

## 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		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Brace For Supervi	sor			
Street Address	1131 Route 97				
City Waterford		State PA	Zip Code	16441	
Type of Report (Place x under report type)	٠				
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3- 30 Day Pos Pre-Primary Primary Primary		2 <sup>nd</sup> Friday 6- 30 D re- Election Electio	ay Post 7- Annual n	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
Date Of Election	Year	Amend	ment	Termination	
(MM/DD/YYYY) 05/25/2025		2025 Report		Report	
Summary of Receipts and From Date Expenditures  4/17/2  A. Amount Brought Forward From Last Repo	t s	/25	For	Office Use Only	<b>2</b> 025
B. Total Monetary Contributions and Receipt (From Schedule I)		00		Ħ <sub>E</sub>	
C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III)	\$ 745 \$ 651	.00		as a second	
E. Ending Cash Balance (Subtract Line D from Line C)	- 1	.49		1	င္မ
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 6			Mary Comments	27
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 600	2			
Part 1- If this is a <b>Committee</b> report, treasurer sign h	oro If this is a Candid	Affidavit Section	an horo		
I swear (or affirm) that this report, including the atta				rue, correct and complet	te.
Sworn to and subscribed before me this					
day of20	-	<u></u> \$	ignature of Person Subn	nitting report	_
Signature	- <u>.</u> 「		Printed Nan	ne	_
My Commission expires MO. DAY YR	<del></del>	Area Code		ytime Telephone Numbe	r
Part II- If this is a report of a Candidate's Authorized				the Ast of him a grown to	
I swear (or affirm) that to the best of my knowledge amended.  Sworn to and subscribed before me this  Oay of May 20,25  Signature  My Commission expires 12-20 - 20  MO. DAY YR.	ania - Notary Sea	nission expires December 20, 2028 nission expires December 20, 2028 number of Notaries Pennsylvania Aspociation of Notaries Page Page Page Page Page Page Page Page	holos / / holos / Japon Printed Name	He Act of June 3, 1937 (  Block  date  date  Colored  The Telephone Number	
	Laur	My committee Correction			

## SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number	 ····	 	-
	 ·	 	i

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	9. 397 039.	n de redistr	WELLING BELOWING THE SET OF THE S
A.Onnethized Contributions and Necepts-930.00 or Less per Contributor			
Total for the reporting period	(1)	\$	45.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0.00
All Other Contributions (Part 8)		\$	
Total for the reporting period	(2)	\$	145.00
3. Contributions Over \$250,00 (From Part C and Part D)		V., (1)	
Contributions Received from Political Committees (Part C)	* *********	\$	D.00
All Other Contributions (Part D)		\$	600
Total for the reporting period	(3)	\$	600
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		1 (	
Total for the reporting period	(4)	\$	().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, Rep Cover Page, Item B)	oort	\$	

#### 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	on Number	<del></del>			/
	1.75.03179.14.55 5.06.176.52.13.10				
Full Name of Co					Amount
Full Name of Co Committee	Sutiputing			Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S
				ľ	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
			1000 0 000 000 000 000 000 000 000 000		
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
Commutee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u>। । । । । । । । । । । । । । । । । । । </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing	<u>426ang</u>	<b>经验的证明</b> (1800-1801)	Date [MM/DD/YYYY]	\$
Committee				TO THE SECTION OF THE	
House #	Street Address			Date [MM/DD/YYYY]	
nouse .	Suect Add.			Date [MIN/UD/ITER]	\$
	1.		The state of the s		
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		400.00		Ö	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	and
City		State	Zip Code	Date [MM/DD/YYYY]	\$5 \$a
Full Name of Co	estimations			Date [MM/DD/YYYY] S	<b></b>
Committee	Attioung			Date Innational Control	<b>\$</b>
House #	Street Address			Date [MM/DD/YYYY] \$	\$
City	[	State	Zip Code	Date [MM/DD/YYYY] \$	<u>&amp;</u>
				A CONTRACT	
Full Name of Co	intributing	<u>Espainanna</u>	phenistes Montague septie, yes	Date [MM/DD/YYYY] \$	S.
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	\$
City		State	Zip Code	Date [MM/DD/YYYY] \$	<u> </u>
				101 (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
	Prez 4.1	4/15/5/5/5/13	L2(V-95% v6/1970v7,kg., 1	I : 100	1000

