

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

Filer Identification Number	Report Filed I	By Candida	ite 📈	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Mar	ilun F	ે(<u>par neurri Kungaba</u>	1980 - 1179 (1981) Land La	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Street Address	di.	Sanfor				·
	414	State		Zip Code		
while it is the		ती किल्लाहरू स्थापन	PA		16511	
Type of Report (Place x under report type)						<u> </u>
1-6 th Tuesday 2-2 nd Friday 3-30 Day Pos 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
Date Of Election (MM/DD/YYYY) O5/20	Year	2025	Amendment Report		Termination Report	
Summary of Receipts and From Date	To Date	e		For	Office Use Only	
Expenditures 03/11/29		05/25				
A. Amount Brought Forward From Last Repor	t \$	0				
B. Total Monetary Contributions and Receipt (From Schedule I)		0	·		<u> </u>	22
C. Total Funds Available (Sum of Lines A and B)	S	Ó			3)251
D. Total Expenditures (From Schedule III)	\$	0				2025 MAY 15
E. Ending Cash Balance (Subtract Line D from Line C)	\$	٥			\$ 3	5
F. Value of In-Kind Contributions Received	\$					A 0:
(From Schedule II) G. Unpaid Debts and Obligations	8	0			RATE OF THE PROPERTY OF THE PR	ġ
(From Schedule IV)		U			<u> </u>	<u> </u>
Part 1- If this is a Committee report, treasurer sign b		Affidavit Sec				
I swear (or affirm) that this report, including the atta	ched schedules o	aper, is o the	est of my knowled	ge and belief to	ue, correct and comple	te.
Sworn to and subscribed before me this	,	£2 00	Mo	rutys 4	Pal	
15 day of May 20 25	- 1	ary Publi ember 20		of Dorson Cuber	ittina ranort	
	<u> </u>	fivanta - Nota Notary Publinty Inty December 2 Der 145586	Signature	of Person Subm	Yel	
Signature C Tha	yer!	sylvar r, Not bunty s Dec		Printed dam		
My Commission expires 12-20-3	1978		114	4	49.1762	
MÖ. DAY YR.	Ĭ	נוטי - די או	rea Code	Day	rtime Telephone Numbe	er
Part II- If this is a report of a Candidate's Authorized	Committee, cand	in shallsing h	re.			
I swear (or affirm) that to the best of my knowledge amended.	and belief this po	incarcompile	has not violated any	provisions of t	he Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this		Common La My com	•			
	•	O 3 15	·]
day of 20	-	. L	Sign	ature of Candid	late	
Signature	١.			Printed Name	·	
My Commission expires	• ·	_		·		
MO. DAY YR.		A	rea Code	Dayt	ime Telephone Number	•

SCHEDULE I Contributions and Receipts Detailed Summary Page

1.Unitemized Contributions and Receipts-\$50,00 or Less per Contributor			
Total for the reporting peri	iod (1)	8	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		8	
All Other Contributions (Part B)		8	
Total for the reporting perio	od (2)	\$	
3. Contributions Over \$ 250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		8	
Total for the reporting perio	d (3)	\$	

(4)

Total for the reporting period

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)

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.

Luci mendiscandi	. Multipei				
				Amount	
Full Name of Co Committee	ntributing	,		Date [MM/DD/YYYY] \$	
Committee					
House #	Street Addres	s		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address	s	, , , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY] 8	
		i			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
<u> Štaja</u>		Tai-m			
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address	\$		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
B. W. C.		5.5			
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address	i	T-V	Date [MM/DD/YYYY] \$,
City		State	Zip Code	Date [MM/DD/YYYY] \$	<u> </u>
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
		Viato	zip oode	Date [mm/DD/1111]	
Full Name of Cor Committee	tributing			Date [MM/DD/YYYY] \$	
House #	Street Address		·	Date [MM/DD/YYYY] \$	
City	<u> </u>	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:

		<u></u>			_
Full Name of C	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Addres	S		Date [MM/DD/YYYY] \$	
City	Location array in a c	State	Zip Code	Date [MM/DD/YYYY] \$	
					_
Full Name of C	ontributor			Date [MM/DD/YYYY] 3	
House #	Street Addres	S		Date [MM/DD/YYYY] \$	
City	\$2000 game error services and excellent	State	Zip Code	Date [MM/DD/YYYY] 3	
Full Name of C	ontributor			Date [MM/DD/YYYY] 8	
House #	Street Addres	•		Date [MM/DD/YYYY] 3	
City	25 c (1980) 24 day 1980 (1990)	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor			Date [MM/DD/YYYY] s	
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	Date (MM/DD/YYYY) \$	
House it	direct muut on			ngre faran nn) (1911)	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address	<u> </u>		Date [MM/DD/YYYY] 8	
				(1) The second of the second s	
City	The St. Chandings and a 150	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	infributor :	1367324		Date [MM/DD/YYYY] \$	_
				Darofmuthattirii .	
House #	Street Address			Date [MM/DD/YYYY] 4	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
W.Rasel					- 1

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.

71,00					
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]#	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	2 3
	to the sector property and			Spara Fasta (DD ADARTS	2017-Man of 1
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	•
Full Name of	3122334033		· 2000年8月1日	Date [MM/DD/YYYY]	
Contributing Co	mmittee				
House #	Street Address	,		Date [MM/DD/YYYY]	S (804)
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of		[STATES STATES		Date [MM/DD/YYYY]	
Contributing Co	mmittee				
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of	2002 (A. C.)	1		Date [MM/DD/YYYY]	
Contributing Co	mmittee			Spiro Lamina Science 1813	
House #	Street Address		**************************************	Date [MM/DD/YYYY]	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
City	*************************************	State	Zip Code	Date [MM/DD/YYYY]	•
Full Name of Contributing Co	mmittee	1 2000年	\$250592004 AVE SANS	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
	Stiett Addi coo				
City		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)

Filer Identification Number:

edia il Balangas				
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address	7		Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailir	ng Address /			
Principal Place o	of Business			
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	Principal and a service of the servi	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		10.054 3.04 0.054		Occupation
Employer Mailir Principal Place o	ng Address / of Business		A. dec. dec.	
Full Name of Co	ntributor :			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] 3
Employer Name				Occupation
Employer Mailin Principal Place o	of Business			[Security of the content of the cont
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	Province of the country of the	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		# - # - 7 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	Commence of the second	Occupation
Employer Mailin Principal Place o	ig Address / if Business			{\$0.000,000,000,000.}

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 Num	ber			
	AND THE STATE OF T			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Sec. 10.	estatus estatus parates e I	- Link
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Description		parent Publi	Prival or Juda	
Full Name	5 (17 kg)			
House #	Street Address	Control of the Contro		,
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Issues and the	D. J. Co. 200 - 17	Lagrania PAS
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] 3
Receipt Description		For section 1 1	- Control of the Cont	[250 VY]
Full Name				
House #	Street Address			
City			Zip Gode	Date [MM/DD/YYYY] \$
Receipt Description		Feet State Control State	The second of the second secon	P** 4
Full Name				
House #	Street Address		1. The state of th	
City	The second state of the se	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

Filer Identification Number:			
HAUTEMIZED IN VIND CONTDI	OUTIONS DECEMENTA	LUE OF \$50,00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS RECI	EIVED-VALUE OF \$50.0	1 TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECEI	VED-VALUE OVER \$25	D.OO (FROM PART G)	
TOTAL for the reporting period	(3)	8	
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer identification	Number:				
Full Name of Cor	tributor.			Date [MM/DD/YYYY] \$	
House #	Street Address	S		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Co	ontribution		town and the second of the		
Full Name of Cor	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Description of Co	ontribution			1 1/2000	;
Full Name of Cor	tributor.			Date [MM/DD/YYYY] 3	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 3	ag Proportion - Age of the Part of the State State of the
Description of Co		49 E A			
Full Name of Con	tributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
	ntribution				
Full Name of Con	tributor			Date [MM/DD/YYYY] S	
House #	Street Address			Date [MM/DD/YYYY] 8	
City	The second state of the second	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Co	ntribution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$ 250

Filer Identification Number:		

