

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

Filer Identification Number	Report Filed I (Mark X)	By Candida	te 📗	Committee		Lobbyist
Name of Filing Committee, Candidate of Lobbyist	Tenderr Lee Litt	le				Nie wa words i dezwe w 1
Street Address	10253 Old Rout	e 99				
City McKean	-	State	PA	Zip Code	16426	·· <u>··</u> ······
Type of Report (Place x under report type)						
1-6 th Tuesday 2-2 nd Friday 3-30 Day Po Pre-Primary Pre-Primary Primary	St 4-6 th Tuesday Pre-Election	5-2 nd Friday Pre-Election	6-30 Day Post Election	7-Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
	200 ± 100 00 00 00 00 00 00 00 00 00 00 00 00					
Date Of Election (MM/DD/YYYY) May 20, 202	Year	2025	Amendment Report		Termination Report	
Summary of Receipts and From Date	To Date			For C	Office Use Only	5-14 A 5 3 3 5 5 5
Expenditures January 20	25 M	lay 2025				
A. Amount Brought Forward From Last Rep	ort \$	0	<u> Imeringgi p</u> usika kulon 1821 (1831 untu			
B. Total Monetary Contributions and Receip (From Schedule I)	ts \$	0			\$	~
C. Total Funds Available (Sum of Lines A and B)	\$	0			7	025 A
D. Total Expenditures (From Schedule III)	\$	262.68				2025 MAY 13
E. Ending Cash Balance (Subtract Line D from Line C)	\$	262.68			CO print	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0		•		A D
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0			MO	:24
Part 1- If this is a Committee report, treasurer sign	horo If this is a Con	Affidavit Sec				
I swear (or affirm) that this report, including the at				ge and belief tru	ie, correct and comple	ete.
Sworn to and subscribed before me this						
day of20	— ·ı					
	_	Te	Signature o nderr Lee Little	of Person Submit	tting report	
Signature	, I			Printed Name		
My Commission expires		81	4	490-2	972	
MO. DAY Y	R.	Ai	ea Code	Dayt	ime Telephone Numb	er
Part II- If this is a report of a Candidate's Authorize	d Committee, candi	date shall sign he	re.			
I swear (or affirm) that to the best of my knowledge amended.	e and belief this poli	tical committee h	as not violated any	provisions of th	e Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before me this						
day of20	— ·I	_				
	_		Signa	ature of Candida	ite	
Signature	.		F	Printed Name		
My Commission expires MO. DAY YR.	_	Ar	ea Code	. Daytin	ne Telephone Numbe	_

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)	\$ NA
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ NA
All Other Contributions (Part B)		\$ NA
Total for the reporting period	(2)	\$ NA
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ NA
All Other Contributions (Part D)		\$ NA
Total for the reporting period	(3)	\$ NA
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ NA
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)		\$ NA

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

NA NA					
					Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$	
NA NA			NA		NA
House # Street Address		······································	Date [MM/DD/YYYY]	\$	
NA N	Α		NA		NA
City NA	State NA	Zip Gode NA	Date [MM/DD/YYYY]	\$	NA
			NA	轑	NA
Full Name of Contributing Committee NA			Date [MM/DD/YYYY]	\$	
			NA		NA
House # Street Address			Date [MM/DD/YYYY]	\$	
NA N	A		NA ,		NA
City NA	State NA	Zip Gode NA	Date [MM/DD/YYYY]	\$	
	NA INA	Supplies NA	NA		NA
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$	
Committee NA			NA		NA
House # Street Address	•		Date [MM/DD/YYYY]	\$.	
NA N	Α		NA		NA
City NA	State NA	Zip Code NA	Date [MM/DD/YYYY]	\$	
			NA	KAT.	NA
Full Name of Contributing Committee NA				\$	NA .
House # Street Address			NA Date [MM/DD/YYYY]	2 (2) 6 (4)	
NA NA	Ą		System (16 for extra Approx) seem reconstitutional for all all	\$	NA
			NA		
City NA	State NA	Zip Code NA	Date [MM/DD/YYYY]	\$	NA
			NA .	10 PM	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$	
THE STATE OF THE S			NA NA	ALIA MIJA	NA
House # Street Address	_		Date [MM/DD/YYYY]	\$	
	A		NA NA		NA
City NA	State NA	Zip Code NA	Date [MM/DD/YYYY]	\$	NIA
	ANA STAN	INA	NA NA		NA
Full Name of Contributing NA			Date [MM/DD/YYYY]	\$	NA
			100		NA
House # Street Address	۸		Date [MM/DD/YYYY]	S	NIA
				3.0	NA
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
NA NA	NA NA	NA NA	NA .		NA

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.)

