

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed B	y Candida	te 🛛	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Coor	For	ict			
Street Address	5204		elwood	CI		, a p ¹⁻² rea le le
City Erie		State	PA	Zip Code	1650	6
Type of Report (Place x under report type)						
1- 6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	4-6th 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 Post-Election
				X		
Date Of Election (MM/DD/YYYY) (1/7/2 v 2 3	Year	2024	Amendment Report		Termination Report	
Summary of Receipts and From Date Expenditures	To Date	12024		For	Office Use Only	
A. Amount Brought Forward From Last Report	4	600.00			S N	
B. Total Monetary Contributions and Receipts (From Schedule I)	s s	0			VOTES S	7
C. Total Funds Available (Sum of Lines A and B)	\$ -3	alo. 00			Section 1	a o •
D. Total Expenditures (From Schedule III)		6			A To great	
E. Ending Cash Balance (Subtract Line D from Line C)	Costa	SUU. 60				5
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0				5
G. Unpaid Debts and Obligations (From Schedule IV)	\$ Seal	arries 28				
Part 1- If this is a Committee report, treasurer sign he		പ് ന4∰davit Sec				
I swear (or affirm) that this report, including the attac				ge and belief tr	ue, correct and complete	<u>.</u>
Sworn to and subscribed before me this	lvani nty	Dece	Pd	T	4	
17 day of January 20 23 She sheld		27 - 10	Signature of	of Person Subm آ دسان – آ		
Signature W	vealth of Sho	Commission ex Commission nber, Pennsylva	814	Printed Nam	3D 5690	_
My Commission expires 12-02-20 AV YR.	ommonwea Sue S	Commission ex Commission ember, Pennsylva	rea Code		time Telephone Number	
Part II- If this is a report of a Candidate's Authorized			re.			
I swear (or affirm) that to the best of my knowledge a amended.	and belief this poli	tical committee h	as not violated any	provisions of t	he Act of June 3, 1937 (P	.L. 1333, NO.320) as
Sworn to and subscribed before me this						
day of20	- '].		Sign	ature of Candid	late	_
Signature	- [.		Printed Name		_
My Commission expires MO. DAY YR.	_	———	ea Code	Davti	me Telephone Number	_
			Y.	•		

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number			
recent of the section recent these sections in the section of the			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	nere en menergalande i synthetische State (in der der State State State State State State State State State St Telephone in der State Sta
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	er er for er forsker		
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)	er (Pagalet) Pagalet	\$ 70 72 \$ 8	.
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	0.87 (350) 6. 38 (350)		
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)

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	n Number				
<u> </u>				A	Mount
Full Name of Co	ntributing	·		Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
de profic					
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Face of the second seco	State	Zip Code	Date [MM/DD/YYYY] \$	
	V, MOTHET 1314 (2000)				
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] \$	
		\$ \$700 th			*****
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address		Added to the second	Date [MM/DD/YYYY] \$	
City	The same of the sa	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	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing	tropolysiaece (POLITIE)	Boar Andrew Transport (1977)	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	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:

4.0					
Full Name of Contribu	itor			Date [MM/DD/MM)	₹
				and to the state of the state o	
House*#	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Contribu	itor			Date (MM/DD/AWA)	\$
House #	Street Address		<u> </u>	Date [MM/DD/YYYY]	8 8 9
	Suret Address				
City		State	Zip Code	Date [MM/DD/YYYY)	\$
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
House:#	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribu	itor			Date [MM/DD/AYAY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$
House #	Street Address		1	Date [MM/DD/XYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribu				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/OD/YYYY]	-\$-
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 Committee				
House # Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	
Gity	State	Zip Code	Date [MM/DD/YYYY]	* 5
Full Name of		**************************************	Date [MM/DD/YYYY]	8
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	.
City.	State	Zip Code	Date [MM/DD/YYYY]	(5)
.				
Full Name of	30 00 5 Car S		Date [MM/DD/YYYY]	[\$]
Contributing Committee				
House # Street Address			Date [MM/DD/YYY]	\$
Juest Audies				
		Zip Code	Date [MM/DD//////	\$
City	State	zip coue		
Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
Street Address				
			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Bate (MW) DD/, its is	
Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
House # Street Address			Pare (MIM) PD/1 (1 1)	
				10 T
City	State	Zip Code	Date [MM/DD/YYYY]	\$
			Date [MM/DD/YYYY]	
Full Name of Contributing Committee			* Pare Hallan Politary	\$
House # Street Address			Date [MM/DD/YYYY]	\$
				in the second se
City	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:

Full Name of Contributor			Date [MM/DD/YYYY] \$
House# Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] 5
Employer Name Employer Mailing Address /			Occupation
Principal Place of Business Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] 5
Employer Name Employer Mailing Address /			Occupation
Principal Place of Business Full Name of Contributor		 	Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City.	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address /			Occupation 2
Principal Place of Business Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
Gity	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.

