] S
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] 5
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	100 mg
To Whom Paid		Date [MM/DD/YYYY] \$
House # Street Address		Description of Expenditure
City	Zip Code	
To:Whom Paid		Date [MM/DD/XYYY] S
House # Street Address		Description of Expenditure
State	Zip Code	

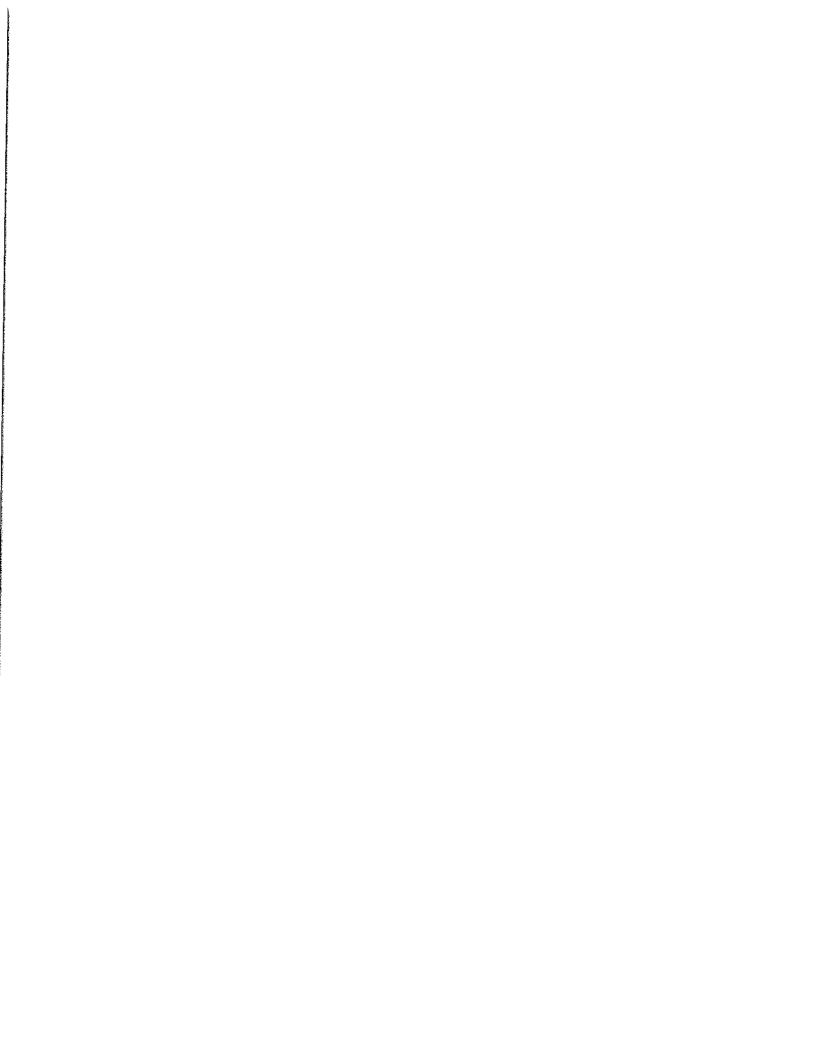
SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

2007/00/00/00/00/00/00/00/00/00/00/00/00/	per action of the congacions which are outstanding at the end of the reporting p	eriod.
Filer Identification Number:		
Fri	riends to Elect Tracy A. Gast	•

Name of	Creditor		Tracy Gast		Outstanding Balance of Debt
House #	12475	Stre	et Address Lakeview Dr	DATE DEBT INCURRED [MM/DD/YYYY] 10/.20/2023	\$
City			Edinboro	PA Zip Code 16412	918.64
Description	on of Debt		Loan to campaign. Balance of debt forgiven \$81.36	repaid as payment in full 11/27/20)23
Name of	Creditor				Outstanding Balance of Debt
House #		Stree	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	S
City			State	Zíp: Code	
	on of Debt			T Special Control Control	
Name of C	A constitution of the				Outstanding Balance of Debt
		Stree	th Address	DATE DEBT INCURRED [IMM/DD/XYYY]	8
City			State	Zip Code	
Descriptio		1	[Production of the control of the co	I to the second	
Name of C	A Section of		CONTROL MARCHANIC CO.		Outstanding Balance of Debt
		Stree	t Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			State	Zip Code	
Description					
Name of C					Outstanding Balance of Debt
			! Address	DATE DEBT INCURRED [MM/DD/YYYY]	Š
City			State	Zip Code	
Description) of Debt			Proceedings	Nest .
Name of Cr	100				Outstanding Balance of Debt
louse#	Š	treet	Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
ity Description	of Debt		State	Zip Code	





