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THURLIQUIE

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

	vote: This report m				-	<u></u>
Filer Identification Number	Report Filed (Mark X)	l By Candida	ite X	Committee		Lobbyist
Name of Filing Committee, Candidate Lobbyist	or Rose	nary C	. Shere	dan		
Street Address	41	3 Colo	rado DE	2 		
City EK	IÉ	State	PA	Zip Code	16505	
Type of Report (Place x under report ty	pe)	· · · · · · · · · · · · · · · · · · ·				<u>, </u>
1-6 th Tuesday 2- 2 nd Friday 3-30 D Pre-Primary Pre-Primary Primary			6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY) 05	21 Year 2019		Amendment Report		Termination Report	
Summary of Receipts and From D		ite		For	Office Use Only	
Expenditures	5	-6-19				
A. Amount Brought Forward From Last		+ . ,			<u>.</u>	
B. Total Monetary Contributions and R (From Schedule I)	eceipts \$				a S.	
C. Total Funds Available	\$				Section 2015	
(Sum of Lines A and B) D. Total Expenditures	\$,				era i	
(From Schedule III)		881.1b				
E. Ending Cash Balance (Subtract Line D from Line C)	\$				Sand of Sand or Sand o	
F. Value of In-Kind Contributions Received	ved \$				24 5. 06 9.	入
(From Schedule II) G. Unpaid Debts and Obligations	\$				<u> </u>	~ 1
(From Schedule IV)					4 1179	-19-19-
Part 1- If this is a Committee report, treasure	er sign here. If this is a C	Affidavit Sec andidate report, ca	ction Indidate sign here			
I swear (or affirm) that this report, including	the attached schedigles	on paper, & to the	best of my knowled	ge and belief tr	ue, correct and comple	ete.
Sworn to and subscribed before me this day of May 20	Notary S	ril 3, 2023 88912 on of Notal	TOV	٦ <u> </u>		\
Dania Warma	nden &	April 3	Signature of	of Person Sulpm	itting report	$\overline{}$
Signature 4-3-		Erie County ion expires ion numbe ivania Assor	Qid.	Printed Name	e)	
My Commission expires MO. DAY	YR. YR.	Erie C ssion ex ssion nu sylvania	rea Code	Day	time Telephone Numb	er
Part II- If this is a report of a Candidate's Aut		dida e Pras sign he		·		
I swear (or affirm) that to the best of my known amended.	wiedge and belief	oliti on o litionittee l	nas not violated any	provisions of t	he Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before me this	Comm	Š				
day of20	'	_	Sign	ature of Candid	late	
Signature				Printed Name		<u></u>
My Commission expires	• •					
MO. DAY	YR.	A	rea Code	Dayti	me Telephone Number	 r

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	l) \$	
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)	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 B)	t \$	

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.

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Full Name of Co	ntributing		****	Date [MM/DD/YYYY]	\$
Committee				Same banal on [1111]	131
House #	Street Address			Date [MM/DD/YYYY]	\$
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City	The second secon	State	Zip Code	Date [MM/DD/YYYY]	s
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Full Name of Co	entributing			Date [MM/DD/YYYY]	\$
Committee					[],
House #	Street Address			Date [MM/DD/YYYY]	
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Full Name of Co Committee	introuting			Date [MM/DD/YYYY]	\$
					17 1 N. M.
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
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Full Name of Co	intributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	s
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City		State	Zip Code	Date [MM/DD/YYYY]	
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Epill Alama	mtribution	Marya 1. E.	M. G. Charles	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	nici iDu (III)g			Date [WINDD/YYYY]	
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House #	Street Address			Date [MM/DD/YYYY]	\$
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City	processor State	State	Zip Code	Date [MM/DD/YYYY]	\$
					\$45 4-5
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					Tarite Tari
House #	Street Address			Date [MM/DD/YYYY]	\$
30341					
City	[254 F 155 \$155]	State	Zip Code	Date [MM/DD/YYYY]	.
		Jule	Lip code	Pare [INNAN DD] 11.11]	
					k x 3

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:

Full Name of Co	intributor			Date [MM/DD/YYYY]	<u>(1</u> 15)
Section 1				Distant line (nontral)	
House #	Street Address			Date [MM/DD/YYYY]	* \$ 1
		Is tenuerosanal		n i strucker konder	
City		State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Co	ntributor	F- 3 W. 175		Date [MM/DD/YYYY]	
House #	Street Address	s		Date [MM/DD/YYYY]	Š
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City	Maria (1) g 2/1/18 (4) (1) (1) (2/1)	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address	s		Date [MM/DD/YYYY]	
		:			(1) (1)
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	is
and the following					4 (10%) us
House #	Street Address	Š		Date [MM/DD/YYYY]	Ŝ
City	P38 3 723 8 1 1 10 400 17	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	S
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House #	Street Address) 		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				STOCK TO PERFORM THE THE STATE OF THE STATE	
Full Name of Co	ntributor	JACOBS SESSION	- Later the state was to be a second	Date [MM/DD/YYYY]	\$ 5
House #	Street Address	\$		Date [MM/DD/YYYY]	\$
					1000 274 (460)
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	on Number:				
Full Name of				Date [MM/DD/YYYY] \$	
Contributing C	ommittee			lan No	
House #	Street Addres	ss		Date [MM/DD/YYYY] \$	
		1 14		O V. Ave	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of		F149 75(317 <u>5</u> 2)	Rushuk di da dwari i si	Date [MM/DD/YYYY] \$	
Contributing Co	ommittee				
House #	Street Addres	ss		Date [MM/DD/YYYY] \$	
		T) a			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	14 J 16 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0, 25, 2, 20 m m m	137 (20 10 to 10 10 10 1)	Date [MM/DD/YYYY] \$	
Contributing Co	ommittee				
House #	Street Addres	ss		Date [MM/DD/YYYY] \$	
City	 Mest & Statement sealing 	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] \$	
House #	Street Addres	as i		Date [MM/DD/YYYY] \$	
Spanis of the					
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittae			Date [MM/DD/YYYY] \$. "
				60. 800	
House #	Street Addres	is		Date [MM/DD/YYYY] \$	
City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of		•		Date [MM/DD/YYYY] \$	
Contributing Co	ommittee			127 127 128 128	
House #	Street Addres	ss	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	
				(M.C.)	
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)

