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

Filer Identification	Report Filed B		te V	Committee		Lobbyist	
Number Name of Filing Committee, Candidate or	(Mark X)			J. Bartinan I.			
Lobbyist	Alan	c. 6	reeh				
Street Address	62				-		
city Erye		State	PA	Zip Code	16503		
Type of Report (Place x under report type)	Type of Report (Place x under report type)						
1- 6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	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	
Date Of Election	Year		Amendment		Termination		
(MM/DD/YYYY)	i cui		Report		Report		
Summary of Receipts and From Date	To Date			For (Office Use Only		
Expenditures	···				omice out only		
04/01/2		03/21					
A. Amount Brought Forward From Last Report	·. '	0			وال ^{ميك} ومعام		
B. Total Monetary Contributions and Receipts (From Schedule I)	7 S.	26.93					
C. Total Funds Available (Sum of Lines A and B)	\$ 57	6,93			TI FIN	un la	
D. Total Expenditures					,—m,1, 3	ហំ	
(From Schedule III)	52	6, 93			CO THE	T.	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0			in. i		
F. Value of In-Kind Contributions Received	\$				(C)	<u>?</u>	
(From Schedule II)		0				Ö	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0					
		Affidavit Sec					
Part 1- If this is a Committee report, treasurer sign he I swear (or affirm) that this report, including the attac				ge and helief tr	ue_correct and comple		
Sworn to and subscribed before me this	Ø ≥ o	023 2 2 3 3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
day of	- Notary	rril 3, 2023 288912 Ion of Nota	Clan	donoly			
Jan 19 1 Day Marmala		유역을	Signature o	f Person Subm	itting report		
Signature:		pires A	•	Printed Name	<u> </u>		
My Commission expires 4-3-23	of Pennisylvanandez, No	ssion expires ssion number isylvania Assoc	414		456-306	_ -	
MO. DAY YR.		'= '= F	rea Code	Day	time Telephone Numbe	er ^{kolo}	
Part II- If this is a report of a Candidate's Authorized Committee condidate in a sign here.							
I swear (or affirm) that to the best of my knowledge and belief the political distribution of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.							
Sworn to and subscribed before me this							
day of20	- 1					_	
•	ļ.		Sign	ature of Candid	ate		
Signature				Printed Name	-		
My Commission expires	-					 _	
MO. DAY YR.		A	rea Code	Dayti	me Telephone Number		

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
St. Lawarden, Let. 1957, Dr. 1959, N. S. H. Harrison, C. L. Lawarden, M. L. Lawarden, M. L. Lawarden, L. L. Lawarde		
Filer identification Number		

1. Unitermized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period (1)	\$	50.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	125.93
Total for the reporting period (2)	\$	175.93
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	353.70
Total for the reporting period (3)	\$	353.70
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		12	
Total for the reporting period (4)	\$	0
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)	- 1	\$	529.63

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.

					Amount
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee				A second	
House #	Street Address			Date [MM/DD/YYYY] \$	
Gity	л. орос 19 доврес 1900 дорги на ndd	State	Zip Code	Date [MM/DD/YYYYY] \$	
Full Name of Co	ntributing	Service (Date [MM/DD/YYYY] \$	
Committee				Sectional Spiritual S	
House #	Street Address			Date [MM/DD/YYYY] \$	
		_			
City	東京 : Armen a Fee - 中央的行法 下 3万菱油	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	-
Committee					
House:#	Street Address			Date [MM/DD/YYYY] \$	
City	And	State.	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	archating 200			Date [MM/DD/YYYY] \$	
Committee				Peretual ANT (11)	
House #	Street Address			Date [MM/DD/YYYY] \$	
A NACO		Texp======			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor	Tributing			Date [MM/DD/YYYY] 5	
Committee				30 C. L.	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
EMIL KY Zyrkaci i na na	The Land Control of the Control of t			Date from the first	
Full Name of Cor Committee	nicipating			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
K &	i				

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 (dentification Number:

数数					
Full Na	me of Contributor	ATHERINE M. GREEN		Code :	\$ 125.93
	1 2 2 5 May 18			04/29/2021	
House #	f Street	Address EAST 10TH STREET		Date [MM/DD/YYYYY]	S.
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	ERIE	PA	16503		
Full Nar	me of Contributor			Date [MM/DD/YYYY]	\$
House #		Address		Date MM/DD/WAY	\$
100 mg		18			
City		State	Zip Code	[Date [MM/DD/XXYY]	\$
Full Nai	ne of Contributor			Date [MM/DD/XYYY]	\$
House #	Street	Address		Complete and the control of the cont	\$
City . 4		State	Zip Code		\$
Full Nar	ne of Contributors				\$
House #	Street	Address			\$
City		State	Zip Code	Date [MM/DD/YYYY)	\$
¥Füll∜Nar	ne of Contributor			200 T :	\$
House #	Street	.Address			\$
City		State	Zip Code	Date [MM/DD/XYYY]	\$
	ne of Contributor			Date [MM/DD/XXYXI]	
House #		Address		Ĭ.	\$
City		State	Zip Code	Pate [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 Numbers				
		<u> </u>		
Full Name of Committee			Date [MM/DD/YYYY] \$	
#House## Street/Ar	deltess		Date [MM/DD/YYYY] \$	
City	State	Zip Code '	Date [MM/DD/XXXX] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Ad	ddress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYW] .\$	
House # : Street Ad	A. H. C. L. Mart		Date [MM/DD/YYYY] \$.	
City	State	Zip Code	Date [MM/DD/WW] (\$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House# Street Ac	ldress		Date [MM/DD/YYYY] S	
Gity	State	Zip Code	Date [MIM/DD/XYYY)] \$	
Full Name of Contributing Committee			Date [MM/DD/XXXX] \$	
	ddress		Date [MM/DD/YYYY] >\$	
City	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/DDYYYYY] [™] \$	

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:				
Full Name of Contributor	40		Date [MM/DD/YYYY] \$	353.70
ALAN C	. GREEN		04/23/2021	535./U
House # Street Addre	ess.		Date [MM/DD/YYYY] \$	
636	EAST 10TH STREET			
Gity's	State PA	Zip Code 16503	Date [MM//DD/YYYY] \$	
	FA FA	10303		
*Employer Name	COUNTY OF ERIE		Occupation FACILITY ATTENDA	ANT
Employer Mailing Address / Principal Place of Business	509 SASSAFRAS STREET	T, ERIE, PA 16507		
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Addre	ess		Date [MM//DD//YYY] S	
City	State.	Zip Code	Datë [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address // Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] + \$	
House # Street Addre	ss		Date [MM/DD/YYYY] \$	
(Gity)	State	Zip Code	Date [MM/DD/W/YY]	
100 N				
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Namerof Contributor			Date [MM/DD/YYYY] \$	
House # Street Addre	SS		Date [MM/DD/YYYY] \$	
		Totalista Additional Operator and Constitution 1		
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
	Ã,			
Employer Mailing Address / Principal Place of Business				

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				
Full Name	·			
上线上生 · · · · · · · · · · · · · · · · · · ·	eet Address			
City		State	Zip. Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
	eet Address			
City		State	Zip & Code	Date [MM/DD/YYYY] \$
Receipt Description	1	No.	T=11	District Control of the Control of t
Full Name	CONSTRUCTION TO BE INCOME.			
・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ 	eet Address	State	Zip	Date [MM/DD/YYYY] \$
City Ty, 79404 (S.			Code	
Receipt Description		and the second s	posto, anon-	
Full Name				
House # Street	eet/Address	State	Z(p. 3	Date [MM/DD/YYYY] \$
			Code 5	
Receipt Description				
Full Name Street	eet Address		11-W-	
XGIV		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name House # Stre	eet Address	M	· · · · · · · · · · · · · · · · · · ·	
紫 红		State	Zip Code	Date [MM/DD/YYYY] \$
City Receipt Description		200	Code	
Water to the second				

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 dentification Number:				
**** 1; UNITEMIZED IN-KIND CO	NTRIBUTIONS RECEIVED-VAL	LUE OF \$50,00 OR LESS PE	R CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
				province/statements are a super-times and a super-times are a super-times and a super-times are a super-times and a super-times are a supe
2. INPKIND CONTRIBUTIONS	RECEIVED=VALUE OF \$50.01	TO \$250.00 (FROM PAR	ICF)	
TOTAL for the reporting period	(2)	\$		
	The continue of the second		Asset Control of the	
3. IN-KIND CONTRIBUTION	RECEIVED-VALUE OVER \$250	100 (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIB	EITIONIC DEIDINIC THIC DEDOI	RTING S		
PERIOD (Add and enter amount tot	als from boxes 1, 2, and 3; al			
on Page 1, Report Cover Page, Item	ı F)	0		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

