Reset Form

Print Form



Commonwealth of Pennsylvania - Campaign Finance Report

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

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Filer Identification			1	eport Filed	Ву	Candida	ete		Committee)		Lobb	yist	
Number			- (1	Mark X)		1						[]		
Name of Filing Comm	nittee, Ca	ndidate or			/		1 1			_ \		-		
Lobbyist	•		Br	renton Davis	(Friun	unds to Elect Daws)							
Street Address			60	09 east gore	road						······································			
Cia			100	ousi gold	.044	State			21m C-3-	1				
City	erie						PA		Zip Code	16509				
Type of Report (Place	x under	report tyne)			•	-				***************************************				
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	nd Friday					Friday	6- 30 Day	•	7- Annual	Pre-Elec	_	1 1	ial 30 Day	•
Pre-Primary Pre-	Primary	Primary	Pro	e- Election	Pre-	Election	Election			rre-Elec	цоп	rost	-Election	
	<u> </u>		+	 1	 	$\overline{}$			N	 	i	†	1	
					<u> </u>						<u> </u>		<u></u>	
Date Of Election	,		Y	ear			Amendn	nent		Termina	tion			
(MM/DD/YYYY) ///	2/21		1.	200			Report			Report				
		From Date		To Dat	<u> </u>		-		Env	Office Use	Only	ــــــــــــــــــــــــــــــــــــــ		
Summary of Receipts Expenditures	anu	From Date		IO Dat	7 1-	. 1.			FOF	Office OSE	. Unity			
LAPCHUIGHES		1312160	27] 4	131/209	425	1							
A. Amount Brought F		Populate D		'										
A. Amount Brought F	ruswara H	rom Last Kep	יטונ	\$	7,455.3	6					:4 <u>"</u> "	r7		
B. Total Monetary Co	ontributio	ns and Recei	nts	\$			1							
(From Schedule I)	wati	a.iu i\ccci	Pes	•	16,275	5						الىكىسە مەرىكىسى		
C. Total Funds Availa	ble			\$			ł					P=====================================		
(Sum of Lines A and I					23730. 3	36					eng 4	, F.,		
D. Total Expenditures				\$			ł					r\o		
(From Schedule III)	-)					To the	179-0			
E. Ending Cash Balan	ce			\$		1 .				A comment of the second of the				
(Subtract Line D from				•	86					Property of	(3)			
F. Value of In-Kind Co	-	ons Received		s			1				entitle to the control of the contro			
(From Schedule II)				*			ŀ				14	29		
G. Unpaid Debts and	Obligation	ons		\$	Tes	<i>(</i> 2)	1							
(From Schedule IV)			1		378700	026	R. S.							
				<u> </u>	_	ffickajvit _e S	dion							
Part 1- If this is a Comm	ittee repor	rt, treasurer sig	n here.	. If this is a Ca	. 8.5.	room X	andidate sig	n here.	****					
I swear (or affirm) that t	his report,	including the a	ttache	d schedules o	n ige ap er	, isto the	best of my l	knowled	dge and belief t	true, correct	and comple	te.		
Sworn to and subscribed	d before m	e this			\$ \frac{1}{2} \rightarrow 2	, ğ <u>- </u>	į							
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I swear (or affirm) that the Sworn to and subscribed day of For Supplemental Supple	- 0.0-1			- 1/	နှဲ့ ခြဲ ပိ	흥탈	Cia	matrice	of Berson Suhr	nitting reno	rt	**********		
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Signa	ture UV			1/2	ĒÉ.	SS XX			Printed Nan	ne				
	10	11.01	r :	. 1	Sue She	mission mmissi Pennsylv	Oru				ast			
My Commission expires		UJ - UG	/		જે !	Commission Commission er, Pennsylv	<u>814</u>	_		<u>460-5</u>				
	MO.	DAY '	YR.	ĮĒ	Š	Commission	Area Code		Da	iytime Telep	hone Numb	er		
Part II- If this is a report	of a Candi	data's Authoris	od Co	nmittee Him		. [5	lero							
swear (or affirm) that t								lated an	v provisions of	the Act of I	une 3. 1937	(P.L. 13)	33. NO.320	0) as
amended.	,	my monico	- wiiu	c.,c. triis pt		~	[10]	ull	, 5.01.010101			, 10	,	-; us
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2 day of teb	WAA CO	, _ 24	ŀ		투구	<u>8</u> 1,	1 g /			X~				
day of VED	· uui)	20 0	<u> </u>		ota y	Sommission expires December 2, Commission number 142443	- 7		natura of Co	idata		-		
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Signal	ture UU				9 B	호탈	-	'''	Printed Name	- ()	·/			
	1.4	11. 11		, 1	I BE	T & 5	ē ≥æ			31 1	5710	-		
My Commission expires	13	U+++4			nmonwealth of Pen Sue Sheffield,	S 5	<u> 7188</u>	_		169	0 43			
	MO.	DAY YR.			189	SE LE	Area Code		Дау	time Teleph	ione Numbe	r		
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SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
rier identification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1	\$	1
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)	\$	125
All Other Contribution (Deep D)	٠,	
All Other Contributions (Part B)	\$	1650
Total for the reporting period (2)	\$	1,775
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Old - Control of - Inch St	1	
All Other Contributions (Part D)	\$	13,500
Total for the reporting period (3)	\$	13,500
	<u></u>	10,000
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	
Total for the reporting period (4)	٦	
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.

