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

Filer Identification Number	Report Filed B	By Candida	ite -	Committee	X	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Grey	Brun .	for City	Comeil		
Street Address	5013	S /	1 121.1		•	
city Ene	3013	State	for City L Blud. PA	Zip Code	16509	
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
			X			
Date Of Election (MM/DD/YYYY)	Year		Amendment Report		Termination Report	
Summary of Receipts and From Date Expenditures /0//9/3021	To Date	2/2021		For	Office Use Only	
A. Amount Brought Forward From Last Report	\$ 28	34.17	Section of Section	<u> </u>	20 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	And the second s
B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available		v.00			en e	(1)
(Sum of Lines A and B)	/	4.17				January January
D. Total Expenditures (From Schedule III)	ς -	w.007				discourse of the second
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 76	4,17				
F. Value of In-Kind Contributions Received (From Schedule II)	\$	D			~! *	andigina.
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 764	1.17				
Part 1- If this is a Committee report, treasurer sign he	If this is a Can	Affidavit Sec				
I swear (or affirm) that this report, including the attac				ge and belief tr	ue. correct and comple	te.
Sworn to and subscribed before me this				- -	,	
day of20	- ']	_	A Signature of	f Person Subm	itting report	
Signature	- <u> </u>		ANNE	Printed Name	SKUNN	_
My Commission expires MO. DAY YR.	_	<u>//</u>	<u> </u>	Day	301) 639-4 time Telephone Numbe	1164
				,		
Part II- If this is a report of a Candidate's Authorized I swear (or affirm) that to the best of my knowledge a amended.				provisions of t	he Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this			9	Λ		
day of20	- 1		Sign	ature of Candid	late	_
Signature	- [j '		(22)	/3 nv Lvn Printed Name		_
My Commission expires MO. DAY YR.	_	- Ai	<i>(6509</i> rea Code		<u>3 14)277-29</u> ime Telephone Number	<u>'</u> 37
				ŕ		

committee report

Updated 1/22/2021



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 • rasketampaignfinance@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	Committee, Car	ndidate, or Lobby	/ist		
Reporting Cycle	Name				
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3		Cycle 4	☐ Cycle 5
6 th Tuesday	2 nd Friday	30 Day	6 th 7	uesday	2 nd Friday
Pre-Primary	Pre-Primary	Post Primary			Pre-Election
Cycle 6					cle 9
30 Day Post-Election	Annual Report				st-Special Election
declare under per	nalty of perjury (ributing lobbyist, i under the law of the Finance Report is t	ne Comn	nonwealth	
that the accompanying Campaign Finance Report is true and correct.					
Signature of Treasures, Candidate, or Lobbyist			Date (DD/MM/YYYY)		
Grs R	· Kwi	_		me/Pr	1/ 04
Pri	nted Name		Location (City/State/Country)		
					DSEB-50

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Appendix A to California (Alternative Company) for a first to the first and the company of the california (Alternative Company) and the california (Alternative		_			
Filer Identification Number					
[135-襄国图17] [154] [167] [17] [17] [18] [18] [18] [18]					
[48] Table (1974) All (1986) Charles (1974) All (1986) Charles (1974) All (1986) Charles (1974) All (1974)					
1、Min "我们在这个个人,只是是一个大大大的。" "我是我们是一个女子,不能是一个					
[1] 建建筑工具、广东亚、芒州、芒州等加州省等海湾域、大学省					

1. Unitermized Contributions and Receipts-\$50.00 or Less per Contributor	1907.18	
Total for the reporting period (1	L) [3	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	9	\$
All Other Contributions (Part B)	+;	s -
Total for the reporting period (2	2) 5	\$
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	Ş	\$
All Other Contributions (Part D)	5	\$ 570.w
Total for the reporting period (3) \$	\$ 520.10
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)		\$ 500.w

