### **Commonwealth of Pennsylvania - Campaign Finance Report**

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By ( Mark X)	Candidate	N N	Committee		Lobbyist
Name of Filing Committee, Candidate or	Mark	<u></u>	011	-1,60	00	·
Lobbyist Street Address	Care	Pavid	Biley		<del>\</del>	
Cin.	406	State N	- Meas	Zip Code	<u>-D</u>	
Ecic Ecic		2 tate 1	4	zip code	16509	
Type of Report (Place x under report type)						_
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3- 30 Day Post					Special 2 <sup>nd</sup> Friday	·
Pre-Primary Pre-Primary Primary	Pre- Election   Pre	e- Election   Elec	ction	ļ.	Pre-Election	Post-Election
			K			
Date Of Election	Year		endment	1 1 1	Termination	
(MM/DD/YYYY)		2021 Rep	oort		Report	
Summary of Receipts and From Date	To Date			For O	ffice Use Only	
Expenditures	1 11-22-2	.021		.*		
A. Amount Brought Forward From Last Repor	t \$ 10	,		· <u>·</u>	<u> </u>	
B. Total Monetary Contributions and Receipts						
(From Schedule I)		٥				0 mm (a) ± 20 20
C. Total Funds Available (Sum of Lines A and B)	\$	0			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	. " ." 
D. Total Expenditures	\$					
(From Schedule III)		0				1.3
E. Ending Cash Balance	\$	0				F-9
(Subtract Line D from Line C)		<u> </u>				Controller of A file of the
F. Value of In-Kind Contributions Received (From Schedule II)	\$	٥				μ <sup>01</sup> - 2η 1, 1, 1 1, 1, 1, 1
G. Unpaid Debts and Obligations	\$	D.			**	CD
(From Schedule IV)				J	1 . 0p	
Part 1- If this is a <b>Committee</b> report, treasurer sign h		Affidavit Section  te report, candida	ite sign here.			·
I swear (or affirm) that this report, including the atta	ched schedules on pap	er, is to the best o	of my knowledge	and belief true	e, correct and comp	lete.
Sworn to and subscribed before me this		/	/	Λ		
12 day of November 2021	_ '1		<u>/                                    </u>	$\sim$ (	Α	
				Person Submit		
Signature (,			1 -01-0	Printed Name	<u>· · · · · · · · · · · · · · · · · · · </u>	<del></del>
1.\.\.\.	• •	<b>₹</b> 1€	1	(4)	14) VXI-61	(74
My Commission expires MO. DAY YR		Area C		Davti	me Telephone Num	ber
				<b>,</b>	•	
Part II- If this is a report of a Candidate's Authorized I swear (or affirm) that to the best of my knowledge			at violeted	roulcions of th	a Act of lune 2 103	7 (D   1332 MO 220) ~~
amended.	and belief this political	committee nas no	ot violated any p	TOVISIONS OF THE	e Act of June 3, 193.	/ (F.L. 1555, NO.520/ as
Sworn to and subscribed before me this						
day of20	_ '					
			Signat	ture of Candida	te 1 CAT	
Signature	-		Pi	rinted Name		<del></del>
	. 1					
My Commission expires	<del>_</del>	Area C	ode	Davtin	ne Telephone Numb	er
1000			<del>-</del>	<b>, -</b>		

#### **SCHEDULE I**

### **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number					
1. Uniternized Contributions and Receipts-\$50.00 or Less per Contributor					
Tabel for the growth and a size of	/a\	<b>4</b>		,	
Total for the reporting period (	(1)	\$	0.0	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)	\$			 -
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)	1	ı			
Total for the reporting period	(4)	\$	. "	abla I	
Total Monetary Contributions and Receipts during this reporting period (Add and	+	\$		1/	 

 $\frac{\partial g}{\partial x} = \frac{\partial g}{\partial x} \left( \frac{\partial g}{\partial x} + \frac{\partial g}{\partial x} +$ 

a a section

enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report

Cover Page, Item B)

#### 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 Identificatio	n Number	N/A	•		
	<u> </u>	( "			Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$ 0.0
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing	i. l		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing	<del></del>		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing	<u> </u>		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$ 11
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 identificatio	n Number:	7117				
		( ) )		<u> </u>		
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	۸
	Mark Control					0.0
House #	Street Address	,1		Date [MM/DD/YYYY]	\$	10.0
House w	3ffeet Warriess	1		nate figured and according		1
			F-2			
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	-
	211	<u>'</u>		1		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
						<u> </u>
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
House #	Street Address	3		Date [MM/DD/YYYY]	s	
						<b>\</b>
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
						1
Till Manager of Co		att Wilder	14 14 14	Date [MM/DD/YYYY]	\$	<del></del>
Full Name of Co	intributor			Mars Hanah only in 1149		
House #	Street Address	5		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
					\$25 P \$5 P	<b>\</b>
Full Name of Co	ontributor		1	Date [MM/DD/YYYY]	\$	
					1860 - 1 1871 - 1	1
House #	Street Address	<del> </del>		Date [MM/DD/YYYY]	\$	
nouse #		,		Pare figurity political		1
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
					12. Pg	
House #	Street Address	i		Date [MM/DD/YYYY]	\$	
						XII
City		State	Zip Code	Date [MM/DD/YYYY]	\$	W