riier iue	atilication Numb	, दा	ł						
									Amount
Full Nar Commit	me of Contribut	ting						Date [MM/DD/YYYY]	\$ 125
Commi	rreg	Ì	LPAC E	RIE				10/17/2023	125
House #		Street A	F F					Date [MM/DD/YYYY]	\$
1	120		/	WEST 10	iΉ				
City	ERIE			State	e PA	Zip Code	16501	Date [MM/DD/YYYY]	\$
Full Nar Commit	me of Contribut ttee	ting						Date [MM/DD/YYYY]	\$
House #	#	Street A	Address					Date [MM/DD/YYYY]	\$
City	1	· · · · · · · · · · · · · · · · · · ·		State	e	Zip Code		Date [MM/DD/YYYY]	\$
Full Nan Commit	me of Contribut ttee	ting						Date [MM/DD/YYYY]	\$
House #	#	Street Address					Date [MM/DD/YYYY]	\$	
City				State	е	Zip Code		Date [MM/DD/YYYY]	\$
Full Nan Commit	me of Contribut ttee	ting						Date [MM/DD/YYYY]	\$
House #	¥	Street A	Address					Date [MM/DD/YYYY]	\$
City			1	State	е	Zip Code		Date [MM/DD/YYYY]	\$
Full Nan Commit	me of Contribut ttee	ting						Date [MM/DD/YYYY]	\$
House #	¥	Street A	\ddress					Date [MM/DD/YYYY]	\$
City				State	2	Zip Code		Date [MM/DD/YYYY]	\$
Full Nan Commit	me of Contribut	ting						Date [MM/DD/YYYY]	\$
		CA	مارات -	,				Data Thana Imm honor	
House #		Street A	aaress			avenue appare more and a contract of the contr		Date [MM/DD/YYYY]	\$
City				State	e -	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) S

Full Name of Cont	ributor	*		Date [MM/DD/YYYY]	\$	I
	AL AMES			10/15/2034		200
House # 889	Street Address AV	ONIA ROAD		Date [MM/DD/YYYY]	\$	
City	· · · · · · · · · · · · · · · · ·	State PA	Zip Code 16415	Date [MM/DD/YYYY]	\$	
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$	
	WILLIAM R LY	MAN		10/19/2023	u Vi Pijos	100
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$	
	BRIAN LASHE	R		10/15/2023	ring Lin	75
House #	Street Address			Date [MM/DD/YYYY]	\$	
120		ST 10TH STREE	ET			
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
ERIE		PA	16501			
Full Name of Cont	ibutor			Date [MM/DD/YYYY]	\$	
	JEFF BLAIR			10/15/2023		62.50
House #	Street Address			Date [MM/DD/YYYY]	\$	
34	CIF	RCUIT STREET	APT 54			
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
WATERFO	RD ·	PA	16441			
Full Name of Cont				Date [MM/DD/YYYY]	5	
	JESSICA SIPE	S		10/15/2023		62.50
House #	Street Address			Date [MM/DD/YYYY]	\$	
120 A	EA	ST 1ST STREET	•			
City	RD	State PA	Zip Code 16441	Date [MM/DD/YYYY]	\$	
Full Name of Cont	ibutor	•		Date [MM/DD/YYYY]	\$	
	AMY BRIDGER	₹		10/16/2023		75
House #	Street Address			Date [MM/DD/YYYY]	\$	
4701	co	LLEGE AVE				,
City ERIE		State PA	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:

			,			En . Tasta (on hoons	1 4	1"
Full Name of Contributor	JOSEPH SINN	отт				Date [MM/DD/YYYY]	\$	125
				·		10/15/2023		
House # Str 650	eet Address WE	ST 40TH	ł ST			Date [MM/DD/YYYY]	\$	
City		State	Υ	7in Code	Ι	Date [MM/DD/YYYY]	\$	
ERIE		State	PA	Zip Code	16509	Date [MIM/DD/1111]	3	
Full Name of Contributor					1	Date [MM/DD/YYYY]	\$	
	JOHN ZACK					10/10/2023		125
	eet Address					Date [MM/DD/YYYY]	\$	
5735	TIM	BERCR	EEK DR				5.5.5	
City	<u></u>	State	D4	Zip Code	40500	Date [MM/DD/YYYY]	\$	<u> </u>
ERIE			PA		16509			<u> </u>
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
	TAD SWIFT					10/11/2023		125
House # Str	eet Address					Date [MM/DD/YYYY]	\$	
9	MA	RKET						
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
UNION CITY			PA		16438			
Full Name of Contributor					<u>'</u>	Date [MM/DD/YYYY]	\$	
	GARY LEE					10/19/2023		75
House # Str	eet Address					Date [MM/DD/YYYY]	\$	
2115	GE	RMAN S	TREET					
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
ERIE			PA		16503			
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
	JAKE ROUCH			•		10/15/2023		150
	eet Address				•	Date [MM/DD/YYYY]	\$	
3931	FEI	DLER D	R					
City		State	D4	Zip Code	40500	Date [MM/DD/YYYY]	\$	
ERIE			PA		16506			
Full Name of Contributor					• •	Date [MM/DD/YYYY]	\$	
	RYAN DUNLAV	/ΕΥ				10/15/2023		100
	eet Address					Date [MM/DD/YYYY]	\$	
11048	HIG	HLAND	AVE					
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
NORTH EAST		+ 1.	PA	1	16428			

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 Ider	ntification Number	¢							
								_	
Full Nan	me of Contributo	. 4					Date [MM/DD/YYYY]	\$	
		JULIA HER					10/18/2023		125
House #	120 Si	Street Address	WEST 10TH	H STREE	Ξ Τ		Date [MM/DD/YYYY]	\$	
City	ERIE		State	PA	Zip Code	16501	Date [MM/DD/YYYY]	\$	
Full Nan	me of Contributo	or					Date [MM/DD/YYYY]	\$	
		NATHAN K	OBLE				10/19/2023		250
House #		Street Address				,	Date [MM/DD/YYYY]	\$	
	1100		STATE STR	KEET					:
City	ERIE		State	PA	Zip Code	16501	Date [MM/DD/YYYY]	\$	
Full Nam	ne of Contributo	ur.					Date [MM/DD/YYYY]	\$	
House #	· 5	Street Address					Date [MM/DD/YYYY]	\$	
			-						
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Nam	ne of Contributo	r					Date [MM/DD/YYYY]	\$	
House #	5	Street Address			•		Date [MM/DD/YYYY]	\$	·
City		<u> </u>	State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Nam	ne of Contributo	ır	<u>. l`</u>				Date [MM/DD/YYYY]	\$	
House #	S	street Address		<u> </u>			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
									:
Full Nam	ne of Contributo	*3					Date [MM/DD/YYYY]	\$	
House #	S	itreet Address			The Thirt Publisher by the Statement		Date [MM/DD/YYYY]	\$	
			·				<u></u> _		·
City			State		Zip Code		Date [MM/DD/YYYY]	\$	