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 Number

					Amount
Full Name of Conti Committee	ributing			Date [MM/DD/YYYY]	\$
				사용) 사용) 사용)	
House #	Street Address			Date [MM/DD/YYYY]	\$
					(2) (2) (2)
CitY	「新 <u>新品色(現</u> 程を設立、□	State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Conti	ributing			Date [MM/DD/YYYY]	\$
Committee					
House # /	Street Address			Date [MM/DD/YYYY]	\$
City	[古经历] 在编纂图(等)	State	Zip Code	Date [MM/DD/YYYY]	* \$
Full Name of Contr	(buting			Date [MM/DD/YYYY]	\$
Committee	fire of Original				16
House #	Street Address			Date [MM/DD/YYYY]	<u> </u>
City	G. 1888 (1983)	State	Zip Code	Date [MM/DD/YYYY]	\$
				1	
Full Name of Contr	ibuting			Date [MM/DD/YYYY]	\$
Committee				'n	
House #	Street Address			Date [MM/DD/YYYY]	\$
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					10 (14 (14 (14 (14 (14 (14 (14 (14 (14 (14
City	Evan Seminorma - 1 1 200 de debum	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contr	ributing			Date [MM/DD/YYYY]	`\$
Committee					
House #	Street Address	· ·		Date [MM/DD/YYYY]	(%) (%)
City	[1166],《海藻戲》卷 [2]	State	Zip Code	Date [MM/DD/YYYY]	\$
					10
Full Name of Contr	ibuting			Date [MM/DD/YYYY]	\$
Committee	To the Section			<u></u>	/ 10년 사람
House #	Street Address			Date [MM/DD/YYYY]	\$
City	man out of the desired of the	State	Zip Code	Date [MM/DD/YYYY]	\$
928/40/2014		12.461	1 선생용이 1 선명은 13		

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.)

· · · · · · · · · · · · · · · · · · ·		
I SELLO EL MONTE LE LO PORTE PARA PORTE DE LA CONTRE		
MELICINIC CILLING HUMANUM CLOSE		
Filer Identification Number :		
2007年2月1日日1日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日		
THE PROPERTY OF THE PROPERTY O		

fall/Nemeloj/Contributor			rdate (MM)/dd//MMM) S
House## Street#Address			(Date (MM/JDD/AYAM))
(Gity)	State	Zip Code	ADate (MM//DD//YAWI)
FelliNameloj Contributor			upate/[MM//Ple//MMi]; \$
House::: Street/Address			(Date)(MM/DD/MAA)
Giy	State	Zip.Code	MDate(MMM/DD/AYAYA) 37
oriudirinoskoemakullusi			[Defec[MIM/DD9/YAYAN]] S
Housein Street/Address		-	Date[MM/DD/ANAM] S
(Glivy	(State	Zip(Code)	¿Date[MM/DD//YY/Y] S
Full Name of contributor			-Date(MM/DD//W/W/) S
House## Street/Address		_	iDate(IMM/DD/AYAA) \$
Gity	«State»	Zip Code	Date (MIVI/DD/MMM)
(Fdll/Name of Contributor			(Date (MM/DD/AYYM)) S
House## Street Address		***	Date(MM/DD/XXXX)
(city)	State	Zip:code	ADates[NIM/DD/AMAA]
Full Name of Contributor			Date (MM/DD/AYAYA) \$
House## Street Address			Date (MM/DD/AMA)
Ketiv	State	Zip.Gode	:Date(MM/DD/MYM) \$

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-[MIMI/DD/YYYY] \$	
House # Street-Add	dress		Date [MM/DD/YYYY/]	
Gly 1	State	Zip Code	Date [MM/DD/YYYY) \$ \$5	
Eull Name of Second library Committee		1 Valence reviews and a second	Date [MM/DD/YYYY]	
House # Street Add	dress		#Date [MM/DD/MYYY].; \$\$	
CIV	\State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/WW] \$	
House# Street Add			Date [MM/DD/YYYY] (\$	ĺ
(Gity	State	Zip Code	Date [MM/DD/WWM];	
Full Name of Contributing Committee			Date [MM/DD/\\\\)	
House # Street Add			Date [MM/DD/YYYYY] \$	
City S	State	Zip Code	Date [MM/DD/YYYY] \$	
Contributing Committee	- Versions and		Date [MM/DD/XYYY]	
House# Street Add		「大学院」 「大学院」 「大学院」 「大学院」 「大学院」 「大学院」	Date [MM/DD/YYYY] \$	
Gity Se Füll Name of	State	Zip Code	Date [MM/DD/YYYYY] \$	
Contributing Committee	Annum distri		Date [MM/DD/YYYY/] \$	
		1-4 55000840703-7 82000; FB	Date [MM/DD/YYYY] \$	
City II	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)

Fileracentrication Number 2.		

