

Filer Identification Number	13	Repor (Marl	t Filed I c X)	By Candida	ite	X	Committe	ee		Lobbyi	ist
Name of Filing Committee, Can Lobbyist	didate or [Daria D	Devlin						,		·
Street Address		3848 S	tate Str	eet							
City Erie				State	PA		Zip Code	16508			
Type of Report (Place x under re	port type)										
	3- 30 Day Post 4 Primary P	- 6 th T		5- 2 nd Friday Pre- Election	6- 30 Da Election	St. 1 10 1 12	7- Annual	Special 2 ⁿ Pre-Electi		A CONTRACTOR OF THE PARTY OF TH	l 30 Day lection
						<u>North an air</u>	la John		(1		
Date Of Election (MM/DD/YYYY)	05/20/2025	Year		2025	Amendn Report	nent		Terminati Report	ion		<u> </u>
Summary of Receipts and	From Date		To Date				Fc	or Office Use (Only	ya ma	
Expenditures	01/01/2025		05	/05/2025						i ji di ili edi. Oliveri karek Oliveri	
A. Amount Brought Forward Fro	Al roll Nor	\$		0					< r	J.	
B. Total Monetary Contribution (From Schedule I)	s and Receipts	\$		1160						7.5% X.00	
C. Total Funds Available (Sum of Lines A and B)		\$		1160				:			
D. Total Expenditures (From Schedule III)		\$	*	1160						۵	
E. Ending Cash Balance (Subtract Line D from Line C)		\$		0						Z	
F. Value of In-Kind Contribution (From Schedule II)	s Received	\$		0						.7	
G. Unpaid Debts and Obligation (From Schedule IV)	S	\$		0							
		.5.1.4		Affidavit Se							
Part 1- If this is a Committee report, I swear (or affirm) that this report, in							ge and belief	true, correct a	nd complete	e.	
Sworn to and subscribed before me to day of May	this 20 05		٠.	~	De	W			·		
Incorporation for	naly			ـــج Da	Sig aria S. Dev	nature (of Person Sub	mitting report		_	
Signature	\ [a	mmonwe	aith of Pen	nsylvania • Notary See	7	·	Printed Na	me			
My Commission expires 1012	11000	CHRISTI	NA ANN LAA Erie (AARY - Notary Public 81 County ——	4	,	· . —	05387	<u>-</u>	_	
МО.	DAY YR			res October 21, 2027 Amber 1357298	rea Code	ere in 1995. George in 1995. George in 1995.	n e ne D	aytime Telepho	ne Number		· .
Part II- If this is a report of a Candida I swear (or affirm) that to the best of						atad ans	, provisions o	f the Ast of lun	o 2 1027/0	1 1222	NO 270) as
amended.	my knowledge all	u Deliei	tilis poi	itical committee	nas not viole	ateu any	provisions o	i the Act of Jun	e 5, 1957 (P	.L. 1555,	NO.520) as
Sworn to and subscribed before me t	this										
day of	20		1			Sign	ature of Can	didate		_	
Signature			ľ	_			Printed Name	e			
My Commission expires			• •			_					
	DAY YR.			A	rea Code	-	Da	ytime Telephon	ne Number	-	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
	Daria Devlin	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	ku kantan 1922, kwa wa 12 asau 19 sepamban 19 kwa 19 ku 1997.
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)		\$	1160
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		- 1. - 1. - 1.4	
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, Re Cover Page, Item B)	port	\$	1160

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.

Files Identification Number

	Daria 1	HVIIn		
				Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	
Höuse# Street Ad	dress		Date [MM/DD/YYYY] 5	
City	State	Zip Códe	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee			Date [MIVI/DD/YYYY]	
House # Street Ad	dress		Date [MM/DD/YYYY] 5	
City	State	Zip Code	Date [MM/DD/YYYY] 5	·
Full Name of Contributing Committee			Date [MW/DD/YYYY] \$	
House # Street Add	iress		Date [MM/DD/YYYY] S	
City :	State	Zig Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date (MM/DD/YYYY) S	
House # Street Add	fress	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] 5.	
Eity	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee :			Date [MM/DD/XYXX]	
Flouse # . Street Add	ress		Date [MM/DD/YYYY] \$	
City:	State	Zip Code:	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Add	ress		Date [MIVI/DD/YYYY] S	
City	State	Zip Code	Date (MM/DD/YYYY) S	

