

# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

		flants: 1						II SHO	ula be typec				
Filer Identificat Number			100000000	ort Filed I irk X)	Ву	Candida	ite	X	Committee			Lobbyi	st
Name of Filing Lobbyist	Committee, Ca	ndidate or	Anita	Fay									
Street Address			3026	Erie Stre	et								··· · · · · · · · · · · · · · · · · ·
City	Erie	The second secon	<b>L</b>	·· <del>· ·</del>	§.	State	PA	-	Zip Code	16508			
Type of Report	(Place x under	report type)			. 100								
1-6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3-30 Day Post Primary	THE R. LEWIS CO., LANSING	Tuesday lection	Sec. 105 Sec. Sec.	Friday lection	6-30 Da Election	標準を含まれる。	7- Annual	Special 2 <sup>n</sup> Pre-Electi	200 (CHE) 100 (FE)	Special Post-El	30 Day ection
	X		Ī									Γ	<b>T</b>
Date Of Election (MM/DD/YYYY	Charles and the Control of the Control	05/20/ 14/03/2025	Year		20	 25	Amenda Report	nent		Terminati Report	on		
Summary of Re- Expenditures	ceipts and	From Date		To Date	2		0 60 grid		For	Office Use C	Only		e de estado de
Expenditures		02/02/2025	in-see	05	/05/202	5		10 - 6,0 - 3 56 - 234 - 3					
A. Amount Brou	ight Forward F	rom Last Report	\$		0.00						~		
B. Total Moneta (From Schedule	1)	ns and Receipts	\$		0.00						075	2025 MAY	
C. Total Funds A (Sum of Lines A	and B)		\$		0.00						A.	ÄY	:
D. Total Expend (From Schedule	HI)		\$		639.28							ဌာ	
	E. Ending Cash Balance (Subtract Line D from Line C)		\$	\$ (639.28)			PH 3:						
F. Value of In-Ki (From Schedule	n)		\$	15.87									
G. Unpaid Debts (From Schedule	THE RESERVE OF THE PROPERTY OF	ns	\$		0.00		· · · · · · · · · · · · · · · · · · ·						
Part 1- If this is a C	ommittee record	treasurer sign he	re lf th	is is a Cab	Affic didays re	lavit Sec	tion Ididate sign	here					
I swear (or affirm)	that this report, i	ncluding the attac	hed scl	redules 🚮	paper, is	torte b	est of my k	nowledg	ge and belief to	ie, correct an	d complet	e.	
Sworn to and subs	cribed before me	this			_ =	nwealth auren E	14	1	1-				
day of_	May	20 VJ	-	nnsylvania	Erie on ission expiration n		e Sign	<del>A</del>	f Person Submi	tting maart			
	Signature	1 nays	ب		~ = 0	Y 44	trifs		Fa\ Printed Name	/		<b>–</b> .	
My Commission ex	17 1	20-200	18	Association	iounty S Dec Smber	Insylvania er, Notary	14		U/a		337	ζ .	
	MO.	DAY YR.	. •	ation	embe 1455	A A	ea Code	-	Dayt	ime Telephor		<u>-</u> r	
Part II- If this is a re	port of a Candid	ate's Authorized C	ommit	tee, cagti	on ≕ Biteshal	Sen ner	e.						
I swear (or affirm) t amended.	that to the best o	f my knowledge a	nd belie	ef this point	ical rom	mittee h	as not viola	ted any	provisions of th	e Act of June	3, 1937 (F	<sup>2</sup> .L. 1333, I	(O.320) as
Sworn to and subsc	ribed before me	this		ł	<u>-</u>								
day of		20		٠,			-						ļ
								Signa	ture of Candida	ate			
S	ignature			,			······································	P	rinted Name			_	
My Commission exp		DAY YR.				Are	ea Code	-	Post	na Teksakaa	. Alysan Far		
						MI	_5 COUC		ычуст	ne Telephone	: MUMIDEL		

### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number		
1. Unitermized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ o
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	100	\$ 0
All Other Contributions (Part B)	$\neg$	\$
Total for the reporting period	(2)	\$ 0
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)	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ 0
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.

