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

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Filer Identification	Report Filed (Mark X)			Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist Street Address	CAR	1 Physe	EBON	ALM.		
Ciny EDF		State	PA	Zip Code	16504	
Type of Report (Place x under report type)						
1-6 th Tuesday 2-2 nd Friday 3-30 Day Pre-Primary Pre-Primary Primary	Post 4- 6 th Tuesday Pre- Election	/ 5-2 nd Friday Pre-Election		7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY)	Year	2075	Amendment Report		Termination Report	
	2025 51	10 50005		For	Office Use Only	
A. Amount Brought Forward From Last Re B. Total Monetary Contributions and Rec (From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Receive (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV) Part 1- If this is a Committee report, treasurer s I swear (or affirm) that this report, including the Sworn to and subscribed before me this <u>JO</u> day of <u>JUL</u> 20 <u>J</u> <u>Sub Shufful</u> Ny Commission expires <u>13-02-205</u> MO. DAY	elipits \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Ommission expires December 142 mental 20 Commission number 142 mental 20 Ber, Pennsylvania Association ber 20 Commission number 142 mental 20 Dec. Pennsylvania Association ber 20 Dec. Pennsylvania	andidate sign here	lige and belief to off ferson Subry Printed Nam Day	San His	2025 JUH 20 PH 3: 53
Part II- If this is a report of a Candidate's Autho I swear (or affirm) that to the best of my knowl amended. Sworn to and subscribed before me this	rized Comm the, can edge and belief this p	didate ghall sign h olitica l committee	iere. has not violated an	y provisions of	the Act of June 3, 1937	(P.L. 1333, NO.320) əs
day of20 Signature My Commission expires MO. DAY M			C P P Sig S 124 Area Code	Printed Name	date 2 2 2 - 4 2 8 time Telephone Number	

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		90390 503	
Total for the reporting period	<u>कोईकिंट</u> केस्ट्र (1)	≤a:e: e	
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)	\$	· · · · · · · · · · · · · · · · · · ·
	(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)	\$	
	(=)	Ŧ	
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)	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.

Filer Identification Num	iber				
				· · · · · · · · · · · · · · · · · · ·	Amount
Full Name of Contribu Committee	uting			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	s
City		State	Zip Code:	Date [MM/DD/YYYY]	S
Full Name of Contribu	uting	1 1997 - 2009 - 90 June - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1		Date [MM/DD/YYYY]	**************************************
Committee					
House #	Street Address			Date [MM/DD/YYY]	Š
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribu	uting			Date [MM/DD/YYYY]	
Committee					
House #	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	S.
Full Name of Contribu Committee	uting			Date [MM/DD/YYYY]	Ś
House #	Street Address			Date [MM/DD/YYYY]	<u> </u>
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribu Committee	uting			Date [MM/DD/YYYY]	s
House #	Street Address			Date [MM/DD/YYYY]	s.
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					2011年1月1日 1月1日 1月1日日 1月1日 1月1日 1月1日 1月1日 1月111 1月1111 1111 1111 11111 11111 11111 11111 1111
Full Name of Contribu Committee	uting			Date [MM/DD/YYYY]	
House #	Street Address				S
City		State	Zip Code	Date [MM/DD/YYYY]	5 5

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 Numbers Date [MM/DD/YYYY] Full Name of Contributor House # Street Address NDate [MM/DD/YYYY] S Zip Code Date [MM/DD/YYYY] * City State Date [MM/DD/YYYY] S Full Name of Contributor-House # Street Address Date [MM/DD/YYYY] Zip,Code Date [MM/DD/YYYY] + S City State Full Name of Contributor Date [MM/DD/YYYY] S Street Address Date [MM/DD/YYYY] House:# City State Zip Code 🖗 Date [MM/DD/YYYY] S Date [MM/DD/YYY] Full Name of Contributor: Street/Address House# Date [MM/DD/YYYY] Zip Code Date [MM/DD/YYYY] City State Date [MM/DD/YYYY] Full Name of Contributor House # Street Address Date [MM/DD/YYYY] S Date [MM/DD/YYYY]+ City State Zip Code Full Name of Contributor Date [MM/DD/YYY] Date [MM/DD/YYYY] House # Street Address ZipCode Date [MM/DD/YYYY] = \$ City State 》: 91 - 22 (1) - 94 - 94 (1) - 94 - 94

