



Reset Form

Print Form

## Commonwealth of Pennsylvania - Campaign Finance Report

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

|   |                          |           |           |                                     |          |
|---|--------------------------|-----------|-----------|-------------------------------------|----------|
| Filer Identification Number                     | Report Filed By (Mark X) | Candidate | Committee | <input checked="" type="checkbox"/> | Lobbyist |
| Name of Filing Committee, Candidate or Lobbyist | Brace For Supervisor     |           |           |                                     |          |
| Street Address                                  | 1131 Route 97            |           |           |                                     |          |
| City  | Waterford                | State     | PA        | Zip Code                            | 16441    |

Type of Report (Place x under report type)

|  |                                       |                          |  |   |                          |                          |   |                              |
|--|---------------------------------------|--------------------------|--|---|--------------------------|--------------------------|---|------------------------------|
| 1- 6 <sup>th</sup> Tuesday Pre-Primary | 2- 2 <sup>nd</sup> Friday Pre-Primary | 3- 30 Day Post Primary   | 4- 6 <sup>th</sup> Tuesday Pre- Election | 5- 2 <sup>nd</sup> Friday Pre- Election | 6- 30 Day Post Election  | 7- Annual                | Special 2 <sup>nd</sup> Friday Pre-Election | Special 30 Day Post-Election |
| <input type="checkbox"/>               | <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>     |
| Date Of Election (MM/DD/YYYY)          | 05/25/2025                            | Year                     | 2025                                     | Amendment Report                        | <input type="checkbox"/> | Termination Report       | <input type="checkbox"/>                    | <input type="checkbox"/>     |

|  |           |         |                     |
|--|-----------|---------|---------------------|
| Summary of Receipts and Expenditures                           | From Date | To Date | For Office Use Only |
|  | 4/17/25   | 5/7/25  |                     |
| A. Amount Brought Forward From Last Report                     | \$        | 0.00    |                     |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$        | 745.00  |                     |
| C. Total Funds Available (Sum of Lines A and B)                | \$        | 745.00  |                     |
| D. Total Expenditures (From Schedule III)                      | \$        | 651.51  |                     |
| E. Ending Cash Balance (Subtract Line D from Line C)           | \$        | 93.49   |                     |
| F. Value of In-Kind Contributions Received (From Schedule II)  | \$        | 0       |                     |
| G. Unpaid Debts and Obligations (From Schedule IV)             | \$        | 600     |                     |

## Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

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

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature

My Commission expires \_\_\_\_\_ MO. DAY YR.

Signature of Person Submitting report

Printed Name

Area Code

Daytime Telephone Number

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 violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

7 day of May 2025

Signature

My Commission expires 12-20-2028 MO. DAY YR.

Nicholas J. Brace

Signature of Candidate

Printed Name

814

Area Code

969 0179

Daytime Telephone Number

Notary Seal  
Lauren E. Thayer, Notary Public  
Erie County  
My commission expires December 20, 2028  
Commission number 1455865  
Pennsylvania Association of Notaries

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

|  |  |     |           |
|--|--|-----|-----------|
| <b>Filer Identification Number</b>   |  |     |           |
| <b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>  |  |     |           |
| Total for the reporting period   |  | (1) | \$ 45.00  |
| <b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>  |  |     |           |
| Contributions Received from Political Committees (Part A)  |  | \$  | 0.00      |
| All Other Contributions (Part B)   |  | \$  | 145.00    |
| Total for the reporting period   |  | (2) | \$ 145.00 |
| <b>3. Contributions Over \$250.00 (From Part C and Part D)</b>   |  |     |           |
| Contributions Received from Political Committees (Part C)  |  | \$  | 0.00      |
| All Other Contributions (Part D)   |  | \$  | 600       |
| Total for the reporting period   |  | (3) | \$ 600    |
| <b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>   |  |     |           |
| Total for the reporting period   |  | (4) | \$ 0.00   |
| 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.

