Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

| | eu (e | | The state of the s |
|--|--|---|--|
| Filer Identification P10 477 373 G Report | Filed By Candidat | te Committee | e Lobbyist |
| Number 422677339 (Mark) | X) | | |
| Name of Filing Committee Candidate or | | 6 DI 1. | 19 1 Dans |
| Lobbyist | mmi Hee | to Elect U | 1000 KOUT |
| Street Address | 16 4 1.0 | 12.01 | |
| 5/ | 109 Ulan | tson 100 | |
| City C | State | X) / Zip Code | 16505 |
| Crie | | W/A | 1000 |
| Type of Report (Place x under report type) | | | |
| | ا دادد | 6 20 0 | Special 200 Fulders Committee |
| 1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post 4-6 th Tu | . 1 | 6- 30 Day Post 7- Annual | Special 2 nd Friday Special 30 Day |
| Pre-Primary Pre-Primary Primary Pre- Elec | . 1 | Election | Pre-Election Post-Election |
| | | | |
| | | | |
| | | Amanda | Tarmination |
| Date Of Election Year | | Amendment | Termination Panert |
| (MM/DD/YYYY) /1/07/2023 20. | 23 2023 | Report | Report |
| 7/10/17/00 | | The second seco | r Office Use Only |
| | To Date | FO | . Synce Oscillation is a second of which is a second of the second of th |
| Expenditures 4.16.610 | 17 6 / | | |
| 11/28/2023 | 12/2023 | | |
| A. Amount Brought Forward From Last Report \$ | MAN | | |
| | 10.102 | 1 | |
| B. Total Monetary Contributions and Receipts \$ | v | 1 | si |
| (From Schedule I) | 0 | 1 | |
| C. Total Funds Available \$ | 4 | 1 | The second secon |
| (Sum of Lines A and B) | 702,02 | 1 | |
| | - 04- | 1 | |
| | 0 | 1 | |
| (From Schedule III) | | 1 | estate estate estate |
| E. Ending Cash Balance \$ | MATAT | 1 | 17 - Care |
| (Subtract Line D from Line C) | 702,02 | 1 | minor participation of the control o |
| F. Value of In-Kind Contributions Received \$ | | Ę. | |
| (From Schedule II) | \mathcal{O} | 1 | growth and the second s |
| | 6 1 | 1 | |
| G. Unpaid Debts and Obligations (From Schedule IV) | 2026 | • | |
| , , , , , , , , , , , , , , , , , , , | ည်ကြွန် Affidavit Se | ction | |
| Port 1 If this is a Committee of | Tis a Wheel E | andidate sign here | |
| Part 1- If this is a Committee report, treasurer sign here. | dule Ecoloria | hest of my knowledge and belief | true, correct and complete |
| I swear (or affirm) that this report, including the attached store | 2 2 5 1 12 / | A A A A A A A A A A A A A A A A A A A | f A |
| Sworn to and subscribed before me this | | 10X/1 12 4" | 1,1 = 1 |
| 31 day of January 20 24 | 2367218 \ // | 11 wy 6 X | unany |
| day of Jerricock 4 20 0 1 | opines opines nia Asi | Signature of Person Sub | mitting report |
| Sin Shailing 10.0 | 2 | Mary F | Schant |
| Signature) | Issio di Issio | Printed Na | nme |
| Signature 12 - 12 - 2024 | Commission & Commi | 2 1 1 | |
| My Commission expires 12-02-2024 | E 5 4 | 14_ ^, | 746 1049 |
| THY COMMISSION ON PROPERTY. | 50 <u>3</u> | Area Code | oaytime Telephoné Number |
| MO. DAY YR. | S E | | |
| The state of the s | de candidate shall sign h | iere. | |
| I swear (or affirm) that to the best of my knowledge and belief | fit is political committee | has not violated any provisions of | of the Act of June 3, 1937 (P.L. 1333, NO.320) as |
| amended. | | | |
| | Notari Dific 26.2, of Not | ^ | |
| Sworn to and subscribed before me this | Public mber 2444 | and I | |
| 1 00 1 | 물건 등건물 | AM A | " |
| 31 day of January 20 24 | | 110/0 | |
| 0.0.0 | of Pennsylva Hileda, Note Erie County expires De ion number Mania Assoc | Signature of Can | ndidate |
| DUE MENILLA 1 | · 학교 등 한 후 후 | | |
| Signature ₩ | | Printed Nam | |
| 10 10-2001 | Commonwealth of Pennsylvania - Notan Sue Sheffield- Notary Public Erie County My commission expires December 2, Commission number 142443 Member, Pennsylvania Association of Not | 814 | 460-5806 |
| My Commission expires 12-02-2006 | القرق الله الله | Anno Cod- | |
| MO. DAY YR. | Sur | Area Code Da | aytime Telephone Number |
| 1 | Ē. ĔΩĮŘ. | | |
| | | | |
| · le | S S | | |