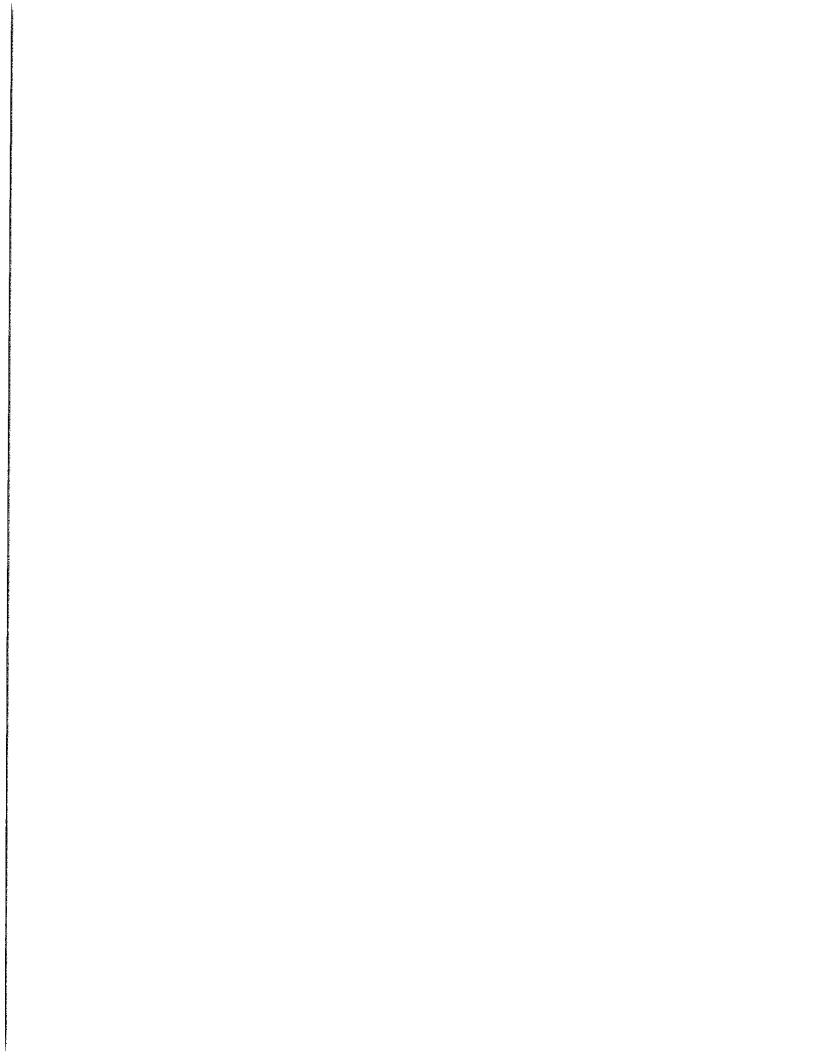
Name of Filing Committee, Candidate, or Lobbyist

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports.** This form must be signed by hand where a signature is required.

Reporting Cycle	Name		6(1)					
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3	☐ Cycle 4		☐ Cycle 5			
6 th Tuesday	2 nd Friday	30 Day	6 th Tuesday		2 nd Friday			
Pre-Primary	Pre-Primary	Post Primary	Pre-Election		Pre-Electio n			
Cycle 6	☐ Cycle 7	☐ Cycle 8		□ Су	cle 9			
30 Day Post-Election	Annual Report	2 nd Friday Pre-Special Election		30 Day Post-Special Election				
is submitted with a report by a contributing lobbyist, the lobbyist must sign here. I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.								
	Spring				3023			
Signature of Treasurer, Candidate, or Lobbyist			13/7/3023 Date (MM/DD/YYYY)					
Laureen Spring			ERI	E PA	USA			
Printed Name				Location (City/State/Country)				

DSEB-502R Updated 1/5/2022





Pennsylvania Department of State
Bureau of Campaign Finance & Civic Engagement
500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Date (MM/DD/YYYY)

Printed Name

Location (City/State/Country)

DSEB-502R Updated 1/5/2022