|                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Filer Identification Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

  

|                                     |  |                |  |  |  |          |  |  |  | Amount            |  |    |  |
|-------------------------------------|--|----------------|--|--|--|----------|--|--|--|-------------------|--|----|--|
| 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] |  | \$ |  |
|                                     |  |                |  |  |  |          |  |  |  |                   |  |    |  |
| House #                             |  | Street Address |  |  |  |          |  |  |  | Date [MM/DD/YYYY] |  | \$ |  |
|                                     |  |                |  |  |  |          |  |  |  |                   |  |    |  |
| City                                |  | State          |  |  |  | Zip Code |  |  |  | Date [MM/DD/YYYY] |  | \$ |  |
|                                     |  |                |  |  |  |          |  |  |  |                   |  |    |  |
| 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] |  | \$ |  |
|                                     |  |                |  |  |  |          |  |  |  |                   |  |    |  |
| House #                             |  | Street Address |  |  |  |          |  |  |  | Date [MM/DD/YYYY] |  | \$ |  |
|                                     |  |                |  |  |  |          |  |  |  |                   |  |    |  |
| City                                |  | State          |  |  |  | Zip Code |  |  |  | Date [MM/DD/YYYY] |  | \$ |  |
|                                     |  |                |  |  |  |          |  |  |  |                   |  |    |  |
| 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] |  | \$ |  |
|                                     |  |                |  |  |  |          |  |  |  |                   |  |    |  |
| House #                             |  | Street Address |  |  |  |          |  |  |  | Date [MM/DD/YYYY] |  | \$ |  |
|                                     |  |                |  |  |  |          |  |  |  |                   |  |    |  |
| City                                |  | State          |  |  |  | Zip Code |  |  |  | Date [MM/DD/YYYY] |  | \$ |  |
|                                     |  |                |  |  |  |          |  |  |  |                   |  |    |  |