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

| Filer Identification N | umber | |
|---------------------------|-------|--|
| | | |
| the state of the state of | | |
| 1.4 % | | |

| 1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor | | |
|---|-----|------|
| Total for the reporting period (1 | .) | \$ 0 |
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B) | | |
| Contributions Received from Political Committees (Part A) | - | \$ 6 |
| Alf Other Contributions (Part B) | 1 | \$ |
| Total for the reporting period (2 | :) | \$ 0 |
| 3. Contributions Over \$250.00 (From Part C and Part D) | | |
| Contributions Received from Political Committees (Part C) | : | \$ 0 |
| All Other Contributions (Part D) | | \$ 0 |
| Total for the reporting period (3 |) : | \$ 0 |
| 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, Repor Cover Page, Item B) | - 1 | \$ |

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.

| | in Number | | | | |
|-----------------|----------------|--|-------------------|-------------------------------|------------|
| | | | | | Amount |
| Full Name of Co | ntributing | | | Date [MM/DD/YYYY] | \$ |
| Committee | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ |
| .10u3E# | Julest Audress | | | Limit and soul | · |
| | | | | | · . |
| City | _ | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| a c | | | | | |
| Full Name of Co | ontributing | | | Date [MM/DD/YYYY] | \$ |
| Committee | | | | l i | <u> </u> : |
| House # | Street Address | | · | Date [MM/DD/YYYY] | \$ |
| | | | | <u> </u> | 1 : |
| C'a. | | ČE | 7i 6 1 | Date Ingnalma hanna | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| | | Para de la companya della companya della companya della companya de la companya della companya d | | | |
| Full Name of Co | ntributing | | _ | Date [MM/DD/YYYY] | \$ |
| Committee | f | | | 1 | |
| House # | Street Address | | - | Date [MM/DD/YYYY] | \$ |
| | | | | | |
| 6: | | l control | 7:- 6 ! | Basis Forest for a few second | <u> </u> |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| | | 100 | | | |
| Full Name of Co | ontributing | | | Date [MM/DD/YYYY] | \$ |
| Committee | <u> </u> | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ |
| | | | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| | | | | And Country and Country | |
| * | | | | | i. |
| Full Name of Co | ontributing | | | Date [MM/DD/YYYY] | \$ |
| Committee | | | | | [/2] |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ |
| | | | | | |
| Cir | | CT-1 | 7:- 0-1- | Date faces Imm bonne | \$ |
| City | | State | Zip Code | Date [MM/DD/YYYY] | 1 1 |
| | | | The second second | | |
| Full Name of Co | ontributing | | | Date [MM/DD/YYYY] | \$ |
| Committee | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ |
| | * | | | | |
| City | • | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| City | | State | | Sare fanal pol (111) | 101 |
| | | | | | |

