Commonwealth of Pennsylvania - Campaign Finance Report

(No	te: This report mu	st be clear and	legible. It show	uld be typed)	
Filer Identification Number:	Report Filed (Mark X)	By Candidat	е	Committee		Lobbyist
Name of Filing Committee, Candidate of Lobbyist	1.3847.540	IM : TTE	E WE	lect 2	PO REZ	02.1wh
Street Address	3	26 We	of gul	uzkon	Pd	
City	ENE	State	PA	Zip Code	16509	***************************************
Type of Report (Place x under report type		[28/3/38/3/25/10/2]	7.0.4	Services and the Services Constitution of Con-	, ,	
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Pre-Primary Pre-Primary Primary	Post 4-6 th Tuesday Pre-Election	5- 2 nd Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day
Date Of Election (MM/DD/YYYY)	Year		Amendment Report		Termination Report	
Summary of Receipts and From Da	te To Dat	e		For C	Office Use Only	
Expenditures 11-28	12-23 12-	31-23			vijestopi i kasa ili	
A. Amount Brought Forward From Last R	eport \$ 10	040.65				
B. Total Monetary Contributions and Rec (From Schedule I)	200662890000E90 #)				
C. Total Funds Available (Sum of Lines A and B)	\$ 10	040.05				
D. Total Expenditures (From Schedule III)	\$ 38	57.31				
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 96	Q2 74				
F. Value of In-Kind Contributions Receive (From Schedule II)	d \$	0 -				
G. Unpaid Debts and Obligations (From Schedule IV)	\$ _	0-				ry Seal olic 2027 2
Part 1- If this is a Committee report, treasurer	sign here. If this is a Car	Affidavit Sect				- Notary ry Public ber 5 20 64952
I swear (or affirm) that this report, including th	e attached schedules o	noaper, is to the b Pennsylvenia	lest of my knowled	ge and belief tru A Person aupmi Printed Name	e, correct and complete	Commonwealth of Pennsylvania Christopher Fanzini, Notar Erie County My commission expires Octol Commission number 128 Member, Pennsylvania Associate
MO. DAY Part II- If this is a report of a Candidate's Author	YR. rized Committee, cand	idate shall sign her	ea Code e.		ime Telephone Numbe	Con My
I swear (or affirm) that to the best of my knowl amended. Sworn to and subscribed before me this 25 slay of Pebruary 20 2 Uhway Haylon Signature My Commission expires 0 5	edge and belief this pol monwhalth gaway of Erit	itical committee ha F PENNSY V&	ss not violated any	Anguage of Candida Bayes	anh	Commonwealth of Pennsylvania - Notary Seal Christopher Fanzini, Notary Public Erie County My commission expires October 5, 2027 Commission number 1264952

SCHEDULE (

Contributions and Receipts

Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	# . 5 . 34%		
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)	769.75 769.86	Constant	
Contributions Received from Political Committees (Part C)	anticons (1-2028)	\$	en e
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)	\$	
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, Recover Page, Item B)	port	\$	
	Ì		

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 Cor Committee	ntributing			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	**************************************	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$
Commutee				
House #	Street Address			Date [MM/DD/YYYY] \$
City	PAGENTAL MARKATAN	State	Zip Code	Date [MM/DD/YYYY] \$
				7.74 7.74
Full Name of Cor Committee	itributing			Date [MM/DD/YYYY] \$
Committee				
House #	Street Address			Date [MM/DD/YYYY] \$
City	Testo Syncrias, presentance	State :	Zip Code	Date [MM/DD/YYYY] S
Full Name of Con	ntributing	,	To the second se	Date [MM/DD/YYYY] \$
Committee				
House #	Street Address			Date [MM/DD/YYYY] \$
			•	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Con	itributing			Date [MM/DD/YYYY] \$
Committee				
House #	Street Address			Date [MM/DD/YYYY] \$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Con	ıtributing	The section will be	180 m. Steel Steel Steel Steel	Date [MM/DD/YYYY] \$
Committee				
House #	Street Address			Date [MM/DD/YYYY] \$
City	Produced St. Better States	State	Zip Code	Date [MM/DD/YYYY] \$
387970877		F1.2083638	45-40-4 grade (1994)	