**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 Number: |  |
|------------------------------|--|

|                          |                |       |          |                   |                   |    |    |     |
|--------------------------|----------------|-------|----------|-------------------|-------------------|----|----|-----|
| Full Name of Contributor |                |       |          |                   | Date [MM/DD/YYYY] |    | \$ |     |
| Kellie Hanas             |                |       |          |                   | 4/19/2025         |    | \$ | 75  |
| House #                  | Street Address |       |          |                   | Date [MM/DD/YYYY] |    | \$ |     |
| 250                      | Conneauttee    |       |          |                   |                   |    | \$ |     |
| City                     |                | State | Zip Code | Date [MM/DD/YYYY] |                   | \$ |    |     |
| Waterford                |                | PA    | 16441    |                   |                   | \$ |    |     |
| Full Name of Contributor |                |       |          |                   | Date [MM/DD/YYYY] |    | \$ |     |
| Hillarie Benedict        |                |       |          |                   | 4/17/25           |    | \$ | 100 |
| House #                  | Street Address |       |          |                   | Date [MM/DD/YYYY] |    | \$ |     |
| 13021                    | Union Road     |       |          |                   |                   |    | \$ |     |
| City                     |                | State | Zip Code | Date [MM/DD/YYYY] |                   | \$ |    |     |
| Waterford                |                | PA    | 16441    |                   |                   | \$ |    |     |
| Full Name of Contributor |                |       |          |                   | Date [MM/DD/YYYY] |    | \$ |     |
|                          |                |       |          |                   |                   |    | \$ |     |
| House #                  | Street Address |       |          |                   | Date [MM/DD/YYYY] |    | \$ |     |
|                          |                |       |          |                   |                   |    | \$ |     |
| City                     |                | State | Zip Code | Date [MM/DD/YYYY] |                   | \$ |    |     |
|                          |                |       |          |                   |                   | \$ |    |     |
| Full Name of Contributor |                |       |          |                   | Date [MM/DD/YYYY] |    | \$ |     |
|                          |                |       |          |                   |                   |    | \$ |     |
| House #                  | Street Address |       |          |                   | Date [MM/DD/YYYY] |    | \$ |     |
|                          |                |       |          |                   |                   |    | \$ |     |
| City                     |                | State | Zip Code | Date [MM/DD/YYYY] |                   | \$ |    |     |
|                          |                |       |          |                   |                   | \$ |    |     |
| Full Name of Contributor |                |       |          |                   | Date [MM/DD/YYYY] |    | \$ |     |
|                          |                |       |          |                   |                   |    | \$ |     |
| House #                  | Street Address |       |          |                   | Date [MM/DD/YYYY] |    | \$ |     |
|                          |                |       |          |                   |                   |    | \$ |     |
| City                     |                | State | Zip Code | Date [MM/DD/YYYY] |                   | \$ |    |     |
|                          |                |       |          |                   |                   | \$ |    |     |
| Full Name of Contributor |                |       |          |                   | 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 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] |  | \$ |  |
|                                     |                |  |          |  |                   |  |    |  |
| House #                             | Street Address |  |          |  | Date [MM/DD/YYYY] |  | \$ |  |
|                                     |                |  |          |  |                   |  |    |  |
| City                                | State          |  | Zip Code |  | Date [MM/DD/YYYY] |  | \$ |  |
|                                     |                |  |          |  |                   |  |    |  |
| 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] |  | \$ |  |
|                                     |                |  |          |  |                   |  |    |  |
| House #                             | Street Address |  |          |  | Date [MM/DD/YYYY] |  | \$ |  |
|                                     |                |  |          |  |                   |  |    |  |
| City                                | State          |  | Zip Code |  | Date [MM/DD/YYYY] |  | \$ |  |
|                                     |                |  |          |  |                   |  |    |  |
| 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] |  | \$ |  |
|                                     |                |  |          |  |                   |  |    |  |
| House #                             | Street Address |  |          |  | Date [MM/DD/YYYY] |  | \$ |  |
|                                     |                |  |          |  |                   |  |    |  |
| City                                | State          |  | Zip Code |  | Date [MM/DD/YYYY] |  | \$ |  |
|                                     |                |  |          |  |                   |  |    |  |
| Full Name of Contributing Committee |                |  |          |  | Date [MM/DD/YYYY] |  | \$ |  |
|                                     |                |  |          |  |                   |  |    |  |
| House #                             | Street 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: |  |
|------------------------------|--|

|  |                |          |                   |  |                   |  |     |     |
|--|----------------|----------|-------------------|--|-------------------|--|-----|-----|
| Full Name of Contributor                               |                |          |                   |  | Date [MM/DD/YYYY] |  | \$  |     |
| Nicholas J Brace                                       |                |          |                   |  | 4/17/25           |  | \$  | 500 |
| House #  | Street Address |          | Date [MM/DD/YYYY] |  | \$                |  |     |     |
| 1663   | Lane Road      |          | 4/28/25           |  | \$                |  | 100 |     |
| City   | State          | Zip Code | Date [MM/DD/YYYY] |  | \$                |  |     |     |
| Waterford  | PA             | 16441    |                   |  | \$                |  |     |     |
| Employer Name  |                |          |                   |  | Occupation        |  |     |     |
| Robert Brace and Sons Inc,                             |                |          |                   |  | Farmer            |  |     |     |
| Employer Mailing Address / Principal Place of Business |                |          |                   |  |                   |  |     |     |
| Full Name of Contributor                               |                |          |                   |  | Date [MM/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 |                |          |                   |  |                   |  |     |     |
| Full Name of Contributor                               |                |          |                   |  | Date [MM/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 |                |          |                   |  |                   |  |     |     |
| Full Name of Contributor                               |                |          |                   |  | Date [MM/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 |                |          |                   |  |                   |  |     |     |

