

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

Filer Identification Number			Report (Mark	Filed By X)	Cándida	ite	Committee	Γ	Lobby	ist
Name of Filing Commi Lobbyist	ttee, Ca	ndidate or		engar pegarang sa	NEV	YIE FOU	<u> </u>	8-4-7-8250-7-02-1-0	10000 1000 000	- essandor
Street Address					MATICA		71			
City	60	46	()0		State	PA	Zip Code	165	30	
Type of Report (Place				·	The first in sal	171				
1-6 th Tuesday 2-2 ⁿ Pre-Primary Pre-P	d Friday rimary	3- 30 Day Post Primary	4-6 th Tu Pre-Elec		2 nd Friday re- Election	· 自己的 1000 1000 1000 1000 1000 1000 1000 10	7- Annual	Special 2 nd F Pre-Election	aforti, com Paris I de la Compañía de la Compañía	l 30 Day lection
				1 1						
Date Of Election (MM/DD/YYYY)			Year			Amendment Report		Termination Report		<u> </u>
Summary of Receipts :	and	From Date		o Date			For	Office Use On	y ,	
Expenditures		1215119	779.63	12131	119					
A. Amount Brought Fo	rward F	rom Last Report	\$	855L			<u> Angelia alian</u> a Teoria ing masakan m	and the second s	2023	See 1 of Person (value)
B. Total Monetary Con (From Schedule I)	tributio	ns and Receipts	\$	0	النا ميه ال			[
C. Total Funds Availab	200 Carrier 1879		\$	8554	i C0			:	: ~	
(Sum of Lines A and B) D. Total Expenditures			\$	***************************************				<u>.</u> 4.		
(From Schedule III) E. Ending Cash Balance		6. (2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	\$	8554	. 58			(2)		
(Subtract Line D from I F. Value of In-Kind Con	Line C)	December 1	\$	0					် ဒုံ ယ	ļ
(From Schedule II)		som värdi etta						::	€D	
G. Unpaid Debts and C (From Schedule IV))bligatio	ns	\$,						
Part 1- If this is a Commit	oo rooor	t transurar sign be	oro If+hic	ic o Condid	Affidavit Se					
I swear (or affirm) that thi	s report,	including the attac					lge and belief to	rue, correct and	complete.	
Sworn to and subscribed I	_	1 - 20		• •		May	CAA COM	Darb		
Ellaulti (7	1 60	mmonwe	alth of Pen erTurn	nsylvania - 1 er, Notary F	iotary 6 day ublic Signature	of Person Subm	Will Front	***************************************	
Signatu	re /	1/2 3 M		Erie C	County — ires Octobe	U	Printed Nam	e III - A-		
My Commission expires	CX	8 18 OUD	거 Com	mission n	umber 134	of Notaries		460.419	0	
	MO.				•		Day	time Telephone	Number	
Part II- If this is a report of I swear (or affirm) that to							y provisions of t	the Act of June 3	, 1937 (P.L. 1333	, NO.320) as
amended.				·			•	a.	,	
Sworn to and subscribed to	efore me	this	Cassino	musalih of	Donnaulusa	ia - Notary Sea	117	1		
day of A	WOON'S	20 000		nr lfer L. T	urner, Notz rie County	ry Public X	lature of Candid	date		}
Signatu	re /			nniission e		ober 18, 20,727	Printed Name		·····	1
My Commission expires	ctold	V KIDDA	//A			Notaries	•	118-34	107	
	MO.	DAY YR.	_		A	rea Code	Dayt	ime Telephone i	Number	
										

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	FRIENDS OF	KYVE	FOUST	
		•		

1.Uniternized Contributions and Receipts-\$50.00 or Less per Contributor	3. 1. 1 2. 1. 5	3 3 3 X	
Total for the reporting period	(1)	\$	
Total for the reporting period	(1)		\mathcal{O}
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		San wa	
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
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)		231-27 201-47	
Total for the reporting period	(4)	\$	de man film til store i de en film til forderlede store i med store et ette av store film et eller et eller et
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, Rep Cover Page, Item B)	port	\$	0

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.