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:				
FulliName of Contributing Committee			Date (MM/DD/MMY)	Ś
House## Street Address			Date [MM/DD/(YYY)]	
Gity	State	Zip:Code.	Date [MM/DD/AYYY] >	
FolliName of Contributing Committee			Date [MM/DD/WW/]S	5
(House#) Street Address			Date [MM/DD/YYYY]	
City	State	zipicode	Date [MM/DD/YYYY]	5
Hull-Name of Gontributing Committee			(Date (MM/DD/XXXX))	
House#: Street Address			Date IMM/DD/YYYY]	
City	State	ZipCode		
Full-Name of Contributing Committee				
House# Street Address	·		Date [MM/DD/YYYY]	
Gty	State	Zip.code		\$
Full Name of Committee Committee House# Street Address				S
	[Reference and]			
GIN	State	ZipCode		5
Full-Name of Contributing Committee			ADate (MM/DD/XXXX) >	
House# StreetAddress	local (*, septerbäurs, a	172************************************	Date (MM/DD/XYY)	
Gty	State	Zip Code	Date [MM/DD/XXXX]	\$

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)

Files (dentification) Number -	
ີ ເອຍມາຍອາງເອຍແຫ່ນແລະ	S Date [MM//DD/////Y] S
Kouse# Street Address	ADate (MM//DD/MMM)
City State Zip.Code	
Binployer/Walling/Address// Principal Plase of Business	
ເສັຟໄປໂດຍແລ້ວເອີ້ອີການີ້ນັ້ນເອົາ	Data[[MIW/DD/AYYY]
House# Street/Address	Date (MW/DD/ANYA)
Gity State Zip.code	Date[[MM//DD//MM/1]] S S S S S S S S
Employer Meiling Address // Principel Place of Business	
FullInemegicontributor	
House# Street/Address	Date: MM//DD/MAYA
City State Zip Code	
Employa/Name Employa/Malling/Address// Rincipal Pade of Business	Occupation
Full Neme of Contributor	Date MM/DD/AYYYI
(House#) Street/Address	2Date[[MIM/DD/XXXX]]
City State Zip/Code .	
Employer/Neme Employer/Neilling/Address//	Occupation
RinepelPlaceofBusiness	

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.

Alexican fination Annibas					
Rallavelue					
	reetAddress			······	
Clay		- জনাহ	Zip Code	ADate (MM//DD////////////////////////////////	
Recipt Description					
(Full Name					
	reet Address			NOTION NOT NOT NOT NOT NOT NOT NOT NOT NOT N	
(elty)		State	Zip (code	Date[MM//DD//YYYY]	
ຕອເສັງນີ້ ມີຊາຍທັງກົດກ					
House# St	reet/Address	State	Zip	Datelimm/DD/Ayyyila	
			Zip Gode		
Recapt Description					
(Full(Name House#) Sta	eet/Address				
Y CITY		State	Zip	-Date [MM/DD/AYYM] - Ss	
Receipt Description			Zip Code	Date:[MM/DD/XYYY]5	
Treation is a conjunion.					
	eet/Address				
<u>ি</u> টেম্পি		State	Zip	Date [MM/DD/AYYY] S	
Receipt Description			COUL		
GullMane					
	cet Address				
City		State	Zip Code	Date [MM/DD/MYYY] \$	
ີແ ດຍເຊັ່ ງນີ້ ອີອາດທຸກເປັນກ					

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

Fileridentifeation Number.	
1 MUNIFIEMIZED IN KIND CONTRIBUTIONS RECEIVED VALUE OF \$5	0/00/OR LESSIRER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2. INSKIND.CONTRIBUTIONS RECEIVED-VALUE OF \$50:01 TO \$250	00.0ER@MUPAR/2E)
TOTAL for the reporting period (2)	
3. IN-KIND CONTRIBUTION RECEIVED VALUE/OVER SZ50/00"(ERO)	MPARTEG)
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 PART F In-Kind Contributions Received VALUE OF \$50.01 TO \$250

