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

	(Note: This report mu	st be clear ar	id legible. It sh	iould be typed)		
Filer Identification Number	Report Filed ((Mark X)	By Candio	ate X	Committee		Lobbyist
Name of Filing Committee, Candida Lobbyist	20 30 258 (0.504)	RY DIL	ORETA		Carpani Carpani	
Street Address	924	Dean	C		· · · · · · · · · · · · · · · · · · ·	
City E	RIE	State	STREET	Zip Code		
			PA	Zip code	16501	
Type of Report (Place x under report	<u> </u>					
1- 6 th Tuesday 2- 2 nd Friday 3-30 Pre-Primary Pre-Primary Prim		5- 2 nd Friday Pre- Election	6- 30 Day Pos Election		pecial 2 nd Friday re-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY) 05/	18/2021 Year	2021	Amendment Report	26 d 1 13.32°C	ermination eport	
Summary of Receipts and From Expenditures	Date To Date			For Offi	ce Use Only	
	19/2021 05/0	3/2021				
			!	•	<i>45</i> ,	
B. Total Monetary Contributions and (From Schedule I)	Receipts \$		i		,	
C. Total Funds Available (Sum of Lines A and B)	\$			•		many the same of t
D. Total Expenditures	\$ 010			:		5
(From Schedule III)	1/2	2.75				
E. Ending Cash Balance (Subtract Line D from Line C)	\$					
F. Value of In-Kind Contributions Rece	eived \$					ည <u>ှ</u> မှ
(From Schedule II) G. Unpaid Debts and Obligations	S				Albertan. maribas, prima,	#
(From Schedule IV)						
Part 1. If this is a Committee was at the		Affidavit Sec	ion			
Part 1- If this is a Committee report, treasur I swear (or affirm) that this report, including	er sign here. If this is a Candi the attached schedules on r	idate report, car	ididate sign here.	go and halistana		
Sworn to and subscribed before me this		To the title b	est of my knowled	ge and belief true, c	orrect and complet	e.
day of			("_	$\sim 1)$	1	
			Signature o	of Person Submitting	report	 .
Signature				Printed Name	<u> </u>	_
My Commission expires	• •	· Q	114	UEC.	-77 aU	
MO. DAY	YR.	Are	ea Code	Daytime	Telephone Number	<u> </u>
Part II- If this is a report of a Candidate's Aut	horized Committee, candida	ite shall sign her				
swear (or affirm) that to the best of my kno emended.	wledge and belief this politic	al committee ha	s not violated any	provisions of the Ac	t of June 3, 1937 (P	.L. 1333. NO.320) as
						,,
Sworn to and subscribed before me this			•			
day of20	<u> </u>					
	1,	-	Signa	ture of Candidate	• • • • • • • • • • • • • • • • • • • •	-
Signature			р	rinted Name	····	
Ny Commission expires	4 7		•			
MO. DAY	YR.	Are	a Code	Daytime Te	lephone 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)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	ernese (Kiter) De	\$
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)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ The state of the second
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 No	umber		<u> englant i na nga katili na nga paliti na ga</u>		The street of th
Full Name of Contr	buting				Amount
Committee				Date [MM/DD/YYYY]	>
House#	Street Address				
100357	Juleet Address			Date [MM/DD/YYYY]	
City		State	Zip Códe		
			Zip code	Date [MM/DD/YYYY]	
Full Name of Contri	buting	Manage Comment	and assertion assertion and	Date [MM/DD/YYYY]	
Committee					
House #	Street Address			Date [MM/DD/YYYY]	<u> </u>
City	P 1 To a Conference of the Con	State	Zip Code	Date [MM/DD/YYYY]	
	message statement and				
Full Name of Contril Committee	buting			Date [MM/DD/YYYY] S	
House #					
House #	Street Address			Date [MM/DD/YYYY] S	
City		#6-25-05-06-	Trace Contraction of the Contraction of		
GIV		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contrib	outing			Date [MM/DD/YYYY] S	
Committee				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] = \$	
Citÿ		State	Zip Code	Date [MM/DD/YYYY] \$	
				The state of the s	S. A.
Full Name of Contrib Committee	uting			Date [MM/DD/YYYY] s	2000
Elizabeth Elizabeth					
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contrib	irine.	The second second second			
Committee.				Date [MM/DD/YYYY] \$\$	
House # .	Street Address			Date [MM/DD/YYYY] S	
	N. Art Sant			The state of the s	
City.	1 solit dell'article dell'article (1995)	State	Zip Code	Date [MM/DD/YYYY] \$	
The second secon		Later Contraction		I Section	

