Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification 833926470 Report Filed By Candidate (Mark X)	Committee Lobbyist				
Name of Filing Committee, Candidate or FRICAS TO Electropy	& Mary Remie				
Street Address 263 Street	10.				
City E RIC State Fa	Zip Code /LSD8				
Type of Report (Place x under report type)	(a.i.) promot parameter per metal harm)				
	Post 7- Annual Special 2 nd Friday Special 30 Day Pre-Election Post-Election				
Pre-Primary Pre-Primary Primary Pre-Election Pre-Election Election	Pre-Election Post-Election				
Date Of Election Year Amendme (MM/DD/YYYY) Report	nt Termination Report				
Summary of Receipts and From Date To Date	For Office Use Only				
Expenditures 06/05 RD 12/2/23					
A. Amount Brought Forward From Last Report \$ 2860,80	national de dies de Delan de la companya de la com				
B. Total Monetary Contributions and Receipts \$	< №				
(From Schedule I) C. Total Funds Available \$ 05.66.00					
(Sum of Lines A and B) D. Total Expenditures \$ 286.80					
(From Schedule III)					
E. Ending Cash Balance \$ 40.80 (Subtract Line D from Line C)	3.73 (m) \$2.4 (m) \$2.4 (m)				
F. Value of In-Kind Contributions Received \$					
(From Schedule II) G. Unpaid Debts and Obligations	r.)				
(From Schedule IV)	edi préta •di • 0 u				
Affidavit Section Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.	nere.				
I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.					
Sworn to and subscribed before me this	Do 1 Sir				
Pastri	sture of Person Submitting report				
Signature Bryan Trost, Notary Public	Printed Name				
My Commission expires My commission expires December 11, 2027	4342435				
MO. DAY Commission number 1295198 Area Code	Daytime Telephone Number				
Member, Pennsylvania Association of Notarioe Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.					
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violate amended.	ed any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as				
Sworn to and subscribed before me this	1				
31 day of 500 2024. Ma	y B Comen				
ma.	Signature of Landidate N n. E				
Signature Commonwealth of Pennsylvania - Notary Seal	Printed Name				
My Commission expires Erie County	6042082				
MO. DAY Wy commission expires December 11e2027e Commission number 1295198	Daytime Telephone Number				
Member Pennsylvania Association of Notaries					

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number 833926478	
8 ² 227447 <i>h</i>	

1. Unitermized 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)		\$
All Other Contributions (Part B)		\$ 17
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)		\$ 19
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, Rep Cover Page, Item B)	ort	\$

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.

		8 33	926470.		
					Amount
Full Name of Con Committee	tributing			Date [MIN/DD/AYYY]	75
House #	Street Address			Date [MM/DD/YYYY]	50
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				Date [MM/DD/YYXY]	\$
House #	Street Address	7.		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$.
				Date (MM/Ob/YYYY)	\$
House #	Street Address	11.6		Date [MM/DD/YYYY]	*
City	Principal	State	Zip Gode		\$
Full Name of Cont Committee				Date [MM/DD/YYYY]	
House #	Street Address		THE MANAGEMENT OF THE PARTY OF	Date [MM/DD/YYYY]	
City		State	Zip Code		\$
Full Name of Cont Committee				Date [MM/DD/YYYY]	\$.
House #	Street Address				\$
City (1)		State	Zip Code		\$
Full Name of Cont Committee	The Control of the Control	75.0			\$
House #	Street Address	F			
City		State	Zip.Gode		\$6

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from $$50.01\,\text{TO}\$ 250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

creat transmitation (united)	833	926470		
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Addre	5.5	, snew	Date [MM/DD/YYYY] \$	7
City	State	Zip Code	Date [MM/DB/YYYY] \$	5
Full Name of Contributor			Date [MM/OD/YYYY] \$	
House # Street Addre	SS		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Addre	ŠŠ		Date [MM/DD/YYYY] \$	
City .	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Addres			Date [MM/DD/YYYY] 5	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor	WW9 F		Date [MM/DD/YYYY] \$	
House # Street Addres			Date [MM/DD/YYYY] \$	
Gity.	State	Zip Code	Date [MM/DD/YWY] \$	
Full Name of Contributor	***	-alb-	Date [MM/DD/YYYY] \$	
House # Street Addres		(See All See See See See See See See See See S	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	8330	126470		
Full Name of Contributing Committee			Date [MM/DD/\YYYY] \$	
House # Stree	et Address	77 7 16 feb	Date [MM/DD/YYYY] \$	A
City	State	Zip Code	Date [MM/DD/YYYY] 5	10
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	t Address		Date:[MM/DD/YYYY] 5	
City	State	Zip Gode	Date [MM/DD/YYYY] \$	
Pull Name of Contributing Committee		*** • • • • • • • • • • • • • • • • • •	Date [MM/DD/YYYY] \$	
House # Stree	t Address		Date [MM/0D/YYYY] \$	
City	Ştate .	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
de estado en estado de estado en estado A estado en estado e	t Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
(4.5)	t Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	/Date [MM/DD/YYYY] . \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Stree	t 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	633	926470		
		<u>.</u>		
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	0
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Mailing Address / Principal Place of Business			occupation .	
Full Name of Contributor		(M.)	Date [MM/DD/WYY] \$	
House # Street Address		(1786)Mildel ormotopy overview	Date [MINI/DD/YYYY] \$	
City Employer Name	State	Zip Code	Date [MIM/DD/YYYY] \$ Occupation	
Employer Mailing Address /	**************************************		Оссараной	/
Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address	NACON MANAGE MANAGE	Last transfer	Date [MM/DD/YYYY] \$	
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] S	
Employer Mailing Address /			Occupation	
Principal Place of Business				
Full Name of Contributor			.Date:[MIM/DD/YYYY] \$	
House # Street Address		Processor Control of the Control of	Date [WIM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	