FilerIdentificationNumber

Full Name of Contributor	·		Date [MM/DD/YYYY]] \$	
House # Street Address			NDate [MM/DD/YYYY] \$	
City	State	ZipCode	Date [MM/DD/YYYY]]	
Description of Contribution				
Full Name of Contributor			<u> Date (MM/DD/XYYY)</u> S	
House# Street Address			SDate [MM/DD/YYYY]; S	
City	State	ZipCode	*Date [MM/DD/YYYY] \$	
Description of Contribution				
FulliName of Contributor			Date (MM/DD/YYYY)	
House# Street/Address			Date[MM/DD/IYYY]} S	
City Description of Contribution	State	ZIPCode	Date [MM/DD/YYYY] S	
			Value	
Hull Name of Contributor			Date [MM/DD/XXXX]	
House# Street Address	E dav Mino Wolds da 21		Date [MM/DD/XXXX];	
City Description of Contribution	State	Zip.Code	Date [MM/DD/YYYY] 5	
Full Name of Contributor			Date [MIM/DD/YYYY] \$5	
House# Street Address			Date [MM/DD/YYY/] S.	
City Description of Contribution	State:	Zip Code	Date [MM/DD/YYYY] S	

SCHEDULE II Part G In-Kind Contributions Received VALUE OVER \$250

Alleadentification.Numbers

Full Name of Contributor.	2Date [MIM/DD/YYYY] 3 3
House#	Date (MM/DD/XYYY) \$
City State Zip/Codes *	Date [MM/DD/YYYY] 3
(Employer)Name	Occupation :
Employer Mailing Address // Principal Place of Business	Description of Contribution
Hull Name of Contributor	
House# Street/Address	Date [MM//DD/YYYY] SS
City State Zip Code	Date [MM/DD/XXXX] S
(Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
FUI)Name of Contributor	EDate [MM/DD/YYYY] St
House# Street:Address	Bate[MM/DD/XXXX] \$
City State: Zip:Code:	State [MM//DD/YYYY] S
Employer Name	Occupation
Employer Mailing Address // Principal Place of Business	Description of Contribution
Full Name of Contributor.	S []
House# Street Address	SDate [MM/DD/WWY] SS
City of State Zip Code:	TDate:[MM/DD/YYYY] 5
Employer Name	Occupation
Employer Mailing/Address // Principal Place of Business	Description of Contribution

SCHEDULE III Statement of Expenditures

Filer	Identificat	tion Number:
		이 같은 것을 많이 있는 것이 같이 없는 것이 같이 같이 같이 같이 않는 것이 같이

To Whom Paid		· · · ·	21 /1051	Date [MM/DD/YYYY] \$
I U VVNUII TAIU	Commi	THER TO	LEO HAR	a 3/30/20:25 6-200.00
House # 30	2 Street Address	Pazar	r. Dro	Description of Expenditure
City 7	<u> </u>	State		sk in the sh
		Γ <i>Υ</i>) Code / 0,00	1 Loon 10 Campaign
To Whom Paid				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
City		State	Žip	
			Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address		<u> </u>	Description of Expenditure
City		State	Zip	
			Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
			The state of the s	
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address		·····	Description of Expenditure
			Point Concernance &	
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address		<u>, , , , , , , , , , , , , , , , , , , </u>	Description of Expenditure
City		State	Zip	
			Code	
To Whom Paid				Date [MM/DD/YYY] \$
House #	Street Address	·		Description of Expenditure
City		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.

Filer Identification Number:	
	Quistanding Balance of Debt
	et Address
Gity	State Zip Code S
Description of Debt	[See werks Kondow] [Accountingenergy] [MAKACE]
NameofGreditor	Outstanding Balance of Debt
House# Stree	et Address [MM//DD/YYYY] State Code
Description of DEBL	
Name of Greditor	
Gity	OATE DEBT INCURRED \$ [MMM/DD//YYYY] \$ State Zīp.*
Descriptionof/Debt	Gode
Name of Greditor House # Stree	Outstanding Balance of Debt
City Street	Et Address DATE DEBT INCURRED \$ [MM//DD//YYYY] State Zip Code
Description of Debt	[15.0. Barrow Control Transformed] [and Control International]
Name of Greditor.	Outstanding Balance of Debt
	et Address DATE/DEBT/INCURRED S [MM//DD//YYYY]
City	State Zip Code
Description of Debt	
(Name-of/Greditor	Outstanding Balance of Debt
	Et Address DATE DEBT INCURRED IMM/DD/VYYY]
(Gity	State Zip Code
Description of Debt	