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 Numbe	ii		The second secon	en e
Full Name of Contributo			*Date [MM/DD/YYYY] \$	
	treet Address		Date [MM/DD/YYYY] \$	
Gity Full Name of Contributo	State	Zip Code	Date MM/DD/YYYYI S	
	reet Address		*Date [MM/DD/YYYY) \$	
Gify 7	State	\$5-47-25-05-47-25-06-17-25-06-1	Date [MM/DD/yyyy] \$	
Full Name of Contributor		Zip Code	Date [MM/DD/YYYY] \$	
House# Sti	reet Address		Date [MM/DD/YYYYY] \$	
Gity	. State :	Zip Code.		
Full Name of Contributor			Pate [MM/DD/YYYY] S	
House # Str.	eet Address		Date:[MM/DD/yyyy] \$	-,
City		Zip Code	Date [MM/DD/YYYY]	
Full!Name of Contributor			Date [MM/DD/YYYY]s	
House:#. Stre	et Address		Date [MM/DD/YYYY] \$	
36 tý	iState.	Zip Code	Date [MM/DD/YYYY] SS	
ull Name of Contributor	Section 1981		Date (MM/DD/yyyy) 5	
Ouse# Stree	et Address		Date [MM/DD/YYYY] 35	
ity	State	Zip Code	Date [MM/DD/YYYY] \$\$	
				Ī

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				
Full Name of				
Contributing Committee			Date [MM/DD/YYYY] 3 9\$	
House# Stree	t Address		Date:[MM/DD/YYYY] \$	
(City)	State	Zip Code	Pate [MM/DD/YYYY]	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
Street	Address		Date [MM/DD/YYYY] S	
<u>Gity</u>	State	Zip Gode		
		Zip code .	Date (MM/DD/YYYY) \$	
Füll Name of	188004884884		Date [MM/DD/YYYY] 3.5	Personal production of the second
Contributing Committee .			2 2000 10 10 10 10 10 10 10 10 10 10 10 10	
House # Street	Address		Date [MM/DD/XYYY]	
		_		
Gity	State	Zip Code	[Date MM/DD/YYYY] (S)	
Füll Name of				a way of the experience
Contributing Committee		·	Date [MM/DD/YYYY) \$	
House # Street /	Address		Date (MM/DD/yyyy) \$\$	
			100 minutes 10	
City	State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of				
Contributing Committee			Date [MM/DD/YYYYY] \$	
House# Street A	ndracc			
y Y			Date [MM/DD/YYYY] S	
City	State /	Zip Code	Date [MM/DD/YYYY] \$ \$	
			Pate [MM/DD/YYYY] \$	İ
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
				ĺ
House # Street Av	ddress		Pate (MM/DD/YYYY) S	
Gity 1	TV2 Victorian	fug-9-2/Red expl.		1
S	State	Zip Code	Date [MM/DD/YYYY] \$.	
	7. Table 1.			

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:

Full Name of Contributor.			Date (MM/DD/YYYY) 25
House # Street Address Gity	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		*CIP Code	Date [MM/DD/YYYY] \$5 Occupation
Employer Mailing Address / Principal Place of Business Full Name of Contributors			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
Employer.Name	State	Zip Code	Date [MM/DD/YYYY] 5.
Employer Mailing:Address / Principal:Place of Business Full/Name of Contributor			Date [MM/DD/YYYY]
House# Street Address	#\$tate		Date [MM/DD/YYYY] 5
Employer Name Employer Mailing Address //	3)dic	* Zip.Code	Date [MM/DD/YYYY]
Principal Place of Business FUII Name of Contributor			Date [MIM/DD/YYYY] \$
House # Street Address	State	Zip Code	Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S
Employer (Name			Date [MM/DD/YYYY] \$ Occupation
Employer:Mailing Address / Principal Place of Business			1. [2008] 我们是我们是阿尔斯特的人们