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 Numbe	* //e	ria De	-Vlih		
Full Name of Contribute	OI.			Date [MM/Pb/YYYY] \$	
House#	Street Address			Date [MIM/DD/YYYY] \ S	
Citý .		State	Zip Code	Date [MM/DD/YYYY] \$5	
Full Name of Contributo	<u> </u>			Date [MM/DD/YYYY] S	
House# s	Street Address			Date [MM/DD/YYYY] S	
City 1		State	Zip Code	Date [MM/DD/YYYY] \$,
Full Name of Contributo	or s			Date [MM/DD/YYYY) \$	
House#	Street Address	 		Date [MM/DD/YYYY] \$	
<u>City</u>		State	Zip Code	Date MM/DD/YYYY \$	
Full Name of Contributo				Date [MM/DD/YYYY] \$	
	or Street Address	· ·	·		
			- Norway Programme Control	Date [MM/DD/YYYY] \$	
Gity. Full:Name of Contributo.		State	Zip Code	Date [MM/DD/YYYY] 5	
				Date [MIM/DD/YYYY] \$	
	street Address			Date [MM/DD/YYYY] S	
Gity.		State	Δip.Code:	Date [MM/DD/YYYY] . Ş.	
Full Name of Contributor				Date [MM/DD/YYYY] S	
	treet 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.

Fileridentification Number

	,		
Full Name of Contributing Committee			Date [MM/DD/YYYY] 5
Continuing commute			
House # Street Addres			eDate:[MM/DD/YYYY] \$
City.	State	Zip Code	Date:[MM/DD/YYYY] . \$
Full Name of			Date [MM/DD/WW] \$
Contributing Committee	,		
House # Street Address	Š		Date [MM/DD/YYYY] \$
-City	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of	in Militaria de Militaria de La Carlo de La Carlo de Militaria de Maria de Militaria de Militaria de Militaria Na financia de Militaria de Mili		Date [MM/DD/YYYY] 5
Contributing Committee	·		
House # Street Address	\$		Date [MM/DD/YYYY] \$
Grty 7	State	Zip Code	Date [MM/DD/Y/YY] 35
Full Name of			abate (MM/DD/MAM) 25
Contributing Committee			
House # Street Address			Date MM/DD/YYYYI \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of	DESCRIPTION OF THE PARTY OF THE		Date [MM/DD/WAM] S
Contributing Committee			
House # . Street Address			Date [MM/DD/YYYY] \$7
-Gity	State	Zip Code	Date MM/DD/YYYY] 5
Full Name of		ACCESS OF THE PARTY OF THE PART	Pate (MM/DD/YYYY) S
Contributing Committee			
House # 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: Daria	Devlin	
THE PROPERTY OF THE PROPERTY O	· · · · · · · · · · · · · · · · · · ·	
Full Name of Contributor Daria	and Neal Devlin	Date [MM/DD/YYYY] \$ 1160
House # Street Add	W282	03/18/2025
House # Street Add	State Street	Date [MM/DD/YYYY] \$
City Erie	State PA	Date [MM/DD/YYYY] \$
Employer Name	Knox Law and Hamot Health Foundation	on Occupation Attorney and social impact director
Employer Mailing Address / Principal Place of Business	120 West 10th Street Erie PA 16508; 1	100 State Street Erie PA 16507
Full Name of Contributor.	and the second s	Date [MM/DD/YYYY] \$
House # Street Add	iress	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	a construction of	Date [MM/DD/YYYY] \$
House # Street Add		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		Date [MM/DD/YYYY] \$
City.	State Zip Code	Date [MM/DD/YYYY] \$
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.

afile denutication Numbers

Filer identification Number	DariL	Dev h'v	3	
Full Name House # Str	eet Address			
City Receipt Description		State	Zip Code	Date [MW/DD/YYYY] \$
Full Name House# Str	eet Address			
City Receipt Description		State	Zip Code	Date [MM/DD/YYYY] \$:
Full Name House # Str	eet-Address			
City Receipt Description		State	Zip Code	*Date [MM/DD/YYYY] 5
Full Name	et Address			
City.		State	Zip Code	Date [MM/DD/YYYY] S
Full Name	et Address			
City.		State:	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description Full Name				
City	et Address	State	Zip Gode	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 Identification Number Daria De	evlin	•	
UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VA	LUE OF \$50.00 (JR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	1 TO \$250.00 (F	ROM PART F)
TOTAL for the reporting period	(2)	\$	0
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$25	0.00 (FROM PAR	T G)
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from			
on Page 1, Report Cover Page, Item F)	om sones 1, 2, and 3, 6	iso circi	0