	Amount
Full Name of Contributing Committee	DD/YYYY] S
House # Street Address Date (MM/I	DD/MMI S
City State Zip Code Date (MM/t	DD/XYXY] S
Full Name of Contributing Date [MM/I	DD/YWYY] S
House # Street Address Date [MM/D	OD/YYYY] \$
City State Zip Code Date [MM/D	DD/YYYY] S
Full Name of Contributing Date [MM/D	DD/YYYY] S
Commutee	
House # Street Address Date [MM/D	DAYYYY S
City State Zip Code Date (MM/D	D/YYYYI S
Full Name of Contributing Date (MM/D	D/YYYYI S
House # Street Address Date [MM/D	D/YYYY] \$
City State Zip Code Date [MM/Di	D/YYYY] S
Full Name of Contributing Date (MM/DI	D/YYYY] S
<del>Sommer</del>	
House # Street Address Date [MM/DI	D/MM) S
City State Zip Code Date [MM/DI	D/YYYY] S
Full Name of Contributing Date   MM/DI	P/MM] 5
House # Street Address Date (MM/DD	DAYMAI S
City State Zip Code Date [MM/DD	)/ <b>YYYY</b> ] \$

# 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			Late (MIM/OD/ANYX)	\$
House# Str	reet Address		Date (MM/DD/YYYY)	\$
			And the second s	
Eny .	State	Zip Code	Date [MM/DD/AY/X]	\$
Full Name of Contributor			Date [MM/DD/NYN]	\$\vec{x}{2}
			Section of the sectio	
House # Str	reet Address	, , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY]	<b>\$</b>
Gity	State	Zip €ode	Date [MM/DD/YYYY]	5
				<b>3</b>
Full Name of Contributor			Date [MM/DD/Y/YY]	<b>5</b>
House # Stra	reet Address		Date [MM/DD/YYYY]	<b>S</b>
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributor				
		,	Date [MM/DD/YYYY]	\$
House # Stre	eet Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY] S	₹% <b>E</b> wil
Full Name of Contributor			Date [MM/DD/YYYY] S	
House # Stre	eet Address		Date [MM/DD/YYYY] \$	
City.	State	Zip Code	Date (MM/DD/YYYY) \$	
Full Name of Contributor			Date [MM/DD/YYYY] S	
House # Street	et Address		Date [MM/DD/YYY] \$	
City City		Note the country to the same appropriate		
ely	State	Zip Code	Date [MM/DD/YYYY] 5	

### 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 Nur	(Noer:	·			
				<u></u>	·
Full Name of Contributing Commi	ittee			Date (MM/DD/AVV)	\$
House#	Street Address			Date (MW/DD/AVW)	
City		State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
Full Name of					
Contributing Commit				Date [MM/DD/XVYY]	<b>.</b> \$
House #	Street Address			*Date MM/DD/YYYY	\$
City	Harde same married and an analysis of the same of the	State	Zip Code	Date [MM/DD/YYYY]	<b>Š</b>
Full Name of Contributing Commit	ttee	Environment of set	Parameter and American States Const.	Date [MM/DD/YYYY]	\$
House #	Street Address			Date (MM/00//YYYY)	\$
. City		State	Zip Code	State (MM/OD/AYYY)	
Full Name of Contributing Commit				Date [MM/DD/YYY]	<b>8</b>
House #	Street Address			Date MM/06/MYY	<b>8.5</b> (
Wasta 1		Fron on the control of			
Gity		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Commits			,	Cate (MM/DD/YYYY)	*
House #	Street Address			Date (MM/DD/\\\\)	\$
City		State	Zip Code	Date (MM/DD/XXIV)	\$
Full Name of Contributing Committ	tee			Date (MM/DD/YYYY)	\$ 1   \$ 1   \$ 2   \$ 3
House #	Street Address			Date (MM/DD/YYYY)	\$ (
City		State /	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
	Í				

