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Print Form



## Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By Gandida ( Mark X)	ste Committee	Lobbyist			
Name of Filing Committee, Candidate or Lobbyist	· Jeff File	Consequence of the first the second of the s				
Street Address	162 Park St	65 E. Irving St				
Corry	/State	P4 Zip Code (640	7			
Type of Report (Place x under report type)						
1.6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3- 30 Day Post Pre-Primary Pre-Primary Primary	4. 6 <sup>th</sup> Tuesday 5. 2 <sup>nd</sup> Friday Pre- Election Pre- Election	내 보면 나라면 하다면 하다 하다면 하는데	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
Date Of Election 05/20	<b>Year</b>	Amendment Terminatic Report Report				
Summary of Receipts and From Date Expenditures 3-11-25	16 Date 5-9-25	For Office Use O	nly			
A. Amount Brought Forward From Last Report	\$ 0					
B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available	\$ O		2025 HAY /01ER R			
(Sum of Lines A and B)  D. Total Expenditures	0					
(From Schedule III) E. Ending Cash Balance	5 D		요공 - 5 - <b>5</b>			
(Subtract Line D from Line C)  F. Value of In-Kind Contributions Received  (From Schedule II)	\$ 0					
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0		<b>2 8</b>			
	Affidavit Se					
Part 1- If this is a Committee report, treasurer sign h I swear (or affirm) that this report, including the atta			d complete.			
Sworn to and subscribed before me this  day of 20-		KADVIII 9				
		Wath yn D. Vituro				
Signature  My Commission expires	. I 	Printed Name 874 CULY-005				
MO. DAY YR.		rea Code Daytime Telephon	e Number			
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.  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, 1957 (P.L. 1333, NO.320) as amended.						
Sworn to and subscribed before me this		Mara 15	2			
day of20	·	Signature of Canalidate.				
Signature	1	Printed Name	522			
My Commission expires MO. DAY YR.	A	rea Code Daytime Telephone	Number			
		444				

# 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)	li i	
Contributions Received from Political Committees (Part C)	-action-share section	\$
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, Rep 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.

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Full Name of Co	intributing	ala support i productiva di un constitución de la Cale	TO STATE OF THE PARTY OF THE STATE OF THE ST	Date [MM/DD/YYYY]   [\$]	
Committee				Operation of the second of the	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
		2		Sale Initial Policy of the Control o	
Full Name of Co	ntributing			Date [MM/DD/YYYY]   \$1	
Committee					
House #	Street Address		<del></del>	Date [MM/DD/YYYY] \$	
City :	A series of the	State	Zip Code	Date [MM/DD/YYYY] S	<u> </u>
and the second			and 1982 to some of the source		and the second of the second o
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
	444 - 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			4.22.7	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Żip Cade	Date [MM/DD/YYYY] \$	
Full Name of Co				Date (MM/DD/YYYY) # 5	A CONTRACTOR OF THE PROPERTY O
Committee	ncributing _			Date IMINI/DU/A 1111	
House #	Street Address			Date [MM/DD/YYYY] \$	
	710				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
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Full Name of Co	ntributing			Date [MM/DD/YYYY] 5	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
	AND TO THE				
City *		State	Zip Code	Date [MM/DD/YYYY] S	
		The state of the s			Services VIII and American Services Control of the
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] S	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Gode	Date [MM/DD/YYYY] \$	
			iel T.	10 M 3 10 M 3 10 M 3 10 M 3	:
		Last 1 Carlot of M	Principles of the control of the con	1 7 1	

#### 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.)

Alexandration Numbers

		·		
Full Verme of Somiabutions			Date IMM/DD/AYYYI S	
	WARLEW BARDERS!			
House: Street	Address		Date (MM//DD/YYYY) \$	
Gity	State	7≥ip Code	Date [MM/DD/YXYY] \$	
Full Vanco Contiloutor			Date [MM//DD/AYYY] S	<del></del>
And the second s	STANSFORM (M.S.M.COM)			
House# Street	Address	•	Date (MM//DD/YYYY) 55	
(Grty)	State	Zip Code	Date [MM/DD/YYYY)	
Full Name of Contributor			(Date IMM/IDD/MAY/) 55	
House# Street	Address		Date [MM/DD/XYYY] S	
(Gity	-State	Zip Code	Date [MM/DD/YYXX) S.	
Full Name of Contributor	[abstraces Active)]	PARCHINATE CONTRACTOR AND	Date MM//DD/AXXXXI	
House# Street	Address		¿Date [MIM/DD/YYYY]]	
(Gity).	State	Zip Gode	Pate [MM/DD/XXYY) \$	
Felli Name of Contributor			Date   MM/DD/AYYY)	
(House# Street /	Address		Date [MM/DD/YYYY] \$	
(City	State	.Zip Code	Date [MM/DD/AYAM]	
Full Name of Contributor.			Date (MIN/DD/AYYY) 25	
House# Street-/	Address		Date [MM/DD/YYYY] \$	-
GIV	State	Zip Gode	Date [MM/BD/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:

