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

The second secon			a legible. It slib		·	
Filer Identification Number	Report Filed I (Mark X)	By Candida	ite X	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Maurice	e Mo Tr le Street	00P		•	:
Street Address	2109 Jun	ie Street				
city Erie			PA	Zip Code	16510	
Type of Report (Place x under report type)				••		
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	t 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
	4 Egg (150), section (15)					
Date Of Election (MM/DD/YYYY) DS 20 20 US	. Year	2025	Amendment Report		Termination Report	
Summary of Receipts and From Date	To Date	e		For	Office Use Only	
Expenditures 03/3/ (25	05/0	5/25				
A. Amount Brought Forward From Last Repor	t 5 /	,	विकार विकेश विकास स्थापनी पाउँ अस्तरहरू उन	<u>Problems State</u>	Karathala ng Wasanasa kasa sa s	HE TALLER MENT DELICION STORY
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ \$ 0					
C. Total Funds Available	\$ 0					
(Sum of Lines A and B) D. Total Expenditures	\$ 505				¥. 2	Ł
(From Schedule III) E. Ending Cash Balance	525	, 0 D			OTER RE	,
(Subtract Line D from Line C)	\$ 0		!			• • •
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0					
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0	1				
Part 1- If this is a Committee report, treasurer sign h	ere If this is a Car	Affidavit Sec			် ပု	
I swear (or affirm) that this report, including the atta		က်paper, 🞖 to 👣 l		lge and belief tr		
Sworn to and subscribed before me this 14 day of May 20 25	- - 1	nia - Notary lary Public sember 20, 1455865	Main	Top		
Kauren EThaye	<u>.</u>	Se De Se	Signature 114 Cl 7 1	of Person Subm		
Signature 0 My Commission expires 12-20-20	28/ 1	taith of Pennsy en E. Thayer, I Erie Cou ssion expires I mission numl	714	Printed Nam	e DR - 5375	
MO. DAY YR.		E. THE Sion E. Sion E. Mission	rea Code	Day	time Telephone Numb	 er
Part II- If this is a report of a Candidate's Authorized		i e ate sha∉sigr h e				
I swear (or affirm) that to the best of my knowledge amended.	- 1	Nemark (Nemark)	nas 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	·	, ₁₀ ,, ₁₀ ,				
day of20_	- '1	_				_
	_	_	Sign	ature of Candid	Jate	
Signature	, 1			Printed Name		
My Commission expires MO. DAY YR.	_	- <u>-</u> -Ai	rea Code	 Davti	me Telephone Number	
				,-		

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) 5	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	iyoqt S	
Contributions Received from Political Committees (Part A)	5	\$
All Other Contributions (Part B)	3	\$
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)	Ş	\$
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, 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.

Filer Identification (Number			
				Amount
Full Name of Con	tributing		Date [MM/DD/YYYY] \$	
Committee				
House#	Street Address		Date [MM/DD/YYYY] S	_
			1 (1000-1774) 1 (1000-1774) 1 (1000-1774) 1 (1000-1774)	
City	State	e Zip Code	Date [MM/DD/YYYY] S	_
) J. d.			
Full Name of Con	tributing	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	
Committee			actic recorded Property and the effective of the Property of t	
House #	Street Address		_Date [MM/DD/YYYY] \$	
i i i use #			Pare TAIMANN BALL	
		7/5		
City	State	e Zip Code	Date [MM/DD/YYYY] \$	
	And the second of the second o			
Full Name of Con Committee	triouting		Date [MM/DD/YYYY] \$	
也。 1000年				
House #	Street Address		Date [MM/DD/YYYY] \$	
City .	State	e Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con	tributing		Date [MM/DD/YYYY] \$	
Committee				
House #	Street Address	_	Date [MM/DD/YYYY] \$	
City	State	e Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con	tributing	100 100	Date [MM/DD/YYYY] \$	
Committee			and an experience of the state	•.
House #			Date [MM/DD/YYYY] \$	
House #	Street Address		Pare Livini DD/11111	
		104 L		
City	State	Zip Code	Date [MM/DD/YYYY] \$	
	100 St 700 L			
Full Name of Con Committee	tributing	_	Date [MM/DD/YYYY] \$	
Committee Committee of the Committee of			## 1	
House #	Street Address		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 Identificatio	n Number:				
Full Name of G	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Addre	ess		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor	field the selfices		Date [MM/DD/YYYY] \$	
	# 1	bescul		The second secon	
House #	Street Addre	!SS		Date [MM/DD/YYYY] \$	
City	Plant Region (1994) and a state of processing	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor		Localitations, and Facility	Date [MM/DD/YYYY] \$	
House #	Street Addre	255 255		Date [MM/DD/YYYY] \$	
City	District on Accessing Conference	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ıntributor	120000001	Proceeds and Section and American	Date [MM/DD/YYYY] \$	
House #	Street Addre	iss		Date [MM/DD/YYYY] \$	
City	Nikitika ita Digestori	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	intributor			Date [MM/DD/YYYY] \$	
House #	Street Addre	SS		Date [MM/DD/YYYY] \$	
City	,	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Addre			Date [MM/DD/YYYY] \$	
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

