

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

Filer Identification Number	Report Filed ((Mark X)	By Candida	te	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Sue	Weber		Internet sector officer to the		
Street Address	533		30ina P			
City	Eriq	State	PA	Zip Code	16509	
Type of Report (Place x under report type)					
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Pre-Primary Primary Primary	Post 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 Dat Expenditures				For	Office Use Only	
		18- 21 			(2) (2) (-1	P-3 -3 -2
B. Total Monetary Contributions and Rec (From Schedule I)	elpts \$					
C. Total Funds Available (Sum of Lines A and B)	\$	_				ro Po
D. Total Expenditures (From Schedule III)	\$ 25	I 270.00			المورد المراقب المورد	The Same CT + US CT +
E. Ending Cash Balance (Subtract Line D from Line C)	\$					
F. Value of In-Kind Contributions Receive (From Schedule II)	d \$				k jekunge	FΟ
G. Unpaid Debts and Obligations (From Schedule IV)	\$					
Part 4 If this is Complete	:	Affidavit Sec			-	
Part 1- If this is a Committee report, treasurer solution is swear (or affirm) that this report, including the				ige and belief to	ue, correct and comple	te.
Sworn to and subsectibed before me this day of 10 temperso.	, , , , , , , , , , , , , , , , , , ,		1	r mannol	May	<i>)</i>
Brow ellen			Signature	of Person Subm	ilitting report	h
Signature My Commission expires 3 5 2	1025	<	TIU \	Printed Nam	e - 82-004-	7
MO. DAY	VR. Commonwealth of Pe	A ennsylvania - Not	area Code	Day	time Telephone Number	er
Part II- If this is a report of a Candidate's Author						
I swear (or affirm) that to the best of my know amended.	edge and belief this po My commission ex Commission	litical committee l cpires March 15 number 139366	has not viplated and , 2025 6	y provisions of 1	the Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this	Member, Pennsylvani	a Association of N	Notaries			
day of20	— <u> </u>	,	Sigr	nature of Candi	date	
Signature		_		Printed Name		
My Commission expires				37 M. 17.2		
MO. DAY Y	R.	Α	rea Code	Dayt	ime Telephone Number	•
				<u> 8: 13</u>	<u>81 100 1707</u>	·

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	reper		
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)		3	
Total for the reporting period	(2) Y	\$	
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, Re Cover Page, Item B)	port	\$	



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	n Number		J V E	WEBEL
				Amount
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	entributing			Date [MM/DD/YYYY] \$
House #	Street Address		\	Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co Committee	entributing			Date [MM/DD/YYYY] \$
House#	Street Address		$\overline{}$	Date [MM/DD/YYYY] S
City		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co Committee	ntributing	grassians.		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co Committee	ntributing	Lawaranya, 43	[seessentheensees9]	Date [MM/DD/YYYY] \$
House#	Street Address	1		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 Number:	Sue Weber	
Full Name of Contributor		Date [MM/DD/XYYX] - \$
House # Street Address		Date [MM//DD/AYYY] (5
GHy	State Zip Code	Date [MM/DD/AYYY]
Full Name of Contributor		Date [MM/DD/XYYY] \$
House # Street Address		Date [MM/DD//MYY]
City.	State Zip Code	Date (MM/DD/ANYM) S
Full Name of Contributor		Date [MM/(DD//YYYY)
House # Street Address		Date (MM//DD//YYYY) \$
City	State Zip Code	»Date (MM//DD//W/Y); S
Full Name of Contributor		pate (MM/De/Aggy)
.House.# Street Address		Date [MM/DD/AWA]
GIŸ	State Zip Code	Date [MM/DD/YYYY] .\$
Full Name of Contributor		Date [MM/DD//YYYY] \$
'House # Street Address	_	Date:(MM/DD/ANAV) \$
City	State Zip Gode	Date [MW/DD/YYYV] \$
Full Name of Contributor		Date:[MM/DD/MYY]
House # Street Address		Date [MM/(DD//YMY)] S
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 Number:

	Sue money	
Full Name of Contributing Committee		Date [MM/DD/YYYY] 5
House #/ Street Address		Date [MM//DD/YYYY] 5
Gity	State Zip Code	Date [MM//PD/AYYY] \$
FUI Name of Contributing Committee		Date [MM//DD/AYAA]
Hause # Street Address		Date (MM/DD/XXXX): \$
	State Zip Code	Date [MM/DD/AAAA] \$5.
Full Name of Contributing Committee		Date (MM/DD/YYYY) S
House # Street Address		Date [MM/DD/XY/Y] \$
	itate Zip Gode	Date (MM/QD/XYXXI) S.
Full Name of Contributing Committee		Date (MIN/DD/AVYA) - \$
House # Street Address		Date [MM/DD/YYYY] S
	itate Zip Code:	Date [MW/DD/YYYY] \$
Full Name of Contributing Committee		Date [MM/DD/YYY/M] 25
House # Street Address		Date [MIV/DD/YYYY] \$
	State Zip Code	Date [MIV/DD/YYYY] 25
Full Name of Contributing Committee		Date [MM/DD/YYYY] . \$.
House # Street Address		Date [MM/DD/YYYY] \$
	tate Zip Code	Date [MIM/DD/XXXX] \$

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/dentification/Number

	Ore meser	
Full Name of Contributor		Date [MM/DD/AYXY]
House'# Street Address	State Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
City Employer Name	State Zip Code	Occupation
Employer Mailing Address:// Principal Place of Business	,	李明·李小明
Full-Name of Contributor	·	Date [MM//DD/37804] \$
House:# Street Address Gity	State Zip Code	Date [MM/DD/YYYY] \$
	State Elipeque	Comparison of the state of the
Employer Name Employer Malling Address /		Occupation :
Principal Place of Business		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM//DD/XYXY] \$
City	State Zip:Code	Date [MM/DD/XXXX]
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		
Full Name of Contributor		Date (MM/DD/XXXX) \$
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		

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.

File identification Number		5 ue U	Jebe/	
Full Name				
House # Stre	eet Address			
City		State	Zip Code	Date [IMM/DD/YYYY] 5
Receipt Description				
Full Name				
	eet Address			
Clfy		State	Zip Code	Date:[MM/DD/YYYY] \$
Receipt Description				
Full Name House:#	eet Address			
Giv	Et/Address	State	Z b	Date [MM//DD//YYY] \$
			Code	
Receipt Description				
Full Name House # Stee	eet/Address			
City		State	Zip	©Date (MM//DD//YYYY) \$
Receipt Description			Code	
Full Name				
	eet Address			
City City		State	Zip Code	Date [MM/DD/YYYY] S
Receipt Description 7				
Full Name			· · ·	
House # Stre	et Address		, n an man	
City		State	Zip Gode	Date [MM/DD/YYYY] \$
Receipt Description			Penacocatto (基本的表現在)	Page

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:	Suel	Uebe
1. UNITEMIZED IN-KIND CONTRIBUTIO	NS RECEIVED-VALUE OF SS	0.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$
2. INEKINDIGONTRIBUTIONS RECEIVED	AVANUERO ESTO (01/110/1525)	:00 (FROM PART F)
TOTAL for the reporting period	(2)	\$
3. IN-KIND CONTRIBUTION RECEIVED-\	/ALUE OVER \$250,00 (FRO)	VI:PART G)
TOTAL for the reporting period	(3)	 \$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DU PERIOD (Add and enter amount totals from bo on Page 1, Report Cover Page, Item F)		\$



SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	Sve	Webe		
Full Name of Contributor			Date (MM/DD/YYYY) S	
	Access with the same of the sa			
House# Stree	t Address		Date [MM//DD///YYY] \$	
Gity.	State	ZIp code	Date [MM/DD/WWY] 5	
Description of Contribution				
anescribitories acontribution				
Full Name of Contributor		()	Date [MM/IDD///////ii S	
House# Stree	t Address		Date (MM/DD/YYYY) \$	·
City	State	Zip Gode	Date [MM/DD/YYYY] \$	
Description of Contribution				· · · · · · · · · · · · · · · · · · ·
Full Name of Contributor	reacygramica sa copy i a reacygn y cupita, term		Date [MM/DD/YYYY] \$	
	nucleur con a factor de la fact			
House# Stree	t/Address		Date [MM/DD/XXXX] \$	
CITY	State	Zip Code	Date [MM/JDD/XXXXI] 5	
Description of Contribution	74		1 19/3/1994	
Full Name of Contributor			Date [MM//DD//YYY] \$	
House # Stree	1:Address		Date [MM/DD/YY4V] S	
City	State	Zip Code	Date [MM/DD/YYYY] \$.	
Description of Contribution	() () () () () () () () () ()	4 september 2000 and American State of 1981	. 192000001	:
Full Name of Contributor			Date [MM/DD//YYYY] \$	
House# Stree	t Address		Date [MM/DD/XXXX] \$	
Cliy	State v	Zip/Code	Date [MM/DD/YYYY] \$	
Description of Contribution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer identification Number:	Suc Webe	