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of				Date [MM/DD/YYYY]	\$
Contributing Co	mmittee			Page County and 1	
House #	Street Address			Date [MM/DD/YYYY]	\$
House H	Jileet Audres.			pare frame policina	1 7
Pt		- Centa	ai- c-d-	Data IMMA/DD/MOVI	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
			Production of	Total Control	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	145 144 144
House #	Street Address	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of	e de la companie	,		Date [MM/DD/YYYY]	\$
Contributing Co	mmittee				
House #	Street Address	s	***	Date [MM/DD/YYYY]	\$
W. C. Williams					
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of		<u> </u>		Date [MM/DD/YYYY]	\$
Contributing Co	mmittee				
House #	Street Address	<u></u> s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of				Date [MM/DD/YYYY]	\$
Contributing Co	mmittee				
House #	Street Address	s		Date [MM/DD/YYYY]	\$.
				<u> </u>	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				Francisco de la companya de la compa	1
Full Name of				Date [MM/DD/YYYY]	\$
Contributing Co	mmittee			<u> </u>	
House #	Street Address	el		Date [MM/DD/YYYY]	\$
	Vercet Audi Cos			oute limit political	1, 1
Cîty		State	Zip Code	Date [MM/DD/YYYY]	\$
		State	Zip Code	Date [wild] DDJ 1111]	131
l v				1	For a l

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:

an name of Coll	ributor					Date [MM/DD/YYYY]	\$	
		GERY NIE	TUPSKI			10/18/2023		500
House #	Stre	et Address				Date [MM/DD/YYYY]	\$	
5020	i i i i i i i i i i i i i i i i i i i		TRAMARL	AC LANE	,			
ity ERIE	1 1000 .		State	PA	Zip Code 16505	Date [MM/DD/YYYY]	\$	
mployer Name	Paris Paris	1 8 - 3 1 4 - 3 4	<u> </u>	Ä		Occupation		1
	Av.		BAML			LAWYER		
mployer Mailing Principal Place of			10 FOUNT	AIN PLAZ	A 9TH FLOOR BUFFALO NY 14	1202		
Full Name of Cont	ributor					Date [MM/DD/YYYY]	\$	
RICHARD VICARY					10/16/2023		500	
House # Street Address					Date [MM/DD/YYYY]	\$		
1641			SOUTH SH	IORE DRI	VE			
City	<u>I.</u>	and the second section of the section of	State		Zip Code	Date [MM/DD/YYYY]	\$	
ERIE			100	PA	16505			
Employer Name VICARY INSURANCE				E .	Occupation	CE BR	OKER	
Employer Mailing Principal Place of I		A CONTRACTOR	1652 WES	T 8TH ST	REET	<u> </u>		
micipal riace of	-usiiiess	ogitha i primi	1					1
ull Name of Cont	ributor					Date [MM/DD/YYYY]	\$	
ull Name of Cont	ributor	JEFF PLY	LER			Date [MM/DD/YYYY] 10/16/2023	_ \$ 	500
		JEFF PLY				- 10 10 10 10 10 10 10 10 10 10 10 10 10	\$	500
)		10/16/2023		500
touse # 8850					Zip Code	10/16/2023		500
City MCKEAN			FRY ROAD		Zip Code 16426	10/16/2023 Date [MM/DD/YYYY] Date [MM/DD/YYYY]	S	500
House # 8850 City MCKEAN Employer Name	Stre	et Address	FRY ROAD	PA	16426	10/16/2023 Date [MM/DD/YYYY]	S	500
louse # 8850 City MCKEAN Employer Name	Stre	et Address	FRY ROAD State	PA VERHEAI	16426	Date [MM/DD/YYYY] Date [MM/DD/YYYY]	S	500
House # 8850 City MCKEAN Employer Name Employer Malling Principal Place of	Stre. Address Business	et Address	FRY ROAD State	PA VERHEAI) DOOR	Date [MM/DD/YYYY] Date [MM/DD/YYYY]	S	
House # 8850 City MCKEAN	Stre. Address Business	et Address	PLYLER O	PA VERHEAI) DOOR	10/16/2023 Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation PRESIDE	Š NT	
louse # 8850 City MCKEAN Employer Name Employer Mailing Principal Place of cull Name of Cont	Stre Susiness Susiness	et Address	PLYLER O 8850 FRY	PA VERHEAI) DOOR	10/16/2023 Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation PRESIDER Date [MM/DD/YYYY]	Š NT	
House # 8850 City MCKEAN Employer Name Employer Malling Principal Place of	Stre Susiness Susiness	et Address	PLYLER O 8850 FRY	PA VERHEAI ROAD MO	D DOOR CKEAN PA 16426	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation PRESIDER Date [MM/DD/YYYY] 10/18/2023	\$ NT	
louse # 8850 City MCKEAN Employer Name Employer Malling Principal Place of Cont louse # 4895	Stre Susiness Susiness	et Address	PLYLER O 8850 FRY	PA VERHEAI ROAD MC	D DOOR CKEAN PA 16426	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation PRESIDER Date [MM/DD/YYYY] 10/18/2023	\$ NT	
House # 8850 City MCKEAN Employer Name Employer Mailing Principal Place of Full Name of Cont	Stre Susiness Susiness	et Address	FRY ROAD State State PLYLER O 8850 FRY RBER THOROUG	PA VERHEAI ROAD MC	D DOOR CKEAN PA 16426	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation PRESIDE Date [MM/DD/YYYY] 10/18/2023 Date [MM/DD/YYYY]	S NT	