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Fileridentification Nun	nber:		•	spendicules that were returned to the me
Full Name House#! City Receipt Description	Street Address	(State	Zip Code	Date [MM/DD/XYYY] \$
Full Name House # City Receipt Description Full Name	Street Address	*State	Zip Code	Date [MM/DD/YYYY]
House # Gity Receipt Description (Street Address	State	Zip Code	Daté IMM/DD/YYYYI
Gity Receipt Description	Street Address	State	Zip Code	*Date [MM/DD/YYYY] -\$
City Receipt Description	Street Address	State	Zip Code	Date [MM/DD/YYYY]
Full Name House # S Lity Receipt Description	treet Address	State	Zip Code	Date [MM/DD/YYYY]

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD **DETAILED SUMMARY PAGE**

Filer Identification Number	DETAL	LED SUMMARY PAGE	
1. UNIFEMIZED INKIND CONTI	RIBUTIONS RECEIVED VALU	E OF \$50,00 GR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS RE	GEIVED-VALUE OF \$50.01	©\$250.00/(FROMPARTE)	
TOTAL for the reporting period	(2)	\$	
3. IN KIND GONTRIBUTION RECE	IVED:VALUE OVER\$250:00	(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)	NS DURING THIS REPORTING om boxes 1, 2, and 3; also 6	IG \$ enter	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification N	imber	The second part of the second	771202 01 930.01 10 9230	en and profile and profile and a profile and a supplication of the same of the same of the same of the same of	- المناوعية
			Market Control		
	Catalogora and				
Full Name of Contr	Ibutor		-	Date [MM/DD/YYYY] \$	
House'#	III AMERICA				
	Street Address			Date [MM/DD/YYYY] 15	
City		State	Zip Code	Date [MM/DD/YYYY] 35	
				*Pace [MIM/DD/15141] \$2	
Description of Cont	ribution				•
Full Name of Contri	butor		engan kalandaran di kalandaran kalandaran 1920 andaran 1920 andaran 1920 andaran 1920 andaran 1920 andaran 19	Date [MM/DD/YYYY] \$5	
				<u> </u>	
House #	Street Address			Date (MM/DD/YYYY) \$5:	
City	PROPERTY OF SAME PROPERTY.	State	Zip Code	Date [MM/DD/XYYY] \$	
Description of Contr	ibution			[-4:500]	
Full Name of Contrib	iutor	interese e en	e a capacita de la c	Date [MM/DD/YYYY] \$	**
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		\$Date [MM/DD/YYYY] \$	
G(t)		18/12 11 10 PM 18 18 18 18 18 18 18 18 18 18 18 18 18	LUCCO ATT TO ASSESS AND AREA		
City		State	Zip Code	:Date [MM/DD/YYYY] \$	
Description of Contri	lbution				
Eull Name of Contrib	utor	to the appearance of the second	eren gala kala a aggil rekuluk garilla ere akku	STSTSTOMAUNICATION PART	
				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
			•		
Gity		State	Zip Gode	Date [MM/DD/YYYY] \$	
	Land - The Control of				
Description of Contri					
Full Name of Contrib	utor			Date [MM/DD/YYYY] \$3	
House #	Street Address			Date [MM/DD/YYYY] \$5	
Gitý .		**C1343***		i de la companya de l	
		'State	Zip Gode	Date (MM/DD/YYYY) \$5	
Description of Contrib	oution				
		<u></u>	<u>a de martino por Mario de la competitorio de la gillerio de la gillerio de la gillerio de la gillerio de la g</u> illerio de la gillerio de la g		