#### 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 Identificatio	n Number:	NIK				
Full Name of				Date [MM/DD/YYYY]	5	r .
Contributing Co	mmittee					0.0
House #	Street Address			Date [MM/DD/YYYY]	\$	
						J
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	S	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>	
				CONTRACTOR OF THE CONTRACTOR O		
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	<b>.\$</b>	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$6 5 5 5 5 5 5	
Full Name of Contributing Co	mmittee	į		Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	<b>\$</b>	
City		State	Zip Code	Date [MM/DD/YYYY]	<b>S</b>	
Full Name of Contributing Co	mmittee		The second secon	Date [MM/DD/YYYY]	<b>\$</b>	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]		
Full Name of Contributing Co	mmittee		the second of the	Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	<b>.\$</b>	

# 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:

ruii Name of Co	ntributor	· · · · · · · · · · · · · · · · · · ·	· · ·	Date [MM/DD/YYYY] \$ 5
				Chc Chc
House #				Date [MM/DD/YYYY] \$
Touse #	Street Address			Date (MINI/DD/1111)
City		State	Zip Code	Date [MM/DD/YYYY] \$
imployer Name				Occupation
mployer Maili				A state of the sta
rincipal Place				Date [MM/DD/YYYY] \$
run Name of Co	intributor			Pare finite Day First 1
House #	Street Address			Date [MM/DD/YYYY] \$
	artial e d'Ag		•	v.
City		State	Zip Code	Date [MM/DD/YYYY] \$
				1
Employer Name				Occupation
Employer Maili Principal Place				i i
Full Name of Co				Date [MM/DD/YYYY] \$
		<del></del>		
House #	Street Address	;		Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation:
Employer Maili	og Address /			
empioyer ivialli Principal Place				
	ntributor			Date [MM/DD/YYYY] \$
Full Name of Co		•		
Full Name of Co				Date [MM/DD/YYYY] \$
	Stroot Address			
	Street Address			
House #	Street Address			
House #	Street Address	State *	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co	Street Address		Zip Code	Date [MM/DD/YYYY] \$

#### 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:		1			
	<b>N</b>	A series	significant of the state of	T	
	· · · · · · · · · · · · · · · · · · ·				
Full Name			· · · · · · · · · · · · · · · · · · ·	^	$\mathcal{O}$
House # Stre	eet Address			U	
City		State	Zip Code	Date [MM/DD/YYYY] \$	:
Receipt Description					
Full Name					
House # Stre	eet Address				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description				· · · · · · · · · · · · · · · · · · ·	
Full Name		· • • • • • • • • • • • • • • • • • • •			ŧ
House # Stre	et Address				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description			<b>1</b>	1 A A A A A A A A A A A A A A A A A A A	
iteacipe bescription	;				
Full Name					1
House # Stre	eet Address		<u> </u>		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description					<del>                                     </del>
					1
Full Name			<b>-</b>		
· .	eet Address				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description		1.21.21.1			
Full Name					
	eet Address				_
	ec Auui ess	State	7 inv	Date [MM/DD/YYYY] \$	$ \downarrow$ $\downarrow$
City	Returnation of the Control of the Co	State	Zip Code	Pare figural political 3	V
Receipt Description					

#### 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:	NA		
			10.0
1. UNITEMIZED IN-KIND CONTRI	IBUTIONS RECEIVED-VA	LUE OF \$50.00 OR LESS PER CONT	TRIBUTOR
TOTAL for the reporting period	(1)	\$	
	CEIVED-VALUE OF \$50.0		
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$25	0.00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals f			

## SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

all Name is a				Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor			Date [[wim/DD/1111]]	12 -
				Wild	<u>Q.S</u>
House #	Street Address			Date [MM/DD/YYYY] \$	I
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
٠.					
Description of	Contribution				
ull Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
	S. Lee Findings				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
					1
Description of	Contribution		[22] (14.14]		
				Included the honors (A.)	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	1
House #	Street Address			Date [MM/DD/YYYY] \$	1
				(A) (A)	
City		State	Zip Code	Date [MM/DD/YYYY] \$	1
	<u></u>		<u> </u>		
Description of	Contribution	Q.			
Full Name of C	ontributor			Date [MM/DD/YYYY] \$	
					1
House #	Street Address			Date [MM/DD/YYYY] \$	
					1
City		State	Zip Code	Date [MM/DD/YYYY] \$	
,				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	1
Description of	Contribution				
Full Name of C	ontributor	· · · · · · · · · · · · · · · · · · ·	<del>.</del>	Date [MM/DD/YYYY] \$	<del></del>
run Haille VI C	one indevi			<u> </u>	1
				Date [MM/DD/YYYY] \$	<del></del>
House #	Street Address			Date [MM/DD/11111]	A1
City		State	Zip Code	Date [MM/DD/YYYY] \$	1/1
		Anna Ser			