			VALUE OI \$50.01 10	γ250	
Filer identification	Number:				•
					<u></u>
Full Name of Con	tributor			Date:[MM/DD/YYYY] (\$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City	readstantification," and it is	State	Zip Gode	Date [MM/DD/YYYYY] *\$	
Description of Co	ntribution 🐑 🦠 🦠				
Full Name of Con	tributor	248		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] .\$	
Description of Co	ntribution				
Full Name of Cont	iributor.			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City.	ntribution : 11 11 11 11 11 11 11 11 11 11 11 11 1	State	Zip Code	Date [MIV/DD/YYYY] \$	<u> </u>
Full Name of Con	1			-Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY) \$	_
City Description of Co	atribuellos 2	State	Zip Code	Date [MM/DD/YYYY] \$	
Pescination Co.	No. of the last of				
Full Name of Cont				Date [MM/DD/YYYY] \$	
House #	Street Address		The Property of the Control of the C	Date [MM/DD/YYYY] \$	
City		State	Ζίρ Code	Date [MM/DD/YYYY] \$	

Description of Contribution

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:		
Filer (dentification Number:		

Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address	The IME		Date [MM//DD/XYYYY] S.
Gity,	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Malling Address / Principal Place of Business			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] \$
Employer Name	, , , , , , , , , , , , , , , , , , ,	index bear manager (depty propagation) and the contract of the	Occupation
Employer Mailing Address / Principal Place of Business			Description - ôf Contribution
Full Name of Contributor			Date [MM/DD/YYYY]
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			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] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution

Statement of Expenditures

Filer (dentification Number:		*****	
24 MANUAL PROPERTY AND ADMINISTRATION OF THE PROPERTY OF THE P			

To Whom Paid	MMUNITY ACCESS M	EDIA		Date [MM/DD/XYM] \$	50.00
		LUIA	· · · · · · · · · · · · · · · · · · ·	04/10/2021 Description of Expenditure	3000
学·	eet Address WES	T 12TH STREET	para mangandhili a karabigan mang	Description of Expenditure	
Gity. ERIE		State PA	Zip Code 16501	TV RECORDING	
To Whom Paid SIGN	S ON THE CHEAP			Date [MM/DD/YYYY] \$	353.70
House# Str	Fred And Alexander			04/23/2021 Description of Expenditure	
	eet Address ON I		and the state of t		
City		State	Zip Code	YARD SIGNS	<u> </u>
To Whom Paid BUIL	DASIGN.COM			Date [MM/DD/YYYY] \$ 04/29/2021	125.93
House # Stric	eet Address on lin	ne		Description of Expenditure	7
Chy		State	Zip		**************************************
To Whom Paid		(1) 11 (1) (2) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		*Date [IVIM/DD/YYYY] \$	
House # Str	eet Address			Description of Expenditure	
City	, C , ₂ , ₂ , ₂ , ₃ , ₄ , ₄	State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
(House # Str	eet Address			Description of Expenditure	
City		State	Zíp Codé		
To Whom Paid				Date [MM/DD/YYYY] \$	
	eet Address	Language Control of Co	Lun	Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY/] \$	
	eet Address			Description of Expenditure	***
Giv	999	State	Zip Code		
To Whom!Paid				Date [MM/DD/YYYY)] \$	MVSV/
	eet Address	III Legan a Shakii		Description of Expenditure	e de la companya de l
City **	NAME OF THE PARTY	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.

Filer identification Number:

Name of Greditor	Outstanding Balance of Debt
House # Street Address	* DATE DEBT INCURRED \$ [MM/DD/YYYY]
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
City	State Zip
Description of Debt	Code
Name of Creditor	Outstanding Balance of Debt
House # Street Address	DATE DEBT INCURRED \$ \$
City	State 2/p; Code
Description of Debt	CODE
Name of Creditor	Outstanding Balance of Debt
House # Street Address	DATE DEBT INCURRED \$
	[MN)/DD/YYYY]
City	State Zip 3
	Code
Description of Debt 2002	
Name of Creditor	Outstanding Balance of Debt (1)
House # Street Address	DATE DEBT*(NCURRED \$ [MM/DD/YYYY]
GLy/	State Zip
Description of Debt	Code
Name of Creditor	Outstanding Balance of Debt
House# Street Address	DATE DEBT-INCURRED \$\\ \frac{1}{2}\]
city	*State Zip 3
Description of Debt	Code E _{se} .
	·
Name of Creditor	Outstanding Balance of Debt
House # Street Address	DATE DEBT INCURRED \$
	[MM/DD/YYYY]
City"	State Zip 🗮 👢
	Code.
Description of Debt	