	China de mantenario de la servicio de la compansión de la compansión de la compansión de la compansión de la c		And the second s	
		Andrew Control of the		**********
Full Name of Contributing Committee			Date (MM/DD/YYYY) \$	_
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House # Street Address	 i		Date (MM/DD/YYYY) \$	_
	l	THE SECTION AND THE SECTION AN		
<b>⊆</b> (v)	State	Zip Code	Date MM/DD/YYYY) 5	-
			L. Company	
Full (Vaime of Committee)			Date [MM/DD/YYYY]	
	<u></u>			
House # Street Address	i		Date [MM/DD/YYY]	
	Server Advantage Company	Accession and the second and the sec	CONTRACTOR OF THE PROPERTY OF	
Gty.	.Stātē	Zip Gode	Date (MM/DD/YYYY)	
Edit Name of			EDate(MM/DD/XMM/ESS)	AC 57
Contributing Committee			Poste tumpo variable	
House Street Address	· · · · · ·	<u> </u>	Date{MM/DD/YYYY) 5	
	l			
	State	Zip Code	OBJETNIM/DD/XXXXI	
the second of th				
Full Vame of Containing Committee	<del>,</del>		Date [MM/DD/MYY]	
House # Street Address			Date (MM/DD/YYYY) \$	
COST	<b>经产品的工程</b>		Dare (MM/DD//YYY)] (\$)	
City	State	Zip Gode	DOIS IMMINITED TO STATE	
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Contributing Committee				
House 4: Street Address			Date (MM/DD/XYYY)	
<b>G</b> ty.	State	Zip Code	Oate (MM/pb/yyyy)	
Full (Vame of Committee		-	Date (MM/DD/XYYY) 55	,
		<del></del>	Fig. 1	
House # Street Address			Date   MM/D0/1779    5	1
	State	Ziń Code	Date (MM/DD/YYYY) S	
G <b>(y</b> )	State State	Zip code	ESSERVITA SERVICE SERVICE	
	其实 36位的数据图1	1. The Control of the	[657: 474]	,

# 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)

	· · · · · · · · · · · · · · · · · · ·		
Full/Name.of.Contributor			Date [MIM/DD/MYY] S
House#* Street Addre	55		Date [MIM/IDD//YYYY]
Grty.	State	Zip Code	Date [MIN/DD/YYYY] S
Employer Name			Øecupation.
Employer Mailing Address/ Principal Place of Business			[SEESSCENE SOCIAL SECURITY AND
Fulls Vaime of Contributor			*Date [MM/DD/XXYY]
House# Street Addres			[Date [MM/DD/YYYY]] S.
Gity \$	State	Zip Code	Date [MM/DD//YYYY4].
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			
Full-Veine of Contributor			Date [MM/DD/AYYY] 2 7 5
House# Street Addres			Date [MM/DD/YYYY]
(Gity)	State	Zip Code	Date (MM/DD/YYYY) \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			
Full-Name of Contributors			Date [MM/DD/YYYY] 5
House # . Street Address			Date [MM/DD/YYYY] \$
(eity	State	Zip Code	Date [MM/DD/YYYY] S
Employer Name  Employer Mailing Address /			Occupation :
Principal Placetof Brisiness			

