### **Commonwealth of Pennsylvania - Campaign Finance Report**

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

Filer Identification Number	Report Filed B ( Mark X)	y Candida	te 🗸	Committee		Lobbyist
Name of Filing Committee, Candida Lobbyist	FOR A SERVICE ASSESSMENT OF THE	JB	race	Principal Contains in Authorities	A Read of Miles To the Manager of the Community of the Co	N   20,125,000   1   30   30   1
Street Address	1663	Lane	race Road	Ħ		·
city Waterford	<b>7</b>	State	PA	Zip Code	16441	
Type of Report (Place x under report						
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 Pre-Primary Pre-Primary Prim	医性结肠 医连续性 化二氯甲基二甲基酚 化二甲基酚 化铁铁铁铁铁铁	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
	Year 20/25	2025	Amendment Report		Termination Report	
Expenditures 4	n Date To Date  /17/25 5/	7/25		For	Office Use Only	
A. Amount Brought Forward From L B. Total Monetary Contributions and (From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Re (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV)	d Receipts \$ C	) )O			≧ < €	TO SE NAM 2 - 2 PM 2 - 2 PM
		Affidavit Sec				
Part 1- If this is a <b>Committee</b> report, treat I swear (or affirm) that this report, include				ge and belief tr	rue, correct and comple	te.
Sworn to and subscribed before me this	hayer - 2028	edul of Felinsyvania - Notary Publi en E. Thayer, Notary Publi Erie County Ssion expires December 20 nmission number 1455865 empsyvania Aspodation of N	Nicholas Nicholas 214 rea Code	of Person Subm J Bra Printed Nam	Broce itting report	<del>-</del>
I swear (or affirm) that to the best of my lamended.	knowledge and belief this po	ical committee h	nas not violated any	y provisions of t	he Act of June 3, 1937 (	P.L. 1333, NO.320) as
Sworn to and subscribed before me this		t				
day of20	·		Sign	nature of Candid	date	_
Signature		_		Printed Name		<u> </u>
My Commission expires MO. DAY	YR.	A	rea Code	Dayt	ime Telephone Number	_

#### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number			
之上,这种股票的 (1.4.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			
1. Uniternized Contributions and Receipts-\$50.00 or Less per Contributor		980	
Total for the reporting period	(1)	\$	- The Control of th
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)	\$	The second property of the second
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, Re		\$	

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	n Number			: 	
		· · · · · · · · · · · · · · · · · · ·			Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY] \$	
		· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [WIN] DD/TTTT] \$	
City	(8.3782335387-3893)	State	Zip Code	Date [MM/DD/YYYY] \$	
	<u> </u>	and some of		100 (100 (100 (100 (100 (100 (100 (100	
Full Name of Co Committee	intributing	<u> </u>		Date [MM/DD/YYYY] \$	
House #	  Street Address		<u> </u>	Date [MM/DD/YYYY] \$	
Cuse #	Jueet Address			PARTICIPAL DOLLAR TO	
City	中国 2008年6月2日	State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	_
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Last Andrews State (M. Co. 1987)	State	Zip Code	Date [MM/DD/YYYY] \$	
VENEZIA E	to accept a stranger with the con-				
Full Name of Co Committee	encriputing		_	Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
EN N	The state of the state of			Date (6464 INC Annual Control	
Full Name of Cor Committee	niciouting			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
20 (B. St.					
City	A manager of the control of the cont	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing	(4.900 <u>(2.</u>		Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address		<del>-</del>	Date [MM/DD/YYYY] \$	
	1-8				
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/JDD/AYYA1]	5
House# Street Address			Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	
Füll Name of Contributor	. <u></u>		Date [MM/DD/YYYY]	5
House# Street Address	i i i i i i i i i i i i i i i i i i i		Date [MM/DD/WW]	<b>X</b>
City	State	Zip:Code	Date [MM/DD/YYYY]	
Full Name of Contributor			Date [MM/DD/MM]	
House# Street Address			Date [MM/DD/YYYY]	
Giv	State	rZip Gode ;	Date [MM/DD/YYYM]	
Etill Name of Contributors			Date [MM/DD/AYAY]	
Street:Address			Date [MM/DD/YYYY]	
Gty	State	Zip Code	Date [MM/DD/YYYM]	
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/XXXX]	
House# Street Address			Date [MM/DD/YYYY] &	
<u>City</u>	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		<del>10</del>	Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	<b>5</b>
City.	State	Zip Code	Date [MM/DD/YYYY]	<b>[5</b> ]
Full Name of Gontributing Committee			Date [MM/DD/YYYY]	<b>S</b>
House ## Street Address			Date [MM/DD/YYYY]	***
GRY	State	Zip Code	Date (MM/DD/AYYY)	\$
Full Name of Contributing Committee		To a private a company of the private and the	Date [MM/DD//Y/Y/]	\$\$ }
House # Street Address			Date [MM/DD/YYYY]	<u>**</u> <b>**</b>
City	State	Zip Code	Date [MM/DD/\\\\\]	<b>55</b>
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
House# Street Address			Date [MM/DD/YYYY]	1855 1853 1863
City	State	Zip Gode	Date IMM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	<b>(\$)</b>
House # Street Address				\$ 1
Gity.	State	Zip Code :	Date [MM/DD/YYYY]	
Full/Name of Contributing Committee			Date (MM/DD/YYYY)	
House # Street Address			Date [MM/DD/YYYY]	\$
Gity	State	Zip Code	Date [MM/DD/YYYY]	S ( )