Full Name of Contributing Committee			Dete [MM/DD/MMM]	
House# Street Address			Date [MM/,DD/MA//)]	
(dity	State	Zip Gode		\$
जिस्मीम्पर्वातुर्वे Contributing Committee			Date[MM/DD/M/M]	
House#. Street Address			/Date(MM/DD/M/M)	
Gity	State	Zipicode:	Date [MM//DD//WW/]	
Hull Name of Contributing Committee			aDate [MM/ADD/AAAA]).	
House# Street Address			(Date[MM/JDD/AYAM]	
Gity	State	Zip(Gode)	(Date [MM/JDD/MMM])	
Full Name of Contributing Committee	- 2000		Date [MM/DD/MM/]	
House## Street/Address			Date[MM/DD/AAAM]	
(Gity)	State	Zip.Godei	(Date [MM//DD///////])	
Full Name of Contributing Committee				\$
House# Street Address	To any management of		{Date (MM//DD//YYYY)}	
SGILY	State	Zip.Gode	Date [MM/,DD//w/w/]	\$
Full Name of Contributing Committee			Date [MM/DD/MMM]	
Lilouse## Street Address			@Date [MM//DD////(//)]	
Gity	State	Zip Code	Date [MM/,DD/,YYYY]	S

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)

File (dentification Numbers)

Full Name of Contributor	Date [MM//DD/AYAM]
House## Street*Address	/Date [MIM/DD/AVGOT] \$5
City State Zip Code S	[Date [MM//DD/YYYY]] \$
Employer/Name	Occupation .
Employer Mailing Address /- Principal Place of Business	
Full Name of Contributor	//Date [MM//DD//YYYY] \$
House # Street Address	Date [MM/DD/YYYM] S
City State Zip Code	Date [MIM/DD/XXXX] \$5
Employer Name	(Occupation)
Employer:Mailing Address:/ Principal Place of Business	
Full Name of Contributor	©Date [MIMI/IDD/XY/XX] \$
House # Street Address	Spate(IMM//DD/XYYM) \$
Gity State Zip Code	\$Date:[MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address // a Principal Place of Business	
Full Name of Contributor	[Date[MIM/DD/YYYY]] \$
House # 3 Street Address	Date [MM/DD/XYYY] S
City State ZipiCode	Date [MM/DD/\\\\]
Employer Name	3Occupation:
Employer Mailing Address // 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.

Allandalimedolikulings				
Fulli Name				
Heuse/# Str	eet/Address			
Gliy		State	Zip.	Date [MIM/DD/AYAYA] \$
ැලන්ලේ මයන්ලේගා			Code	
				·
Foll (Valme Flouse# Sin	eet/Address			
	eet/Address	State	Zin	:Date[MM/DD//YYYY] [S]
Giy			Ζίρ Code	
Receipt Description				
latii/tame				
	eet/Address			
(Gia)7		State	ZID (Code)	⊉Date[MM//DD//YYYY]
Receipt Descaption				
Fill Vame				
House# Str	eet/Address			
Giy		States	Zip Code S	Date [MM/DD/MM] ss
रिस्टबोर्ट क्रिस्टबोर्ट्सक			Code	Date [MM/DD/XYM] \$
Follivanie				
	eet/Address	State	第7:1988年8	*D-5-57(MM//DD//VVVV)*****************************
Gity Receipt Description			Zip Gode	*Date\[MM/DD/YYYY] \$
Receipt Description		引起的 决定的 对于加强的政治。	(在成功的學術學的學術學院)	The state of the s
Full Name				
House## Str	eet/Address			
Giv.		State	Zip Code	Date [MM/DD/MMM] : \$
Receipt Description				
	8			

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,				
1 UNITEMIZED IN KIND CONTRIB	UTIONSREGEIVED-VALUE OF	S50400 ORIUSS PER CON	TRIBUTOR	
TOTAL for the reporting period	(1)	\$		
2 INHAND GONHRIBUHONS REGE			· · · · · · · · · · · · · · · · · · ·	
	MID-VALUE OF SOURTHOUSE.	SDEED HARONY PARENTS		
TOTAL for the reporting period	(2)	\$		
34 INKIND CONTRIBUTION RECEIV	MEDAVANULE (OVVER\$2250;010) (FR	OIX(PARTG)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN KIND CONTRIBUTION	IC CURING THE DEPORTING			
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals fro on Page 1, Report Cover Page, Item F)		sr \$		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

