

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification	Report Filed (By Candid	ate	Committe	e /	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	1.4	Hee to	Elect	Fike	Grayet Rock	6
Street Address	152 Pa	Hee to				
Cority	1 1 200	State	PA	Zip Code	16407	
Type of Report (Place x under report type)	ene e din <u>grand</u> e <u>an omnera de mario</u>	T	<u></u>		CONTRACTOR	
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	4- 6th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6-30 Day Pos Election	t 7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
	(0.738_1, 2733),			14. [114], rya. 22a. 15. 517a.	(III) 45.7 (240 17.60) (3.5 (A.) (A.) (A.) (A.)	The second second second second second
Date Of Election (MM/DE/YYYY) O5/2014	Year ∂∞25	2005	Amendment Report		Termination Report	
Summary of Receipts and From Date Expenditures 3 11 25	To Date 5-9	e - 25		For	Office Use Only	
A. Amount Brought Forward From Last Report		······································		gamenteriliji je <u>dan bamer m</u> arakug	<u>alang mengungkan kelanggan penggangan Penggahan</u> gan se	and the second section of the section of t
B. Total Monetary Contributions and Receipts (From Schedule I)	^{\$} 190	0				
C. Total Funds Available (Sum of Lines A and B)	\$ 190	DO				
D. Total Expenditures (From Schedule III)	2 * S-2	1.50				
E. Ending Cash Balance (Subtract Line D from Line C)	[^{\$} 3	16.50			,	
F. Value of In-Kind Contributions Received (From Schedule II)	10, Ct. 7	17.38				
G. Unpaid Debts and Obligations (From Schedule IV)	\$	e militare de companya de mario de mar				
Part 1- If this is a Committee report, treasurer sign h	ere. If this is a Car	Affidavit Se ndidate report, ca	endidate sign here			
I swear (or affirm) that this report, including the atta	ched schedules or	n paper, is to the	best of my knowle	edge and belief	true, correct and comple	ete.
Sworn to and subscribed before me this day of 20	• •		100m	to	•	
day of20	- -	<u> </u>	Signatur	e of Person Sub	mitting report	
Signature			- · · · · · · · · · · · · · · · · · · ·	Printed Nar		- ·
My Commission expires MO. DAY YR.	_		Area Code	· · · · · · · · · · · · · · · · · · ·	ytime Telephone Numb	er
Part II- If this is a report of a Candidate's Authorized I swear (or affirm) that to the best of my knowledge	Committee, cand and belief this pol	lidate shall sign h litical committee	ere. has not violated a	ny provisions of	the Act of June 3, 1937	(P.L. 1333, NO.320) as
amended.			_			
Sworn to and subscribed before me this			مدالاتان	m J.	Roche	
day of20	- ` .		Willia	gnature of Cand	idate ROCH F	-
Signature	- ,	J		Printed Name		
My Commission expires		-	Area Code	Day	rtime Telephone Numbe	
	•					

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)		
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)

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 Nur	mber				
Andrew Complete Control of the Section of the Secti	Andreas Control of the Control of th				Amount
Full Name of Contril	buting	1 6	1 1	Date [MM/DD/YYYY] \$	100
Committee	l-on	hold O- Hermosh		5-2-25	
House#	Street Address	11 -1-	-1	Date [MM/DD/YYYY] \$	
TO 1		Hermoon	ug le!	0 1 A 1 C C C 2 C C C C 2 C C C C C C C C C C C	
Tool City Linesin	ile	State Pa	Zip Code 1424	Date [MM/DD/YYYY] \$	
Full Name of Contrib	to the state of th	Markety (184		Date [MM/DD/YYYY]]
Committee	是八款(A)				
House #	Street Address			Date [MM/DD/YYYY]	
Gty		State	Żip Code	Date [MM/DD/YYYY] \$	
# 15 m					
Full Name of Contrib	outing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] * \$	
				188 188 188 188 188 188 188 188 188 188	
City		State	Żip Code	Date [MM/DD/YYYY] S	·
Full-Name of Contrib	aman eesal		Social Section 1	MDETE (MIM/OD/XYYY) = 15%	
Committee					
House #	Street Address			Date [MM/DD/YYYY] = \$	
City	* 10 - 10 (ma), 10 (2 (ma) 1 - 1 (ma) 1 - 1	State	Zip Code	Date (MM/DD/YYYY) \$	
				16.20 (48.00 (48.00	was saidu
Full Name of Contrib	outing			Date (MM/DD/YYYY)	
TATE OF THE PROPERTY OF THE PR					
House #	Street Address			Date [MM/DD/YYYY] S	
12.560EQ 12.560EQ				53	
Gity Jan		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contrib	outing	Land to the state of	Proposition of the Control	Date [MM/DD/YYYY] S	
Committee					ļ
House #	Street Address			Date [MM/DD/YYYY] \$	
(1) (250 m			· · · · · · · · · · · · · · · · · · ·		
Gity		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.)