Full Name of Contributor	11. 12 h.d	i		Date MM/DD/Y		
Phi/	Tip English Lukut D.	-		10/24/2	STEAKHIR'S	500,00
Flouse # Street Address	/ 1 1 1		1	Date [MM/DD/Y	YYI \$ S	
新国际的建筑						
Giv. Ene	State PA	Zip.Code	16507	fipate:[MM/DD/XA	(YY)]// IF S	
Employer:Name	NA			Occupation	Pelitica	Mies
Employer Mailing Address / Principali Place of Business	NA NA			The state of the s		
Full-Name of Contributor				Pate MM/DD/M	M) s	
House,# Street Address				Date (MM/DD/Y)	myj : S	
GIV.	State	Zip Code	:	Date MM/DD/Y	W)	
Employer/Name				Occupation	•	
Employer/Mailing/Address// Principal Place of Business		-				
Hall Name of Contributor				/Date MM/DD/M	MMI M IS	
House # Street Address				Date [MM/DD/Y		
(div.	State	Zip Code		Date [MM/DD/Y)	/YYJ \$	
(Employer Name				Occupation		
Employer Mailing Address // Principal Place of Business a						
Afull Name of Contributors	-			Date (MM/DD/M		
House# Street Address				apate MM/DD/W	(YY) 5	
(ery)	State	Zip Code		Date [MM/DD/Y)	YY1 : S	
Employer Name 4 u				Occupation		
Employer/Mailing/Address//						

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.

Riferblentification(Vimber	Control of the Contro			
FulliName				
House# Str	eet/Address			
Gity	The state of the s	State	Zip Code	Date MM/DD/YYYYI
Receipt Description				[24KP]
(Fill Name)	STATEMENT AND PROPERTY OF A TOTAL PROPERTY OF			
	eet Address	State	Zio	Date (MM/DD/YYYY)
Colicy			Zip Code	Date [MM/,DD/,YYYYY] \$
FalliName	_			
	et Address			
House## Str		Statë	Zip Code	Date (MM/DD/YYYY)
Receipt Description				
FallNeme				
House ## Str	et Address	,		
Chy	-	State	Zip Gode	Date [MM//DD/MYY] \$
Receipt Description		计发表系统协助理整约4.	養命性情報(E) 等等符合等	[本學院計
Full Name	and any or where the property of the contract of			
House## Street	et Address	State	Zip., 1	Date [MM/DD/YYYY]
			Code	Date [MM//DD/YYYY] \$
Receipt Description				
Full Name House # Str	et Address			
Clty.		State	Zip Code	Date [MM/DD/YYYY] \$
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

#illeridentifilettion#Number:	
1. UNITEMIZEDIN KIND GONTRIBUTIONS RECEIVED VALUE OF S	5000 OR ILESS PER GONTRIBUTOR
TOTAL for the reporting period (1)	\$
2), 2IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250))OO(FROM PARIIH)
TOTAL for the reporting period (2)	\$
3 * IN-KIND CONTRIBUTION REGEIVED VALUE OVER \$250:00 (FRO	(MIPARTIG)
TOTAL for the reporting period (3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

	VALUE 01 \$30.01	10 9230	
Afiler i dentification Number.			
Full Name of Contributor:		Date [MM/DD/YYYY]	
HOUSe # Street Address		(Date [IMM/DD/XXXX)] \$	
(Stat	e ZipiCode	Date [MM/DD/YYYY] 75	
Description of Contribution			
Full Name of Contributor		Date [MM/DD/YYYY]	
Alflouse ## Street-Address	ROOM Server Company (CASTER)	Date:[MM/DD/YYYY]; (\$	
Stat	e Zip(Code	Date [MM/DD/YYYY]	
Description of Contribution			
Full Name of Contributor		Date [MM/DD///////]	
House # Street Address		Date [MM/DD/YYYY] \$	
Stat		Date [MM/DD/YYYY]	
Description of Contribution			
Fiell Name of Contributor.	·	Date [MM/DD/XXXX) - S	
House:#: Street Address		Date:[MM/DD/YYYY] \$	
(City) Stat Description of Contribution		Date:[MM/DD/YYYY] \$	
Description continuation			
Full-Name of Contributor		[Date [MM/DD/YYYY] S	
House:#: Street-Address		IDate:[MM/DD/YYYY] . S.	
State	e Zip Code	Date[MM/DD/XYXX] \$	
Description of Contribution			

