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

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Filer Identification Number	Report Filed By (Mark X)	Candidate	Committe	e Y	Lobbyist
Name of Filing Committee, Candidate o	. /				
Lobbyist	Comm	united to	5 Etter	CARIMI	DERSON
Street Address	3230	PARAGE	B/WD	^	
City GRATE		State State	Zip Code	16504	
Type of Report (Place x under report type	e)			1,000	
1-6 th Tuesday 2- 2 nd Friday 3-30 Day		- 2 nd Friday 6- 30 Da	y Post 7- Annual	Special 2 nd Friday	Special 30 Day
Pre-Primary Pre-Primary Primary		re- Election Election	-	Pre-Election	Post-Election
			X		
Date Of Election	Year	Amendi	ment	Termination	
(MM/DD/YYYY)	2000	Report		Report	
Summary of Receipts and From Da	te To Date		Fo	r Office Use Only	<u></u>
Expenditures		262 5		•	
	000 10101	<i>2636</i>			
A. Amount Brought Forward From Last F	leport \$ 10L	t.60			
B. Total Monetary Contributions and Re	ceipts \$ 000				~
(From Schedule I)	P20.00°),(()	•	Ö	2021 FEB - 1
C. Total Funds Available	130.120	21.00		렃의	=
(Sum of Lines A and B) D. Total Expenditures	100,10	7.00		72	
(From Schedule III)	\$ \$5.60	00.19		RM	1
E. Ending Cash Balance		<i>70/100</i>		23	
(Subtract Line D from Line C)	\$ 15/0	450			AM 10:
F. Value of In-Kind Contributions Receive	ed \$	100		₩ - 	=
(From Schedule II)		06_).
G. Unpaid Debts and Obligations	\$ \$ \$	ूर ह		9	0
(From Schedule IV)	Memb				
	7 G	Afficavit Section			Apropried Penney Apropried Penney Apropried Penney Apropried Penney
Part 1- If this is a Committee report, treasurer	sign here. If this is a Candid	ate report candidate sig	n here.	, 1	<u> </u>
I swear (or affirm) that this report, including the Sworn to and subscribed before me this	e attached schegules on pa	per, Isito the best of my	knowledge and belief	trye, correct and complet	te. Per min
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day of Jan 20 2			INM IVE		Nicole Inan Nicole Inan Nicole Inan Erie Commission e Commission e Commission i
1111111111	Sec.	- 1.12	mature of Person Subl	ritting report	e con a
Signature	2023 YR.		Printed Nan	ne	nnsylvania - Novary Public I, Notary Public County 20 expires July 31, 20 number 1292344 lia Association of No
7 21	2012			مسرد و و و و و	
My Commission expires 0 / 3 / 2	202 S E	714	<u> </u>	66.1413	Public Public 129234
MO. DAY	YR.	Area Code	Da	ytime Telephone Numbe	1, 20 of No
Part II- If this is a report of a Candidate's Author		e shall sign here.	in the second		
I swear (or affirm) that to the best of my knowl	edge and belief this politica	l committee has not viol	ated any provisions of	the Act of June 3, 1937 (P.L. 1333, NO.320) as
amended.	s	3 /		1/1 /2	
Sworn, to and subscribed before me this	My cou Co Member,	a //	1000	(h/h)	1
29h day of Jan 2 gard 30 2	. <u>₹</u> <u>0</u> 9	z g (70/	VI /X	Y VIOCA	1
day of 202		8 8			ر
Mindm -	3 S S S	mag (1AA)	PINATURA OF CARRE		
Signature	mmission ex mmission nu Pennsylvania	Perma Walantinan, Notar	Printed Name		
Museuminia : Am 21 01-) 2_ ***********************************	8 8 3 1 × 141)	\bigcirc	24-565	<i>]</i>
My Commission expires 07 3 20 MO. DAY	ssor res			or 1 - UWU,	<u>/</u>
WO, DAT	My commission expires July 31 Commission number 12923 amber, Pennsylvania Association o	ommonwealth of Pelmsylvania - Nicole Inan, Notary Publi	υay	time Telephone Number	İ
	9231	iblic N			
		lary			
	2023 Notarie	Seg		* -	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1.Universized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period ((1)	\$ 9
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ 8
All Other Contributions (Part B)	,	\$ 0
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)	1	\$ \$10.000 00
All Other Contributions (Part D)	- ;	\$ 10,000.00
Total for the reporting period ((3)	\$ \$ 20,000.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period ([4]	\$ 0
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, Report Cover Page, Item B)		\$ \$ 10,000,00

