

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

	(ivote:	This report mu	ıst be clear a:	nd legible. It she	ould be type	ad)	
Filer Identification Number		Report Filed	By Candid	ate 7	Committe		Lobbyist
Name of Filing Commit	tee, Candidate or	(Mark X)			4		LODDYIST
Loopyist		MARK	DLO	eks hie	KGRINT	DOWICZ	
Street Address	133	4/177	00 1:6	\	TON	DROWICZ	
City	FD1Z	1700	VHV130	WAVE			
Type of Parasit (P)	<u> </u>		State	M	Zip Code	16504	
Type of Report (Place x t	under report type)				- Control Control Control Control	1 / 000	
1-6 th Tuesday 2-2 nd Pre-Primary Pre-Prim	Friday 3-30 Day Pos	t 4-6th Tuesday	5- 2 nd Friday	6-30 Day Post	7- Annual	C-caratang	
Pre-Primary Pre-Pri	mary Primary	Pre- Election	Pre- Election	Election	, Autical	Special 2 nd Friday Pre-Election	Special 30 Day
					J =		Post-Election
Date Of Election	1	<u> </u>					
(MM/DD/YYYY)	5/20/25	Year コムンム	t	Amendment		Termination	
Summary of Receipts and	1000	000		Report		Report	
Expenditures	from Date	To Date			For	Office Use Only	7-5
	1-1-2021	5 3-3	1-7576				
A. Amount Brought Forw	ard From Last Report	s S	1-1075				
		- 1 1	ア				<u> en en transferier en egypter f</u>
. Total Monetary Contril From Schedule I)	butions and Receipts	\$ 11/2	631			<	№ .
Total Funds Available		10	0-06			9	1025 APR
Sum of Lines A and B)		\$ 14%	4.36			<u>M</u> m	<u>=</u>
. Total Expenditures		\$ 10	1771			77	20
rom Schedule III) Ending Cash Balance		11/10	60b			Comp.	<u>လ</u> ထ
ubtract Line D from Line		\$ 7				Contract of the contract of th	
Value of In-Kind Contrib	Utions Received						꽃
rom Schedule (I)		\$ 0				F	2
. Unpaid Debts and Oblig	ations	s				Ş 1	2
rom Schedule IV)			1			44	
rt 1- If this is a Committee as			Affidavit Sectio	ın ·	· · · · · · · · · · · · · · · · · · ·		
rt 1- If this is a Committee re vear (or affirm) that this rep	ort, treasurer sign here	ed schodules	late report, cand	date sign here.	·····		
wear (or affirm) that this rep orn to and subscribed before	e me this	co acticuules on pa	per, is to the bes	t of my knowledge	and belief true	correct and complete.	
day of Was.	20 25		1	SKI N	/ All	- <i>IK</i>	ļ
Su Man				W John	2 /4/6	arthor	
C Bright	galth of miles vania. Aleksandrowick, Not	- Notary Seal		CPETAL STE	的处理	MANUPON 7C	7_
Sincure	Erie/County		-	P	rinted Name	W FINDON (C	
Commission expires My com	imission expires April	27, 2026	8/	21	21/	43770	1
Member, P	nmissippynumber 100 ennsylvania Association	1340	Area	Code		e Telephone Number	
II- If this is a report of a Can	didocale a state to the						ł
ear (or affirm) that to the be	st of my knowledge and	belief this political	shall sign here.				
ear (or affirm) that to the be nded.		- 1		or violated any bro	visions of the A	ct of June 3, 1937 (P.L.	1333, NO.320) as
n to and subscribed before i							
		•					}
day of	20	11					
				Signature	of Candidate		1
Signature		1		·····		a -	
ommission expires		• •		Hel Tre	TE COM	VOTE	
Mo.	DAY YR.	<u> </u>	A				
	•		Area Co	ode ⊅೧•೧∐	In Daytime	Number	-
				SO -01 !	14 DC 0	TA TOOR	ļ

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

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)		\$	
Il Other Control		\$	142636
		ĺ	
	(3)	\$	142436
Total	(3)	\$	142636
Total for the reporting period Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		\$	142636