**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.

|                                     |  |
|-------------------------------------|--|
| <b>Filer Identification Number:</b> |  |
|-------------------------------------|--|

|                            |  |                       |  |                 |  |                          |  |           |  |
|----------------------------|--|-----------------------|--|-----------------|--|--------------------------|--|-----------|--|
| <b>Full Name</b>           |  |                       |  |                 |  |                          |  |           |  |
| <b>House #</b>             |  | <b>Street Address</b> |  |                 |  |                          |  |           |  |
| <b>City</b>                |  | <b>State</b>          |  | <b>Zip Code</b> |  | <b>Date [MM/DD/YYYY]</b> |  | <b>\$</b> |  |
| <b>Receipt Description</b> |  |                       |  |                 |  |                          |  |           |  |
| <b>Full Name</b>           |  |                       |  |                 |  |                          |  |           |  |
| <b>House #</b>             |  | <b>Street Address</b> |  |                 |  |                          |  |           |  |
| <b>City</b>                |  | <b>State</b>          |  | <b>Zip Code</b> |  | <b>Date [MM/DD/YYYY]</b> |  | <b>\$</b> |  |
| <b>Receipt Description</b> |  |                       |  |                 |  |                          |  |           |  |
| <b>Full Name</b>           |  |                       |  |                 |  |                          |  |           |  |
| <b>House #</b>             |  | <b>Street Address</b> |  |                 |  |                          |  |           |  |
| <b>City</b>                |  | <b>State</b>          |  | <b>Zip Code</b> |  | <b>Date [MM/DD/YYYY]</b> |  | <b>\$</b> |  |
| <b>Receipt Description</b> |  |                       |  |                 |  |                          |  |           |  |
| <b>Full Name</b>           |  |                       |  |                 |  |                          |  |           |  |
| <b>House #</b>             |  | <b>Street Address</b> |  |                 |  |                          |  |           |  |
| <b>City</b>                |  | <b>State</b>          |  | <b>Zip Code</b> |  | <b>Date [MM/DD/YYYY]</b> |  | <b>\$</b> |  |
| <b>Receipt Description</b> |  |                       |  |                 |  |                          |  |           |  |
| <b>Full Name</b>           |  |                       |  |                 |  |                          |  |           |  |
| <b>House #</b>             |  | <b>Street Address</b> |  |                 |  |                          |  |           |  |
| <b>City</b>                |  | <b>State</b>          |  | <b>Zip Code</b> |  | <b>Date [MM/DD/YYYY]</b> |  | <b>\$</b> |  |
| <b>Receipt Description</b> |  |                       |  |                 |  |                          |  |           |  |
| <b>Full Name</b>           |  |                       |  |                 |  |                          |  |           |  |
| <b>House #</b>             |  | <b>Street Address</b> |  |                 |  |                          |  |           |  |
| <b>City</b>                |  | <b>State</b>          |  | <b>Zip Code</b> |  | <b>Date [MM/DD/YYYY]</b> |  | <b>\$</b> |  |
| <b>Receipt Description</b> |  |                       |  |                 |  |                          |  |           |  |

**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: |  |
|------------------------------|--|

|  |     |    |
|--|-----|----|
| <b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b> |     |    |
| TOTAL for the reporting period   | (1) | \$ |

|   |     |    |
|---|-----|----|
| <b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b> |     |    |
| TOTAL for the reporting period  | (2) | \$ |

|   |     |    |
|---|-----|----|
| <b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b> |     |    |
| TOTAL for the reporting period  | (3) | \$ |

|   |    |  |
|---|----|--|
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter 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: |  |
|------------------------------|--|