Occupation

Employer Name

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.

Filer Identification Number:

Filer Identification Number:	Dece 8	26470		
Full Name				
House # Street A	ddress			
City	State	Zip Code	Date [MIM/DD/YYYY] \$	
Receipt Description		gode		
Full Name				
House # Street A	ddress			
City (1) 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	Zip Code	Date [MM/DD/YYYY] \$	$\overline{}$
Receipt Description				
Full Name				
House # Street Ar	ddress		1 - 1 - 00 1 / 20	
City	State	Zip Code	Date [MIM/DD/YYYY] \$	
Receipt Description				$\overline{}$
Full Name				
House # Street A	ddress			_/
City	State	Zip. Code	Date [MM/DD/YYYY] \$	
Receipt Description				,
Full Name			\	
House # Street At	dress	^4/		
City	State	Zip Code	Date [MM/DD/YYYY] \$)
Receipt Description				
Full Name				
House # Street Ac		Back Mary and an analysis of the latest		
Gity .	State	Zip Code	Date [MM/ĐD/YYYY] \$	
Receipt Description		Manager and Control of the Control o		

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:	8337	26470		
1. UNITEMIZED IN-KIND CONTI	RIBUTIONS RECEIVED-VAI	LUE OF \$50,00 OR LESS PE	R:CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	1)	
2. IN KIND CONTRIBUTIONS RE	CEIVED VALUE OF \$50.0	LTO \$250.00 (FROM PART	if)	
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION REC	CEIVED-VALUE OVER \$250	200 (FROM PART G)	in the state of th	aj grafijos aj
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3; a			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	8 329 24 4 70	
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Add	lress	Date [MM/DD/YYYY] \$
City	State Zip Code	Date (MIM/DD/AYY)4- \$
Description of Contribution	Model of present	
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Add		Date [MM/DD/YYYY] 5
City Description of Contribution:	State Zip Code	Date [MIM/DD/YYYY] \$
vesarphon of contribution	and the second	
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Add		Date [MM/DD/YYYY] \$
City Description of Contribution	State Zip Code	Date [MM/DD/YYYY] \$
Conference of the Conference of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Full Name of Contributor		Date [MIM/DD/YYYY]. \$
House # Street Add	nderena Grant-18	Date [MM/DD/YYYV] \$
City	State Zip Code	Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY] | \$

Date [MM/DD/YYYY]

Date [MM/DD/YYYY] \$

Description of Contribution

Street Address

State

Zip Code

Full Name of Contributor.

Description of Contribution

House #

City

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

94		
Filer Identification Number:		
The lacinoscion radifice;	(2020)) / // 4/2	
	V: 1009 1 1 1 1 1 1	
	0-210 410	
	0 - 10 0.00	

Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] * 5
City	State Zip Code	Date [MINI/DD/YYYY] S
Employer Name	FO TOTAL STATE OF THE PARTY OF	Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YVYY] 5
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description / of Contribution
Full Name of Contributor		Date [MM/OD/YYYY] \$
House # Street Address	Service Control of the Control of th	Date [MM/DD/YYYY] 5
City	State Zip Code	Date [MM/DD/YYYY]
Employer Name		Octupation:
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MIM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution

Statement of Expenditures

Filer Identification Number	-0.0 : 1	
Filer Identification Number:	00000000000000000000000000000000000000	
	× 5 712161 1/13.	