#### PART E

## **Other Receipts**

REFUNDS, INTEREST 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				
Füll Näme			and the second s	
House # Str	eet Address			· · · · · · · · · · · · · · · · · · ·
CIV 1		State	Zip Code	Date MM/DD/YYYY] [\$
Receipt Description				
Full Name		<del></del>		
House# Str	eet Address			
Gify 2 College (1)		State	Zip Code	Date [MM/DD/YYYY]   \$
Receipt Description	, . see	# The action of the Control of the C	Section of the sectio	- Spanning I
Full Name: 150 150				
	et Address	State	<b>21</b> P. 100	Date [MM/DD/YYYY] \$
Gity of the state			Code	
Receipt Description			POT A Section Control of Control	
FüliName "1".				
HOUSE/# Str	eet Address	l State	( <b>*Zipes</b> el	Date [MM/DD/YYYY]
Gify Called Called		State	Zip Code:	British San San Walter San
Receipt Description		<del></del>	<u> </u>	
Four # Sin	et Address			
		State	<b>Ζ</b> Ιβ ; -	Date [MM/DD/YYYY] 3
City (			Code	
Receipt Description Ful Name	—			
House # Stre	et Address			
Git I		State	Žip Code	Date (MM/DD/YYYY) \$
Receipt Description				
		CTC		

#### SCHEDULE II

### IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Alle (dentification Number				 ·
1 UNITEMIZED INKIND CONTRIBU	TIONS RECEIVED VALUE OF S	0.00	ir less per contributor	
TOTAL for the reporting period	(1)	\$		
2 - TINEKIND CONTRIBUTIONS RECEIV		(30) (1=	KOMPARTE)	
TOTAL for the reporting period	(2)	\$		
3/3 IN KIND CONTRIBUTION RECEIVE	DAWANJE OWERS ZAGONOVIERO	VEPAR		
TOTAL for the reporting period	(3)	l ś		
TOTAL for the reporting period	(3)	٦		 <del></del>
TOTAL VALUE OF IN-KIND CONTRIBUTIONS		\$		
PERIOD (Add and enter amount totals from on Page 1, Report Cover Page, Item F)	boxes 1, 2, and 3; also enter			

# SCHEDULE II

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer identification Nun	and Language .	resident to be the control of the co	promises a section of the section of	and the second s	Control of the Contro
Filer (Gentification was	ñber:				
And the second s	200 Para 2124 - 19			per transfer and to a more than the service and an experience are to appear and the	
Full Name of Contrib	autors	25	-	Date [MM/DD/YYYY]	1.51
				!	
House #	Street Address			Date [MM/DD/YYYY]	
Gity	P. PROCESSOR and P. Proceedings	State	Zip Code	Date [MM/DD/YYYY]	[\$ ]
2.00	المراوع والمراد مرسول المساور			H. C.	
Description of Contri	ibution	rist in			
Full Name of Contrib	(no			Date [MM/OD/YYYY]	
House!#	Street Address	1110 1		Date [MM/DD/YYYY]	<b></b>
City 3		State	Zip Gode	Date [MM/DD/YYYY]	<b>5</b>
			2. 1. 15 19 19 18 18 18 18 18 18 18 18 18 18 18 18 18		
Description of Contra	e <b>d</b> ale de est				
Full Name of Contrib	(in)		A AMAGE COST	Date MM/DD/YYYY	S.
				illus es	
House #	Street Address			Date [MM/DD/YYYY] I	<b>(\$</b>
		State Parcel	The same of the same of		
Sity 5		State	Zip Code	Date (MIXI/DD/WWY)	
Description of Contril	bution )	New J			
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House #				Date [MW/DD/YYYY)	\$ 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	Street Address			Date Indiatory	
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Eull Name of Contribu	ütöf	Harten and the Walter of States of States of the Walter of States of the	<u> </u>	Date JMM/DD/YYYY	
House #	Street Address			Date [MM/DD/YYYY]	
	Street Address				
City	British La State Commence of the State of th	State	Zip.Code	Date [MM/DD/YYYY]	\$   \$
	We will be the second of the s		And the second	60 60 10	<u> </u>
Description of Contrib	intion 10 moitue				· · · · · · · · · · · · · · · · · · ·

# SCHEDULE II

#### Part G

# **In-Kind Contributions Received**

VALUE OVER \$250

Plendentification Number			
Full Name of Contributor			Date (MM/DD/AYAYA)
Flouse:# Street A	adress		Date [MM/DD//YYYY] \$
City 1	State	Z <b>ipi</b> Code	Date [MM/DD/YYYY] 5
Employer Name		1900 Company of the Company	Occupation
Employer Mailing Address / Pri Place of Business	ncipāl		Description of Contribution
Full Name of Contributors	Contraction and Contraction (		Date MM/DD/AAAA
House # Street Ad	ldress		Date MM/DD/YYYYI \$
-Qity	State	Zip Code	Date [MM/DD/YYYY] 05
Employer Name			Occupation
Employer Mailing Address / Pri Place of Business	ricipal		Description of Contribution
Full Manne of Contributor		·	Date NW/DD/YYYYI
House # Street Ad			[Date-[MM/DD/YYYY]: S.
(Gity)	State	Zip Gode	Date [MM/DD/YYY/]
Employer Name			Occupation:
Employer Mailing Address / Pri Place of Business	icipal		Description:  of:  Gontribution
Edl Name of Contributor	No.		Date (MM/DD/YYYY)
House # Street Ad			Date (MM/DD/YYYY) \$5
Gity,	State	Zip Code	Date:[MM/DD/YYYY] \$
Employer Name			Occupation :
Employer, Mailing Address / Prit Place of Business 2	icipal.		Description of