Elleridentification Number: NA

Hanil Name of Contributors			Date MM/DD/AAAM	
NA			NA NA	NA
House# Street-Address NA NA N	A		Date [MM/DD/AAAA] S NA	NA
Gir NA	State NA	Zip Gode NA	Date (MM/DD/AAAA) S.	NA
Hadl-Werne of Contributors	H-1016 Care H-20	Some Linear Control of the Control o	Date MM/DD/MM/M	K .
NA NA			NA	NA
House# Street Address NA N	A		Date [MM/DD/AAAA]: S	NA
Gity NA	State NA	Zip@ode NA	Date [MM/DD/AAAA] S	NA
(Full Name of Contributors	(2) 医新花花 (2000 College)	NATIONAL OF THE PROPERTY OF TH	Date MM/DD/AW/M	i i
NA			NA NA	NA
litouse (; Sincer Address			Date [MM/DD/YYYY] 4 [5]	
NA N		Marzarania Chapa (Chapa (Chapa)	NA	NA .
Gity. NA	State NA	Zip Gode NA	Date [MM/DD/MAM] St.	NA
Edlikemedi@midbudi;	(Advicational Advisory)	60 Process September 2 market of contraction (Con-	Date MM/DD/AAAA1 \$2	
NA			NA NA	NA
House iis Sheet Address			Date MM/DD/YYYYA S	
NA N			NA	NA
Gity. NA	State NA	Zip(Code NA	Date [MM/DD/AAAA] S	NA
Full/Nameo/Contributor			Date MM/DD/WWI	
NA NA			NA	NA
House# Street Address NA Street Address	A		Date MM/DD/AAAM St	NA
City NA	State NA	Zip Code 2. NA	Date MM/DD/MMM S	NA NA
Mary Carlot of Control			NA NA	
(FUI) Name of Contributor NA			Date MM/DD/MMM S	NA
House# Street Address	^		*Date [MM/DD/MYW]; SS	NA
		Zip Gode	NA NA	;
CITY. NA	State 3 NA	NA NA	Date IMM/DD/MM4 S	NA

PART C

Contributions Received From Political Committees

Over \$250.00

File identification Number 8

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

NA NA		
Full Name of Contributing Committee NA	Date (MM/DD/AYAYA) S	NA
(touse):: SuccestAddress	Date [MM/DD/AAAA]	
NA A NA	NA NA	NA
City NA State Zipicode NA NA NA	Date [MM/,DD/,AXXXA] . S NA	NA
Gull Name of	Date (MINV/DD/AYAYA)	
Contributing Committee NA	NA	NA
	Date(IMM/DD//YYYM) s	\$1
NA NA NA	NA S	NA
Gity NA Zip@de NA NA NA	Date IMM/DD/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	NA
National Control of the Control of t	Date IMM/DD/AAAAA	
Full/Name of Contributing Committee NA	NA	NA
House ## Street Address	Date MM/DD/YYYYI 15	
NA NA NA	NA 84	NA
Gity NA State NA ZipiGode NA NA	PDate IIVIW/DD/AAAAAI 55 NA	NA NA
Full Name of	Date MM/DD/AMA) S	
CONTRIBUTING COMMITTEE NA	NA	NA
	Date [MM/DD/AYAM] s	[]
NA NA	NA	NA
Gity State Zip Gode NA	(Date(MM/DD/YAXAY)) S	NA
	NA NA	
	Date [MM/DD/AMM] S	•
	NA	NA
	[Date [MM/DD/YYYY]]	51
NA NA	NA	NA
City Zip Code NA NA NA NA	Date (MM/DD/AYYY) \$	NA
	*Date (MM/PD//Y/Y/)	The same of the sa
Contributing Committee. NA	NA	NA
House# Street/Address	Date [MM/DD/WW] S	\$
NA NA NA	NA	NA
NA NA NA NA	Date [MM/DD/AAAA] . S NA	NA