FleridentificationNumbers	

Full Name of Contributor			Date[MM/DD/YYYM] (\$
House# Street-Address			Date [MM/DD/XYXX] \$
Gity, (State	Zip Code	Date[MM/DD/XXXY]
Description of Contribution	2 6		
Full(Name of Contributor			Date [MM/DD/XXXXI] Sx
House # Street Address	leg Al Veranda von l		Date MM/DD/(YYYY)
(Gity)	State	Zip Gode	Date [MM/DD/XXXX)]
Description of Contribution			
(Full:Name of Contributor)			Date [MM/DD/YXYY)]
House# Street Address	Tenough contains a contribute		(Pate[MM/DD/YYYY]) (5)
Gity (Contribution Of Contribution Contribut	State	Zip Gode	Date [MM/DD/AYYY]
Full-Name:of/Contributor			Date[MM/DD//YY/Y]
House# Street Address	To a management		@Date([MIM/DDY/YYYY]]
(Gity) (Description of Contribution	State	Zip Code	Date[MM/DD/YYYY]] S
	Table 1		
Full Name of Contributor			Date [MM/DD/YY/Y] \$
House:# Street Address			Date [MM/DD/YYYY] 25
City Description of Contribution	State.	Zip Code	Date [MM/DD/YYYY] \$5
DESCRIPTION OF CONTRIBUTION			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

#File/(identification Number:	

Full Name of Contributor		IDate [MIM/DD/YYYY] \$
House# Street Address		SDate (MM//DD/AYAY) SS
ety.	State ZÍpCode	Date [MM/,DD/AYYY]
Employer Name		(Occupation)
Employer Mailing Address // Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM//DD//YYY] \$
House/# Street Address		Date [MM/DD/YYYY] \$
(Gity).	State 72ip Code	Date [MM//DD/AYAY] \$
Employer Name		: Occupation
Employer (Veilling/Address)/ Principal Place of Business		(Description) of Contribution
Fd Name of:@ntributor.		(Date[MM//DD/AYXA)] \$
House# Street Address		Date [MM/DD/YYYY] \$
Gity	State Zip Code	iDate[MIM/DD/XXXXI] \$
Employer Name		(Occupation)
Employer Mailing Address / Principal: Place of Business		Description of a figure of the second of the
Full Name of Contributor		(Date (MM/DD/XYXY) \$5
House# Street Address		Date [MM/DD/XXXX] SS
GIEY	State Zip Code	Date [MM/DD/YYYY] S
Employer/Name		Occupation
Employer Mailing Address // Principal Place of Business		Description of , , , , , , , , , , , , , , , , , , ,

Statement of Expenditures

Filer/Identification/Numbers

To Whom Paid:	Committee to Fleet M.	aurice Mo Trail	Date [MM/DD/XXXX] 5 03/31/2025 400.00
House# 210 9	Street Address June Street		Description of Expenditure
ety Erie	State PA	Zip Gode // 5/D	Donated Morey for sighs
ToWhom Paid	Committee to Elect Mauri	ice Mo Troug	04/07/2025 125.00
House# 209	Street Address June Street		Description of Expenditure
Gity Erie	State. PA	Zip Code 16510	Money for signs
To Whom Paid			Date [MM/DD/YYYY] 5
(House/#/	Street/Address		Description of Expenditure
Gity	State	Zip Code	
To Whom Paid			Date [MIXI/DD/AAAA]
House#	Street Address		Description of Expenditure
(City)	State	Zip . Code	
To Wrom Paid			Date [MM/DD/MMM] \$
House#	Street/Address		Description of Expenditure
City.	State	Zip Code	
ToWnomPald			Date MM/DD/MMM
House #	Street Address		Description of Expenditure
City.	States	Zip Gode 1	
To Wrom Paid			Pate:[MM/OD/MMM] \$
House#	Street Address		Description of Expenditure
<u>Cfty</u>	State	Zip Gode	
To Whom Paid.			Date MM/DD/WW/] \$5
House#	Street Address		Description of Expenditure
City.	State	Zip Gode	

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.

FlatidanificationNumber	Name of the state		
New York Control of the Control of t			
Nameo(Gedio)			Outstanding Balance of Debt
House##	eet/Address	DATE DESTINGURRED [MO//DD/AYAAY]	\$
<u> </u>	State	tte	
Description of Debt		te 2/jp Gode	
			Transcent Communication (Control of Secretary Control of Secretary Contr
Name of Graditor House # Stra	eet/Address	DATE DEBT INCURRED	Ourstanding Balance of Debt
inutsein sure	et/Address	[[VIX/JDD/AXXXV]	
dity .	Stat	te //ip Gode	
Description of Pebb			
Name of Greditor	The state of the s		Outstanding Balance of Debt
(House (F) Stre	eet-Address	DATE DEBITINGURRED [[VIM]/DD//XXXV]	
ीं प्र	State	te Zip Code	
Description of Debt	i i i i i i i i i i i i i i i i i i i		
Nameo Gedlor			Orisianding Balance of Debt
	eet Address	DATEDEBTINGURRED	
City	Stat	te Zip Gode	
Description of Debte			
NameofGedio		IN MARKET THE CONTROL OF THE CONTROL	Outstanding Balance of Debt
House# Stre	et'Address	DATEDEBT NGURRED [[XIM//DD/AAAA]]	
Cfiy	Stati	Zip. Gode	-
Description of Debt		State of the state	
Name of Gedlor	- Constitution of the Cons	Local control of the	OutstandingBalanceof/Debt
House (ii)	:et/Address	DANEDEBUINGURRED [[MM//DD//YAAA]]	
City	State	Zip Gode	
Description of Debis	Price and the control of the control		