# 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			Pare (MM/OD/YYYY) \$
House # Stre	eet:Address		Date [MM/DD/YYYY] \$
		D	
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address		- PRIVALENT	Occupation
Principal Place of Business Full Name of Contributor			Date:[MM/DD/YYY] \$
House # Stre	eët Address		Date [MM/DD/YYYY] \$
Ghy	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name  Employer Mailing Address		F (Section Association)	Occupation
Principal Place of Business Full Name of Contributor		<del></del>	Date [MM/DD/YYYY] \$
House # Stre	eet Address		Date [MM/DD/YYY] \$
Gity	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	[Control of the control of the contr		Occepation:
Employer Mailing Address Principal Place of Business Full Name of Contributor			Date [MM/DD/YYY]
	et Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name  Employer Mailing Address			Occupation
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.

Filer (dentification Numb	er.			
Full Name				
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] S
Receipt Description	393			
Full Name				
	Street Address			
City		State	Zip: Code:	Date [MM/DD/YYYY] \$
Receipt Description		6799297469525		
Full Name		=		
House#	Street Address		Date Constitution of the C	
		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	92.05 2			
Full Name				
	Street Address		-	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	33			
Full Name				
	treet Address			
City		State	Zip Code	Date (MM/DD/YYYY) \$
Receipt Description				
Full Name				
	rreet Address			
City		State	Zip Code	Date [MM/00/YYYY] 5
Receipt Description	S.		control consequents (see	1

#### 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			
Free rectaince to include the control of the contro			
1. UNITEMIZED IN-KIND CON	TRIBUTIONS RECEIVED-VALUE OF \$5	0.00	DR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	15.87
2. IN-KIND CONTRIBUTIONS R	RECEIVED-VALUE OF \$50.01 TO \$250.	.00 (F	ROM PART F)
TOTAL for the reporting period	(2)	\$	
3. IN:KIND CONTRIBUTION RE	CEIVED VALUE OVER \$250.00 (FROM	/ PAR	J.G.
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBU PERIOD (Add and enter amount total on Page 1, Report Cover Page, Item F	s from boxes 1, 2, and 3; also enter	\$	15.87
		i.	

#### SCHEDULE II PART F

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

VALUE OF \$50.01 TO \$250

Filer Identificati	on Number:				
Full Name of (	Contributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	######################################	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of	f Contribution		ESTA SERVICE AND THE CONTRACT STATE OF THE	Biotserial	
Full Name of C	ontributor	<b>2072.5</b>	KATANATA	Date [MM/DD/YYYY] S	•
House #	Street Address			Date (MM/DD/YYYY) \$	
City		State	Zip Code	Date [MM/DD/YYYY] S	
Description of	Contribution		Control of the contro		
Full Name of C	ontributor	\$722.5950 d		Date [MM/DD/YYYY] \$	
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] S	
City		State	Zip Code	Date [MM/DD/YYYY] S	
Description of			Physical Company		
Full Name of C	ontributor .			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
Gty	Pageora and American American American	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of					
Full Name of G				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] 5	
Gity	P. Million and A. Mil	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of 0	Contribution	Au d	* 11 * * * * * * * * * * * * * * * * *		

# SCHEDULE II Part G

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

VALUE OVER \$250

Filer identification Number	 
(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	 

1924 STATE WAS STONES OF THE STATE OF THE WAS STANDARD STATE OF THE STANDARD STANDAR		
Full Name of Contributor		Date (MM/DD/YYYY) S
House # Street Address		Date [MM/DD/YYYY] \$
Gity	State Zip Code	Date [MM/DD/YYYY] 5
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/YYYY) \$
City	State Zip/Code	Date [MM/DD/\\YY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date (MIN/DD/YYYY) \$
House # Street Address	ESSE CONTROL OF THE PROPERTY O	Date (MM/DD/YYYY) \$
City.	State Zip Code	Date [MM/DB/YYYY] \$
Employer Name  Employer Mailing Address / Principal		Occupation
Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City Employer Name	State Zip Code	Date [MM/DD/YYYY] 5
Employer Mailing Address / Principal		Occupation Description
Place of Business	,	of Contribution