TIG GET				
Full Name				
	Street Address	···		
City		State	Zip	Date [MM/DD/YYYY] \$
	4		Code	
Receipt Description		TOTAL SHOWING THAT	the contract of the contract o	Property
Full Name				
House#	Street Address			
City	I a a a a a a a a a a a a a a a a a a a	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Code	
Full Name				
	Street Address			
City	Street Address	State	Zip	Date [MM/DD/XYYY] \$
CIIV		Jace	Code	
Receipt Description	<u> </u>			
Full Name				
House #	Street Address	<u></u>		
City		State	Zip	Date [MM/DD/VYYY] \$
			Code	
Receipt Description				
Füll Name				
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description >				
Full Name				
	Street Address			
City	- Trees Addition	State	Żip	Date [MM/DD/YYYY] \$
			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 Identification Number:				
1. UNITEMIZED IN-KIND CONTRIBUTION	NS RECEIVED-VALUE OF \$50	OR LESS PER CO	NTRIBUTOR	
TOTAL for the reporting period	(1)			
2. IN-KIND CONTRIBUTIONS RECEIVED	VALUE OF \$50.01.10 \$250.	FRUMPARTE	Table 1. The state of the state	
TOTAL for the reporting period	(2)			
3. IN-KIND CONTRIBUTION RECEIVED-V	ALUE OVER \$250.00 (FROM	RT:G)		
TOTAL for the reporting period	(3)			
		,		
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DU PERIOD (Add and enter amount totals from bo on Page 1, Report Cover Page, Item F)				

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:			
Filer identification Number:			

Full Name of Contrib	utor	<u>.</u>		Date [MM/DD/YYYY]	[5
House #	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	•
Description of Contri	bution				
Full Name of Contrib	itor			Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	5
Description of Contri	oution				
Full Name of Contrib	ıtor			Date [MM/DD/XYYY]	\$
House #	Street Address		h	Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	\$5
Description of Contril	oution				
Full Name of Contribu	itor	9		Date [MM/DD/XYYY]	\$
2073					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Contril	oution			•	
Full Name of Contribu				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/XXXX]	* \$
City	1. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	oution	The state of the s	To a Above the large transfer which is the large transfer of the l	,	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
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/YYYY] \$
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/YYYY] \$
Employer Name		Occupation .
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MW/DD/YYYY] \$
House # Street Address		Pate [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution

Statement of Expenditures

No. The last and the second se	 	
A Eliant dan tifination Number		,
4 sencimucituiteariotistantiloets		,
Filer Identification Number:		,
		,
		•
		•

To Whom Paid		······································		Date [MM/DD/YYYY]	5
House #	Street Address			Description of Expendi	ture access of participation as
City.	The things of the control of the con	State	Zip Code		- Andrew grown (Commonwealth Common), and the Lead of the Commonwealth Commonwealth (Commonwealth Commonwealth Commonweal
To Whom Paid				Date [MM/DD/YYYY]	 \$
House #	Street Address			Description of Expendit	ure
Gitÿ		State	Zip	The second secon	and the state of t
			Code		Edinates:
To Whom Paid				Date [MM/DD/XYYY]	\$
House #	Street Address			Description of Expendit	ure
City		State.	Zip		
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]	\$
House #	Street Address	TO COME AND		Description of Expendit	ure
City		State	Zip 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]	\$
House #	Street Address			Description of Expendit	üre
City	Les in administration of the control	State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ure
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:				
Name of Creditor				Outstanding Balance of Debt
	eet Address	DAT	E DEBT INCURRED	S S
	er Aburess	\$25.5 ELL \$100 CH	MM/DD/YYYY]	
City City		State	Zip	
		State	Code	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House # Stre	et Address	2007/03/07/03/07/03/07	E DEBT INGURRED	\$
		<u> </u>	MM/DD/YYYY]	
City		State	Zip	
Description of Debt			Code	
Name of Greditor				Outstanding Balance of Debt
House # Stre	et Address		E DEBT INCURRED MIM/DD/YYYY]	5 / ₂
City	Service and the service and th	State	Zip Code	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House # Stre	et Address	\$43000000000000000000000000000000000000	E DEBT INCURRED	\$
		<u> </u>	MIM/DD/MYM	
City		State	Zip	
Description of Debt			Code	
Name of Creditor		I - Considerating Description		Outstanding Balance of Debt
House # Stree	et Address	E0000000000000000000000000000000000000	E DEBT INCURRED WM/DD/YYYY]	\$
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
City		State	Zip Code	
Description of Debt		Toggic and the second	1885-1885 ST 1885 SW 1	高级等待 创
Name of Creditor				Outstanding Balance of Debt
	et Address	. ✓ DATI	DEBT INCURRED	\$
			NIM/DD/YYYY]	
City C		State	Zip	
		Juic	Code	
Description of Debt	·			·