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

Filer Identification	Report Filed		d legible. It slio	Committee		
Number	(Mark X)	oy Canulua	"" <u> </u>	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	EILEN	502	HAUERA	raal		<u> </u>
Street Address	` 					
City	1200		LFAIR R	<u> </u>	1	
ERIE,		State	PA	Zip Code	1650	5
Type of Report (Place x under report type)		<u>'</u>			-	
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post	4- 6th Tuesday	5- 2 nd Friday	6-30 Day Post	7- Annual	Special 2 nd Friday	Special 30 Day
Pre-Primary Pre-Primary Primary	Pre- Election	Pre- Election	1. 4		Pre-Election	Post-Election
				X		
Date Of Election (MM/DD/YYYY) パーロフ	Year	2023	Amendment Report		Termination Report	
Summary of Receipts and From Date	To Dat			For	Office Use Only	
Expenditures /1- スター。		31-23				
A. Amount Brought Forward From Last Repor	t ISI	34.00	<u> </u>	<u> </u>	-1 -1°	<u> </u>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ \$		1		ŭ, S	
C. Total Funds Available	\$				in in	
(Sum of Lines A and B)		34.00			58	
D. Total Expenditures	\$				a c	
(From Schedule III) E. Ending Cash Balance	\$				موست که از بستانات به به در این به از سفانه از کامی	
(Subtract Line D from Line C)		34.00			7.30	1
F. Value of In-Kind Contributions Received	\$				5	CI
(From Schedule II)	<u>-</u>				+ Da _{zw}	1
G. Unpaid Debts and Obligations	\$					
(From Schedule IV)	2, 27	Affida de Ca				
Part 1- If this is a Committee report, treasurer sign h	ere. If ∌l iis is ⋜ Ca i	Affidavit Se				
I swear (or affirm) that this report, including the atta				dge and belief t	rue, correct and comple	ete.
Sworn to and subscribed before me this	ommission Commiss ber, Penns)	nonweal	 .	`. \ c		. ~ /
18 day of January 20 34	nission miniss Pennsy			of Person Subn		<u> </u>
- augle X. Waldo	van S e	f Penns Vatson	FILEN SC	HAUER		
signature 1 1 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/ As The Course	unsy on, i	_ 1	Printed Nam		
My Commission expires 100 000		dia _	814	<u>59</u>	2-367=	<u>~~</u>
MO. DAY YR.	es Decemb imber 1425 Association	7 2 A	Area Code	Da	time Telephone Numb	er
Part II- If this is a report of a Candidate's Authorized			ere.			
I swear (or affirm) that to the best of my knowledge amended.	and belief this po	litical committee	has not violated an	y provisions of	the Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before me this	∞ <u>L»</u>	<u> </u>				
day of20	_ ' 1					
	ļ,		Sig	nature of Candi	date	
Signature	_ [Printed Name		
My Commission expires	_	_				
MO. DAY YR.		P	Area Code	Day	ime Telephone Numbe	er

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,		\$

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 Cor	ntributing			Date [MM/DD/YYYY]	\$
Committee					· .
House #	Street Address			Date [MM/DD/YYYY]	\$
City	and the state of t	State	Zip Code	Date [MM/DD/YYYY]	<u> </u>
				<u> </u>	
Full Name of Cor	tributing	- k ' k '		Date [MM/DD/YYYY]	\$
Committee					
House #				Data [8484/DD/0000]	· · ·
nouse #	Street Address		•	Date [MM/DD/YYYY]	3
City		State	Zip Code	Date [MM/DD/YYYY]	\$
支貨者					1 .
Full Name of Con Committee	tributing			Date [MM/DD/YYYY]	\$
Committee					
House #	# Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Con	tributing			Date [MM/DD/YYYY]	\$
Committee				The state of the s	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		Julie			
inger andere en	. III	\$50 V		The state of the Assess	[]
Full Name of Con Committee	tributing			Date [MM/DD/YYYY]	(\$)
House #	Street Address			Date [MM/DD/YYYY]	\$
City	17.4 5.8	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Con	tributing	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	ş
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				, sacc figural pol (1.11)	

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:

		·····		
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Stre	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Profession 1 - 4	Payant materials after the	Date [MM/DD/YYYY] \$	
House # Stree	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	et Address		Date [MM/DD/YYYYY] \$	
City	State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	st Address		Date [MM/DD/YYYY] \$	
Full Name of Contributor	State	Zip Code	Date [MM/DD/YYYY] \$	
week mind to the second of the	· 建环境的中国 [15] 红 图	10.14	Date [MM/DD/YYYY] \$	
	f Address		Date [MIVI/DD/YYYY] \$. <u>.</u>
Full Name of Contributor	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
	t Address		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
	State	Zip Code	Date [MM/DD/YYYY] \$	
			TOTAL STATE OF THE	