#### 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] S	
House # Street Addr	ess		Date [MM/DD/YYYY] \$5	
Gity	State	Zip Code	Date [MM/DD/YYYY] 25	
Employer Name			Occupation	
Employer Mailing Address // Principal Place of Business				
Full Name of Contributors			[Date [MM/DD/YYYY] \$	
tHouse## Street/Addr	ess S		Date [MM/DD/XYYY] \$	
(City)	State	Zip Code	Date [MW/DD/YYYY]	
Employer Name			Occupation :	
Employer Mailing Address // Principal Place of Business			Technical control control control of a	
Full Name of Contributor			Date (MM/DD/VYYY) \$ 7\$	
House # Street Addre	ess ess		Date [MM/DD/xy/yy] \$5	
(cjty.	State	Zip Code	Date [MM/DD/\\\\\)	
Employer Name			Occupation	
Employer:Mailing:Address// PrincipaliPlace of Business				
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			Occupation	
Employer Mailing Address / Principal Place of Business			COLOR STATE OF THE	

#### 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.

AleaidentjiiætiopiNumbas.				
	5		·	
Full Name	Section 1			
	eet/Address			
Gity)		State	Zip. Code	Date [MM/DD/YYYY1] \$
Receipt Description				
(Full-Nature				
House# Str	eet Address			
Gity Receipt, Description		State	Zip Gode	Date [MM/DD/MYY/] S
FullName				
House# Str	eet Address			
House H Str Giby		State.	Zip Code	Date[IMM/DD/MYYYi] \$
Receipt Description				
Roll Name			***	
(House # Str	et/Address			
(लीइ)		State	Zip Code	Date (MM/DD/XXXX)
Receipt Description				
Full Name				
	et Address			
Gity		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
<b>FullName</b>				
House# Str	et Address			
(Gjty)	の できた (1995年 1995年 1	Statë!	Zip Code	Date [MM/DD/YYYY] S
Receipt Description				

#### SCHEDULE II

### IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	
1 UNITEMIZED IN KIND CONTRIBUTIONS RECEIVED VALUE OF	SSO:00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2. IN-KIND CONTRIBUTIONS: RECEIVED-VALUE OF \$50.01210 \$2	250.00 (FROM:PART_E).
TOTAL for the reporting period (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER\$250.00 (FI	ROMPART(S):
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 ent on Page 1, Report Cover Page, Item F)	er \$

#### SCHEDULE II PART F

### **In-Kind Contributions Received**

		<u>'</u>	VALUE OF \$50.01 TO \$250		
Filer Identification Ni	imber:				
Full Name of Contr	ibutor.			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] S	
<b>Eity</b>	[consistent and consistent and consi	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Cont			Constitution and a state of the constitution o	·	
Full Name of Contri	ibutor **			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] S	
(Gity)	Down Assessed sensitivities of the Artifaction of The Control of the Artifaction of the A	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Cont					
Full Name of Contri	butor			Date [MM/DD/YYYY] SV	
House#	Street Address			Date [MM/DD/XYYX1] SS:	
Gity.	our and the second desirable should be second to the second secon	State	Zip Code	Date (MM/DD/XXXX) S	
Description of Cont					
Full Name of Contr				Date [MM/DD/XYYY] \$:	
House #	Street Address			Date [MM/DD/YYYY] S	
Gity.  Description of Cont		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contri				Date [MINI/DD/YYYY] S.	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State .	Zip Code	Date [MM/DD/YYYY] \$	
Description of Cont	ribution		•	·	