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)

ull Name of Contributor		Date [MM/DD/YYYY]	\$
JAMES B	BERLIN	10/15/2023	5000
louse # Street Address		Date [MM/DD/YYYY]	\$
	PEACH STREET		
ity ERIE	State Zip Code 16501	Date [MM/DD/YYYY]	\$
mployer Name	LOGISTICS PLUS	Occupation CEO	<u> </u>
mployer Mailing Address /	1406 PEACH STREET		
rincipal Place of Business ull Name of Contributor		Date [MM/DD/YYYY]	\$
YURIY O	STAPYAK	10/16/2023	2500
ouse # Street Address	; ,	Date [MM/DD/YYYY]	\$
1406	PEACH STREET	·	
ity ERIE	State PA Zip Code 16501	Date [MM/DD/YYYY]	\$
mployer Name	LOGISTICS PLUS	Occupation LOGISTICS	3
mployer Mailing Address / rincipal Place of Business	1406 PEACH STREET		
ull Name of Contributor		Date [MM/DD/YYYY]	\$
MATT CL	ARK	10/15/2023	500
ouse # Street Address		Date [MM/DD/YYYY]	\$
	RACHEL COURT		
ity ERIE	State PA Zip Code 16509	Date [MM/DD/YYYY]	\$
mployer Name	HUMES	Occupation CAR DEAL	<u>FR</u>
mployer Mailing Address / rincipal Place of Business	1010 RTE 19 N WATERFORD PA 16441		Legalita I
ull Name of Contributor	A)	Date [MM/DD/YYYY]	\$
ROGER F	RICHARDS	10/19/2023	2500
ouse # Street Address 1928	SOUTH SHORE DRIVE	Date [MM/DD/YYYY]	\$
ty ERIE	State Zip Code 16507	Date [MM/DD/YYYY]	\$
mployer Name	RICHARDS ASSOICIATES	Occupation	1 1
	INIUDAKUS ASSUIUIATES	LAWYER	