Eller Identification Number			
Eull*Name of Contributor			Date [MIN/DID/YYYY]
#House:#. Street Address			Date [MM/DD/YYYY]
Giv	State	Zip:Gode	¿Date [MM/DD/YYYY] PS
Full:Name-of-contributor			Date [MM/DD/YYYY] S
House# Street Address			Date MM/DD/XYYY) S
Gity	State	Zip:Gode	Date [MM/DD/YYYY] \$
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date (MM/DD/YYYY) SS:
Giv	State	Zip Gode	Date [MM/DD/AYYY] 5
Full Name of Contributor	110000000000000000000000000000000000000	A CONTRACT OF THE CONTRACT OF	Date [MM/DD/YYYYY] \$
House'# Street Address		-	Date [MM/DD/YYYY] S
City	State	Zip Gode	Date [MM/DD/(YYYY)] S
Full Name of Contributor.			Date [MM/DD/AYAY] \$
House# Street Address			Date [MiVI/DD/YYYY1] S
Giv	State	ZJD Code	Date [MM]/DD//YYYY] \$
ÆüllkName.of Contributor.			Date [MIM/DD/AYAY] S
House # Street Address			Date (MM//DD/XXXX) \$
(City, 1)	State	Zip:Gode	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		
Full Name of Contributing Committee Bill Roche	Date [MM/DD/YYYY] S 04/21/25	1500
contributing committee Bill Roche House # 430 Street Address Country Club Rd	Date [MM/DD/YYYY] S	
Corry State PA Zip Code 16407	Date [MM/DD//YYY] \$	
Contributing Committee Don's Gernovich	Date MM/DD/YYYV US	
Contributing Committee Don's Gernouich House # 26 Street Address & Congress 54	Date (MM/D0/YYYY)	
Corry State Pa Zip Code 14407	Date [MM/DD/YYY/] \$	309
Fill Name of Contributing Committee	Date (MM/DD/YYYY)	
House## Street Address	Date [WIM/DD/XYXX] \$	
Coty State Zip Code	Date (MM/DD/YYYY) 115	
Edition of		
flouse # Street Address	Date (MIN/DD/YYYY) S	
State Zip Code Figure Name of	Date (MM/DD/YYYY) 15	
Gonfributing Committee House # Street Address	Date [MM/DD/YYYY] \$	
State Zip Code	Date[MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
EtillName of	/Date [MM/DD/YYYY] - S	
Contributing Committee House # Street Address	Date[[MM/DD/YYYY] ST	
State Zip Code	Date[MM/DD/YYYY] 5	
CB CB CB		

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 Contributor.			Date [MIN/DD/YYYY]
House# StreetAddre			Date [MM/DD/XYYY]
Engloyer Name	State	Zip Code	Date [MM/DD/YYYY] \$
			*Occupation.
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			©Date:[MM/DD/YYYY) \$
House# Street Addres			Date [MIW/DD/HYYY] \$
Cliv	State	Zip Code	Date [MM/DD/YYYY] 55
Employer Name : Employer Mailing Address /			Occupation -
Principal Place of Business			
Full Name of Contributors			Pate [MM/DD/YYYY]
House# Street Addres	S		Date [MM/DD/YYYY]
CID/	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer-Malling:Address// BrindipaliPlace of Business			Keling Britan Service Services
Full Name of Contributor			Date [MM/DD/YYYY] 5
House#1 Street Addres			Date [MM/DD/YYYY] \$
City	State	Zip.Code	Date [MM/DD/YYYY] S
Employer Name Employer Malling Address:/			Occupation
Principal Place of Business			

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.