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)

Fila (Centification Numbers)

โรปโฟะเกองให้อากับใช				Date[MM/DD/MMM] s	
	TENDERR LEE	LITTLE		02/21/2025	262.68
Secretary and the second secon	merate/Additresse			Date [MM/DD/MAM] S	NA NA
10253	0	LD ROUTE 99		NA	
Gity MCKEAN		State PA	Z[p:@de] 16426	Pate [MMM/DD/MAM]	NA
imployer/Name	N	ACKEAN TOWNSHIP		Occupation CLERICAL	
UnployerWellingActive PrincipalPlaneoiBusine	SS 9	231 EDINBORO ROAD F	OB 62 MCKEAN PA 16426	Processing & des. Commission of Proceedings 5.	
Rull/Emeoi@midbuo	N-DELIVER - SHIPPER - N-S-X-1			Date MW/DD/WaW	
	NA			NA	NA
\$10 M 10 M	reer/Address		•	Pate MM/DD/MMM S	18T I
NA	N			NA	NA
GEY NA		State NA	Zip Code NA	Date [MM/DD/MMM]	NA
Gingleyeriyenic				NA (Marketing)	
TanployarMelling/Addisa	se-//	A		NA NA	
Pardiel Pedeliudic	SE , N	Α			
Full Nemeo/Contifluto	A NA			DETE [[M(X)/DIP/NAAYA] S	NA NA
				NA NA	
Keweli Sandi	rger/Address N	A		Date [MM/DD//////] S	NA
Cty		State	(Zip/Gode a)	NA Date[MM/DD/AYAA] S	
NA NA		NA NA	NA NA	NA	NA
EmployarMame	N III	A		Occupation NA	•
BagloyarMalling∕Adde PiladjelDlaceofBuila		A			
ondinacopoema/yillish	NESSHAR MEDICAL DESCRIPTION OF SERVICE			(Date [MIM/DD/MAM) S	
	NA			NA	NA
House III NA	reet/Address			Date [MM/DD/AAAA] S	
	N.			NA NA	NA
Gizy NA		State NA	Zip Code NA	(Date [MM//DD/AYAYA)] S NA	NA
Employer/Vame				*Accupation*	are a
(Bageloyea)Meillin «Ayilale	Ss //	A		NA NA	
Randpal Recoil Busine		A			

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.

Aller Idanii ika rom Number.

				_	
Roll (Varine	NA		-		
Rouseff NA Six	et/Address NA				
(Clay)	NA	State II NA	Zip Code NA	Date [MM/,DD/,YYYY] // NA	NA
रिक्क्षीचेः छिन्द्रवर्गिर्मेखाः	NA	· · · · · · · · · · · · · · · · · · ·			
FalliVarie	NA				
	eer Address _{NA}				
(City-	NA	State NA	Zip Gode NA	Date MM/DD/AWW]	NA
Receipt Description	NA				
Full Name	NA				
	et Address NA				
Gity	NA	State NA	Zip Code _{NA}	idate [MM/did/\\\\\\]	NA NA
Recipt Description	NA				
Full Varme	NA		-		
NA INA	et/Address NA				
Giy.	NA	State NA	Zip Code NA	A CONTRACTOR OF THE PROPERTY O	S NA
Receipt Description	NA				
FilliVeme	NA				
	et/Address NA				
Gity	NA	State NA	Zip Code NA	Date [MM/DD/YYYY]	SI NA
Receipt Description	NA				•
(Full Marme	NA				
建筑的 	et/Address NA	•			
GISV.	NA	State NA	Zip Code NA	Date [MM/DD/AYYY] NA	S NA
Receipt Description	NA				

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

file i len title fon Nember	NA .		
to the state of th			
AL UNINERINIZEDINHRINIDE	CONTRIBUTIONS RECEIVED AVAILUE	5(0)5(5(5)0)0(0)(0	RUESSPERCONTRIBUTOR
TOTAL for the reporting period	(1)	\$	NA
2: INHAIND CONTRIBUTIO	NASTRECENSED WALLE OF SECOND IN	D \$250:00 (H	@MiPARTE)
TOTAL for the reporting period	(2)	\$	NA NA
		Code at 155 and a code of the	
33 AIN-RIND/GONTRIBUTIO	Niregelvedevalue over \$250.00) (FROW) PAR	(G)
TOTAL for the reporting period	(3)	\$	NA
====	TO THE STATE OF THE SECOND	I A'''''	
	RIBUTIONS DURING THIS REPORTIN totals from boxes 1, 2, and 3; also	1 ' 1	
on Page 1, Report Cover Page, Ite			NA