To Whom Paid FRIENDS OF ROCK Copeland.	08/ 33/285 2000,00.
House # 134 Street Address Patterson ave	Description of Expenditure
Ciry Eur State P Zip 16506.	Canpex. Cotalula
Northwood Bark	Date [MM/DD/YYYY] \$ 5,60
House # 100 Street Address Liberty 4	Description of Expenditure
City Warren State Pa Zip 14345	Barl La.
To Whom Paid Friends to Earl Lorgain folion	Date [MM/OD/YYYY] S /20, 25
House # 550 Street Address Dutet R	Description of Expenditure
City Fartier State Pa Zip 16415.	Camain Dorth
To Whom Paid Elect Sull Rech	Date [MM/DD/YYYY] \$ 100.00
House # Street Address Popul 8 1583	Description of Expenditure
city Pitts lang L State to Code 15017.	Carjo Doneto.
	16 34
To Whom Paid N. W. Bouh	Date [MM/0D/YYYY] \$ 5.00
House # 1,60 Street Address Libert St	
House # 1,60 Street Address Lives & Zip Code 16345	143/12603 5.40
House # 1.60 Street Address Libert St	Description of Expenditure
House # 100 Street Address Liberty Code 16345 To Whom Paid NW Paul House # 100 Street Address Liberty St	Description of Expenditure Paultus Date [MM/BD/YYYY] \$
House # 100 Street Address Libert 9 City Whom Paid NW Bonh House # 100 Street Address Libert 9 City Whom Paid Code 16345	Description of Expenditure Date [MM/BB/YYYY] \$ 5.00
House # 1.60 Street Address Libert 9 State House # 1.60 Street Address Libert 9 State City Dana State P Zip Code Code 16365 Code 16365	Description of Expenditure Date [MM/DD/YYYY] \$ 5.00 Description of Expenditure
House # 100 Street Address Liles State Page Code 16345 To Whom Paid NW Bond Gity Would Street Address Libert 9 State Code 16345 To Whom Paid NW Bond House # 100 Street Address Libert 9 State Code 16345 To Whom Paid NW Bond House # 100 Street Address Libert State Code 16345	Description of Expenditure Date [MM/DD/YYYY] \$ 500 Description of Expenditure Date [MM/DD/YYYY] \$ 500 Description of Expenditure
House # 1,60 Street Address Libert 9 State Code 16365 (Code 16365) To Whom Paid NW Paul 15tate 7 State 7 State 7 Code 16365 (Code 16365) City Wall 5treet Address Libert 9 State 7 Code 16365 (Code 16365) To Whom Paid NW Bank House # 100 Street Address Libert 9 State 7 Code 16365 (Code 16365) City Wall 5treet Address Libert 9 State 7 Code 16365 (Code 16365)	Description of Expenditure Date [MM/DD/YYYY] \$ 500 Description of Expenditure Date [MM/DD/YYYY] \$ 500 Date [MM/DD/YYYY] \$ 500
House # 100 Street Address Libert 9 State Code 16365 (Code 16365) To Whom Paid Now Street Address Libert 9 State Code 16365 (Code 16365) To Whom Paid Now Earl Foods 16365 (Code 16365) To Whom Paid Now Earl Foods 16365 (Code 16365)	Description of Expenditure Date [MM/DD/YYYY] \$ 500 Description of Expenditure Date [MM/DD/YYYY] \$ 500 Description of Expenditure
House # 1,60 Street Address Libert 9 State Code 16365 (Code 16365) To Whom Paid NW Paul 15tate 7 State 7 State 7 Code 16365 (Code 16365) City Wall 5treet Address Libert 9 State 7 Code 16365 (Code 16365) To Whom Paid NW Bank House # 100 Street Address Libert 9 State 7 Code 16365 (Code 16365) City Wall 5treet Address Libert 9 State 7 Code 16365 (Code 16365)	Description of Expenditure Date [MM/BD/YYYY] \$ 500 Description of Expenditure Date [MM/DD/YYYY] \$ 500 Description of Expenditure

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.

			•	,	
CALCULATION CONTRACTOR AND ADMINISTRATION OF THE PARTY OF					
Filer Identification Number	- ~- ^ .				
THE DESIGNATION OF THE PROPERTY.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	4.4			
	<i>213_9121</i>	(1→7\			
		9 7 ()			
	V	1 / -			
		, ,			

Name of Creditor			Outstanding Balance of Debt
	et Address	DATE DEBT INCURRED [MIM/DD/YYYY]	Mone
City	Sta	ite Zip Code	y vorce
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House # Stre	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City condens them a report	Sta	te Zip	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
	et Address	DATE DEBT INCURRED [MIM/DD/YYYY]	\$
City.	Sia	rte Zip Code	
Description of Debt , in			
Name of Creditor			Outstanding Balance of Debt
House # Stre	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	Sta	ite Zip Code	
Description of Debt	January	Semental production of the semental production o	Process
Name of Creditor Street	et Address	DATE DEBT INCURRED	Outstanding Balance of Debt
		[MM/0D/YYYY] *	
City	Sta	rte Zip Cade	30.9 25.0
Description of Debt			
Name of Creditor		· ·	Outstanding Balance of Debt
House # Stree	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	.Sta	te Zip Code	
Description of Debt	Takan pakasa		