# Commonwealth of Pennsylvania - Campaign Finance Report

(Note:	This report mu			ould be typed	<u>l)                                      </u>	
Filer Identification  1ber	Report Filed ( Mark X)	e never la Service de S		Committee	$  \mathbf{X}  $	Lobbyist
name of Filing Committee, Candidate or Lobbyist	COM	MITTEE	TOE	LECT	Tim Boc 16509	K
Street Address	1000	MARI	IANNA	AVE		
City ERIE		State	PA	Zip Code	16509	7
Type of Report (Place x under report type)		1		The state of the s	<del>'</del> -	
1-6th Tuesday 2- 2nd Friday 3-30 Day Pos	THE RESIDENCE OF THE PARTY OF T	12 CONTROL OF COMPANY OF THE CONTROL OF STATE OF STATE OF THE CONTROL OF THE CONT	6-30 Day Pos	t 7- Annual	Special 2 <sup>no</sup> Friday	Special 30 Day
Pre-Primary Primary Primary	Pre- Election	Pre-Election	Election		Pre-Election	Post-Election
				X		
Date Of Election (MM/DD/YYYY)	Year	2023	Amendment Report		Termination Report	$\boxtimes$
Summary of Receipts and From Date Expenditures 01/01/20a	To Dat			For	Office Use Only	
A. Amount Brought Forward From Last Repo	S #1995	54.15		Colores de la Co	VG 7029	3
B. Total Monetary Contributions and Receipt (From Schedule I) C. Total Funds Available	\$   \$	Ø 54.15	-			
(Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance		54.15 N				
btract Line D from Line C) /alue of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations	8	Ø	-			
(From Schedule IV)		Ø				nia - Notary Seal ary Public tober 18, 2026
Part 1- If this is a Committee report, treasurer sign	here. If this is a Car	Affidavit Sec ndidate report, car		) <u>.</u>		Vania Notary Octob
I swear (or affirm) that this report, including the att Sworn to and subscribed before me this	ached schedules o	n paper, is to the b	est of my knowl	edge and belief tr	ue, correct and complet	Gournes Numb
6th day of January 20 25		X	rockel	15 B	orl	of Pennsy Moore, h Erie Cou n expires
myan m. moore				e of Person Subm	itting report	— l∈≥ ⊆∞i
O Signature	, 1			Printed Nam		Commonwealt Megan I My commiss Commi
My Commission expires 10 18 2 MO. DAY YR	<u>e</u>		ea Code		タス~ユ <i>96 У</i> time Telephone Numbe	A Co
Part II- If this is a report of a Candidate's Authorized	Committee, cand	lidate shall sign he	re.			
I swear (or affirm) that to the best of my knowledge amended.	and belief this pol	litical committee h	as not violated a	ny provisions of t	he Act of June 3, 1937 (	P.L. 1333, NO.320) as
Sworn to and subscribed before me this				on On	06	Seal 026 aries
120 1 24 24 20 25	- 1	7	Jornel	gnature of Candid	late 1	lotary Jablic 18,2 930 of Nota
Signature Signature			VAM	<u>ک کی۔</u> Printed Name	Bock	naina - N tary Pt ctober r 1427
My Commission expires 10 18 24	2	_5	3/4	<u> </u>	2-4209	th of Pennsylvania - Notary Seal M. Moore, Notary Public Erie County ion expires October 18, 2026 ission number 1427930
MO. DAY YR.		Ar	ea Code	Dayti	ime Telephone Number	monwealth of Pennsylvania - Notary Seal Megan/M. Moore, Notary Public Erie County commission expires October 18, 2026 Commission number 1427930
				· · · · · · · · · · · · · · · · · · ·	<u></u>	onwealth Megan M ommissic Commissic
						Megan Megan commiss Comm