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 | n Number: | | <u> </u> |
|----------------------|-------------------------------|---|----------------------|
| | product states on Trights Tol | | |
| Full Name of Co | ontributor | | Date [MM/DD/YYYY] \$ |
| House # | Street Address | | Date [MM/DD/YYYY] \$ |
| City | State | e Zip Code | Date [MM/DD/YYYY] \$ |
| Full Name of Co | ntributor | and the second | Date [MM/DD/YYYY] \$ |
| House# | Street Address | | Date [MM/DD/YYYY] \$ |
| City | State | e Zip Code | Date [MM/DD/YYYY] \$ |
| Full Name of Co | intributor | , and the property of the I | Date [MM/DD/YYYY] \$ |
| House # | Street Address | | Date [MM/DD/YYYY] \$ |
| City | State | e Zip Code | Date [MM/DD/YYYY] \$ |
| Full Name of Co | ontributor | 1990 1990 1990 1990 1990 1990 1990 1990 | Date [MM/DD/YYYY] \$ |
| House # | Street Address | | Date [MM/DD/YYYY] \$ |
| Čity | State | | Date [MM/DD/YYYY] \$ |
| Full Name of Co | | | Date [MM/DD/YYYY] \$ |
| House # | Street Address | | Date [MM/DD/YYYY] \$ |
| City | State | e Zip Code | Date [MM/DD/YYYY] \$ |
| Full Name of Co | ontributor | | Date [MM/DD/YYYY] \$ |
| House # | Street Address | | Date [MM/DD/YYYY] \$ |
| City | State | e 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 | | | · | Date [MM/DD/YYYY] \$ | |
|-----------------|--|---|--------------------------|----------------------|--------------|
| Contributing Co | mmittee | | | | |
| House# | Street Address | | <u> </u> | Date [MM/DD/YYYY] \$ | |
| | | | | | |
| City | <u>经营销售 委员的</u> 对 | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| | | | | | |
| Full Name of | Tw. Charles at 1 | [3] [Mag 6,3] | | 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 | | , 4° 10° 10° 10° 10° 10° 10° 10° 10° 10° 10 | particle of the American | Date [MM/DD/YYYY] \$ | |
| Contributing Co | mmittee | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] \$ | _ |
| | | | | | |
| City | Sales along the sales | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| | | | | | |
| Full Name of | | 1.00 | | Date [MM/DD/YYYY] \$ | |
| Contributing Co | mmittee. | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] \$ | |
| | | | | | |
| City | (\$60 0 to 100 100 100 100 100 100 100 100 100 10 | State | Zip Code | Date [MM/DD/YYYY] \$ | - |
| | | | | | |
| Full Name of | and the same | | | Date [MM/DD/YYYY] \$ | |
| Contributing Co | mmittee | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] \$ | |
| | A service of the serv | | | | |
| Citý | (國際基本學院)[27年12月2日] | State | Zip Code | Date [MM/DD/YYYY] \$ | |
| | | | | | |
| Full Name of | | | - | Date [MM/DD/YYYY] \$ | |
| Contributing Co | mmittee | | | | |
| House # | Street Address | · == | | Date [MM/DD/YYYY] \$ | |
| | | | | | |
| Gity | | 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:

| ull Name of Co | ntributor | | | Date [MM/DD/YYYY] \$ |
|--|--|---|---|---|
| | | | | |
| ouse# | Street Address | | | Date [MM/DD/YYYY] \$ |
| | | | | 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | # 12 B B B B B B B B B B B B B B B B B B | | 1 | |
| Sity | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| | an nann e naamaanaanaan | | | 20 A 1870 C 18 A 18 |
| Imployer Name | igu en various. | | | Occupation |
| Employer Mailin Principal Place o | | | | |
| ull Name of Co | ntributor | | | Date [MM/DD/YYYY] \$ |
| | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] \$ |
| | | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| | | RECEPTS ST 92.400.71 ST 92.400.71 | | <u> 1 からで ガル 1 後に 1 時後 - 1 年の 第次と11章 所第44</u> |
| mployer Name | | 1.000 VEF4 | | Occupation: |
| 通知是 放置 。 | | | · . | |
| Employer Mailin Principal Place o | | | | |
| Full Name of Co | ntributor | | | Date [MM/DD/YYYY] \$ |
| Arenda (1814). Svenstani di | | | | |
| House # | Street Address | | <u></u> | Date [MM/DD/YYYY] \$ |
| nouse # | Street Address | | | \$25.5 S |
| | | | | |
| City | 190 190 190 190 190 190 190 190 190 190 | State | Zip Code | Date [MM/DD/YYYY] \$ |
| | | | | |
| Employer Name | | - manual 20 - 2 - 2 | 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / | Occupation |
| Employer Mailin | | | | |
| Principal Place o | | | | |
| Full Name of Co | ntributor | | 111=4- | Date [MM/DD/YYYY] \$ |
| | | | | |
| House # | | | | Date [MM/DD/YYYY] \$ |
| House # | Street Address | | | Date (IMIM/DD/1111) |
| | | | | |
| 2022 171 <u>212 12 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14 </u> | 1 and the control of the 2000 of 2001 | State | Zip Code | Date [MM/DD/YYYY] \$ |
| City 🔻 | | | | |
| City # | | | | |
| City Employer Name | | | | Occupation |