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					
					Amount
Full Name of Co	ntributing		and the second s	Date [MM/DD/YYYY]	\$
Committee			The way to the second of the s		
House #	Street Address			Date [MM/DD/YYYY]	\$
,					1
City		State	Zip Code	Date [MM/DD/YYYY]	ė
7.7		Jule	-ih cone	Pare fixini/DD/xXXX	\$
Full Name of Cor	tributing			Date [MM/DD/YYYY]	***** ****
Committee				CATE LIMBILIDAY IN THE	
upre- a-	Total Control				794
House #	Street Address			Date [MM/DD/YYYY]	\$
		 .			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Con	ntributing			Date [MM/DD/YYYY]	\$
Committee				1	
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	s
				The state of the s	
Full Name of Con	tributing	parementité	March Control of the	Date [MM/Db/YYYY]	\$
Committee	•			the state of the s	7
House #	Street Address	\leftarrow		Date [MM/DD/XYYY]	\$
		·			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					7
Cultar	And have been assessed			Special Control of the Control of th	Č.
Full Name of Con Committee	aniboring			Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	\$
		<		+	
City	Table and the state of the stat	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Con	tributing	. samoussess	The second company of the second	Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State		Date [MM/DD/YYYY]	\$
7.78		Just	-ip-code	Sare [IAIIAI\DD\JJJJJ]	Ť.

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 Num	oer:				
Full Name of Contribu	tor	* Same St. J. F. St. Springer		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$5.0 \$7
City	surge servaryes?	State	Zip Code	Date [MM/DD/4444]	\$
Full Name of Contribu	. A. W.				
				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	3
City		State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Contribu	(0)			Date [MM/DD/YYYY]	<u></u>
House #	Street Address			Date [MM/DD/YYYY]	\$
	ouser numes				*
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribut	or a	110000000000000000000000000000000000000		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$.
City		State	Zip Code	Date [MM/DD/YYY)(]	8
Full Name of Contribut	Of.			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	<u> </u>
				20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
City		State	Zip Code	Date [MM/DD/MXYY]	.5
Full Name of Contribute	or .			Date [MM/DD/YYYY]	\$
House #	Street Address	***************************************		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			Date [MM/DD/YYYY]	\$
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	5
			Participation of the Control of the	
City	State	Zip Code	Date [MM/DD/YYYY]	5 :
		ADA MASA SHARE SHIP		<u> </u>
Full Name of	The second secon	Agreed to consider the Color of	Date [MIM/DD//*****]	\$
Contributing Committee		_		
House:# Street Address	***************************************		Date [MM/DD/YYYY]	\$
City	∉State	Zip Code	Date [MIM/DD/YYYY]	Ś
Full Name of			Date [MM/DD/YY)Y]	\$
Contributing Committee				
House:# Street Address			Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Contributing Committee			Date [MM/BQ/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	*
Clfy	State	Zip Code	Date [MM/DD/YYYY]	\$
and the state of t				
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]	\$
			- A CONTRACTOR OF THE CONTRACT	Section (1985)
House # Street Address	•	ı	Date [MM/DD/YYYY]	\$
Gity :	State	Zip Code	***	\$
		- 		

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:					
	((0))	DATE)			
Full Name of Contributor	MARK ALEK	SANDRONICZ) ANE	Date [MM/DD/	7075 s	147636
4133	ot Address DAV 1902		Date MM/DD/		
City EHE Employer Name	State PA	Zip Code 160	Date MM/DD/	YYYY] \$	
Employer Mailing Address / Principal Place of Business	AVEKS 1	MUSUL DR	CRIC.	PAPATA	SER
Full Name of Contributor	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date [MM/DD/	mm s	
	et Address		Date [MM/DD/		
City	State	Zip:Code	Date [MM/DD/	mmj \$	
Employer Name Employer Mailing Address /			Occupation	 	, .
Principal Place of Business					
Full Name of Contributor			Date [MM/DD/\		
House:# Stree	rt-Address		Date [MM/DD/)		
City	State	Zip Code	Date [MM/DD/)	mmj s	**
Employer Name Employer Mailing Address /			Occupation		
Principal Place of Business					
Full Name of Contributor			Date [MM/DD/\	YYY] \$	
House # Street	t Address		Date [MM/DD/Y	<u> </u>	under der Wilde für der von Mitter der Mitter der der Leite der Wilde für Wilde für der Scharf
Gity	State	Zip Code	Date [MM/DD/Y	mm s	
Employer Name Employer Mailing Address /			Occupation		
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	ber:	
	Laster of the	
Full Name		
House #	Stre	et Address
City		State Zip Date [MM/DD/YYYY] \$ Code
Receipt Description		
Full Name		
House #	Stre	et Address
City		State Zip Date [MM/DD/YYYY] \$ Code
Receipt Description		
Full Name		
House #	Stre	et Address
City		State Zip Date [MM/DD/YYYY] \$
Receipt Description		
Full Name		
House #	Stre	et Address
City .		State Zip Date [MM/DD/YYYY] \$ Code
Receipt Description		
Full Name		
House #	Stre	et Address
City		State Zip Date [MM/DD/YYYY] 5 Code
Receipt Description		Potential Process 1 process 1
Full Name		
House #	Stre	et Address
City	l	State Zip Date [MM/DD/YYYY] \$
Receipt Description		- temperature to the temperature of the temperature

