Commonwealth of Pennsylvania - Campaign Finance Report

	(Note: T	his report mu	st be clear and	d legible. It	should be typed	l)	
Filer Identification Number		Report Filed ((Mark X)			Committee	X	Lobbyist
Name of Filing Committee, Lobbyist	Candidate or	Comm	ittee to	Elec	+ Mauri	ce "Mo" 7	roof
Street Address		2109 7	Tune St.				
city Er	ie		State	PA	Zip Code	16510	
Type of Report (Place x und						.1	
1-6 th Tuesday 2- 2 nd Frid Pre-Primary Pre-Prima	4	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day F Election	Post 7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY)	05/20/2025	Year	2025	Amendme Report	nt .	Termination Report	
Summary of Receipts and Expenditures	From Date 03/31/25		e 5/25		For	Office Use Only	3 3 5
A. Amount Brought Forwar B. Total Monetary Contribu		266	0 S S. 00			<u> </u>	
(From Schedule I) C. Total Funds Available		s /				PM 3: 52 TRATION	
(Sum of Lines A and B) D. Total Expenditures (From Schedule III)		\$ 628	.03 .88			¥ 52	
E. Ending Cash Balance (Subtract Line D from Line C F. Value of In-Kind Contribution Schedule II)	and the second of the second o	\$ 662					
G. Unpaid Debts and Obliga (From Schedule IV)	ations	\$ 50	15.00				
Part 1- If this is a Committee re	port, treasurer sign h	ere. If this is a 😘	Affidavit Se ndidat&repoe, ca	moidate sign h	ere.		•
I swear (or affirm) that this reposer to and subscribed before	ort, including the atta	ched schedules	ry Public mber 2032 4558655	best of my kno	owledge and belief to	rue, correct and comp	dete.
A CUMUM Signature	Thaye	رر Signatura	U ## # #		ture of Person Subm LL Alu Printed Nam	ATC	
My Commission expires 12.	<u>20-2028</u> day yr.	اع: اعرا	તાં _ દ જી છે∖ ⊸	XIU)	b le Day	13675 time Telephone Num	ber
Part II- If this is a report of a Ca	ndidate's Authorized	Committee,					
Part II- If this is a report of a Ca I swear (or affirm) that to the b amended.	est of my knowledge :	and belief this 60	Sea Marie Sea Ma	has not violate	d any provisions of t	the Act of June 3, 1937	7 (P.L. 1333, NO.320) as
Sworn to and subscribed before	e me this	_	ina - Notary ary Public ember 20, 1455865 ation of Nota	M	TO	_	
Raunwit Signature	Thayer		Thayer, Notary Public Erie County expires December 20 fon number 1455865 wanta Association of No	M	Signature of Ca ndi (4 Y ! C		. <u>. </u>
My Commission expires 2	<u>-20-2028</u> DAY YR.	2 John Mealth of Division on Mealth of Division of Div	10 1 =	//4/ Area Code		Z - S 3 7 S ime Telephone Numb	er
		ommony	y comm Cor ember, P				

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)	\$ \$500.00
All Other Contributions (Part D)	\$ #525.00
Total for the reporting period (3)	\$ #500.00 #525.00 #1,025.00
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 8)	\$ 1,025.00

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.

			Amount
		Date [MM/DD/YYYY]	\$
s		Date [MM/DD/YYYY]	\$
	•		
State	Zip Code	Date [MM/DD/YYYY]	\$
		Date [MM/DD/YYYY]	\$
s	Date [MM/DD/YYYY]	\$	
State	Zip Code	Date [MM/DD/YYYY] \$	5.
		Date [MM/DD/YYYY]	\$
s		Date [MM/DD/YYYY]	<u>.</u>
:			
State	Zip Code	Date [MM/DD/YYYY] S	5
		Date [MM/DD/YYYY]	
	·		
s		Date [MM/DD/YYYY] \$	5.
State	Zip Code	Date [MM/DD/YYYY] \$	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- 4
	the graduation	<u> </u>	4
<u> </u>	to the of part	Date [MM/DD/YYYY] \$	3
Jan 1511	to the off pays	Date [MM/DD/YYYY] \$	<i>*</i>
	to the ust stept	Date [MM/DD/YYYY] \$:
An 1 2 1 1 1			:
State	Zip Code		\$ P.
	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
	Zip Code	Date [MM/DD/YYYY] \$	
State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
	State State	State Zip Code State Zip Code State Zip Code	Date [MM/DD/YYYY] 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.)