#### 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.)

Filet identification Number:			
Full Name of Contributor	Collie Hanas	Date [MM/DD/YYYY] 5 75	
House # 250 Street Addres	Kellie Hanas  Conneauttee	4/19/2025 75 Date [MM/DD/YYYY] 5	
City Waterford	State PA Zip Code 16 741	(2,0)	
Full Name of Contributor	llarie Benedict	Date [MM/DD/YYYY] \$ 100	
130al street Address	Union Road	Date [MM/DD/YYYY] \$	
City Waterford Full Name of Contributor	State PA Zip Code 16441	Date [MM/DD/YYYY] \$	
House # Street Addres		Date [MM/DD/YYYY] \$	
Street Addres	State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor		Date [MM/DD/YYYY] \$	
House # Street Address	SS	Date [MM/DD/XYXY] \$	
City :	State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor		Date [MM/DD/YYYY] 4\$.	
House # Street Address		Date [MM/DD/YYYY] S	
Clicy	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 Identificatio	in Number:				
Full Name of Contributing Co	ommittee			Date [MM/DD/YYY] \$	
House #	Street Address			Date [MM/DD/XYYY] \$	
Clty	(See Section Control of the Control	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ammittee	AC MANUFACTURE AND ACTION ACTION AND ACTION AND ACTION ACTION AND ACTION AC	Total South Control South Control	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Lentained researches transmises	State	Zip Code	Date [MM/DD/YYYY].	
Full Name of Contributing Co				Date [MM/DD/YYYY] 5	
House#	Street Address			Date [MM/DD/YYYY] \$	
City  Full Name of		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Cor House:#	ommittee			Date [MM/DD/YYYY] \$	·
	Street Address			Date [MM/DD/YYYY] \$	
City Full Name of		State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	<u> </u>
Contributing Con	mmittee Street Address		****	Date [MM/DD/YYY] \$	
City	# P	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of		Jule		Date [MM/DD/YYYY] \$	
Contributing Con	mmittee 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	1. 60	Date [MM/DD/YYYY] \$
Nic	holas J Brace Lane Road	4/17/25 500
House # 1663 Street Address	la as Parl	Date [MM/DD/YYYY] \$ 100
583-1-38-88-28-88-1 - 58-28-38-68-1-3-0-X 20-28-88-		1/00/00
City Waterford	State PA Zip Code 16441  Robert Brace and Sons Inc,	Date [MM/DD/YYYY] \$
Employer Name	Robert Brace and Sons Inc,	Occupation Farmer
Employer Mailing Address / Principal Place of Business		
Full Name of Contributor		Date (MM/DB/MMM)
House # Street Address	The second secon	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
10.00mm (1.50mm) 1.00mm (1.50mm) 1.00mm		
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] 5
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] \$
Total Print Anna Print Anna Anna Anna Anna Anna Anna Anna An		
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.

rner identification (sui	mer.			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Supplemental	\$ 15 p 2000 00 p 3	P52x4
Full Name				
House #	Street Address	<del>, "</del> "	-	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			11.7 3747/3286354	P-1-4/A
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		A222-14 (1972-1973)	(F)	[7899]
Full Name				
House #	Street Address			
Gity		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			•	
Full Name				·
House #	Street Address			
City		State	Zip Gode	Date [MM/DD/YYYY] 5
Receipt Description		- ex sign required expression	and resolve to the state (	Part Viel
Full Name				
House #	Street Address			,
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		* Conference on New York of Conference		Lecture I

#### 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			
	DISTIONS DESERVED WA	UF OF \$50.00 OR LESS PER CONTRIBUTO	
TOTAL for the reporting period	(1)	\$	rr.
2. IN-KIND CONTRIBUTIONS REG	EIVED-VALUE OF \$50.0	TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3: IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250	00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)	NS DURING THIS REPO	TING \$	

# 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] S
House # Street Address		Date [MM/DD/YYYY] 5
(CIT TO )	NO Secretaria	
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] \$
(Class 7.1		
City	State Zip Code	Date [MM/DD/YYYY] S
Description of Contribution		
Full Name of Contributor		Date [MM/DD/YYY] \$
House # Street Address		Date (MM/DD/YYYY) \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution	De Wild regions region (1984)	i porteri
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] 5
City	State Zip Code	Date [MM/DD/YYYY] 5
Description of Contribution		
and the second of the second o	······································	
Full Name of Contributor		Date [MM/DD/XYYY] \$
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	n Number:			
Full Name of Co	ontributor			Date [MM/DD/YYYY] 5
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
	ng Address / Principal		[2574837862278500 mile]	Occupation Description
Place of Busines Full Name of Cor	SS Section of the fight of the control of the Section of the control of the contr			of Contribution
House#	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailin Place of Business	ng Address / Principal s			Description of Contribution
Full Name of Con	tributor	<u>4</u>		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City  Employer Name		State	Zip Code	Date [MM/DD/XYYY] \$
Employer Mailing Place of Business	g Address / Principal S	A Company of the Comp		Occupation  Description  of  Contribution
Full Name of Con				Date [MM/DB/YYYY] 5
House #	Street Address	• what is both constrainty		Date [MM/DD/YYYY] \$
City Employer Name		State	Zip Code	Date [MM/DD/YYYY] \$
	g Address / Principal			Description of Contribution

