Date Of Election (MM/DD/YYYY)	11/07/2023	Year	2023	Amendment Report	Termination Report	
Summary of Receipts and Expenditures	From Date	a e a	To Date		For Office Use Only	
Expenditures	11/28/2023	_	12/31/2023			
A. Amount Brought Forward F	rom Last Report	\$	1401.90			
B. Total Monetary Contributio (From Schedule I)	ns and Receipts	\$	0.00			
C. Total Funds Available (Sum of Lines A and B)	···	\$	1401.90			
D. Total Expenditures (From Schedule III)	uu • 4uu	\$	0.00			:
E. Ending Cash Balance (Subtract Line D from Line C)		\$	1401.90			
F. Value of In-Kind Contribution (From Schedule II)	ns Received	\$	0.00			
G. Unpaid Debts and Obligation (From Schedule IV)	ons	\$	0.00	:		
			Affidavit Se			
Part 1- If this is a Committee report. I swear (or affirm) that this report.					edge and belief true, correct and complete.	
Sworn to and subscribed before m			mention on paper, is to the	4 ()/	/) A	
day of	20			Signature verie Shaughnes	e of Person Submitting report	
Signature					Printed Name	
My Commission expires				-12	310-7999	
MO.	DAY YR.		•	Area Code	Daytime Telephone Number	
Part II- If this is a report of a Candi	date's Authorized C	ommi	ittee, candidate shall sign h	iere.		

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.

Contributions Received from Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	0.00
Total for the reporting period (2)	\$	0.00
3. Contributions Over \$250.00 (From Part C and Part D)	4	
Contributions Received from Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	0.00
Total for the reporting period (3)	\$	0.00
	1	1,00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) Total for the reporting period (4)	\$	0.00
	\$	
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, Report		0.00
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, Report		0.00
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, Report		0.00

House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address		ı	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	\$

House# Street Add			Date (MM/DD/YYYY) \$	
City.				
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City	State			
	state	Zip Code	Date [MM/DD/WWI] \$	
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	eet Address		Date [MM/DD/YYYY] \$	
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Full Name of Contributing Committee		Description and an appear	Date [MM/DD/YYYY] \$	
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Full Name of Contributing Committee			Date IMM/DD/YYYYI \$	
House# St	eet Address		Date [MW/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYXY] \$	siones transcap
Full Name of Contributing Committee			Date [MM/DD/XYYY] \$	
House # Str	eet Address		Date (MM/DD/YY)YY) \$	
City	State	Zip Code	Date [MM/DB/YYYY) \$	
Full Name of Contributing Committee			Date [MM//DD/YYYY] \$	
House # Str	eet Address		Date [MM/DD/YYYY] \$	

City	State	Zip Códe	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Add	irėss		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 Add	iress		Date [MM/DD/YYYY] \$
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Place of Business			Occupation:
Full Name of Contributor	255253331		Pate [MM/DD/YYYY] \$

Receipt Description				
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House#	Street Address	<u>.</u>	-	
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Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/XYYY] \$
Receipt Description				
Full Name	20000000			
House#	Street Address			
City		State	Zip Code	Date [IMM/DD/YYYY] \$
Receipt Description				

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3 IN-KIND CONTRIBUTION RECEIVE	D-VALUE OVER \$250.00 (FRO)	л PART G)	
OTAL for the reporting period	(3)	\$	general (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (196 (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966) (1966)
OTAL VALUE OF IN-KIND CONTRIBUTIONS RIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)		\$	

City		State.	Zip Code	Date [MM/DD/WYYY] \$
Description of C	ontribution			
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House #	Street Address			Datë [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Description of C	entribution			
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House #	Street Address			Date IMM/DD/YYYYI 5
City	2	State	Zip Code	Date [MM/DD/YYYY] \$
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Full Name of Co	ntributor	na sau ja daga daga		Date [MM/DD/YYYY] \$
House #	Street:Address	- Lich Seiter		Date [MM/DD/YYYY] S
City	11/0/02/24	State	Zip Code	Date [MM/DD/YYYY] \$
Description of 4	Contribution	<u> </u>	Power and the Man charge and and	1 Testimony)
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City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		Para 100 (100 (100 (100 (100 (100 (100 (100	(Occupation	
Employer Mailing Address / Pri Place of Business	ndpal		Description of Gontribution	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Ac			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer/Name			Occupation -	
Employer Mailing Address / Pri Place of Business	ncipal		Description of Contribution	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Ad			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address / Pri Place of Business	ncipal		Description of Contribution	
Full Name of Contributor		3 - A. M. M. S.	VDate MIVI/DD/AVAVI SS	

House # Street Ad	dress		Description of Expenditure
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City	State	Zip	13
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Name of Credito)	· Outstanding Balance of Debt
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ity Jescription of D	Bot	State Zip Code
		Soutstanding Balance of Debi-
lame of Crediti louse#	Street Address	DATE DEBTANGURRED S
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Vame of Credit House #	or: Street Address	DATE DEBT INCURRED 3
louse n	Street Address	[WW/DD/YYYY]
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Description of I	Debt	[g-25-35-26-27-45] Englishment of Control
Vame of Credit	OI .	Outstanding Balance of Debt
House #	Street Address	DATE DEBTINGURRED () \$5 [MM/DD/YYYY]
City	[4:35:35:30:30:35:35:3]	State Zip

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					
		Sleet Sam			
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3	A CANADA CONTRACTOR	Cycle 4	☐ Cycle 5
6 th Tuesday	2 nd Friday	30 Day	6 th Tuesday Pre-Election		2 nd Friday Pre-Election
Pre-Primary	Pre-Primary	Post Primary			
☐ Cycle 6	⊠ Cycle 7	☐ Cycle 8	□ CV		cle 9
30 Day Post-Election	Annual Report	2 nd Friday Pre-Specia	l Election	•	ost-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.

that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Date (DD/MM/YYYY)

Samuel D. Confort Eric, PA, USA

Printed Name Location (City/State/Country)