Full Name of Contrib	k o r			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/MYM] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			CONTRACTOR	Occupation	
Employer Mailing Ad Place of Business	dress / Principal			Description of Contributions	
Full Name of Contrib	uor			Date (MM/DD//YAY) 5	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date (MM/DD/YYYY) \$	
Employer Name				Occupation	
Employer Mailing Ad Place of Business	dress / Principal			Description of (2.5)	
	學 电电子 医二甲甲二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲二甲二			Contribution	
Full Name of Contrib	utor			Date:[MM//DD/YYYY] 5	
Full Name of Contrib House#	Street Address			Date:[MM/DD/YYYY] \$ Date:[MM/DD/YYYY] \$	
		State	Zip:Code	Date:[MM//DD/YYYY] 5	
House#		State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
House #	Street Address	State	Zip:Code	Date:[MM/DD/YYYY] \$ Date:[MM/DD/YYYY] \$ Date:[MM/DD/YYYY] \$	
House # City Employer Name Employer Mailing Ad	Street Address dress/Principal	State	Zip.Code	Date:[MM/DD/YYYY] \$ Date:[MM/DD/YYYY] \$ Date:[MM/DD/YYYY] \$ Occupation Description of Contribution Date:[MM/DD/YYYY] \$	
House # City Employer Name Employer Mailing Ad Place of Business	Street Address dress/Principal	State	Zip:Code	Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S Occupation Description of Contribution Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S	
House # City Employer Name Employer Mailing Ad Place of Business Full Name of Contrib House #	Street Address dress / Principal	State	Zip:Code Zip:Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Ad Place of Business Full Name of Contrib	dress // Principal Utor			Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S Occupation Description of Contribution Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S	

Statement of Expenditures

ler Identification Numb	er.	Sue Weber		
				Date MM/DD/YYYYI \$
o Whom Paid	1	Cinca	on Maure	9-20-2021 215.00
	151	(tote Seni	03 (0-22)	Description of Expenditure
louse# S	treet Address) V-0. Box	3056	
lty.	E559	State Or	Zip. 16508	7d
To Whom Paid	0,((6) 经需要收益的条件	18-4 99-4	(Date [MM/DD/YYYY] S
				Description of Expenditure
House #	treet Address			
City		State	Zip Code	
				Date [MM/DD/YYYY] \$
To Whom Paid				Description of Expenditure
House #	Street Address			Description of exhausting
ALC:	Page 1	State	Zip	Parameter Control of C
City			Code	Date [MM/DD/YYYY] \$
To Whom Paid			•	
House #	Street Address			Description of Expenditure
House #/			7/0	
City		State	Code	Date (MM/DD/MYY)
To Whom Pald				Date (MM/OD/1111)
				Description of Expenditure
House #	Street Address			
GRY		State	ZIp Code	
To Whom Paid				Date (MM/DD/AYYY)
10 Wijum Palu				Description of Expenditure
House#	Street Address			
City		State	Zip	
			Code	Date [MM/DD/XXXXI] \$
To Whom Paid				
House#	Street Address			Description of Expenditure
9 1 9 1		State	Zip	ASSESSED ASS
City			Code	Date (MM/DD/WYY) \$
To Whom Paid				Jacobiii/See
		R		Description of Expenditure
House#	Street Addres		185- 4	
City	Total Court Anna Las (Blanca of Long (1987)	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:

		Dro Mopel			
Name of Creditor					Outstanding Balance of Debt
House #	Street Address			DATE DEBT INCURRED	
				[MM/DD/YYYY]	
.City			State	Zip	
Description of Debt		-/-)		Code	
Name of Creditor					Outstanding Balance of Debt
House #	Street Address			**DATE:DEBT-INGURRED	
	Sueet Address			[MM/BD/YYYY]	
City			State	Zip	
Description of Debt				Code	
Name of Creditor					Outstanding Balance of Debt
House #	Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	
ar a			348		
City			State	Zip Code	
Description of Debt			Mary Coster Springer Contract (N)	(Although an March Landon E)	[5980,00]
Name of Creditor					Outstanding Balance of Debt
House #	Street Address			DATE DEBT INCURRED [MM/DD/YYYY])
			19.00		
City			State	Zlp Code	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
House #	Street Address			DATE DEBT INCURRED	5
				[MM/DD/YYYY]	
City		11 2 4 4 1 2 4 1	State	Žip Code	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
House #	Street Address			DATE DEBT INCURRED	
				[MM/DD/YYYY]	
City			State	Zip	
Description of Debt				Code	