|                             |                |  |          |                   |                   |    |    |
|-----------------------------|----------------|--|----------|-------------------|-------------------|----|----|
| Full Name of Contributor    |                |  |          | Date [MM/DD/YYYY] |                   | \$ |    |
|                             |                |  |          |                   |                   |    |    |
| House #                     | Street Address |  |          | Date [MM/DD/YYYY] |                   | \$ |    |
|                             |                |  |          |                   |                   |    |    |
| City                        | State          |  | Zip Code |                   | Date [MM/DD/YYYY] |    | \$ |
|                             |                |  |          |                   |                   |    |    |
| 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/YYYY] |    | \$ |
|                             |                |  |          |                   |                   |    |    |
| 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/YYYY] |    | \$ |
|                             |                |  |          |                   |                   |    |    |
| 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/YYYY] |    | \$ |
|                             |                |  |          |                   |                   |    |    |
| 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/YYYY] |    | \$ |
|                             |                |  |          |                   |                   |    |    |
| Description of Contribution |                |  |          |                   |                   |    |    |

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] |                             | \$ |    |  |
|  |                |  |          |                   |                             |    |    |  |
| City   | State          |  | Zip Code |                   | Date [MM/DD/YYYY]           |    | \$ |  |
|  |                |  |          |                   |                             |    |    |  |
| Employer Name  |                |  |          |                   | 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/YYYY]           |    | \$ |  |
|  |                |  |          |                   |                             |    |    |  |
| Employer Name  |                |  |          |                   | 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/YYYY]           |    | \$ |  |
|  |                |  |          |                   |                             |    |    |  |
| Employer Name  |                |  |          |                   | Occupation                  |    |    |  |
| Employer Mailing Address / Principal Place of Business |                |  |          |                   | Description of Contribution |    |    |  |

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:

|              |             |   |    |          |                                       |    |        |
|--------------|-------------|---|----|----------|---------------------------------------|----|--------|
| To Whom Paid |             | Family Ink Innovations LLC                      |    |          | Date (MM/DD/YYYY)                     | \$ | 622.75 |
| House #      | 106         | Street Address W Smith Street                   |    |          | Description of Expenditure Yard Signs |    |        |
| City         | Corry       | State   | PA | Zip Code | 16407                                 |    |        |
| To Whom Paid |             | Delux checks                                    |    |          | Date (MM/DD/YYYY)                     | \$ | 28.76  |
| House #      | 801         | Street Address S Marquette AVE (debited By MCB) |    |          | Description of Expenditure checks     |    |        |
| City         | Minneapolis | State   | MN | Zip Code | 55402                                 |    |        |
| 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         |             | 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         |             | 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         |             | 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 |  |
| Nicholas J Brace    |             |                |           |                                    |                             |  |
| House #             | 1663        | Street Address | lane Road | DATE DEBT INCURRED<br>[MM/DD/YYYY] | \$ 600                      |  |
|                     |             |                |           | 4/17/25                            |                             |  |
| City                | Waterford 1 | State          | PA        | Zip Code                           | 16441                       |  |
| Description of Debt |             |                |           |                                    |                             |  |
| Start up Costs      |             |                |           |                                    |                             |  |

|                     |  |                |  |                                    |                             |  |
|---------------------|--|----------------|--|------------------------------------|-----------------------------|--|
| Name of Creditor    |  |                |  |                                    | Outstanding Balance of Debt |  |
|                     |  |                |  |                                    |                             |  |
| House #             |  | Street Address |  | DATE DEBT INCURRED<br>[MM/DD/YYYY] | \$                          |  |
|                     |  |                |  |                                    |                             |  |
| City                |  | State          |  | Zip Code                           |                             |  |
| Description of Debt |  |                |  |                                    |                             |  |
|                     |  |                |  |                                    |                             |  |

|                     |  |                |  |                                    |                             |  |
|---------------------|--|----------------|--|------------------------------------|-----------------------------|--|
| Name of Creditor    |  |                |  |                                    | Outstanding Balance of Debt |  |
|                     |  |                |  |                                    |                             |  |
| House #             |  | Street Address |  | DATE DEBT INCURRED<br>[MM/DD/YYYY] | \$                          |  |
|                     |  |                |  |                                    |                             |  |
| City                |  | State          |  | Zip Code                           |                             |  |
| Description of Debt |  |                |  |                                    |                             |  |
|                     |  |                |  |                                    |                             |  |