# Statement of Expenditures

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Eller Mantifestion March			
Washington and the state of the state of the state of the state of			

Bejamin's Buttons USA   Date [MM/DD/YYYY]   \$   04/15/2025     House #   12290   Street Address   Angling Road   Description of Expenditure	153.70
House # 12290 Street Address Angling Road Description of Expenditure	
City Edinboro State PA Zip Gode 16412 CAMPAIGN BUTTONS	
To Whom Paid  Erie County Election Office  Date [MM/DD/XYXY] \$	25.00
3/10/2025	29.00
W 6th Street	
Erie PA Code 16501 Petition Filing Fee	
To Whom Paid UPS Store Date [MM/DD/NYYY] \$ 04/16/2025	14.63
House # 2501 Street Address W. 12th Street Description of Expenditure	
City State Zip	
Erie PA Code 16505 CAMPAIGN PRINTING	
To Whom Paid  UPS Store	18.29
04/05/2025	.0.23
House # 2501 Street Address W. 12th Street Description of Expenditure	(E)
City Erie State PA Zip Code 16505 CAMPAIGN PRINTING	,
To Wham Paid  UPS Store	9.40
03/01/2025	9.40
2501 W. 12th Street	
City Erie State PA Zip Code 16505 CAMPAIGN PRINTING	
To Whom Paid  WALMART  Date [MM/DD/YYYY] \$ 0	
03/27/2025	.44
House # 2741 Street Address Elm Street  Description of Expenditure	
City Erie State PA Zir Code 16504 FUNDRAISER TICKETS	
Date [MM/DD/YYYY]   S   O4/04/2025   37	79.82
House # 2578 Street Address W.24th Street W.24th Street	
City: Erie State PA Zip 16506 YARD SIGNS,RACK CARDS, PC	OSTCARDS
To Whom Paid Date [MM/DD/YYYY] S	
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.

Name of Greditor			Outstanding Balance of Debt
House# 5i	reet Address	DATE DEBT INCURRED [MM/DD/YYYY]	S
City	State	Zip	
Description of Debt		Code	
Name of Creditor			
	geet Address	DATE DEBT INCURRED	Outstanding Balance of Debt
		[MM/DD/YYYY]	
City	State	Zip. Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House # Su	eet Address	DATE DEBT INCURRED [MM/DD/YYYY]	5
<u>Cîty</u>	State	Zip	
Description of Debt.		Code	
Name of Greditor			Outstanding Balance of Debt
House # Str	eet Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
Gity			
Description of Debt	State	Zip Code	
Name of Creditor House # Stre	et Address	DATE DEBT INCURRED	Outstanding Balance of Debt \$
		[MM/DD/YYYY]	
City	State	Zip Code	
Description of Debt			
Name of Creditor		8	Outstanding Balance of Debt
House # Stre	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
	State		
Description of Debt	Jate	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 Nu	mber:		
Name of Creditor	Profession and the straight seast I		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	<b>\$</b>
City  Description of Debt	Sta	rte Zip Code	
Name of Creditor			Outstanding Salance of Degr
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	Stat	te Zip.	
Description of Debt	Norwes		
Name of Creditor —	Street Address	DATE DEBT INCURRED	Outstanding Balance of Debt.
		[MM/OD/YYYY]	
Ony  Description of Debt	State	te Zip Code	
Name of Creditor		Localitation of the state of th	Outstanding Balance of Debt
	Street Address	DATE DEBT INCURRED [IMM/DD/YYYY]	<b>\$</b>
City  Description of Debt	State	e Zip Code	
Name of Creditor			Christanding Balance of Debt
House #	Street Andress	DATE DEBT INCURRED [MM/OD/YYYY]	\$
City described a control	State	e Zip Code	
Description of Debt	The state of the s	The second secon	SSS
Name of Creditor House #	Street Address	DATE DEBT INCURRED	Outstanding Balance of Debt