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 COAT	RIBUTIONS RECEIVED VA	LUE OF \$50.00 OR LESS/I	PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
2. IN-KIND CONTRIBUTIONS R	ECHIVED VALUE OF \$50.03	1 -TO \$250.00 (EROM PAI	RTE)	
TOTAL for the reporting period	(2)	\$		
3: IN-KIND CONTRIBUTION RE	SELVED AVAILUE (SIVER SSESS	FUD EROM PART CI		
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)	s from boxes 1, 2, and 3; al	1 ' 1		>

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Numb	per:					
ASSESSED TO SERVICE TO THE PROPERTY OF THE PRO	Pality-veneza					
Full Name of Contribu	itor				Date [MM/DD/YYYY]	5
House #	Street Address				Date [MM/DD/YYYY]	\$
Gity.		State	Zip Code		Date [MM/DD/YYYY]	\$
Description of Contrib	nution					
Full Name of Contribu	tor	1			Date [MM/DD/YYYY]	\$
House #	Street Address	<u></u>				Ś
City		State	Zip Code	20	Date (MM/DD/AVV)	\$
Description of Contrib						
Full Name of Contribu				. <u>8</u>		\$
	Street Address					
City		State	Zip Code		Date [MM/DD/YYYY]	\$
Description of Contrib						
Full Name of Contribu]		
416 %	Street Address					\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$.
Description of Contrib	ution				<u></u> -	
Full Name of Contribu	tor			ľ		\$
House #	Street Address					S .
City		State	Zip Code		Date [MM/DD/YYYY]	\$
Description of Contrib	ution					

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer identification Number:		

Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
	two 2		
City		Zip Code.	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal	· · · · · · · · · · · · · · · · · · ·	And the second s	Description
Place of Business	EST ST TOWNS		of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
/ City	State Zi	ip Code	Date [MM/DD/YYYY] 5
Employer Name	Transport versions and the second sec		Occupation
Employer Mailing Address / Principal Place of Business	Market and a second a second and a second an		Description of
Flace Of Publication	and the state of t		Contribution
Full Name of Contributor		in the state of th	Date [MM/DD/YYYY] \$
House # Street Address		1877	Date [MM/DD/XXYI] \$
City	State 74	I p Code	Date [MM/DD/YYYY] \$
The Section Control of the Control o			
Employer Name	es.		Occupation
Employer Mailing Address / Principal Place of Business		State of the state	Description
Place of Dusiness		All All Annual Control of the Contro	Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State Zi	ip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description , , , , , , , , , , , , , , , , , , ,
Place or business		8.3	or. Contribution