Principal Place of Business

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	à					Date [MM/D	D/YYYY]	\$		
		FRANK V	ICTOR				10/19	/2023		500	
House #	I .	eet Address		····			Date [MM/D	D/YYYY]	\$,	
165	1		EAST 12TH	STREET	<u>=</u>						
City		<u> </u>	State	1	Zip Code	 	Date [MM/D	D/YYYYI	\$		
ERIE				PA		16511			- · · ·		
Employer Nan	Employer Name FRALO INDUSTRIES							Occupation PRESIDENT			
Employer Mai	ling Address	.1	I TOALO IND	USTRIL		 		FRESIDEN	1		
Principal Place			1651 EAST	12TH ST	REET ERIE PA	16511					
Full Name of 0	Contributor						Date [MM/D	D/YYYY]	\$		
MICHAEL VICTOR							10/19/	/2023		500	
House #		eet Address					Date [MM/D	D/YYYY]	\$		
485	1		WOLF ROAL	כ							
City			State	1	Zip Code	Τ	Date [MM/D	D/YYYY]	\$		
ERIE				PA		16505		. .	1		
Employer Name FRALO INDUSTRIES							Occupation	PRESIDEN	Τ.		
Employer Mai			1651 EAST	12TH TE	REET ERIE PA 16	EE11					
Principal Place			1001 LAGI	1211111	CEI EMETA II	0011					
Full Name of C	Contributor						Date [MM/D	D/YYYY]	\$	500	
		JOHN HIL	BERT SR				10/19/	2023		500	
House #		eet Address					Date [MM/D	D/YYYY]	\$	**************************************	
7900) [·		WEST RIDG	E ROAD							
City	<u></u>	<u> </u>	State	T	Zip Code		Date [MM/D	D/YYYY]	\$		
FAIRV	'IEW			PA		15415					
Employer Nan	ne		RETIRED	<u> </u>			Occupation	•			
Employer Mai								<u> </u>			
Principal Place											
Full Name of C	Contributor	4					Date [MM/D	D/YYYY]	\$	500	
		PA CONS	ULTING SER	VICES			10/17/	2023		500	
House #		et Address					Date [MM/D	D/YYYY]	\$		
1157	· .		WEST 17TH	STREE	Г						
City	<u> </u>		State		Zip Code		Date [MM/D	D/YYYY]	\$		
ERIE				PA		16502	y 11-500 y		7		
Employer Nan	Employer Name										
	ara Augus	<u> </u>					Occupation	<u> </u>			
Employer Mail Principal Place											

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.

Filer Identification Nur	mber:			
Full Name				
House #	Street Address		•	
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description	N. S. Bergeria			
Full Name		i		
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name	NOTE A TOP NOTE A STATE OF COUNTY			
House #	Street Address	<u> </u>		
City		State	Zip	Date [MM/DD/YYYY] \$
		177.7	Code	Date [MM/DD/YYYY] \$
Receipt Description	A STATE OF THE STA			
Full Name	estition 한참 특성			
House #	Street Address			
			l ev	
City		State	Zip Code	Date [MM/DD/YYYY] \$
		d v	200 100 200	
Receipt Description				
Full Name				
House #	Street Address		····	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Code	
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:			
	IBUTIONS RECEIVED-VAI	LUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	LTO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$25	I.00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION	ONS DITRING THIS REPO	RTING \$,
PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)		1 ' 1	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Num	iber:				
n Kowa Kilomana na la 1944 T	in the second				
Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		3.0.0	zip code	Date [www/ob/1111]	
				<u> </u>	
Description of Contri	Bution			•	
Full Name of Contrib	utor	•		Date [MM/DD/YYYY]	\$
House #				Date [MM/DD/YYYY]	S
	Street Address			Date [Min/DD/13.11]	
					Page 1
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contri	bution				<u> </u>
Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$
				29 A A A B	
	1=			D Caraton hanne	<u> </u>
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contri	bution				Administration of the contract
Full Name of Contrib	utor	•		Date [MM/DD/YYYY]	\$
	A. 140				
House #	Service Addition			Date [MM/DD/YYYY]	\$
FIGUSE #	Street Address			Date [IVIIVI/DU/1111]	3
	Land Beering				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contri	bution				
Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		State	rib code	Pate (inital/DD/1111)	3
Description of Contri	hution				
vescription of Contri	PUCION				
100		<u> </u>			

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification	n Number:				"
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
I I Vuse II	Street Address			Date [MM/DD/TTT] 3	
City		State	Zip Code	Date [MM/DD/YYYY] \$	1
Employer Name				Occupation	
Place of Busines	ng Address / Principal	.		Description of	
Trace of Busines				Contribution	
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
gelyfet y tae x Keit Allefe					
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name					
				Occupation	
	ng Address / Principal			Description	
Place of Busines				of	
				Contribution	
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	<u>Ling it is a little of the li</u>	State	l sin code il	Day India Ing bongs	
		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Mailir	ng Address / Principal			Description	
Place of Busines				of	•
				Contribution	
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #				Day form top bonny	
nouse #	Street Address			Date [MM/DD/YYYY] \$	
				-	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Mailin Place of Busines	g Address / Principal	1		Description	
i idre of posities				of Contribution	
				Continuation	

Statement of Expenditures

Filer Identification Number:	