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 Contribu				Date [MIM/DD//YYYY]	\$
	Street Address			Date [MM/DD/11111]	\$ 1
City	22 con 1824	State	Zip Code	Date [MM//DD///////]	
Full Name of Contribu				Company Committee Committe	
House;#	Street Address	· · · · · · · · · · · · · · · · · · ·		The state of the s	S
Gity.		State	Zip Code		\$
Full Name of Contribut	a de la companya de			Date [MM/DD/YYYY]	\$ () () () () () () () () () (
House:#	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code		(\$
Full Name of Contribut				The state of the s	\$
	Street Address				
City	24.28	State	Zip Code		
	Street Address	Lagranger Friedrich	This is a contract to the state of the state		** \$ ** ** ** ** ** ** **
Gity Full Name of Contribut	· 	State	Zip Code	8	\$.
Stranger de	4				S. S
2-4	Street Address	Face was a state of the state o	The case of the seal	777	
City		State	Zip Code	Date [MM/DD/YYYYY]	\$

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.

and the state of t	1.4000				
Filer Identification Number					
Negating Planticularisasing and a pro-	/Tegro-				
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House# S	Street Address	_		Date [MM/DD/YYYY]	\$
City	The state of the s	State .	Zip Code	Date [MM/DD/YYYY]	Ś
Full Name of Contributing Committee	e			Date [MM/DD/4444]	\$
House # S	Street Address	7 1000 4 1		Date [MM/DD/\\\)	\$2.55 5
alty -		State	Zip Code	*Date [MM/DD/\\\\)	\$
Full Name of				Date [MM/DD/YYYY]	[45]
Contributing Committee					
House # S	Street Address			Date [MM/DD/YYYY]	Ś
Gity	24.50	State	Zip Code	EDate [MM/DD/YYYY]	
Full Name of Contributing Committee				*Date [MM/DD/YYYY]	(\$)
House# S	Street Address			©Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD//YYYY]	
Full Name of Contributing Committee					(\$)
House # * Si	treet Address			Date [MM/DD/YYYY]	\$5
City	APPANENTE ANTENNA PERSONA S	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House # Si	treet Address	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date [MM/DD/YYYY]	S
City	2000 100 100 100 100 100 100 100 100 100	State	Zip Code	/Date [MM/DD/YYYY]	\$ 5

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:	2		
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Stre	eet Address		Date:[MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$\$
Employer Name Employer Mailing Address	1	T. Carrier and Car	Occupation
Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY]
	eet Address		Date [MM/DD/YYYYY] S
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] 5
	200		Occupation
Employer Mailing Address Principal Place of Business			Processor Andrews Principles over 1
Full Name of Contributor			Date [MM/DD/YYYY] \$5
House # Stre	et Address		Date [MM/DD/YYYY] \$
Gity	State	Zip Code	%Date [MM/DD/YYYY] \$\$
Employer Name			Occupation
Employer Mailing Address Principal Place of Business			English of Communication of Conference of Co
Full Name of Contributor			Date [MM/DD/YYYY]
	et Address		Date [MM/DD/YYYY] (5)
City	State	Zip Code	Date:[MM/DD/YYYY] \$
Employer:Name			Occupation
Employer Mailing Address / Principal Place of Business			1-ps-p-2-2,2,8-6" v/dect-s-2" (2-ph-1-2,0,2-p)

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.

File A Gentification Number				
Full Name	§			
	eet Address			
Gity	e e constant de la co	State		
Sity Signature States		State	Zip	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name			·	
House # Stre	et Address			
City	The state of the s	State	Zip Code	Date (MM/DD/YYYY) S
Receipt Description				95789
Full Name:				
House# Stre	eet Address			
Gity		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		Selection Cont. Sec. Sec. Sec. Sec. Sec. Sec. Sec. Sec	[-0.00]	I Pro-State
Füll Name				
200 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C	et Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description :		Fan Sand Street, Maries, Wall		1 (2004)205
Full Name				
	et Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
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 dentification Number			
1 UNITEMIZED IN-KIND CONTRIB	UTIONS RECEIVED-V	ALUE OF \$50 00 C	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2: IN-KIND/GONTRIBUTIONS RECE	IVED-VALUE OF \$50.	01 TO \$250.00/(FF	FROM PART F
TOTAL for the reporting period	(2)	\$	
	·		
3 Nin-Kind Contribution Recei	VED-VALUE OVER \$2.	50:00 (FROM PAR	RT(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)		1 1	
on rage 1, Report Cover rage, Item ry			