i fileridentification Number:				
Full Name of Contributor			pate[MM/db/mmi] S	
House## Street-Address			Date (MM/DD)/M/M/ S	SOTISCAPING
GTY THE TAX TO THE TAX	State	Zip.Codė.	(Date (MM/JDD/AAAM)) S	
Full Name of Contributor	NO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10		Date [MM//DD///Y///] S	
House# Street Address	Japan heagy members	The was decident of the control of t	/Date [MM//DD//YYYY] S	X de la constanta de la consta
Gtty Full-Name of Contributors	State	Zip Code	Date [MM/DD/MYM] S Date [MM/DD/MYM] S	
			Date [MM/DD/AYAM]	
House # Street Address	State	Zip Code	Date (MM/DD/AYYM)	
Full Name of Contributor	State	Zipeoue		
House# Street Address			Date [MM/DD/MM] S	
(Gity)	[State]	*Zip Code	Date [MM/DD//YYYY] S Date [MM/DD//YYYY] S	
Full Name of Contributor	State State	Zip code	Date [MM/DD/MYYY] \$	
House'# Street Address		1.1111	Date [MM/DD/YYY]	
eggy :	State :	Zip Code		
Full Name of Contributors			Date [MM/DD/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
House:# Street Address			Date [MM/DD/YYYY]	
(GIT).	State	Zip Code >=	Date [MM/DD/YYYY]	
			Street and the Control of the Contro	

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

					·
Full Name of	20 KA MI 💋	И. 167	-1 +	Date [MM/DD/YYYY]	\$
Contributing Co	mmittee COMM	ittee to E rzezinsk	ilect	04/14/2025	500,00
House #	Street Address	(ZUZIII)	<u>. 1 </u>	Date [MM/DD/YYYY]	
32	6	West Ar	(in the state of t		
city Eri	Author College de Nate		True of the contract of	Date [MM/DD/YYYY]	\$
tr,	e		PA 16509	<u>1.28 - Mark der Courte og trevalen i der</u>	
Full Name of Contributing Co	mmittee		(1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Parini Mistrata	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of				Date [MM/DD/YYYY]	\$
Contributing Co	mmittee				
House #	Street Address			Date [MM/DD/YYYY]	<u> </u>
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		1 1 No.			
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	<u> \$</u>
House #	Street Address			Date [MM/DD/YYYY]	\$
			•	,	
City	1 % Men Leville tellor el	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co			•	Date [MM/DD/YYYY]	
Contributing Co					
House #	Street Address		1.00	Date [MM/DD/YYYY]	- 25.00 - 25.00
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	\$
					The state of the s
City	[20.8.3.1.28.25]	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 Identificatio	n numper:				
Full Name of Co	ontributor AA	7		Date [MM/DD/YYYY] \$	
	Maur	ice Ti	500P	03/31/2025	400.00
House # 210	9 Street Address	Tune St		Date [MM/DD/YYYY] \$	125.00
		1.=-27.11		04/07/2028	7,00
city Eri		State PA	The second of the factor of the second of th	Date [MM/DD/YYYY] \$	
Employer Name	è	Eriels Pu	blic Schools safras Street E	Occupation ASSISTAN	T Principal
Employer Maili Principal Place	ng Address / of Business	1910 Sass	safras Street E	re, PA 16502	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	1,779C16(2-75-14-74-14)6-1	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Namo			The state of the second of the	Occupation	
Employer Maili Principal Place		· · · · · · · · · · · · · · · · · · ·		[43] (#20) [43, 3 44]	
Full Name of Co	A COME CONTROL OF CONT			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Programme Communication Communication	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	2			Occupation	
Employer Maili Principal Place	YU 基本の名字が経済が2000年に2007年7月、2007年7月 - 1			According to the second	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
				1,250 1,260	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			,	Occupation	
Constanta Na-11:					

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.

Filer Identification Nun	nber:			
e i judicija i storija atriti koloni kligitak stava odali, lebu,	upar warut			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		14/52/20/20	<u> </u>	[5:49]
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Section of	Person
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		pro 2 - Tr. Water I	To was a second	Pri 1
Full Name				·
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		,,		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
Cify		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:	-		
20024 - SHRITEKITEN IN VINDSCOKITO	IDUTIONIC DECEIVED WAL	IF OF CEO OF OR AN LESS DESCRIPTION OF THE OFFICE O	Nessana ara para pana ara mendulahiya kawasa
TOTAL for the reporting period	(1)	JE OF \$50.00 OR LESS PER CONTRIBUTOR	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01	TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250	00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	E PARTINE E PARTINE E PARTINE REAL TO COMMENT DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONT L'ACTUAL DE L'ACTUAL DE L
TOTAL VALUE OF IN-KIND CONTRIBUTION	ONS DURING THIS REPOR	ING \$	
PERIOD (Add and enter amount totals fr on Page 1, Report Cover Page, Item F)	rom boxes 1, 2, and 3; al	o enter	