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Fileridentification Number :	
(filer/identification/Number:	

Full-Name of Contributors NA		<u>3</u>	Date MM/DD/YYYY] NA	NA
NA Street Address			(Date (MM/DD/MM))) NA	NA NA
CCCV NA	State Zip Code	NA	(Date [MM//DD/YY/Y/]) NA	SA NA
Description of Contribution	NA	i i		(Charles ALL)
Aulistemeoideontiluttor:		200	Date[MM/DD/AXXI]	
NA			NA	NA D
House## StreetAddress NA NA			Date (MM/DD/M/M) NA	S NA
Gty. NA	State Zip Gode	NA .	Date [MM/DD/YYYY/] NA	NA
Description of Contribution	NA	Man S	S	(8,8262)
Full Venneof Contributor		9	Date [MM//DD//Y/Y/]	ise
NA NA			NA	NA NA
House# Street-Address		<u> </u>	Date [MM/DD/YYYY] NA	S NA
Gity. NA	State NA ZipGode	NA	Date [MM/DD/YYYY] NA	NA
Description of Contribution	NA			,
સ્થિમિપેટાનાલું of Gontabutor			Date [MMV/DD/MMW]	\$
NA			NA	NA
House# Street Address NA NA			Date:[MM/DD/XXXXI]	NA NA
Gity NA	State NA ZipiCode	NA I	Date [MM/DD/YYYY] NA	S NA
Description of Contribution	NA	- Anna Carlot	ren	index or 1
sonudrinos remarkillus		豪	Date [MM/DD//Y/Y/]	S
NA NA			NA	NA NA
House# Street Address NA NA			Date [MM/DD/YYYY] NA	S NA
Gity. NA	State NA Zip Gode	NA Q	Date [MM/DD/MYM] NA	\$\$ NA
Description of Contribution	NA		, , , , , , , , , , , , , , , , , , ,	

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

And a structure of the structure of the

Hulli Name of Contributor NA		Date [MM/DD//YYYY] \$ NA
House#. StreetAddress NA NA	4	Date[MM/DD/YYYY] S
(City NA	State PA	Date [MM/DD/YYYY] \$
Employer Name	NA	(Occupation NA
EmployerMailing Address://Principal Place of Business	NA	Description NA Gontribution
Hull Name of Contributor		Date MM/DD/MMM 25 NA
NA Street Address		Date [MM/DD/YYYY] S NA
NA NA	State Zip:Gode NA	Date [MM/DD/XXXX] S NA NA
Employer/Name	NA NA	Occupation NA
Employer/Meilling/Address//Principell Plerce of Business	NA	Description of Contribution
FUL Name of Contributor NA		na pate MM/DD/AAAM S
House(#) Street Address		NA NA
Giv NA	State: ZipCode NA State: NA	NA NA
Employer Name	NA	Occupation NA
EmployaeWEllingAddlesss//Riineipal Place of Gusiness	NA	Description of NA Contribution
Full Name of Contributor NA		Date:[MM/DD/XYYY] \$ NA
House# NA Street Address NA	Longitude motors Fortification of the street motors	NA S NA
Gity NA Lemployer/Name	State: NA Zip.Gode: NA	Date [MM/DD/XYYY] S N
	NA	Occupation NA
Ginployer Mailing Address // Principal Place of Business	NA	Description of NA Gontribution

Statement of Expenditures

	 atement of Expen
(filer(dentifie:(fon)Number:	