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 Numb | ger: | | | |
|---------------------------|---|-----------------------|--|---------------------------------------|
| | | | | |
| Full Name | 0225 (1) 1873 (1) | | | |
| House # | Street Address | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | 5 | 「「「「「「」」」「「」」 | | Bud |
| Full Name | 30 0 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | |
| House # | Street Address | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | you en experii | to and the original to the ori | 1 35 51 |
| Full Name | A STREET 1 | | | |
| House # | Street Address | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | [1889] [A 1984] | juago surantej | 1 289-1 |
| Full Name | | | | |
| House # | Street Address | ···· | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | [10.4][京清華後 | The Statement | 1 97 |
| Full Name | | | · · · · · · · · · · · · · · · · · · · | |
| House # | Street Address | | | |
| City City | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | (A No. 1) (A No | (Sec. 4. (US) - 49 C | age encountered to the control of th | 1, 22, 21 |
| Full Name | 3 (2000 S) | · · · · · | | · · · · · · · · · · · · · · · · · · · |
| House # | Street Address | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | processor of the | | |

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 CONTRIE | 3UTIONS RECEIVED-VA | LUE OF \$50.00 OR LESS PER (| CONTRIBUTOR |
| TOTAL for the reporting period | (1) | \$ | \mathcal{O} |
| 2. IN-KIND CONTRIBUTIONS REG | EN/EN VALUE DE \$50 D | 1 TO COSO DO JERONA DARTIE | |
| Z. 4IN-KIND GON FRIDO FOND REGI | EIVED-VALUE OF 330.0 | ETU 3Z30:00 (TAOM FART) | |
| TOTAL for the reporting period | (2) | \$ | 0 |
| 3. IN-KIND CONTRIBUTION RECEI | IVED-VALUE OVER \$250 | 0.00 (FROM PART G) | |
| TOTAL for the reporting period | (3) | \$ | 0 |
| | | | |
| TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F) | | ' | \mathcal{D} |

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

| Filer Identification Nun | nber: | | | | |
|--|--|--|--|---|--|
| Samura, instrumenta de la Maria de Mari | subtriggery (s. | | | | |
| Full Name of Contrib | utor | | | Date [MM/DD/YYYY] | \$ |
| | 5 (2005-50) (5 (2005-50) (5 (2005-50) (5 (2005-50) | | | | |
| House# | Street Address | | | Date [MM/DD/YYYY] | "\$ |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| | | | | Hamin bounded | |
| Description of Contri | bution | power walk of | Tabat Assault Port (NSC) | 1 | 1×3-4 |
| Full Name of Contrib | utor | ·4 | | Date [MM/DD/YYYY] | |
| | | | | | 1.50 5.70 |
| House # | Street Address | | | Date [MM/DD/YYYY] | 3000 3000 3000 3000 |
| | | | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | S |
| Description of Contri | bution | PART TO THE PART OF THE PART O | | | |
| And the second second | 克斯斯 斯特斯特 | | | THE CANAGE STREET STREET AND THE CONTRACTOR | THE IS |
| Full Name of Contrib | utor | | | Date [MM/DD/YYYY] | \$ |
| House# | Street Address | | | Date [MM/DD/YYYY] | 5 |
| | | | | | 7.55 (C) 1935 (C) 1935 (C) |
| City | | State | Zip Códe | Date [MM/DD/YYYY] | ************************************** |
| | The Constant of the Constant o | | | 17551792 | |
| Description of Contri | Anna Maria | | | | |
| Full Name of Contrib | utor | | | Date [MM/DD/YYYY] | \$ |
| Mention of | | | | Properties and the second | |
| House# | Street Address | | | Date [MM/DD/YYYY] | S |
| City | 1000 1000 1000 1000 1000 1000 1000 100 | State | Zip Code | Date [MM/DD/YYYY] | Š |
| | | 70,700/25 | | | |
| Description of Contr | bution | | | | |
| Full Name of Contrib | ütor | | | Date [MM/DD/YYYY] | \$ |
| | 1 (14) 1 (14) | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ |
| | | 1.00 may 2000 | ्यां के अपने विकास व | Distantian Land | 1860 1860 |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$5. |
| Description of Contri | ibution | | 1.5世襲的東受異的2月 | _1 | [50] d |
| <u> </u> | CHARLES SERVICE TO SERVICE | \$ <u></u> | | | |