Files identification Number					
Stali Zame	3				
	eetAddress		November of the Administration		
City I		State	Zip Gode	Date [MM/JDD/YYYY4] \$	
Receipt Description					
ENNAME.		·			
House# Sine	et Address				
City.		State	Zip 'Code	Date MM/DD/YYYY 55	-
Receipt Description					
Full Name					
House# Stre	et Address				-
Gity	The state of the s	State	Zip Gode	Date:[MM/DD/YYYY] \$	
Receipt Description					
Ruli Name				<u> </u>	
House# Stre	et Address			******	
Gicy .		State	Zip €Code	Date [MM/DD/YYYY] 5	-
Receipt Description		1			
BullName			-		
House # Stre	et Address				
Gity and the second sec		State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description					
Hill Name					
House# Stre	et Address				
City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt-Description					

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

(File: Identification Number:);	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF S	50.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2 IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50 01 TO \$25	OSOPIEROMIPARTIE)
TOTAL for the reporting period (2)	\$
3 IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250'00 (ERC	IWIPAKI (S)
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

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:		No. of the second secon		
Full Name of Contributor. **TREE WEND	y Nedce	15	Date [MM/DD/YYY] ち ちゃとうく	140
Full Name of Contributor Wend House # 1450a Street Address Cory	Country	Club Rd	Date [MM/DD/YYYY] LS	
Cony	State PA	Zip Gode / (C0407	Date [MM/DD/YYYY] \$	
Description of Contribution	Art for	51905		
Full Name of Contributor	and the second s		Date [MM/DD/YYY] \$	
Fouse # Street Address			Date (MM/DD/YYYY) \$	<u> </u>
GiV	State	Zip Gode	Date [MM/DD/YYYY] \$	
Description of Contribution		And the second s		
Full Name of contributor	53 - 142 - 144 - 1		Datë [MM/DD/YYYY] \$	
House# Street Address	<u> </u>	**************************************	Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution			·	
Full Name of Contributor			Date [MM/OD/YYYY] \$	
House # Street Address			/bate (MM/bb/yyyy); \$.,
	State.	Zip Code	Date [MM/DD/YYYY] 3	
Description of Contribution				
Füll Name of Contributor			Date (MM/DD/YYYY) / \$	
House # Street: Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

File: Identification Number					
					21. T.
Full Name of Contributor	neu file			Date [MM/DD/YYW] \$ 4/12/25	907.38
House # Street Address	Est Ir	who St	-	Date MW/DD/WW/)	
Corry	rey file Exst ly state Po	Zip Code	16407	Date (MM)/DD/YYYY)	
Cirployer Name				Occupation	
Employer Mailing Andress / Psincipal Praction Business				Pescription of the Contribution	
Full Name of Contributor		and the second of the second o		IDENE IMMADIAWWI TO AN	
House # Street Address				Date (MM/DD/YYYY) : \$	
(Els/C)	State	Zip Code		Date MM/DB/YYYM	
Employer(Name (L.)				Occupation	
Fingloyer Mailing Address/Pallicipal Place of Business				idescription of	
feul (Várnesof Contributor)	A Part of the Control			(MANAGONAYAN) . (1957)	
(Kouseul Street Address				Bate (MM/OD/MOH)	
Edity (State*	Zip Code		Date (MMX/OD/XXXXII)	
Employer Name				Occupation	
Employer Mailing Address/Principel Place of Rusiness (ioescription of: contribution	
HUI Name or Commoder	The second secon			pate (UIVV/92); (VAV)	
House's Street Address				Date (MM/DD/XYY)	
	State.	Zip Code		Date [MM/JOD//YYY] 3	
Employer Name				Occupation (
Employer Malurig Address / Principal Place of Business				Description: of *** Cantinbution	·