## 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)	1948
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)	\$

#### 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.

					Amount
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$1
Committee					. 4.1 12004
House #	Street Address			Date [MM/DD/YYYY]	<u> </u>
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		State	_ip code	Pare Finish DD/ATAL	<b>₩</b> 13p1
Full Name of Co	itributing	Per Albert	p. * No. 1. subject	Date [MM/DD/YYYY]	<u> </u>
Full Name of Col Committee				Space Training DDN 12 1.1.	[집]
House #	Street Address	_ <del></del>		Date [MM/DD/YYYY]	<b>\$</b>
					17.4
City	proceeding the state of the sta	State	Zip Code	Date [MM/DD/YYYY]	\$*************************************
					5000 6000 6000
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	*\$
					490a 878.0
0.9855\$ 0.00		- Cénřii	1.75m(e/md 2.85).1	Transfer of the control of the contr	<u>्रे</u> <u>क</u>
City		State	Zip Code	Date [MM/DD/YYYY]	\$
CHINGLES		CHARGE.	Desaharé d	Opinion of the second of the s	୍ରୀ   ଅଟମ
Full Name of Coi Committee	ការការបន្ត			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
I TCHOC #	SueerAddress			Date [MIMI/DD/1111]	<b>%</b> [
		Turansan a	The galacter of the control of the c	Supplies the state of the state of	500 d
City		State	Zip Code	Date [MM/DD/YYYY]	<b>'\$</b>
(5) (\$) (\$)					## E
Full Name of Co	ntributing			Date [MM/DD/YYYY]	<b>'</b>
Committee					2000 (CA): 1,200
House #	Street Address			Date [MM/DD/YYYY]	\$ .
				A CONTRACTOR OF THE STATE OF TH	
City		State	Zip Code	Date [MM/DD/YYYY]	\$6 \$6
				Date [ININI/DD/TTY]	
ull Name of Co	tributino	Ja. G. 63973.	[0.0658]448835-5-	Date [MM/DD/YYYY]	\$2
ull Name of Col Committee	wwillg	•		Pace [MilAt/DD/ATAT]	
louse#	Street Address			Date [MM/DD/YYYY]	\$
.vuoc #	Street Address			Pare [MIMI/DD/41441]	
litý		State	Zip Code	Date [MM/DD/YYYY]	\$
<b>表合作數</b>	-				\$.J

#### 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.)

Filer Identification Number:

and the second s				
Polyagon and a second a second and a second				_
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Addres	is		Date [MM/DD/YYYY] \$	-
Gify	State	Zip Code	Date [MM/DD/YYYY] \$	
			Entertain assert the water investment is an expectage as a performance many and a property of the contract of	
Full Name of Contributor	ACT CHANGE AT LANCE	Englishmanes control of the reserve	Date [MM/DD/YYYY]	
			2000 Security from the analysis of the transfer of the security of the securit	l
House # Street Addres			Date [MM/DD/YYYY] \$	- '
			Section (Control of the Control of t	ł
Gity (	State	Zip Code	Date [MM/DD/YYYY] 35	
				ŀ
Full Name of Contributor	Constitue to an exercise	The Market State of Control of the Control of Control o	Date [MM/DD/YYYY] \$	
			The state of the s	
House # Street Addres	<u></u>		Date [MM/DD/YYYY] % \$	
I Sueconomics	<b>iS</b>		STATE STATE OF THE	
Gtý C	State	Zip Code	Date IMM/DD/YYYYY \$5	
		419-550-	SSGRETHIAN SEATTHER IN	ļ
			The second secon	
Full Name of Contributor			Date[MM/DD/AYYY]	
Control of the Contro	well			
House # Street Address	S S		Date [MM/DD//YYYY] \$	
	3 KK			
<u>City</u>	State	Zip Code	Date MM/DD/YYYYI S	
The second secon		1772 1. 10 10 10 10 10 10 10 10 10 10 10 10 10		
Full Name of Contributor			Date [MM/DD/YYYY] \$	_
		<u> </u>		
House # Street Address	Ś		Date IMM/DD/YYYY) S	
	\$00 100 100 100 100 100 100 100 100 100			ļ
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date(MM/DD/YYYY)	
House # Street Address	S S		Date [MM/DD/XYYY] \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
	7744			
	State	Zip Code	Date [MM/DD/YYYY] 35	-
			According to the Control of the Cont	