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:				
		<u> </u>		
Full Name of . Contributing Committee	ETHUEST GO	DO GOVERNMENT F	PAC Date [MM/DD/YYYY] 5 8 0.000	באמר
House # Street Add	dress Starte	30 GOVERNMENT &	Date [MM/DD/YYYY] \$	1700
GIN EXE	State +	A Zip Code UE	Date [MM/DD/YYYY] 5	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Add	iress		Date [MM/DD/YYYY] \$	
<u>Gt</u> y	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date:[MM/DD/YYYY] \$	
House # Street Add	ress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$.	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Addi			, Date [MM/DD/YYYY] \$	
City EUII Name of	State	Zip Code	Date [MM/DD/YYYY] S	
Contributing Committee	(1 m + 1)		Date [MM/DD/YYYY] \$	
House # Street Addr			Date [MM/QD/YYYY] 5	
Füll Name of	State	Zip Code	Date [MM/DD/YYYY] 5	
Contributing Committee	e e e e e e e e e e e e e e e e e e e		Date [MM/DD/YYYY] \$	
House# Street Addr			Date [MM/DD/YYYY] \$	
	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:

	经验证证 证				
Full Name of Contri	ibutor Thor	nas B	AAREN	Date [MM/DD/YYYY]	0,000.00
House # 5/11	Street Address			Date [MM/DD/YYYY]	5 7000 9
		3/2W10	6 ROAD		1931 1931
city Gi	虚	State A	Zip Code 1856	Date [MM/DD/YYYY]	
Employer Name		RELIPE	0	Occupation &	CONVE
Employer Mailing A Principal Place of B		Nicos -			
Full Name of Contri	bûtor			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	
Gity		State	Zip Code	Date [MM/DD/YYYY]	5
Employer Name				Occupation	<u> </u>
Employer Mailing A Principal Place of Bi				[16] SALEMEN OF PROPERTY [1828]	* Albert
Full Name of Contri	butor		·	Date [MM/DD/YYYY]	\$
House #	Street Address		Aut	Date [MM/DD/YYYY]	Š
City		State	Zip Code	Date [MM/DD/YYYY]	.
Employer Name		_ <u> </u>	Two as well as well	Occupation	F.33. 51.
Employer Mailing A Principal Place of B					
Full Name of Contri	0.12(2.4.30)			Date [MM/DD/YYYY]	\$
House# —	Street Address	· · · · · · · · · · · · · · · · · · ·	·	Date [MM/DD/YYYY]	
Gity		State	Zip Code	Date [MM/DD/YYYY]	
Employer Name				Occupation	
Employer Mailing A Principal Place of B				The second section of the sect	

Statement of Expenditures

Filer Identification Number:			
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CARI HOVEROOIS						
House # 3836 Street Address PARADE BIVO					De	scription of Expenditure
City CR	E	State	PA	Zip Code 1650	54 D	spay ment of Campaga Loan
To Whom Paid		<u> </u>		· · · · · · · · · · · · · · · · · · ·	Da	te [MM/DD/YYYY] \$
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City		State		Zîp Code		
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To Whom Paid		<u></u>	· · · · · · · · · · · · · · · · · · ·		Da	të [MM/DD/YYYY] \$
P. Marie						
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