SCHEDULE II PART F

In-Kind Contributions Received VALUE OF \$50,01 TO \$250

Fleadentifications			AVEOF OL 320'07 10 35	23U
элстыеникачина	tuinoca.	Duria	I ku lin	
Full Name of Cont	ributor			Date [MM/DD/YYY) \$
House #	Street Address			Date [MM/DD/XYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
		79.5		
Description of Con	tabution			
Stull Name of Contr	lburter/			Date MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YXYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Description of Cont	ribution		-	93.000001
Edil Name of Contr	Max.		en e	agare imin/do/agays & \$
Supplied the Charles and Charles				
House #	Street Address			Date [MM/DD/YYYY] S
City		State	Zip Code	Date [MM/DD/YYYY] \$
Description of Cont	ibution			· .
Full Name of Contri	ilitos			Date (MIM/DD/XYYY) S
House#	Street Address			Date [MM/DD/YYYY] ?
City		State	Zip Code	Pate [MM/DD/YYYY] \$
Description of Contr	ibution		•	
Full Name of Contrib	(Lifoje		i de la començação de la comercia d La comercia de la co	Date [MM/DD/¥Y¥Y] \$
House#	Street Address			Pate [MM/DD/YYYY] \$
		•		
Gity.		State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contri	DUTION	•		

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	Navir Devlin	
Full Name of Contributor		Date IMM/DD/YYYY) 5
House # Street Address		Date MM/DD/YYYY] \$
Gity.	State Zip Code	Date [MM/DD/YYYY] Si-
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date (WIW/DD/XYCY) S
House # Street Address		Date [MM/DD/YYYY] \$.
<u>City</u>	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name Smployer Mailing Address / Principal	Paragraphic Beauty and Committee Com	Occupation Description 3
Place of Business Full Name of Contributor		of Contribution
House # Street Address		Date [MM/DD/YYYY] \$
Gity.	State Zip Gode	Date [MM/DD/YYYY] \$
Employer Name	Jaie Apkade	Date [MM/DD/XYYV] \$
Employer Mailing Address / Principal		Occupation ==
Place of Business		Description of Gontribution :
Full Name of Contributor		Date [MM/DD/YYYY] 5
louse # Street Address		Date [MIM/DD/YYYY]
mployer Name	State Zip Code	Date [MM/DD/XYYY] \$
mployer Mailing Address / Principal		Occupation
Race of Business		Description of Contribution

Statement of Expenditures

All the second s			
Filer Identification Number			
Filer Identification Number:			
a ner adendition to the transfer			
	aria Devlin		
\mathbf{D}	ana Devim		
BUZZZZZEGOWANIA NOSEKU SZEGOWENIA WORKANIA WORKANIA WORKANIA 1			
N. WHEREAL AND			

To Whom Paid	Cristale of Darie	Donatia		Date [MM/DD/YYYY] \$	
	Friends of Daria			03/18/2025	1160
House # 3848	Street Address	State Street		Description of Expenditure	
City Erie		State PA	Zip Code 16508	Loan to Campaign Committee	
To Whom Paid				Date [MM/DD/YYYY] \$	T C C C C C C C C C C C C C C C C C C C
Single Carlo	12-078-752-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7	.F			
House #	Street Address			Description of Expenditure	60 N 1 1 1 2 2 2 1 N 1 2 2 2 1 N 1 2 2 2 2
Eity	Approximation and the second and t	State	Zip Code	The Control of the Co	
To Whom Paid				Date [MM/DD/YYYY] \$	
House#	Street Address			Description of Expenditure	·
City	12.000	State	Zip Code	Email: State Company State Communication of the Com	- 1990 in 1990 et al 1
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City	Y	State.	Zip Code	CP 400 miles and Crip Survey many discrepance and a	Table 1975 - Tage 4 is got 1978 - May be also also also also a construction of the con
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City.		State	Zip Code		
To Whom Paid,				Date [MM/DD/YYYY] \$	
House#	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address		200727	Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		

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 I dentification Number	Davia Devlin
Eity	Outstanding Balance of Debt. et Address DATE DEBT INCURRED [MNI/DD/YYYY] State Zip Gode
Description of Debt Name of Creditor House # Stree City	Outstanding Balance of Debt TAddress IMM/DB/YYYYI State Zip
Pescription of Debt Name of Creditor House # Street	Code Outstanding Balance of Debt *Address DATE DEBT INCURRED [MIN/DD/YYYY]
City Description of Debt Name of Creditor House # Street	State Zip Code Outstanding Balance of Debt Address DATE DEBT INCURRED (MM//DD/YYY)
City Description of Debt Name of Creditor House # Street	State Zip Gode Outstanding Balance of Debt
City Description of Debt	Address DATE DEBT INCURRED (MM/DD/YYYY) State Zip Code
Name of Greditor House # 5treet Lity Description of Debt.	Address DATE DEBT-INCURRED [MM/DD/YYYY] State Code