Statement of Expenditures

1-3 (Sec.)			
Filer Identification Number:	 4 3		

To Whom Paid EALE	towny co	WITHOUSE	Date [MM/DD/YYYY] \$	100,00
House # Street Address	N, ET 6T	•	Description of Expenditure	
City ERIE	State PA.	Zip Code /650/	FINDG FE	45
To Whom Paid GO DI	PDDY		Date [MM/DD/YYYY] S	133,04
House # Street Address	instapplet i	ACCOUNT	Description of Expenditure	Samprania (1995) Martiniana (1995)
City	State	Zip ' Code '	DOMAIN / WEE	BITE
To Whom Paid MC CDA	TY PRIST	TING	Date [MM/DD/YYYY] \$	728,49
The second secon	E. 1714		Description of Expenditure	
CHY EPIE	State A.	Zip Code /6503	// / F/ / // / / / / / / / / / / / / /	1416
To Whom Paid McRAT	Y PRINTI	NG	3-/	201.40
House # 746 Street Address &	E. TH 51,	- ,	Description of Expenditure	
City CPTE	State A.	Zip Code /693	FHERS	
A.S. CANON CONTROL OF THE PROPERTY OF THE PROP	D3525 9755990 343644 1	residence and the first state of the		
To Whom Paid COPYPA	GAT PHOT	77264	Date [MM/DD/YYYY] \$	13643
To Whom Paid Co PYA House # 7877 Street Address	J. 76# 57		Date [MM/DD/YYYY] \$ Description of Expenditure	13bA3
COPYH	J. 76# 57		2-14-2025	13bA3
House # 787 Street Address V City EALE To Whom Paid POLISH	J. 76# 57	Zip Code /6596	Description of Expenditure FLICKS Date [MM/DD/YYYY] \$	136A3 126.50
House # 7877 Street Address V City CDC To Whom Paid POHSH House # 431 Street Address	State 1997	Zip Code /6596	Description of Expenditure	13bA3
House # 7877 Street Address V City EDIC To Whom Paid POLISH	State PA FRICAS A E, 382 ST	Zip Code /6596	Description of Expenditure FLICKS Date [MM/DD/YYYY] \$	13643 126-50
House # 787 Street Address V City CALC To Whom Paid POLICH House # 431 Street Address Address City CALC To Whom Paid	State PA FRICAS A E, 382 ST	Zip Code /65% VEST 610 Zip //657	Description of Expenditure For State MM/DD/YYYY \$	13bA3 176 ^{,50}
House # 287 Street Address V City CAC To Whom Paid POASH House # 431 Street Address City CAC To Whom Paid	State PA FRICAS A E, 382 ST	Zip Code /65% VEST 610 Zip //657	Description of Expenditure FLICAS Date [MM/DD/YYYY] 5 Description of Expenditure	13643 126-50
House # 787 Street Address V City CALC To Whom Paid POLICH House # 431 Street Address Address City CALC To Whom Paid	State PA. FRICAS A. State PA.	Zip Code /65% VEST 610 Zip //657	Description of Expenditure For State MM/DD/YYYY \$	176,50
House # 787 Street Address V City CALC To Whom Paid POHSH House # 431 Street Address City CALC To Whom Paid House # Street Address City CALC	State PA. FRICAS A. State PA.	Zip Code /696 VEST 610 Zip Code /6907	Description of Expenditure Comparison of Expenditure	176,50
House # 201 Street Address V City CAC To Whom Paid Cohysh House # 431 Street Address City CAC To Whom Paid House # Street Address City CAC	State PA. FRICAS A. State PA.	Zip Code /696 VEST 610 Zip Code /6907	Description of Expenditure FLICAS Date [MM/DD/YYYY] \$ Description of Expenditure PIZA PATE Date [MM/DD/YYYY] \$ Description of Expenditure	176,50

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 Numbe		· · · · · · · · · · · · · · · · · · ·		
Name of Creditor				Outstanding Balance of Debt
	rreet Address		TINGURRED DD/YYYY)	<u> </u>
City	Si	ate Zip		
Description of Debt		Cod		震災
Name of Creditor				Qutstanding Balance of Debt
House #	reet Address		TINGURRED DD/YYYYT	5
City	S (ate Zip	e l	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House #	reet Address	100000000000000000000000000000000000000	FINCURRED DD/YYYY]	\$
City	Si	ate Zip Cod		
Description of Debt				\
Name of Creditor	**			Outstanding Balance of Debt
House # Si	reet Address	120-5 PROTECTION REPORT OF THE SECOND	INCURRED D/YYYY]	5
City Description of Debt	St	ate Zie Cod		
Name of Creditor			[ñ	Outstanding Balance of Debt
House#	reet Address		INCURRED D/YYYY]	\$
City	Si	ate Zip Code	2	S
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House #	reet Address		[INCURRED D/YYYY]	5.
City	St	ate Zip Code		
Description of Debt				