E.II Mama of Con	10.1 kg/15%2/N			between the first analysis of the first
Full Name of Cont	Cridutor			Date (MM/DD/YYYY) 8
House #	Street Address			Date [MM/DD/YYYY] \$
				\$400 4.20
City		State	Zip Code	Date (MM/DD/YYYY) \$
Landero Politica de Carles de I				Occupation
	Address / Principal			Description
Place of Business			·	of Contribution
Full Name of Cont	ributor	2.1		Date [MM/DD/YYYY] \$
rua reznic di con				
House #	Street Address			Date [MM/DD/YYYY] \$
ПОВОСТ	Street Adultess			Date Immi Dov. 11.1.15
		two congress	10.70 EAN TO LEAN TO	
City		State	Zip Code	Date [MM/DD/YYYY] 8
	e and the second and			
Employer Name			· · · <u></u> - · · <u></u>	Occupation
	Address / Principal	4.6r		Description
Place of Business	and the second s			of Contribution:
Full Name of Cont	ributor	<i>V</i> (4)		Date [MM/DD/YYYY] 8
				73 F 745 (28 F 28
House #	Street Address			Date [MM/DD/YYYY] \$
				(Main (1994) 18 - Carrier (1994) 19 - Carrier
City	16 C. S. W. S. W. C.	State	Zip Code	Date [MM/DD/YYYY] \$
				Dan tumbro C T
To a lama	ententin oleh delek okkeletik dibiblik intentin kontin kentangan dibiblik dibiblik			
Employer Name		###		Occupation
Employer Mailing Place of Business	Address / Principal			Description Se
Place of pushicas	Marines (1820) et al. (1830)			of Contribution
Full Name of Cont	ributor	<u> </u>		Date [MM/DD/YYYY] \$
				7.2.700.02.00 *******************************
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
VILY.		diale	Tib onec	Date Immy DDV 111.1T
Employer Name				Occupation
Employer Mailing Place of Business	Address / Principal			Description of
	Parke Library and Francisco			Contribution

Statement of Expenditures

Filer Identification Number:	

To Whom Paid				Date [MM/DD/YYYY] 8
House #	Street Address	· 10 3		Description of Expenditure
City		State	Zip	ne Season and the control of the con
		diaic	Code	
To Whom Paid				Date [MM/DD/YYYY] \$
	9050 10050			
House #	Street Address	Address		Description of Expenditure
City		State	Zip	
			Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #			Description of Expenditure	
повзе #	Street Address			Description of Experience
City		State	Zip Code	
To Whom Paid		1827-9004	Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure
City		State	Zip	
uily		JIAIU		
To Whom Paid		•	Date [MM/DD/YYYY] 3	
3 40 43 (5 A) 41				
House #	Street Address			Description of Expenditure
City	provide operators of visit education	State	Zip Code	
To Whom Paid		100000000000000000000000000000000000000	Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure
City	12, 100 y 7, 100 10 10 10 10 10 10 10 10 10 10 10 10	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$	
er werden van de bestelle de bestelle Notation de bestelle de be				
House #	Street Address		-	Description of Expenditure
City		State	Zip Code	
To Whom Paid	****		Date [MM/DD/YYYY] \$	
	60.4 1000 6000			Same Falling Sec. 1.17.17
House #	Street Address			Description of Expenditure
City				
uity		State	Zip Code	
Prof. 27. 787 (p. 10.15.25.2	Participation of the M	

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 N	umber			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
			Tamnonatin	
City		State	Zip Code	
Description of Deb	t .	16数分泌		
New York				
Name of Creditor House #	la constant de la con		DATE DEBT INCURRED	Outstanding Balance of Debt.
nouse#	Street Address		[MM/DD/YYYY]	
City		State	Zip	-
NAME OF BUILDING			Code	
Description of Deb	T.			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
			[MM/DD/YYYY]	1
City		State	Zip	
Description of Deb	•		Code	
Name of Creditor House #				Outstanding Balance of Debt
HOUSE #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip	
\$1490,520,411,022,1141,61		State	Code	
Description of Deb	t			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	
			[MM/DD/YYYY]	
City		State	Zip	
Description of Deb			Code	And the second s
			· 	
Name of Creditor				Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Gode	
Description of Deb		pw4 7 (3a,5)	1= volved Avgd pass	keeg l
被引发增加10人1万				