#### 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:		112		
The state of the s				
Full Name of Contributing Committee			Date:[MM/DD/YYYY] S	
House # Stree	t Address		Date [MM/DD/YYYY] \$	
			The state of the s	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			DESCRIPTION OF ANALOGICAL STATES	
Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street	t Address		Date [MM/DD/YYYY] \$	
(City	(State)	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	,		Date [MM/DD/YYYY] \$	
	manus-money (Marayang M			
House# Street	t Address		Date [MM/DD/YYYYY] \$	
City.	State	Zip Code	Date [MM/DD/YYYY] . \$	
Full Name of				
Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street	Address		Date[MM/DD/YYYY]	
		Internative a system of the state of the sta		
Gity .	State	Zip Code	Date [MM/DD/YYYY] (\$)	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
	Address		Date [MM/DD/YYYY] * \$5	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee		-	Date [MM/DD/YYYY1] \$	
	Address		Date [MM/DD/YYYYY] 35	
ity i	State	Zip Code	Date [MM/DD/YYYY] 75	

#### 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:

Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Addre		· ·	Date [MM/DD/YYYY] \$
Gity	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address /	CONTRACTOR	Principal Section (Section 1997)	*Occupation
Principal Place of Business Full Name of Contributor			
			Date [MM/DD/YYYY] \$
House # Street Addre	PSS .		Date [MM/DD/YYYY] 5
City.	State	Zip Code	Date [MM/DD/YYYY] SS
Employer Name			Occupation
Employer Mailing Address // Principal Place of Business			
Full Name of Contributor			Date (MM/DD/YYYY) \$.
House # Street Addre	155 157		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY1] \$
House# Street Addre	.SS		Date [MM/DD/YYYY] \$
City	State	.Zip Code	Date [MM/DD/YYYY] \$
Employer Name		I amount of the state of the st	Occupation
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.

rile identification wimper				
Full Name				
House # St	reet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		1		
Full Name				
	reet Address			
City		State	Zip Code	Date [MM/DD/YYYY]\$
Receipt Description				
Full Name				
	eet Address			
Gity		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Füll Name				
	eet Address			
City		State	Zip Code	Date (MM/DD/YYYY) \$
Receipt Description				
Full Name				
House # Stre	eet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Füll Näme				
	et Address			
City		State	Zip :Code	Date [MM/DD/YYYY] 5.
Receipt Description			2000   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200   200	[85938]

#### **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 CONTRIE	SUTIONS RECEIVED-VAL	.UE OF \$50.00 OR LESS P	ER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
			· · ·	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01	LTO \$250.00 (FROM PAR	T.E.	
TOTAL for the reporting period	(2)	\$		
				·
3 IN-KIND CONTRIBUTION RECEI	VED-VALUE OVER \$250	:00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals from				
on Page 1, Report Cover Page, Item F)				
	· · · · · · · · · · · · · · · · · · ·			·······

#### SCHEDULE II PART F

# **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number	Andrew Comments	700.01100		
	465 Pelasi			
Full Name of Contributo				
			Date [MM/DD/YYYY] 5	
House # St	reet Address			
			Date [MM/DD/YYYY] \$	·
City	State	Zip Code		
		Zip code.	Date [MM/DD/YYYY] S	
Description of Contribut	lon			
Full Name of Contributor				_
Commission of the second second			Date [MM/DD/YYYY] \$	
House # St	eet Address		Date [MM/DD/YYYY] \ \S	
			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution	on	Production benefit and resemble 1990		
Full Name of Contributor	5 Company (1981)		Date [MM/DD/YYYY]   [\$]	
			Date [MM/DD/YYYY]	
House # Str	eet/Address		Date (MM/bD/YYYY) \$	
Citý	State	Zip Code	Date [MM/DD/YYYY] S	
Description of Contribution	in			
Full Name of Contributor				
			Date [MM/DD/YYYY)] \$	
House #   c+-	et Address			ľ
	etiAddiess		Date [MM/DD/MYYY]	
City	State	Zip Code	Dev. 1000 d/ Dev. 1000 de	
			Date [MM/DD/YYYY] \$	
Description of Contribution	1	The second secon		
Full Name of Contributor			Date [MM/DD/YYYY] \$	
				ļ
House # Stree	et/Address		Date [MM/DD/YYYY] S	
GH2				
GitV	State	Zip Code	Date [MM/DD/YYYY]	
Description of Contribution				