# SCHEDULE III Statement of Expenditures

Filer (dentification: Number:		1220-1-1-1	
To Whom Paid.			Date [MM/DD/YYYY]   3
House # Street Addre			Description of Expenditure
GIV.	State	Zip Code	
To Whom Paid		Transfer of the Control of the Contr	Date (MM/DD/XYYX) (\$)
House# Street Addres	Sa		Description of Expenditure se
(G)3/.	State 1	EŽįρ Eggdė »	
To Whom Paid	Commission of the Artist Section (Commission Commission Commission Commission Commission Commission Commission	Stemment the second	Date (MM/OD/XXXX) = 5
House# Street Addres	5		Description of Expenditure
i di v	State	4jp Code	
CAVITOTO PAIN			Date (MM/DD/XXXXI) \$
House 4. Street Addres			Description of Expenditure
agiv.	State	Code #	
To Vhom Paid			Date IMM/DD/44/40]
Forts # Street Addres	S		Description of Expenditures # 100
Caty.	State	Zip. Code	
reswirómpalé.			Pare IMM/OD/AYAA)
Fouse Street Addres	S		Description of Expenditure
(q(y)	Sac	Z)p Code	
To Whom Paid			('Date MM/DD/YYYY) S
House II Street Addres			Description of Expenditure
G .	State	Zip: Code: I	
To:Whom Paid 35			Date MM/DD/YYYY 5
House'# Street Addres			Description of Experiditure//
GIV.	State	Zig 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.

Fileridentification Number			
Name of Greditor House # Stre	cet/Address	DATE DEBT INCURRED	Outstanding Balance of Debt
City Description of Debt	State	Zip -Code	
Name of Creditor			Outstanding Balance of Debt
	eet Address	DATE DEBTINGURRED [MM/DD/YYYY]	<b>S 1</b>
Gity Description of Debt	Sfate	Zijo Gode	
Name of Greditor			Outstanding Balance of Debt 3.
House# Stre	eet-Address , , , , , , , , , , , , , , , , , , ,	DATE DEBT INCURRED [MM/DD/YYYY] Zip	
Description of Debt		Code	
Name of Greditor House # Stre	eet Address	DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
Description of Debt	State	¿Code	
	eet Address	DATE DEBT: INCURRED 1	Outstanding Balance of Debt
City Description of Debt	State	Ĉ <b>Zip</b> Gode	
Name of Greditor  House # Street	eet Address		Outstanding Balance of Debt
Gity .	State	Zip Code	
Description of Debt			<u>#4</u>



Name of Filing Committee, Candidate, or Lobbyist

# 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.

eporting Cycle	Name					
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3		Cycle 4	☐ Cycle :	
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-I	Election	Pre-Election	
☐ Cycle 6	☐ Cycle 7	☐ Cycle 8	vcle 8		Cycle 9 Post-Special Election	
30 Day Post-Election	Annual Report					
is form is submitt	is submitted wit	th a Committee rep date report, the car tributing lobbyist, t	ort, the	treasurer i nust sign h	must sign here ere. If this rep	
is form is submitt submitted with a eclare under per	is submitted wit ted with a Candid report by a con- nalty of perjury (	th a Committee rep date report, the car tributing lobbyist, t	ort, the ididate r he lobby	treasurer i nust sign h vist must si nonwealth	must sign here ere. If this rep gn here.	
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is form is submitt submitted with a leclare under per at the accompan	is submitted with a Candidate report by a contact of perjury and the Campaign	th a Committee rep date report, the car tributing lobbyist, t under the law of th Finance Report is t	ort, the ndidate n he lobby ne Comm rue and	treasurer in nust sign he vist must be vist must be vist must be visit m	must sign here ere. If this rep ign here. of Pennsylva	

DSEB-502R Updated 1/5/2022