To Whom Paid	0010001014					Date [MM/DD/YYYY]	\$		
	COLDSPARK	4/1/20						6,000	
House # 307	Street Address 4	TH AVE S	TE 14			Description of Expendi	iture		
City PITTSBUR	GH	State	PA	Zip Code	15222	CONSULTANT			
To Whom Paid	BRENTON DAVIS					Date [MM/DD/YYYY]	\$		
						11/1/2023	 A	7,000	
House # 609	Street Address E	AST GOR	E ROAD			Description of Expendit	ture		
City		State	PA	Zip Code	1650	LOAN			
To Whom Paid	MELANIE BREWE					Date [MM/DD/YYYY]	\$	0.000	
	WELANIE BREVVE	`				11/10/2023		3,000	
House # 4664	Street Address W	EST 12TH	STREETT			Description of Expendit	ture		
City ERIE		State	PA	Zip Code	16505	CONSULTANT			
To Whom Paid	001441755 70 51	EGT BAN				Date [MM/DD/YYYY]	\$		
	COMMITEE TO EL	ECT DAN	LAUGHLIN			12/21/2023		5,000	
House # 1314	Street Address G	RISWOLD	PLAZA SUI	TE 101		Description of Expendit			
City ERIE		State	PA	Zip Code	16501	DONATION			
To Whom Paid		•	•			Date [MM/DD/YYYY]	\$	·	
House #	Street Address			V.=- ** · ·		Description of Expendit	ture		
City	<u> </u>	State		Zip	*		<u> </u>		
				Code					
To Whom Paid						Date [MM/DD/YYYY]	\$		
House #	Street Address					Description of Expendit	ture		
City		State		Zip					
		Jiale		Code					
To Whom Paid		•		· · ·		Date [MM/DD/YYYY]	\$		
House #	Street Address					Description of Expendit	ure		
City		State		Zip Code					
To Whom Paid				•		Date [MM/DD/YYYY]	\$		
							100		
House #	Street Address		-		77 12	Description of Expendit	ure		
City		State		Zip	· T				
1 8 . 42				Code					

.....EDULE IV

Latement 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 Numb	शःः े र्									
A sative a filela satisfal at a civil	(<u>- _ </u>			•						
Name of Creditor	BRENTO	BRENTON DAVIS					Outstanding Balance of Debt			
House # 609	treet Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$					
					3/2/2021					
City	FRIE	FRIE State				16509	50	00		
Description of Debt	LOAN									
Name of Creditor	BRENTO	N DAVIS	· ·				Outs	tanding Balance of Debt		
House # 5	treet Address	EAST GORE ROAD			E DEBT INC		\$	<u>Arterios (C.A</u> sertado, estro a Antisca <u>re), esc</u>		
City	ERIE		State	PΑ	3/21/202 Zip	16509	5,	500		
Description of Debt	LOAN				Code	· <u> </u>				
Name of Creditor	BRENTO	N DAVIS	· · . · ·				Outs	tanding Balance of Debt		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	treet Address		:		E DEBT INC	4.00	\$			
609		EAST GORE ROAD		1	5/10/202					
City	ERIE		State	PA	Zip Code	16509	70	00		
Description of Debt	LOAN				,					
Name of Creditor	BRENTO	N DAVIS					Outst	tanding Balance of Debt		
House # 609	treet Address	et Address EAST GORE ROAD			DATE DEBT INCURRED [MM/DD/YYYY]					
City	ERIE		State	PA	8/16/202 Zip	16509	10	0,000		
Description of Debt					Code	10000				
Name of Creditor	LOAN		 .			·	Oisted	anding Balance of Debt		
	BRENTON	Τ		DAT	E DEDT IN	CUBBED		ranuting balance of Debt		
609	treet Address	EAST GORE ROAD		DATE DEBT INCURRED [MM/DD/YYYY]			\$			
City	ERIE	<u> </u>	State	PA	9/29/202 Zip	16509	18	3,000		
Description of Debt	LOAN		L. Veri		Code	1-				
Name of Creditor	BRENTON	I DAVIS					Outst	anding Balance of Debt		
House # S	reet Address	· · · · · · · · · · · · · · · · · · ·			E DEBT INC	2	\$			
		LAST GORE ROAD			10/27/202	· · · · · · · · · · · · · · · · · · ·	1			
City			State		Zip	40500	⁻ _{3,1}	000		
Description of Debt	ERIE			PA	Code	16509				