|                     |  |                |  |                                    |                             |  |
|---------------------|--|----------------|--|------------------------------------|-----------------------------|--|
| Name of Creditor    |  |                |  |                                    | Outstanding Balance of Debt |  |
|                     |  |                |  |                                    |                             |  |
| House #             |  | Street Address |  | DATE DEBT INCURRED<br>[MM/DD/YYYY] | \$                          |  |
|                     |  |                |  |                                    |                             |  |
| City                |  | State          |  | Zip Code                           |                             |  |
| Description of Debt |  |                |  |                                    |                             |  |
|                     |  |                |  |                                    |                             |  |

|                     |  |                |  |                                    |                             |  |
|---------------------|--|----------------|--|------------------------------------|-----------------------------|--|
| Name of Creditor    |  |                |  |                                    | Outstanding Balance of Debt |  |
|                     |  |                |  |                                    |                             |  |
| House #             |  | Street Address |  | DATE DEBT INCURRED<br>[MM/DD/YYYY] | \$                          |  |
|                     |  |                |  |                                    |                             |  |
| City                |  | State          |  | Zip Code                           |                             |  |
| Description of Debt |  |                |  |                                    |                             |  |
|                     |  |                |  |                                    |                             |  |

|                     |  |                |  |                                    |                             |  |
|---------------------|--|----------------|--|------------------------------------|-----------------------------|--|
| Name of Creditor    |  |                |  |                                    | Outstanding Balance of Debt |  |
|                     |  |                |  |                                    |                             |  |
| House #             |  | Street Address |  | DATE DEBT INCURRED<br>[MM/DD/YYYY] | \$                          |  |
|                     |  |                |  |                                    |                             |  |
| City                |  | State          |  | Zip Code                           |                             |  |
| Description of Debt |  |                |  |                                    |                             |  |
|                     |  |                |  |                                    |                             |  |



**Pennsylvania Department of State**

Bureau of Campaign Finance & Lobbying Disclosure  
500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)  
[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

**Note:** Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports.** This form must be signed by hand where a signature is required.

| Name of Filing Committee, Candidate, or Lobbyist                           |  |   |   |  |
|--|--|---|---|--|
| Brace for Supervisor   |  |   |   |  |
| Reporting Cycle Name   |  |   |   |  |
| <input type="checkbox"/> Cycle 1<br>6 <sup>th</sup> Tuesday<br>Pre-Primary | <input checked="" type="checkbox"/> Cycle 2<br>2 <sup>nd</sup> Friday<br>Pre-Primary | <input type="checkbox"/> Cycle 3<br>30 Day<br>Post Primary                      | <input type="checkbox"/> Cycle 4<br>6 <sup>th</sup> Tuesday<br>Pre-Election | <input type="checkbox"/> Cycle 5<br>2 <sup>nd</sup> Friday<br>Pre-Election |
| <input type="checkbox"/> Cycle 6<br>30 Day Post-Election                   | <input type="checkbox"/> Cycle 7<br>Annual Report                                    | <input type="checkbox"/> Cycle 8<br>2 <sup>nd</sup> Friday Pre-Special Election | <input type="checkbox"/> Cycle 9<br>30 Day Post-Special Election            |  |

**Part I** - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Hillarie A. Benedict  
Signature of Treasurer, Candidate, or Lobbyist

05/07/2025  
Date (MM/DD/YYYY)

Hillarie A. Benedict  
Printed Name

Waterford, PA, USA  
Location (City/State/Country)



**Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement

500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

**Part II** - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Hillarie A. Benedict

Signature of Treasurer, Candidate, or Lobbyist

05/07/2025

Date (MM/DD/YYYY)

Hillarie A. Benedict

Printed Name

Waterford, PA, USA

Location (City/State/Country)