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

| | VALUE OVE | |
|---|-----------------------------------|-----------------------------------|
| Filer Identification Number: | | |
| | | |
| Full Name of Contributor | | Date [MM/DD/YYYY] \$ |
| | Address | Date [MM/DD/YYYY] \$ |
| City | State Zip Code | Date [MM/DD/YYYY] \$ |
| Employer Name | | Occupation |
| Employer Mailing Address / Place of Business | Principal | Description of Contribution |
| Full Name of Contributor | and Mills and Augustian Charles I | Date [MM/DD/YYYY] \$ |
| 清経がある[編集] 「「「「「「「「」」」 | Address | Date [MM/DD/YYYY] \$ |
| Gity | State Zip Code | Date [MM/DD/YYYY] \$ |
| Employer Name | | Occupation |
| Employer Mailing Address / Place of Business | Principal | Description of Contribution |
| Full Name of Contributor | | Date [MM/DD/YYYY] \$ |
| Macros Comments | Address | Date [MM/DD/YYYY] \$ |
| City | State Zip Code | Date [MM/DD/YYYY] \$ |
| Employer Name | | Occupation: |
| Employer Mailing Address / Place of Business | Principal | Description of Contribution |
| Full Name of Contributor | | *Date*[MM/DD/YYYY] \$ |
| | Address | Date [MM/DD/YYYY] 5 |

Zip Code

State

City

Employer Name

Place of Business

Employer Mailing Address / Principal

\$

Date [MM/DD/YYYY]

Occupation |

Description

Contribution:

Statement of Expenditures

| Filer Identification Number: | | | |
|---------------------------------|--|--|--|
| 使逐步之际在原文的图像中的是 是 解了是国际的。 | | | |

| To Whom Paid | | | | Date [MM/DD/YYYY] \$ |
|---------------------------------------|--|---------------------------------------|---|--|
| | | | | |
| House # | Street Address | | | Description of Expenditure |
| Market Inc. | | | | |
| City | | State | Zip Code | |
| 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 | estate eggs, ette til Salve eggs i Salve | State | Zip Code | The property of the state of th |
| To Whom Paid | | 1 1 1 1 1 1 1 1 1 1 | Provided and a service of | Date [MM/DD/YYYY] \$ |
| | | | | |
| House # | Street Address | | | Description of Expenditure |
| City | | State | Zip | |
| | | | Code | |
| To Whom Paid | | 11 | Log-ratified Date (Apr.) | Date [MM/DD/YYYY] \$ |
| | | | | |
| | Street Address | | | Description of Expenditure |
| City | 19 ⁹⁹ (\$485) (\$45 (\$45 (\$45 (\$45 (\$45 (\$45 (\$45 (\$45 | State | Zip Code | Control Control Profession Section Control |
| To Whom Paid | | 1.1.46500 (\$200) | restance in terms of the | Date [MM/DD/YYYY] \$ |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | |
| | Street Address | | | Description of Expenditure |
| Gity | MODITE CONTROLLED IN THE | State | Zip Code | |
| To Whom Paid | | 125 400 <u>2 (25)</u> | | Date [MM/DD/YYYY] \$ |
| | | | | - |
| House # | Street Address | | | Description of Expenditure |
| City | <u>, introduce the first of the sector of the </u> | State | Zip Code | |
| To Whom Paid | | | 4 3 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | Date [MM/DD/YYYY] \$ |
| | | | | And the contract of the contra |
| 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: | | | |
|--------------------------------|--|--|---------------------------------------|
| Name of Creditor | | | Outstanding Balance of Debt |
| | eet Address | DATE DEBT INCURRED [MM/DD/YYYY] | \$ |
| <u>City</u> | To the state of th | State Zip | |
| Description of Debt | | Gode | |
| Name of Creditor | | | Outstanding Balance of Debt |
| · 建筑线路 并示 。 | eet Address | DATE DEBT INCURRED | \$ |
| | | [MM/DD/YYYY] | |
| City | Section 1995 | State Zip Code | |
| Description of Debt | | | |
| Name of Greditor | | | Outstanding Balance of Debt |
| House # Stre | eet Address | DATE DEBT INCURRED [MM/DD/YYYY] | \$ |
| City | | State Zip | |
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| Name of Creditor | | | Outstanding Balance of Debt |
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PENNSYLVANIA CAMPAIGN FINANCE REPORT

