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

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D. Total Expenditure				 - ,	\$.	<u>. U</u>	10 / C		-{					CAR CHAR	man-tell			
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E. Ending Cash Balan				-	\$, –	· / /	, , ,							r,			
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G. Unpaid Debts and	Obligation				\$				-									
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Part 1- If this is a Comm I swear (or affirm) that											tao and h	aliaf te	rue co	rrect an	d comple	te		
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My Commission expires	 Мо.	DAY	YR.					-	Area Cod			Day	rtime T	elephor	ne Numb	 f er		
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Part II- If this is a report	t of a Candi	date's Auth	orized	Comn	nittee	candi	idate s	hall sign	here.									
										violated an	y provisio	ons of t	the Act	of June	3, 1937	(P.L. 13	33, NO.	320) as
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.																		
Sworn to and subscribed before me this																		
day of		20	47	_	•	ì												
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Signa	ature			,	, -						Printed	Name						
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My Commission expires	MO.	DAY	YR.	_					Area Cod			David	time Te	lephon	e Numbe			
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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		didate, or Lobby	ist		
Reporting Cycle Cycle 1 6 th Tuesday Pre-Primary	Name Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	6 th T	Cycle 4 uesday ilection	Cycle 5 2 nd Friday Pre-Election
Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special	Election		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

Mack Buletrikoly

Printed Name

Date (DD/MM/YYYY)

Erie PA Erie

Location (City/State/Country)

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)	\$
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)	\$
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, Report Cover Page, Item 8)	\$

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 Ide	ntification Number	NO			
		t			Amount
Full Nar Commit	me of Contributing Itee			Date [MM/DD/YYYY]	\$
House #	Stree	t Address		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Nar Commit	me of Contributing Itee			Date [MM/DD/YYYY]	\$
House #	Stree	t Address		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
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City	1	State	Zip Code	Date [MM/DD/YYYY]	\$
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City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Nar Commit	me of Contributing Itee			Date [MM/DD/YYYY]	\$
House #	Stree	t Address		Date [MM/DD/YYYY]	\$
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	n Number:	N	/ A		
Full Name of Co	ntributor	t		Date [MM/DD/YYYY]	
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House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Co	ntributor	r I		Date [MM/DD/YYYY]	* \$.
House #	Street Address			Date [MM/DD/YYYY]	15 1 1 1 1 1 1 1 1 1
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor	<u> </u>	Taraka Araba III.	Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co	ntributor	1	- Article	Date [MM/DD/YYYY]	**************************************
House #	Street Address		,	Date [MM/DD/YYYY]	(a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
City		State	Zip Code	Date [MM/DD/YYYY]	5 .
Full Name of Co	ntributor	 		Date [MM/DD/YYYY]	145 145 150 150 150 150 150 150 150 150 150 15
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$. \$.
Full Name of Co	ntributor			Date [MM/DD/YYYY]	
House #	Street Address		1 mg - 1	Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

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

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Full Name	of					Date [MM/DD/YYYY]	\$	
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House #	Stre	et Address				Date [MM/DD/YYYY]	.\$.	
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Full Name						Date [MM/DD/YYYY]	\$	I
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House #	Stre	et Address				Date [MM/DD/YYYY]	\$	
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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:

			NH		
Full Nam	e of Contributor				Date [MM/DD/YYYY] \$
House #	Str	eet Address			Date [MM/DD/YYYY] \$
City			State	Zip Code	Date [MM/DD/YYYY] \$
Employe	r Name			· · · · · · · · · · · · · · · · · · ·	Occupation
	r Mailing Address Place of Business				
Full Nam	e of Contributor				Date [MM/DD/YYYY] \$
House #	Stro	eet Address			Date [MM/DD/YYYY] \$
City	<u>. </u>		State	Zip Code	Date [MM/DD/YYYY] \$
Employe	r Name				Occupation
	r Mailing Address Place of Business				
	e of Contributor				Date [MM/DD/YYYY] \$
House #	Str	eet Address			Date [MM/DD/YYYY] \$
City	<u> </u>		State	Zip Code	Date [MM/DD/YYYY] \$
Employer	r Name				Occupation
	r Mailing Address Place of Business				
Full Name	e of Contributor				Date [MM/DD/YYYY] \$
House #	Stre	eet Address			Date [MM/DD/YYYY] \$
City	1	· · · L	State	Zip Code	Date [MM/DD/YYYY] \$
Employer	r Name				Occupation
	r Mailing Address Place of Business				

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.

Filer Identification Number:	
Full Name	Got Drint
House # Str	eet Address 7651 N San Ferdance Dr
City	Burben K State CA Zip Gode 91505 Date [MM/DD/YYYY] \$ 1375.10
Receipt Description	51945
Full Name	Got Print
House # Str	eet Address 7651 N Gan Fernando Dr
City	Burbank, State CA Code 91505 Date [MM/DD/YYYY] \$ 321.04
Receipt Description	Post card
Full Name	Got print
House # Str	eet Address
City	Burbank State CA Code 91505 09-23-21 646.73
Receipt Description	Gigns
Full Name	Tri Lounty letter
House # Str	set Address 2904 Shannon RD
City	Erie PA Zip Date [MM/DD/YYYY] \$ 1065.77
Receipt Description	Patace acorting
Full Name	
House # Str	eet Address
City	State Zip Date [MM/DD/YYYY] \$
Receipt Description	
Full Name	
House # Str	eet Address
City	State Zip Date [MM/DD/YYYY] \$
Receipt Description	Coue :

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:	h	4	
UNITEMIZED IN-KIND CONTRIBUTIONS I	RECEIVED-VALUE OF \$50.00	O OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period (1	1) \$		
2. IN-KIND CONTRIBUTIONS RECEIVED-VAI	LUE OF \$50.01 TO \$250.00	(FROM PART F)	and the second s
TOTAL for the reporting period (2	2) \$	3	
3. IN-KIND CONTRIBUTION RECEIVED-VALU	UE OVER \$250.00 (FROM P	ART G)	
TOTAL for the reporting period (3	3) \$		
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURIN PERIOD (Add and enter amount totals from boxes on Page 1, Report Cover Page, Item F)			/

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

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Full Nam	e of Contributo	r				Date [MM/DD/YYYY]	\$	4	
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House #	St	reet Address				Date [MM/DD/YYYY]	\$		
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SCHEDULE II

Part G In-Kind Contributions Received

VALUE OVER \$250

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Full Name of Contribute	or _			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	7.4 7.52.54.47	State 2 20413	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			<u> </u>	Occupation	
Employer Mailing Addr Place of Business				Description of Contribution	
Full Name of Contribute	or			Date [MM/DD/YYYY] \$	
House #	treet Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			<u> </u>	Occupation	
Employer Mailing Addre Place of Business	ess / Principal			Description of Contribution	
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House #	treet Address		<u></u>	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Mailing Addre Place of Business	ess / Principal			Description of Contribution	
Full Name of Contribute	or			Date [MM/DD/YYYY] \$	
	treet Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Mailing Addro Place of Business	ess / Principal			Description of Contribution	W