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:

4 36 A C C C C C C C C C C C C C C C C C C			·	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House# Street Address		-	Date [MM/DD/YYYY]	\$
Gity	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # . Street Address		-	Date [MM/DD/YYYY]	\$
City	State	Zip Gode	Date [MM/DD/YYYY]	\$.
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$1
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	*
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Address	,		Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	15
House # Street Address			Date [MM/DD/YYYY]	*\$
(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:

220-49-			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House #	reet Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY]
Employer Name Employer Malling Address Principal Place of Busines			Occupation
Full Name of Contributor	Applied to the Section of Application of the Section of the Sectio		Date [MM/DD/YYYY] \$
的现在分词 在一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	reet Address	-	Date [MM/DD/YYYY] \$
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Mailing Addres Principal Place of Busines			Occupation
Full Name of Contributor	31		Date [MM/DD/YYYY]
House # Str	eet Address		Date [MM/DD/YYYY] \$
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Mailing Addres Principal Place of Busines			Occupation
Full Name of Contributor			Date [MM/DD/YYYY] \$
\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$	eet Address		Date [MM/DD/YYYY]
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer-Mailing Address Principal Place of Busines	s / s		The second secon

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	100:	_		
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
Receipt Description			Code -	
Full Name				
House #	Street Address			
City	oveet.Audress	State	Zip	Date [MM/DD/YYYY] \$
			Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address	Le £2m, corona		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
Full Name				
#House #	Street Address			
Gity		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			eque	
Füll Name				
House #	Street Address			
Gity		State	Zjp	Date [MM/DD/YYYY] \$
			Code	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Receipt Description				
Full Name House #				
734 - 1,42	Street Address	Welliams	rr—ie tiek deeligen	Cate Crack Cate Care and Cate Cate Cate Cate Cate Cate Cate Cate
The state of the s		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				Lextred

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:		<u> </u>	
			:
1. UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VA	LUE OF \$50,00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	
	-		
2. IN-KIND CONTRIBUTIONS REC	ENZER VALUEZA CACA	TENTALEN ÄN VERMINER NETEN DER SEMENE SERVICE COMME	a meneral i sina di kabagan maka kesaka tan di senara sabaggaha bermana keraka sa di
 IN-KIND CONTRIBUTIONS REC 	EIVED-VALUE OF SOUU	110 3230 00 (FROM PARTE)	
TOTAL for the reporting period	(2)	\$	Comment of Seat Land Comment of Seat Land of South Land of South Land of Seat Land
			
IN-KIND CONTRIBUTION RECE	nices in the aver eac		Confer Georgia schement bendanna av Baras - Checon der Denne
3 IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$25	J.UU (FROM)PARTG)	
TOTAL for the reporting period	(3)	\$	communication outstands 1 2720, typically allebrary flags yet makes
TOTAL VALUE OF IN-KIND CONTRIBUTION	NS DURING THE DEED	DTIME LA	-
PERIOD (Add and enter amount totals fr		·····	
on Page 1, Report Cover Page, Item F)	om boxes 1, 2, and 5, 6	iso criter	

SCHEDULE II PART F

In-Kind Contributions Received

		VALUE OF \$50.01 TO \$, ,230
Filer Identification Number:			
Full Name of Contributor			Date [MM/DD/YYYY] \$
			Pate Indial Pate 1 and 1
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
		是16年16年 20年2月	(報報) (報報)
Description of Contribution			
Full Name of Contributor	구성 ''		Date [MM/DD/YYYY] \$
Marie Paris Control of the Control o			
House # Street Address			Date [MM/DD/YYYY] \$
Giy	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution			
	The street of th		
Full Name of Contributor			Date [MIM/DD/YYYY] \$
House # Street Address			Datë [MM/DD/YYYY] \$
		120	
City	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution	A Stranger	Paretto de contractorio com	[828.21]
Full Name of Contributor	2		/Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
Gity	State	Zip Code	Date [MM/DD/YYYY] \$
			Sate [1001/20/101]
Description of Contribution			
Full Name of Contributor	1		Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution	[[] A F [] P F F F F F F F F F F F F F F F F F F	-7480-8-48-48-55 (Fig. 19-19-1)	

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Ad	ddress	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
		And the second s
Employer Name Employer Mailing Address / Prin	incipal ()	Occupation Description
Place of Business		of: Contribution
Full:Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Ad	dress	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Prin		Occupation
Place of Business	icipa.	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Add	dress	Date [MM/DD/YYYY] \$
Gity	State Zip Code	Date [MIV/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Prin Place of Business	icipal	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Add		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Prin	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	Occupation
Place of Business	(CIPAL	Description of Contribution