SCHEDULE 11 PART F

In-Kind Contributions Received

			VALUE OF \$50.01 TO	\$250	
Filer Identification	on Number:				
, Mile (1) juine (p.					
Full Name of C	ontributor			Date [MM/DD/YYYY] \$	<u></u>
House #	Street Address		·	Date [MM/DD/YYYY] \$	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of	Contribution	Gatik om skij (Filozof Velikof Velikof	ROUTEMENT + EAST STORM		
Full Name of C	ontributor	(FR. 1)		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	3168.0324.82.824.04.04	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of	Contribution		[\$7658.876. (1697), 6146]		
Full Name of Co	ontributor	Anthony .		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City.	Note Management and section	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of 0					_
Full Name of Co	intributor			Date [MM/DD/YYYY] \$	
House #	Street Address	·		Date [MM/DD/YYYY] \$	-
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C					
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	

State

Zip Code

Date [MM/DD/YYYY] \$

City

Description of Contribution

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:			•	
Light a particular to the control of	L.,			

Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
English on the control				
House #				Date [MM/DD/YYYY] \$
House # Street Address			Date (MINI/DD/1111)	
City	100000000000000000000000000000000000000	State	Zip Code	Date [MM/DD/YYYY] \$
	·	11200		
Employer Name				Occupation
Employer Mailin Place of Busines	ng Address / Principal is			Description of Contribution
Full Name of Co	ntributor	34 1		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	Francisco (age 100 con	State	Zip Code	Date [MM/DD/YYYY] \$
				10000 40.05 10000
Employer Name				Occupation
	g Address / Principal			Description
Place of Busines				of Contribution
Full Name of Cor	ntributor	•		Date [MM/DD/YYYY] \$
Julian Gran				
House #	Street Address		· ···	Date [MM/DD/YYYY] \$
City	,	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	e and the second se			Occupation
Employer Mailin Place of Business	g Address / Principal			Description of
ENGINEEN CONTENTS	er e			Contribution
Full Name of Cor				Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		(A)	promotion as account to 16/10 at €	Occupation
	g Address / Principal	48 48 5.		Description
Place of Business				of Contribution
u, mornom postalem tipolitika (ilia 1848).	n men regionale parcie backet region (ES) (All Colors	[8]		শিক্ষাক্র কর্মার ক্রান্ত্রকার ক্রান্ত্রকার ক্রান্ত্রকার ক্রান্ত্রকার কর্মনার ক্রান্ত্রকার ক্রান্ত্রকার ক্রান্ত

SCHEDULE III

Statement of Expenditures

Filer Identification Number:

To Whom Paid				Deed Jases (DD brown)
10 WIOIII Fait	" Desant	is Signs	S	04/03/2025 \$ 450.00
House # 546	Street Address	W. 18th St		Description of Expenditure
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		W. 181251		
City Erin	e	State PA	zip Code 16502	Deposit for signs
To Whom Paid			The Mark Value I	Date [MM/DD/YYYY] \$
	Desanti	s Signs	04/09/2028 178.88	
House #	Street Address	W. 18th St.		Description of Expenditure
City Erie	2	State PA	Zip Code 16502	Final PAYMENT for signs
To Whom Paid	d · · ·	Professional Control		Date (MM/DD/YYYY) \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid	1917) 30		The state of the s	Date [MM/DD/YYYY] \$
Introduction (1	· · · · · · · · · · · · · · · · · · ·		
House #	Street Address			Description of Expenditure
City	A series of a fitterior	State	Zip Code	Principal to Kristian Barriel Stewart to the Miles Complete State
To Whom Paid	× 2.	Market Market	Coue	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	[13.04 PAGE 2.86]	State	Zip	
To Whom Paid	The state of the s		Code	Date [MM/DD/YYYY] \$
				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip	
			Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address		······································	Description of Expenditure
			Les de la Contraction de la Co	
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Production and the state of the			
riouse #	Street Address			Description of Expenditure
City	The second second of	State	Zip	
Partition .			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 Num	Der:		
Name of Creditor	Supposed and Thomas	·····	Outstanding Balance of Debt
House #	Maurice Troop Street Address Tune St.	DATE DEBT INCURRED	\$
2109	June St.	[MM/DD/YYYY] 04/07/2025	525. OD
City	Erie	State DA Zip 1/25/0	
Description of Debt	Money for Signs	Code Code	
30345 B. J. V.	Monley For Signs	·-	
Name of Creditor House #		DATE DEBT INCURRED	Outstanding Balance of Debt
House #	Street Address	[MM/DD/YYYY]	
City		State	
Description of Debt		Code	
andre de la companya de la companya La companya de la co			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
Pile 2			
City		State Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	4 5
City		State Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
	200	(MINION TO THE STATE OF THE STA	
City	Table and a second of the second of	State Zip Code	
Description of Debt			[****]
CONTRACTOR AND			