Statement of Expenditures

Filer Identification Numbers	
To Whom Paid Copy King	Pate (MM/DD/XYYY) 8 1431 00 41321 00
House # 1102 Street Address W Stn St	Description of Expenditure
Eine State PA Zip Gode 16502	Yard 5005
DCBA	4103125 25
House # 100 Street Address 5 Center St	Description of Expenditure:
Corry State PA Zip. 16407	Table Spot 1st Anday
USPS	Date (MM/DD/MM) \$ /9. 92
Fouse # 101 Street Address 5 Center 5+	Description of Expenditure 1
Corry State P4 Code 16407	Tounhall Invitation mail
Corry Connections	423-250
House 1 100 Street Address 5 Center 5+	Description of Expenditure.
Cory State Pa Code 16407	326 in Stickers
Corry Cumbor	104125 351.08
Street, Addicess & Columbus Ave	Description of Expenditure
GIV Cory State PA Code 1407	Large Son Supplies
TotWhom Paid	Date (MM/DD/XYYY) S
House:# Street Address	Description of Expenditure in
State Zip Eode	
To:Whom Paid	Date (MW/DD/XYYY) 25
Houses Street Address	Description of Expenditure
City State Zip Code Code	
Yownom Paid ()	Date (MM/Dc//YYY) S
House # Street Address	Description of Expenditure 45
Gity 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.

FilerIdentification Number	
Name of Greditor House# St Gity Description of Debt	Outstanding Balance of Debt Peet Address DATE DEBT (NOURRED [MIM/DD/YYYY] State Zip Gode
Name of Greditor House# Str Griy Description of Debt	eet Address DATE DEBT:INCURRED [MM/pD//YYYY] State Zip Code
Name of Creditor	Outstanding Balance of Debt eet Address DATE DEBT INCURRED \$ [MM/DD/YYYY] State Zijb Code
Description of Debt Name of Greditor House # Str	Outstanding Balance of Pebt Eet Address IMM/Dp/Wyyyi State Zip Code
Description of Debt Name of Greditor. House # Stri	Outstanding Balance of Debt et Address DATE DEBT INCURRED [MIM/DD/YYYY] State Zip
	Outstanding Balance of Debt Et Address DATE DEBT INCURRED [WIW/DD/YYYY]
City Description of Debt	State Zip Code



Pendeling eve e Name

Pennsylvania Department of State

Name of Filing Committee, Candidate, or Lobbyist

Bureau of Campaign Finance & Lobbying Disclosure 500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@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.

State - Control of Parts (Section		Market - John College		<u> </u>	<u>نے بہتر بنیں سی سیر محمد سے برت سیسٹ نے ا</u>
☐ Cycle 1 6 th Tuesday	Cycle 2 2 nd Friday	☐ Cycle 3 30 Day	□ Cycle 4 6 th Tuesday Pre-Election		☐ Cycle 5
Pre-Primary	Pre-Primary	Post Primary			Pre-Election
☐ Cycle 6	☐ Cycle 7	☐ Cycle 8			cle 9
30 Day Post-Election	Annual Report	2 nd Friday Pre-Special			ost-Special Election
this form is submit is submitted with I declare under pe	n is submitted with tted with a Candid a report by a conti enalty of perjury u nying Campaign F	ate report, the car ributing lobbyist, t nder the law of th	ndidate i the lobby ie Comn	must sign h vist must si nonwealth	ere. If this report ign here.
KA Dirillaero			5)15/25		
Signature of Treasurer, Candidate, or Lobbyist			Date (MM/DD/YYYY)		
hathryn DVHorw			Corny Pa USA		
Printed Name			Location (City/State/Country)		
		-			DSEB-502R Updated 1/5/2022



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Alu Yar	05/15/12025
Signature of Treasurer, Candidate, or Lobbyist	Date (MM/DD/YYYY)
Charles Gray	Com Pa USA
Printed Name	Location (City/State/Country)