SCHEDULE II Part G

In-Kind Contributions Received

	VALUE OVER S	5250
NEIGE I den vincation Numberi		
124 Symmion (St. 224 S) for part and stay of the stay		
AFILINA metor (Contributo)		(Date [MM/DD/AYYY)] \$
House # Street Address		/Date [MM/DD//YYYY] \$
City	Zip Code	(Date [MM/DD//YYYY] \$
.Employer.Name		(Occupation
Employer Malling Address // Principal (1) Place of Business		Description of Contribution
Pauli Namerofi Contributori		Date/[MM/DD/YYYY] 3\$
House# Street/Address		;Date:[MM/DD/XYYYI] \$2
(Gity) State	Zip Code	Date (MM/DD/XYYY) \$
lemployer Name		Occupation:
Employer (Malling Address // Principal Place of Business		Description of Contribution
FFUIENEmeron (contributor)		=Date[MM/DD/\\YYY]
House#, Street Address		Date MM/DD/VYYYI S
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/XYYY) \$
House# Street Address	and I to the Wilder	Date [MM/DD/YYYY] \$
City & State		Date [MM/DD/YYYY] \$
Employer Name		
Employer Mailing Address / Principal Place of Business		Descriptions of Contribution

Statement of Expenditures

filer Identification Number:	

∏oWhom⊮Paid		· ·····		Date [MM//DD//////] 2 5
House #	Street Address			Description of Expenditure
City.		State	Zip Gode	
To Whom Raid				*Date:[MM//DD//YY/Y]
House#	Street Address			Description of Expenditure
Chy	Lacon Mich. in cond. 1850 Control May be shared	State :	Zip Gode	
I to WilhomyPalla				Date [MM/DD/YYYY] \$3
House #	Street Address			Description of Expenditure
Gliv.		State	Zip Gode	
noWhomPaldh				Dătê (MM/DD/YYYY) \$
House #	Street Address			Description of Expenditure
Gitý.		State	Zip Zode	
To Whom Paid		, , ,		Date (MM/DD/YYYX) \$
House/#	Street Address			Description of Expenditure
(Gity)		State	Zip Gode	
ToWhomPaid ✓				Date [MM/DD//YYY/] \$ 55:
House #	Street Address			Description of Expenditure
<u>G</u> ny.		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
dity	·	State	Zip Goden	
To:Whom:Paid:				Date [MM/DD/XYYY] \$
House #	Street Address			Description of Expenditure
City.	Supply parameters (1997)	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.

e alle a de la companya de la compan		
Name of Creditor	Northshove Sonices	(Outstanding/Balance of Debt
	Northshare Senius et Address Usonia Ave [MIN/DD/YYYY]	764.17
Gjiy	Brie State 14 Zip. 16509	
Description of Debt	Social Media, Website Dedyment	
Name of Greditor		Outstanding Balance of Debt.
House # Stree	et Address DATE DEBTINGURRED [MIM/DD/YYYY] State Zip.	
Oity Description of Debt	Gode	
Name of Creditor. House: Street	et Address DATE DEBT INCURRED	Outstanding Balance of Debt
Sit 8	ELYACITIES [MM/DD//YYYY]	
City	State Zip Code	
Description of Debt		
Name of Creditor : \$tre	et Address DATE DEBT INGURRED	Outstanding Balance of Debt \$ 25
	[MM/DD/YYYY]	
dity	State (Zip Gode Gode)	
Description of Debt:		107 Conference (International Section 2014) and a section of the section 2014 of the s
Name of Creditor House:# Street	et Address DATE DEBT INCURRED	Outstanding Balance of Debt. §\$3
	[MM/DD/YYYY]	
Gity 2	State Zip Code 77	
Description of Debt:		
Name of Greditor House 4.	et Address DATE DEBT/INGURRED	Outstanding Balance of Debte
SUE SUE	ET/Address [MM/DD/YYYY]	(1) (2) (2) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
City	State Zip Code	
Description of Debt	A CONTRACTOR AND A CONT	