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:			
Full Name of Contributor			
of the state of th			Date [MM/DD/YYYY]
House:#	t Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$\$
			Date [MM/DD/YYYY]
Employer:Name Employer:Mailing Address://	Principal		Occupation
Place of Business			Description of
Full Name of Contributor		and the state of t	Contribution Date [MM/DD/YYYY]
House#! Street	Address		
Sueec	watess		Date [MM/DD/xyyy]
City.	State	ip Code	Date [MM/DD/YYYY] \$
Employer, Name			Occupation
Employer:Mailing Address / P Place of Business	rincipal)		Description
Full Name of Contributor		William Charles	of Contribution
ronivanie or contributor.			Date [MM/DD/YYYY]
House # Street A	ddress		Date [MM/DD/YYYY] \$
Gity 9	State Zi	p Code	
		PSOME	Date [MM/DD/YYYY] 45
Employer Name			Occupation
Employer Mailing Address / Pr Place of Business	incipal		Description of
ull Name of Contributor		Security of the security of th	(Contribution
louse # Street A	Windson (22)		
löüse# Street Aα	ldress		Date [MM/DD/YYYY] \$
lity.	State	Code	Date [MM/DD/YYYY] \$\frac{1}{2}\$
mplover Name			Occupation 3
mployer Mailing Address / Pri lace of Business	icipal:		(Description)
And the state of t			of Contribution

Statement of Expenditures

Filer Identification Number	<u>and the state of </u>	en e	 	
Filer Identification Number:				
				•
A STATE OF THE PROPERTY OF THE				

To Whom Paid	SILK SCRE	EN UNLI	MITED		Date [MM/DD/YYYY] 04 /26 / 2021	212.75
House # 1702	Street Address W. 8	} ^{+h}	****	-,	Description of Expenditu	re
City ERIE	State	PA	Zip Code	16505	CLOTHING	S
To Whom Paid	DE SANTIS	SIGNS A	UD GRAPI	tics, luc.	Date [MM/DD/YYYY] 04/17/2021	700.00
House # 540	Street Address W. 1				Description of Expenditur	e
City ERIE	State	PA	Zip Code	16502	YARD SIGNS	
To Whom Paid					Date [MM/DD/YYYY] 21 8	
House #	Street Address				Description of Expenditur	e e e
Gity	State		Zip Gode		and the second s	and the second
To Whom Paid				a ili semila ni guli ili sema	Date [MM/DD/YYYYY] S	
House #	Street Address			-	Description of Expenditure	
City ?	State	100 minutes	Zip Code			
To Whom Paid		emina of a file and a second of			Date [MM/DD/YYYY] \$	
	Street Address				Description of Expenditure	8
Gify 2	State		Zip Code	_		
To Whom Paid					Date [MM/DD/YYYY] \$	
	Street Address				Description of Expenditure	
City	State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY] S	S
	Street Address				Description of Expenditure	
Gity	State		Zip Code		4877)	
To:Whom Paid					Date:[MM/DD/YYYY] \$	Washington Co.
	Street Address				Description of Expenditure	
eity (State		Zip Code!	12		

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.

Eller identification Number:	
Name of Greditor. House # Stree Gity Description of Debt. 2	Outstanding Balance of Debt PATE DEBT INCURRED [MM/DD/YYYY] State Zip Code
City Description of Debt	Outstanding Balance of Debt PLAddress DATE-DEBT INCURRED S [MIM/DD/YYYY] State Zip Gode
City Description of Debt	t Address DATE DEBT INCURRED [MM/DD/xyyy] State Zip 3Code 1
City Description of Debt	DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code
Name of Greditor House # Street Grty Description of Debt 2	Address DATE DEBT INCURRED [MIM/DD/XYYY] State Zip Code Code
Name of Greditor Jouise # Street	Address DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code



Pennsylvania Department of State

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

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.

Name of Filing Reporting Cycle		didate, or Lobbyi			
□ Cycle 1 6 th Tuesday Pre~Primary	Cycle 2 2 nd Friday Pre-Primary	Cycle 3 30 Day Post Primary	☐ Cycle 4 6 th Tuesday Pre-Election		☐ Cycle 5 2 nd Friday Pre-Election
Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special E	lection	_	cle 9 st-Special Election

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report 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.

Signature of Treasurer, Candidate, or Lobbyist

Cory Dicontro

Printed Name

Date (DD/MM/YYYY)

Ente | PA | U.S.

Location (City/State/Country)