This Report must be typed or printed legibly in blue or black ink.

INSTRUCTIONS

This form is intended for the use of candidates, political committees and contributing lobbyists who are required to disclose contributions and expenditures. Candidates must file separate reports when they make expenditures or receive contributions on their own behalf and separate from their campaign committee. A candidate's report discloses contributions received and expenditures made individually by the candidate. A contributing lobbyist's report discloses only expenditures the lobbyist personally made to influence the outcome of a candidate's election.

Candidates and their authorized political committees file reports in the office where their nomination documents are filed. If the candidate's reports are filed with the Secretary of the Commonwealth, a copy of the reports filed by the candidate and the authorized committee must be filed with the County Board of Elections in the county in which the candidate resides.

REPORT COVER PAGE

The Report Cover Page identifies the filer, the type of report and what reporting period is covered. It also summarizes the detailed contribution and expenditure sections from the body of the report.

Filer Identification Number • This number is assigned by the Bureau of Commissions, Elections and Legislation to candidates and committees who register and file with the Secretary of the Commonwealth. A candidate's filer identification number is assigned by the Bureau when the candidate files nomination petitions. A political committee or lobbyist filer identification number is assigned when the committee or lobbyist files registration documents in the Bureau.

Report Filed By - Please indicate which type of filer you are by checking the appropriate box on the cover page.

Name of Filing Committee, Candidate or Lobbyist, Street Address, City, State, Zip Gode - Please enter appropriate name and address.

Type of Report - Please place an "X" by the applicable report type.

Amendment Report - Check "Yes" only if the report is being filed to correct, add to, or in some way change a report that has already been filed.

Termination Report - Check "Yes" only if the filer has no cash balance, no unpaid debts or obligations, and wishes to cease operation. Contributing lobbyists may file a termination report if they do not anticipate making further contributions to influence the outcome of a candidate's election.

Filing Method - Indicate whether the complete report is filed on paper, or if the report is filed by diskette accompanied by the signed and notarized cover sheet.

Name of Office Sought - If filed by a candidate or candidate's committee, indicate office sought.

Date of Election - If this is a pre- or post-primary/election report, indicate the date of the primary or election.

District Number - If filed by a candidate or candidate's committee, indicate district in which candidate is seeking office.

Office Code, Party Code and County Code - If filed by candidate or candidate's committee, refer to code charts at the back of this report form. Enter the corresponding code letters for the office sought and the political party of the candidate; enter the corresponding code number for the county of residence of the candidate. Candidates for local offices who file only with the County Board of Elections should enter Office Code OTH for Offices.

Summary of Receipts and Expenditures - Enter the appropriate dates of the reporting period covered,

Amount Brought Forward From Last Report (Item A) - The balance, if any, as of the first day of the reporting period. For committees, it is the amount reported as the ending cash balance on the previous report filed, if any.

Items B through G - See detailed instructions on each corresponding schedule.

Affidavit Section - Must be sworn to by the filer acknowledging the accuracy of the report (Part I). On reports filed by a candidate's authorized committee, the candidate must sign an additional affidavit (Part II).

Page Number - Calculate the total number of pages in the completed report and indicate on top of cover page. Subsequent pages should be numbered consecutively.

Reports Filed on Diskette: The cover page must accompany all filings, including diskette filings. Diskette filings must also meet the technical specifications of the Department. These specifications are available at www.dos.state.pa.us or by contacting the Bureau.