# Statement of Expenditures

Filer Identification Number:				

To Whom Paid	<del></del>		19	Description for	nosalizātai		
Family	InkIn	novations L	1C	Date [MM/DD/YY	COLUMN NEW YORK OF THE PERSON NAMED IN COLUMN	623	a. 75
100	W Smith Stre		5	Description of Exp	enditure 5/9/	ÞS	
Corry	State PA	Zip Code 16 4	07				
To Whom Paid Delux C	Lhecks			Date [MM/DD/YY	46.00	28.	76
House # 801 Street Address	5 Margette	AVE (deba	red MCSR)	リーカタノスで Description of Expe これとよる	)     Inditure	_α <sub>0</sub> .	10
Minn eapold	S Margette State MN	Zip 554	16d 1MU8) 0J		<u>La comina</u>		
To Whom Paid	one of sease equation (	wearest was		Date [MM/DD/YYY	Y] \$		
House # Street Address			<u> </u>	Description of Expe	nditure		
City:	State	<b>Zip</b>	854				
To Whom Paid		Code		Date (MM/DD/YYY	V]   \$		
House # Street Address				Description of Expe	nditure	86 J. W. W. W. W. W.	
City	State	Zip					
		Code -					
To Whom Paid				Date [MM/DD/YYY)	g s		
House# Street Address		·		Description of Expe	nditure		ger (mikilise)
Glby	State	Zip Code	19.2mg				
To:Whom Pald	To produce the control of the contro	Control of the Contro		Date (MM/DD/YYY)	/  \$		-
House # Street Address			E	Pescription of Exper	iditure .		
Giy	State	Zip Code					
To Whom Pald			Œ		1 5		
House # Street Address			D	escription of Exper	diture	Talak (thu	27.0
City	State	Zip					
To Whom Paid		Code	D	ate (MM/DD/XXXX	l i s		
House # Street Address			D	escription of Expen	diture		
City	State	Zip Code		2010 1000 1000 1000			a e e e e e e e e e e e e e e e e e e e

#### 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 Identificatio	n Number:		
Name of Credit	or Nicholas JB	race	Outstanding Balance of Debt
House #	or Nicholas JB 3 Street Address lane Road	DATE DEBT INCURRED [MM/DD/YYYY] 4/17/25	\$ 600
City	Waterford 1	State Ph Zip 16441	
Description of I	Waterford 1  Start up Costs	Special Style Inspect of the Control	Promoti
Name of Credit	or		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City  Description of E	Sebt	State Zip Code	
Name of Credit		DATE DEST INCURRED	Outstanding Balance of Debt
House #	Street Address	[MM/DD/YYYY]	
City  Description of C	Debt	State Zip Code	
Name of Credit	or .		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	5
City		State Zip Code	
Description of D	)ebt		·
Name of Credit	of		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	<b>5</b>
City		State Zip Code	
Description of E	Debt:		
Name of Credit	or .		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/XYYY]	<b>\$</b>
City	The Comment of the Co	State Zip Code	
Description of E	Debt		



#### **Pennsylvania Department of State**

Name of Filing Committee, Candidate, or Lobbyist

Bureau of Campaign Finance & Lobbying Disclosure
500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • 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.

	r Superisor			•		
Reporting Cycle	Name					
☐ Cycle 1	☑ Cycle 2	☐ Cycle 3	☐ Cycle 4		☐ Cycle 5	
6 <sup>th</sup> Tuesday	2 <sup>nd</sup> Friday	30 Day	6 <sup>th</sup> Tuesday Pre-Election		2 <sup>nd</sup> Friday	
Pre-Primary	Pre-Primary	Post Primary			Pre-Election	
☐ Cycle 6	☐ Cycle 7	☐ Cycle 8		☐ Cy	cle 9	
30 Day Post-Election	Annual Report	2 <sup>nd</sup> Friday Pre-Special	Friday Pre-Special Election		30 Day Post-Special Election	
	analty of pariupy i				ign here.	
		inder the law of the				
Signature of Trea		inance Report is t	rue and		of Pennsylvania	



#### **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 • 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.

Signature of Treasurer, Candidate, or Lobbyist

Date (MM/DD/YYYY)

Hillarie A. Benedict

Printed Name

Date (MM/DD/YYYY)

Date (MM/DD/YYYY)