Filer Identification Number:

Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
TOUSE IT	Jueer Address			Saic filling 22/ Hard	-131
City		State	Zip Code	Date [MM/DD/YYYY]	
Employer Name				Occupation	
Employer Maili Principal Place					
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
					[1,7,1,4] [1,7,1,4] [1,7,1,4] [1,7,1,4]
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	.
		Jule	zip code	* Date Transal DDA (Lt. 1]	
Employer Name	• 1144 A. (244 A.) 6 p. (24. 34. 34. 34. 34. 34. 34. 34. 34. 34. 3	, The William	1 Face 2011 10 10 10 10 10 10 10 10 10 10 10 10	Occupation	(1 · · · · · · · · · · · · · · · · · · ·
Employer Maili Principal Place					
Full Name of Co	intributor			Date [MM/DD/YYYY]	\$ *
House #	Street Address			Date [MM/DD/YYYY]	
		li mina l		The fact of the bound of	
City		State	Zip Code	Date [MM/DD/YYYY]	.
Employer Name	g a filotofolik kantolikka 1976 olika 📗		11/4 30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Occupation	
Employer Name				Occupation	
Employer Mailii Principal Place o					
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
		10.20	1. <u></u>		
City		State	Zip Code	Date [MM/DD/YYYY]	(A) (\$
		n en en			10.00
Employer Name				Occupation	
Employer Mailir	ng Address /				,
Principal Place o					

PART F

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 Num	iber:			
Full Name	30 DE N. E. C.			
ruii Name	4 - 4 P. (14)			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
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Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
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Receipt Description	9 4 3 4 7 3 4 4 7 3 4 5 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			2
Full Name				
House #	Street Address			
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Receipt Description	0 (1 (2) (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (
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City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			<u> 1980 3¹³ 9</u>	

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:			
1. UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VAL	UE OF \$50.00 OR LESS PER CONTRIBU	JTOR
TOTAL for the reporting period	(1)	\$	
		i	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01	TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
TO THE STATE VISION PROBLEMS OF THE PROPERTY O	mich warde oweb ooes	CONTROL CONTROL OF CON	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE GVER 5250.	UU (FRUM PAKI U)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN VIND CONTRIBUTIO	CALLS DE LISTE DE POLICIE DE POLI		
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals fr		1 - I	
on Page 1, Report Cover Page, Item F)			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identificatio	n Number:				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
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City	l' · l	State	Zip Code	Date [MM/DD/YYYY]	5
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Full Name of Co	ontributor	:8:I		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
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City		State	Zip Code	Date [MM/DD/YYYY]	\$
					[분명] [유간]
Description of C	Contribution				<u> • • • </u>
Full Name of Co	ontributor	5		Date [MM/DD/YYYY]	\$
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House #	Street Address			Date [MM/DD/YYYY]	<u> </u>
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City		State	Zip Code	Date [MM/DD/YYYY]	\$.
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Description of C	Contribution			1	
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City		State	Zip Code	Date [MM/DD/YYYY]	(\$) \$
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City	<u>1</u>	State	Zip Code	Date [MM/DD/YYYY]	\$
		3 Y 7 ST 53 - 475 53 - 475			A 学 (1) 15 (1)
Description of C	ontribution	. [

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

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Place of Business	Employer Maili	ng Address / Principal	<u>41</u>		Description
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Statement of Expenditures

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Street Address	1353 W.	BOTRIST	Description of Expenditure	
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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 Credito	4 ₽1 20 (206.00)			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
			[MM/DD/YYYY]	
Aufor (1 og fra tokk) 1938 – Maria II. Maria 1950 – Maria II.		State	Zip	
City		State	Code	
Description of De	ebt		1	
Name of Credito				Outstanding Balance of Debt
House #				\$
HOUSE #	Street Address	[MM/DD/YYYY]		
		T		
City		State	Zip Code	
Description of De	ebt	- I · · · · · · · · · · · · · · · · · ·		
Name of Credito				Outstanding Balance of Debt
House #	Street Address	1/2 m	DATE DEBT INCURRED [MM/DD/YYYY]	
		No. of the last of	C. HAIMANNI CO.	
City		State	Zip	
Description of De			Code	artist.
Name of Credito				Outstanding Balance of Debt
House #	Street Address	1 (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	DATE DEBT INCURRED [MM/DD/YYYY]	
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City		State	Zip	
Description of De	ebt (%) (%)	(2000年)	Code	
Name of Credito	T			Outstanding Balance of Debt
House #	Street Address	65-54	DATE DEBT INCURRED	.
		<u> </u>	[MM/DD/YYYY]	
City		State	Zip	
Description of De	ALL TRACE		Code	(1) (4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
Description 5. 2.	ant.			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	
			[MM/DD/YYYY]	
Trade/SPT pro Transers		I		The state of the s
Citic		State	71688.28	
City Description of De		State	Zip Code	