#### SCHEDULE II

#### Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number;	NA		
Full Name of Contributor		Date [MM/DD/YYYY] \$	
			0.3
House # Street Address		Date [MM/DD/YYYY] \$	<u> </u>
City	State Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	180	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	
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	ger in the second	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	W

# SCHEDULE III Statement of Expenditures

Filer identification Number:	<del></del> -	
	$= \{ (x,y) \in \mathbb{R}^n \mid x \in \mathbb{R}^n \mid x \in \mathbb{R}^n \}$	.1
		100

	T			Parties Francisco horano collega.
To Whom Paid	1	: :		Date [MM/DD/YYYY] \$
		, with the second second second	2 (a. 1885) (b. 1. (b. 1887) (b. 1887) (b. 1887)	
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid		<u> </u>		Date [MM/DD/YYYY] \$
				- 「A A A A A A A A A A A A A A A A A A A
House #	Street Address	Service Section 1	ta taka senta tahun 1966 s	Description of Expenditure
City	1	State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address	The second second		Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address		·	Description of Expenditure
City		State	Zip Code	
To Whom Paid			We have the second second	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Service of the servic	Date [MM/DD/YYYY] \$
House #				Description of Expenditure
House #	Street Address	•		
City		State	Zip Code	
To Whom Paid		n green in the control of the control	the same of the sa	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid		a produced state	est of the second of the control of	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip	
City		State	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.

antification Number:

Name of Credit	or			Outstanding Balance of Debt
House # Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		00
City		State	Zip Code	
Description of C	Debt	Wage of the state		
Name of Credit	or		Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of [	Debt			
Name of Credit	or			Outstanding Valance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I				12 SI - I
Description of I	Debt			
Name of Credit	·			Outstanding Balance of Debt
	·		DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
Name of Credit House #	or Street Address	State	DATE DEBT INCURRED	
Name of Credit	or Street Address	State	DATE DEBT INCURRED [MM/DD/YYYY] Zip	
Name of Credit House #	Street Address Debt	State	DATE DEBT INCURRED [MM/DD/YYYY]    Zip   Code	Outstanding Balance of Debt
Name of Credit House #  City  Description of I	Street Address Debt	State	DATE DEBT INCURRED [MM/DD/YYYY] Zip	
Name of Credit House #  City  Description of I  Name of Credit House #	Street Address  Debt	State	DATE DEBT INCURRED [MM/DD/YYYY]  Zip Code  DATE DEBT INCURRED	Outstanding Balance of Debt
Name of Credit House #  City  Description of I	Or Street Address  Debt  Or Street Address		DATE DEBT INCURRED [MM/DD/YYYY]  Zip Code  DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
Name of Credit House #  City  Description of I  Name of Credit House #	Debt Street Address  Debt Debt		DATE DEBT INCURRED [MM/DD/YYYY]  Zip Code  DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
Name of Credit House #  City  Description of I  Name of Credit House #  City  Description of I	Debt Street Address  Debt Debt		DATE DEBT INCURRED [MM/DD/YYYY]  Zip Code  DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt



#### **Pennsylvania Department of State**

Name of Filing Committee, Candidate, or Lobbyist

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

277 177 22, FM 3+88

## 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.

Reporting Gyale	Name					
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3	☐ Cycle 4		☐ Cycle 5	
6 <sup>th</sup> Tuesday	2 <sup>nd</sup> Friday	30 Day	6 <sup>th</sup> Tuesday		2 <sup>nd</sup> Friday	
Pre-Primary	Pre-Primary	Post Primary	Pre-Election		Pre-Election	
·						
Cycle 6	☐ Cycle 7	☐ Cycle 8			Cycle 9  Post-Special Election	
30 Day Post-Election	Annual Report	2 <sup>nd</sup> Friday Pre-Specia				
•	, , , , , , , , , , , , , , , , , , ,	under the law of the Finance Report is			ot Pennsylvani	
		·		١-22	-21	
Signature of Treasurer, Candidate, or Lobbyist			Date (DD/MM/YYYY)			
Mark.	Biletaile	Ho	Er	ie Pl	A USA	
Pr		Location (City/State/Country)				