Statement of Expenditures

Filer Identification Number:	_	 	
hance to the test of			

To Whom Paid	n''s			Date [MM/DD/YYYY] \$
e e ka kali ing ke	83 85 86			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
600 - 1716 - 1716 - 1716 - 1716 - 1716 - 1716 - 1716 - 1716 - 1716 - 1716 - 1716 - 1716 - 1716 - 1716 - 1716 -		le witter word		1992
City		State	Zip Code	
To Whom Paid	1 30 30 30 30 30 7			Date [MM/DD/YYYY] \$
Harry Deliver	(2)			na a
House #	Street Address			Description of Expenditure
City		State	Zip Code	- Carried and the state of the
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
	Street Address			Description of Expenditure
City	11 12 11 11 11 11 11 11 11 11 11 11 11 1	State	Zip Code	A CONTROL OF THE PROPERTY OF THE STATE OF TH
To Whom Paid	A	1,500 0 -10,500 10 1	Treasure, some proof	Date [MM/DD/YYYY] 5
House #	Street Address			Description of Expenditure
City	「每条件包括《高篇集件》。注:	State	Zip	
	P		Code	
To Whom Paid				Date [MM/DD/YYYY] 5
House #	Street Address			Description of Expenditure
City	10.73.15.47.35.003.13.005.135.	State	Zip	
		(2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	Track bytter address a break out	State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House#	Street Address			Description of Expenditure
City	<u> 【《京集》等《京学》《京学》</u>	State	Zip Code	
To Whom Paid	<u> </u>	图记录题图题		Date [MM/DD/YYYY] \$
House #	Street Address	.,		Description of Expenditure
City	MORRE	[Security		
		STATE		
		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.

	\$1000 to 1000		
Name of Creditor			Outstanding Balance of Debt.
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	S
		IMIN/DE/19214	
City	State	Zip	-
Description of Debt	<u> </u>	Code	
		·	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
		The second secon	
City		Zip Code	
Description of Debt		(APRITATION)	
Allen of the second			
Name of Creditor		1005 to 1000 to	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zip Code	
Description of Debt	AND PROGRESS OF THE PROGRESS O	Coue	<u>804 </u>
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	Sustaining balance of pept
		[MM/DD/YYYY]	
City City	State:	Zip	- 1 /2
<u>Zird</u> Anglice		Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	\$
		[MM/DD/YYYY]	
City 10	State _	Zip	
Description of Debt		Code	성 (Sa) 조건 전설(Sa) 전설(Sa)
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	
		[MM/DD/YYYY]	
City	State	Zip	() () ()
Description of Debt		Code	

SCHEDULE III

EXPENDITURES

Definition of Expenditure: The payment, distribution, loan or advancement of money or any valuable thing by a candidate, political committee or other person for the purpose of influencing the outcome of an election; the payment, distribution, loan, advance or transfer of money or other valuable thing between or among political committees; the providing of a service or other valuable thing for the purpose of influencing the outcome of a nomination or election of any person to any public office to be voted for in this Commonwealth; or the payment or providing of money or other valuable thing by any person other than a candidate or political committee, to compensate any person for services rendered to a candidate or political committee. (See 25 P.S. §3241)

Instructions for Reporting Expenditures

Pursuant to state law, the Statement of Expenditures requires the filer to report the purposes for which funds were expended, the name and address of the entity to whom the expenditure was made, and the amount and date of each expenditure.

Vouchers for all expenditures over \$25.00 must be retained by the candidate or committee treasurer and shall be available for public inspection or copying. Filers are not required to submit vouchers with reports; however, vouchers must be retained for a period of three years.

Transactions between a candidate and his/her committee should be recorded on both the candidate's and committee's reports. For example, if a candidate contributes to or loans the committee money, the amount should appear on the candidate's report as an expenditure and on the committee's report as a receipt. A loan must also be reported by the recipient on the Statement of Unpaid Debts (Schedule IV).

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

All unpaid debts and obligations which are outstanding at the end of the reporting period must be reported. If a debt is incurred in one reporting period and not repaid, every report filed must continue to show the outstanding debt, even though there was no activity during the current reporting period.

A debt owed to an individual may be forgiven. A copy of the letter of forgiveness from the individual to the committee must accompany the report filed by the committee in the reporting period in which the debt was forgiven. A debt that is forgiven is considered a contribution to the committee. Such contributions from corporations or unincorporated associations are prohibited by the Election Code.