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 A	ddress		Date [MM/DD/YYYY] \$	
G				
Gitÿ	State:	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
			Wantaning About A. P. San Ball St. St. A. E.	
House # Street A	ddress		Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution			(3)年(3)	
		·		
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street A			Date [MM/DD/XYYY] \$	
	ooress		Secretary in the Control of the Cont	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	N. V.			
House:# Street A			Date [MM/DD/YYYY]	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution		1710		
Full Name of Contributor				
			Date [MM/DD/YYYY] S	
House # Street A	ddress		Date [MM/DD/YXYY] \$	
City.	State	Zip Code	Date [MM/DD/YYYY] 35	·
Description of Contribution		(1994年)(1994年)(1994年)(1994年)		

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

File / Identification Number					
The state of the s	1994				
Full Name of Contributo				IM/DD/MMM = 5.55	
	reet Address	In the Control of the	Vision to the second of the se	IM/DD/YYAY] S	
Gly .	State State	(Zip Code		IM/DD/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Employer Name		· .	Occupa		
Employer Mailing Addre Place of Business	ss //Principal	·	Descrip of Contrib		
Full Name of Contributo				IM/DD/****** \$	
	reet Address		170000000000000000000000000000000000000	IM/DD/WWWI S	
Gity	State	Zip.Code		[M//DD//\\^\] \$	
Employer Name			Occupa		
Employer Mailing Addre Place of Business			Descript of Contrib		
Full Name of Contributo			200 consignation p. No.	[M/DD/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	eet Address	COLL, WHY JOSEN, ANSWERING	Commentation of the Comment	IM//DD/AAAAA] S	
City	State	Zip Code		IM/DD//YYYY] S	
Employer Name			Оссира	NORTH CATALOGUE AND	
Employer Mailing Addre Place of Business	ss//Principal		Descript of Contrib		
Full Name of Contributo			State of the state	[M/DD/3333] \$	
	reet Address	N. Carlotte	to the second of	IM/ADD/AAAAA S	
Gity Employer Name	State	Zip Code	emalandescorrentura di piane pia ayu	[M/(DD/\^\\] S	
			Occupat		
Employer Mailing Addre Place of Business	ss / Principal		Descript of Contribi		

Statement of Expenditures

			·
ij,	er Identification Number:	,	

To Whom Paid		FC	16 R	ISC IN eleghi	ska	Date [MM/DD/YXYY] 1 2 31 24	357.51
	Street Address	WH	T A	rlegtio	٠	Description: of Expendit	Űe
লুট্	BRIE	State	RO	Zip Code	16539	YMD FOR	7
To Whom Paid						Date (MM/DD/YYYY)	
Housett	Street Address	PSA SASSASSASSASSAS				Description of Expenditu	ire
Gity		State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY]	\$ 5
House#	Street Address					Description of Aspenditu	ire
Gity.		State		Zip Code			
To Whom Paid						Date [MM/DD/\\\\)	5 .
House#	Street Address					Description of Expenditu	re
ety.		State		Zip Code			
ToWnom Pate						Date [MM/DD/\\\Y]	§
House#	Street Address					Description of Expenditu	re
ब र्फ		State		Zip Code			
To Whom Paid	•					Date [MM/DD/YYYY]	(5)
House#/	Street Address					Description of Expenditu	ire "
elty:		State		Zip Gode			
To Whom Paid						Date [MM/DD/YYYY]	5
House#	Street Address					Description of Expenditu	ire)
(elty)		State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY)	(\$1) (\$1) (\$2)
House#	Street Address					Description of Expenditu	ire 4.2
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:	- Applications		
Name of Creditor	4		Outstanding:Balance of Debt
	eet Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zip Code	
Description of Debt	The state of the s		
Name of Creditor House#	Baselet Studies (1956)		Outstanding Balance of Debt
	eet Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	. State	Zip • Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
	eet Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	¿State	Zíp Code	
Description of Debt		. I ANTENNESS CONTRACTOR I	6580004
Name of Creditor			Outstanding Balance of Debt
	eet Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
	eet Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	State	Zip Code	
Description of Debt			SAME A
Name of Creditors		200	Outstanding Balance of Debt.
House #	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	* \$
City	State	Zip Code	
Description of Debt		167799 hermanous and [4]	(2366)