### SCHEDULE II

#### Part G

### **In-Kind Contributions Received**

**VALUE OVER \$250** 

Filer Identification Number:	
Full Name of Contributor	Date [MM/Db/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/XYYY] \$.
Gity State Zip Code	Date [MM//DD/YYYY] \$
žEmplover Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Gontribution
₹rüll¦Name,of.@ontributor	%Date (MM/DD/XYXX) \$
House:# Street:Address	Date [MM/DD/YYYY] \$
Gity State Zip Gode	*Date [MM//DD/XYYY] \$*
Employer Name	Occupation .
Employer Mailing Address / Principal Place of Business	Description of Contribution
Füll:Name of Contributor	%Date [MIM/DD/YYYY]
House # Street Address	Date [MM/DD/YYYY] S
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution

# Statement of Expenditures

Filer identification Number:				

To Whom Paid	<u> </u>		Date [MM/DD/YYYY] \$
Drace	- tor Su	pervisor	4/17/25 600.00
House # 1/3   Street Address	. for Su Route97		Description of Expenditure
<sup>Gity</sup> Waterford	State PA	Zip Gode 16441	Start up Expenses
To Whom Paid			[Date [MM/DD/YYYY] S
House # Street Address	•		Description of Expenditure
Gity	State	∕Zip Code	· · · · · · · · · · · · · · · · · · ·
To Whom Paid	THE PROPERTY OF THE PROPERTY O	[1420000000000000000000]	Date [MM/DD/YYYY] \$
House# Street Address			Description of Expenditure
City	State	Žip Code	
Tổ Whom Pàid	<b>公司的</b> (神经哲宗)		Date [MM/DD/YYYY] \$
House # Street Address		·	Description of Expenditure
<u>City</u>	State	Zip Code	
To Whom Paid		icode in the second	Date MM/DD/YYYY) \$5
House# Street Address			*Description of Expenditure
	Large and the second		Description of Experiation
(Gity)	State	Zip ( Code	
To Whom Paid			Date [MM/DD/YYYY] \$5
House # Street Address			Description of Expenditure
.Gity	State	Zip Code	The state of the s
To Whom Paid			Date [MM/DD/YYYY] \$
House# Street Address			Description of Expenditure
Gity.	State	Zip Code	The second secon
To Whom Paid	·		Date [MM/DD/YYYY] \$
House # Street Address			Description of Expenditure
City	State	Zip Gode	

#### 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 Greditor		Enter an Angelen Andrew Veger		Outstanding Balance of Debt
House#	Address		DEBT INCURRED M/DD/YYYYI	<b>\$</b>
City S	St		Zip Code	
Description of Debt				
Name of Creditor House # Street A	Address		DEBT INCURRED M/DD/YYYY]	Outstanding Balance of Debt
City	St		Zip Gode	
Description of Debt				
Name of Creditor		PATE	DEBT INCURRED	Outstanding Balance of Debt
THOUSE ## Street #	Address	0.00 mg/s/25 mg/s/2000 mg/	M/DD/YYYY]	
City Description of Debt	SSI.		Zip Code	
Name of Greditor	-1360 mm/s/g/s/c/cf	was create a second		Outstanding Balance of Debt
House #. Street A	Address	2000 Per 2017 Per 2018 Per 2018	DEBT INCURRED W/DD/YYYYY]	<b>S</b>
City	Sta		Zip Gode	
Description of Debt			E	
Name of Greditor  House # Street A	Address		DEBT/INGURRED	Outstanding Balance of Debt  \$
City	St	A transitional División y "Secretarion	22 American (1997)	
Description of Debt	· · · · · · · · · · · · · · · · · · ·		Code	
Name of Greditor			80 Hz.	Outstanding Balance of Debt
House # Street A			DEBT INCURRED M/DD/XXYY]	<b>**</b>
City Description of Debt			Zip Code	
Description of Deat				