# SCHEDULE II Part G

# **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:	
SP CIPATION OF PROPERTY OF THE	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	
	Date [MM/DD/YYYY] \$
Citý State Zíp Code	Date [MM/DD/YYYY] \$
	-
Employer Name	Occupation
Employer Mailing Address / Principal: Place of Business	Description of
Full Name of Contributor	Contribution
Surveine of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
	Date [MM/DD/XYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	
Employer Mailing Address / Principal	Occupation.
Place of Business	Description of
Full Name of Contributor	Contribution
	Date (MM/DD/YYYY) \$
House # Street Address	%Date [MM/DD/YYYY] % %
	And the second s
GirVIII State Zip Gode	Date [MM/DD/YYYY]
Employer Name	
Employer Mailing Address // Principal	Occupation (
Place of Business	Description. of
Full Name of Contributor	Contribution
	Date [MM/DD/YYYY] Ş.
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/XXXXX] 3
Employer Name	Occupation
Employer/Mailing Address / Principal	Description
Place of Business	of
AND THE PROPERTY OF THE PROPER	Contribution

# Statement of Expenditures

٠				
	Tiler incikiin	ation Number:	-	

To Whom Paid	4		· · · · · · · · · · · · · · · · · · ·	With Mark Person and Table 2011	
io whom raid	ERIE CO	UNTY REPUBLI	CAN COMMITTEE	Date [MM/DD/YYYY] \$	50.00
House #   1600		PENINSULA DI		Description of Expenditure	
City ER	IE	State PA	Zip Code /6506	LINCOLN BRE	4 <i>KF4ST</i>
To Whom Paid	McDon	IELL BOYS	GOLF	Date [MM/DD/YYYY] 8	150.00
House # 3580	Street Address	W 38TH	57	Description of Expenditure	10.00
City ER	521303442344304550362555534	State PA	Zip Code 16506	GOLF TOURNAL HOLE SPONSOR	•
To Whom Paid	FOIE	ELKS LODE	The state of the s	Date [MM/DD/YYYY] 8	
House # 2404	Street Address	PENINSULI		11/08/2024 Description of Expenditure	54.15
City E.A.	L L	State PA	Zip 16506	GUN RAFFLE S	PONSORSHIP
To Whom Paid	-		1,000	Date [MM/DD/YYYY] 3	
House #	Street Address			Description of Expenditure	
y		State	Zip		
To Whom Paid			Code	Date [MM/DD/XXXX] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip		
To Whom Paid			Code	Date MM/DD/YYYY	
House #					
City	Street Address	G 172 VSW	18. • SURGON (SM)	Description of Expenditure	
-		State	Zip Code:		
To Whom Paid	-			Date [MM/DD/YYYY] 8	
House #	Street Address	Pertu		Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date (MM/DD/YYYY)	
House #	Street Address			Description of Expenditure	
		State	Zip. Code		
		and adoption and a	100-Marin Color Color Color		

## 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	in Number:		
Name of Credit	ior		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City Description of I	Debt	State Zip Code	
Name of Credit	or.	· · · · · · · · · · · · · · · · · · ·	Outstanding Balance of Debt
House #	Street Address	DATE:DEBT:INCURRED ([MM/DD/YYYY)]	
City Description of I	Debt	State Zip Code	
Name of Gredit	or .	<u> </u>	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	<b>* * * * * * * * * *</b>
City Description of [		State Zip Code	
Name of Credit			Outstanding Balance of Debt
House #	Street Address	*DATE DEBT INCURRED [MM/DD/YYYY]	\$5
Gity Description of I		State Zip Code	
Name of Gredit			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	<b>*\$</b>
City Description of D	pept.	State Zip Zio Gode	
Name of Credit			Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED (IMM/DD/YYYY)	
City 122	jenera (sa sa s	State Zip Code	