ToWhom Paid	Date[MM/JDD/XXXXV] \$
SIGNS ON THE CHEAP (ONLINE COMPANY)	02/21/2025 262.68
House# Street Address https://www.signsonthecheap.com/contactus	Description: of Expenditure
City State Zip Gode	POLITIAL SIGNS
ToWhomPaid NA	IDate [MM/DD/XXXXIII
HOUSE# NA Street Address NA	Description of Expenditure
Gity NA State NA Code NA	NA NA
Tie Whom Paids	#Date: MMVDD//MYY/] #1253
NA NA	NA NA
House # NA Street Address NA	Description of Expenditure.
NA State NA Code NA	NA .
REO/Whom Paid:	Date [MM//Db//AAAA] \$ NA
House# NA Street Address NA	Description of Expenditure
Gity NA State NA Gode NA	NA .
Tio\Winom\Paid\$\$ NA	Date [MM/DD/AYM] \$
HOUSE# NA Street Address NA	Description of Expenditure
NA State NA Gode NA	NA
TO Whom Paid NA	®Date [MM/DD/YYYY] ₩ \$ NA
House# NA Street Address NA	Description of Expenditure
City NA State NA Code NA	NA
ToWhom:Paid NA	VDates[MM/DD/YYYYY] SS NA
HOUSE H NA Street Address NA	Description of Expenditure
State NA Zip NA Rode NA	NA
TOWhom Paid NA	#Date [MM/DD/AYYY] \$ \$ NA
House # NA Street Address NA	Description of Expenditure
City NA State NA Code NA	NA

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.

filladdentfication/Numbes

18 STORING WARRINGS	- le Cillian de la Colon de La Grande de Colon d			Teller verbrade beforer a 12 design from the distriction of a construction made
新数量数据	Greditor	NA NA	Descript description of internal plane to the control of profession for the control of the contr	Outstanding Balance of Debt
A FROUSTEAN	NA	treet Address	DATE DEBT INCURRED (ALL IMM/DD/YYYY)	
	IVA	NA NA	NA	
CIBY		NA State	NA Zip NA	NA
Desdipt	ion oi Debi	NA		
Named	त्वादा ी (ज ह			Qutstanding Balance/of Debt
House#		NA treet Address	DATE DEBT INGURRED	in the second se
	NA	NA NA	[MM//DD/YYYY]	
dity		State	NA Zin	
		NA NA	NA Zip. NA NA	NA NA
Decaip	ලා ලැබුවත්	NA		
Nameo	Creditor	NA		Outstanding Balance of Debt
liouse:		treet-Address	DATE DEBT INCURRED	
	NA	NA	- IMM/ĐĐ/YYYYI	
टाइ		AState	NA NA	
		NA	NA Zip NA	NA NA
Descript	on of Debt	NA NA		
	(Greditor	NA		Outstanding Balance of Debt
House #	NA	treet Address	DATE DEBUTNGURRED	
	INA I	NA	NA	
Gig		NA State	NA Zip NA	NA
Descripti	ලා ල් මුප්රි	NA	(4-2005-0-5700000-0-0-0-0-0-0-0-0-0-0-0-0-0-	(Biologium)
Nameoi	Creditor	NA		Outstanding Balance of Debt
House		rreet/Address	DATE DEBT INCURRED	TS.
	NA	NA NA	[MM/DD/YYYY]	
Gity		State	NA Zip	
		NA NA	NA Zip NA	NA M
രങ്ങൾ	onoliDebi	NA NA		
Nameoi	Geditor	NA NA		Outstanding Balance of Debt
House #	S	reet Address	DATE DEBT INCURRED	SS
	NA	NA NA	(MM/DD/YYYY) NA	
Gity		State	Zip	NA NA
	ön of Debt :	NA SA	NA Gode NA	
DESCRIPT	onorpen:	NA		
~~~	THE OWNER OF THE PARTY OF THE P	the state of the s		



## 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.

TENDERR LEE LITTLE								
Reporting Cycle  Cycle 1 6th Tuesday Pre-Primary	Cycle 2  2 nd Friday  Pre-Primary	☐ <b>Cycle 3</b> 30 Day Post Primary	Cycle 4 6th Tuesday Pre-Election		Cycle 5 2 nd Friday Pre-Election			
☐ Cycle 6  Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8  2 nd Friday Pre-Special			c <b>ie 9</b> ost-Special Election			

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

05/13/2025

Date (MM/DD/YYYY)

TENDERR LEE LITTLE

MCKEAN PA UNITED STATES

Location (City/State/Country)

**Printed Name** 

DSE8-502R Updated 1/5/2022