		RIGNOS	OF KYLE FO)UST	
					Amount
Full Name of Co	ontributing			Date [MM/DD/YYYY]	
Committee				22	
House #	Street Address			Date [MM/DD/YYYY] S	
				また 名称 	N/
City		State	Zip Code	Date [MM/DD/YYYY] \$	# 1
		P. Cont.			78 38
Full Name of Co	ontributing			Date [MM/DD/YYYY] S	
Committee				/基 分类	
House #	Street Address			Date [MM/DD/YYYY] \$	5.0 5.0
				Journal of the Control of the Contro	[2] 조
	44.76				\$
City		State	Zip Code	Date [MM/DD/YYYY] \$	1.7 1.5 2.6
		\$545.000			
Full Name of Co	ontributing			Date [MM/DD/YYYY] \$	
Committee					96 20 20
House #	Street Address			Date [MM/DD/YYYY] \$	
				Cate (wiw/DD/1111)	
	\$77.00 (20.50.00)				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
\$ 100 ptg					\ 20 21
Full Name of Co	ntributing	•		Date [MM/DD/YYYY] \$	
Committee					97 3
House #	Street Address			Date [MM/DD/YYYY] S	
50 C (50 K)					
City		State	Zip Code		
		State	Zip code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee					역 당
House #	Street Address			Date [MM/DD/YYYY] \$	5
N 2 7 3 2 3 3	-w-es nadiess				
				1000 1000 1000 1000 1000 1000 1000 100	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
		\$20,465	7.57.57.5		·
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	
					é é
City		Total Solution	February 1		
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:	FRIENDS	OF VAIS	GOIKT	
THEOUS OF POUS!	THE CONTRACT CONTRACT AND SERVICE AND SERV	110000		10031	

Full Name of Contribute	or			Date [MM/DD/YYYY]	\$	0
House #	Street Address	, ,	\$2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	Date [MM/DD/YYYY]	\$	
City	- A. T. S. E. C. ST. ST. ST. ST. ST. ST. ST. ST. ST. ST	State	Zip Code	Date [MM/DD/YYYY]	\$,	
Full Name of Contribute	or:	· · ·		Date [MM/DD/YYYY]	Ş	·
House #	Street Address	,		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYXY]	\$	
Full Name of Contributo	or.			Date [MM/DD/YYYY]	\$	
House#	Street Address			Date [MM/DD/YYYY]	\$	
City	amento a morta mento de la comunicación de la comun	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributo	or .			Date [MM/DD/\\\)	5	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Gode	Date [MM/DD/YYYY]	\$	
Full Name of Contributo	ofe			Date [MM/DD/YYYY]	\$	
House # S	treet Address			Date [MM/DD/YYYY]	5	
City	(320-4-300) is a see 22-2-4-2-2-4-2-4-2-4-2-4-2-4-2-4-2-4-2-	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributo				Date [MM/DD/YYYY]	\$	
House # S	treet Address			Date [MM/DD/YYYY]	\$	
City	2	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.

Filer Identification Number:	FRIENDS !	OF KYLE F	305	
		•		
Full Name of Contributing Committee			Date [MM/DD/YYY] \$)
House # Street Add	lress	, 115 M - 24 C - 1	Date [MM/DD/YYYY] \$	<u></u>
Citý	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee	<u></u>		A TOTAL TO A CONTROL OF THE PARTY OF THE PAR	
House # Street Add			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	11860 570-56	Salara de de Principalista de	Date [MM/DD/YYYY] \$	
House # Street Add		, , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$.	
Full Name of Contributing Committee	[3546-9723-952]	N. S.	Date [MM/DD/XYXY] \$	
House # 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			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date (MM/DD/YYYY) \$	
Full Name of Contributing Committee	PARCE TO DETECT	Progressivense i intercommina	Date [MM/DD/YYYY] /\$	
House # Street Add	ress		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:

	herasos	OF KYLE V	60UST	
Full Name of Contributor			Date (MM/DD/YYYY)	
			Date [MM/DD/YYYY] \$	
House # Stre	et Address		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	oga etter stelle de de service (12)		Date [MM/DD/YYYY] \$	
House # Stre	et Address		Date [MM/DD/YYYY] \$	
City:	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		1-77-592-5820-570-571	Occupation	
Employer Mailing Address Principal Place of Business			D Was Carlo a Miller Totals I	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Stree	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/XYYY] \$	
Employer Name		\(3\pi \cdot	Occupation	
Employer Mailing Address , Principal Place of Business			LESSONSON CONTROL OF THE CONTROL OF	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	t Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	Personne	Processors and a Processors	Occupation	
Employer Mailing Address / Principal Place of Business		- 1000 <u>- 1</u>	For the Control of th	

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 Number:

Filer identification Num	RIEN	0s 0f k	WE	POUST	
Full Name					
House #	Street Address			·	
City		State	Zip Code	Date [MM/DD/YYYY] S	0
Receipt Description					
Full Name		,,			
House #	Street Address			T-P-MANAL L-Bits	
City		State	Zip. Code	Date [MM/DD/YYYY] \$	
Receipt Description	ALCONO.				
Full Name					
House #	Street Address	·			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description		yes was a			
Füll Name					
House:#	Street Address		.		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description					
Full Name					
House #	Street Address				
City	Tribute to the second s	State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description					
Full Name			· · · · · · · · · · · · · · · · · · ·		
House #	Street Address		- 11-14-14-14-1		
City		State	Zip Cod e	Date [MM/DD/YYYY] \$	
Receipt Description					
	\$18.00kg				

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:	FRIEND	S 04 K	YŒ	BOUST	
LEMEDIA VIELE					
1. UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VA	ALUE OF \$50.00 OF	LESS PER CON	ITRIBUTOR	
TOTAL for the reporting period	(1)	\$			
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50:0	01:TØ \$250.00 (FRØ	OM PART F)		
TOTAL for the reporting period	(2)	\$		ngg punggang (1942-1942-2011) pagan pagan bata	
3. IN-KIND CONTRIBUTION RECE	VED-VALUE OVER \$25	50:00 (FROM PART	G)		
TOTAL for the reporting period	(3)	\$			ers do Marije;
TOTAL VALUE OF IN-KIND CONTRIBUTIO	NS DURING THIS REDO	DRTING S			 _
PERIOD (Add and enter amount totals fr on Page 1, Report Cover Page, Item F)				0	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:					
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	アドルローレン	U/	K-VI A-	LO USA	
ASSET A MARKET OF THE STREET OF THE STREET, THE STREET OF THE STREET OF THE STREET, THE ST	<u> </u>			(

House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Description of Contribution Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$
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Description of Contributor Full Name of Contributor Full Name of Contributor City State Zip Code Date [MM/DD/YYYY] S Description of Contribution Full Name of Contributor Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S City Date [MM/DD/YYYY] S City Date [MM/DD/YYYY] S City Date [MM/DD/YYYY] S City Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S City Date [MM/DD/YYYY] S
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Full Name of Contributor Date: [MM/DD/YYYY] \$
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Date [MM/DD/YYYY] \$
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City State Zip Code Date [MM/DD/YYYY] \$
City State Zip Code Date [MM/DD/YYYY] \$
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Sescription of Continuous
Full Name of Contributor Date [MM/DD/YYYY] \$
House # Date [MM/DD/YYYY] S
City State Zip Code Date [MM/DD/YYYY] \$
Description of Contribution

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

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Filer Identification Number:					
- Friedrich Carrier Manipers	_				
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			. A		
The Property of the Control of the C	4	(1)		1 21 2	
	-2-0	-			
			,		

Full Name of Contrib	utor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
		From and Assessed	Frontiers was program compet	
City		State	Zip Code	Date [MM/DD/YYYY] S
Employer Name				Occupation
Employer Mailing Ad Place of Business				Description of Contribution
Full Name of Contrib	utor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$3
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Malling Ad Place of Business	drēss / Principal			Description of Contribution
Full:Name of Contrib	utor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date:[MM/DD/YYYY] \$
Employer Name Employer Mailing Ad	Paragraphy			Occupation
Place of Business	dress / Prinupa			Description of Contribution
Full Name of Contrib				Date [MM/DD/YYYY] \$
House:#	Street Address			Date [MM/DD/YYYY] .\$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Distriction of magnetics of	Occupation
Employer Mailing Add	dress / Principal			Description

Statement of Expenditures

Filer Identification Number:			'	
	-	A		
	1-111/ NO K	7 W . 1 / 3 / 2 /	- C N / K	
图解的图像特殊型的运动等分别对应以为图像设计对象对处。	1 1 1 1 1 1 1 1 1			

To Whom Paid FOUST F	OR CONTRO NEPTUNE 1	PUER	Date [MM/DD/YYYY] \$	8417.78
House # 4381 Street Address	NEPTUNE 1	DRIVE	Description of Expenditure	
city ERIE	State PA	Zip Code 10506	TRANSPER OF B	4LANCE
To Whom Paid BIAD SC	AL PRINTA	16	Date:[MM/DD/YYYY] \$	136.80
House # 1914 Street Address	PEARLY SIR	661	Description of Expenditure	
GIV GRIE	State PA	zip Code 16502	TAX ON INVO	DIVE
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			Description of Expenditure	a state at the state
Gly	State	Zip Code		:
To Whom Paid			Date [MM/DD/XYYY] \$	
House # Street Address		18-34-46-4	Description of Expenditure	
City	State	Zip Code		
To Whom Paid			Date [MM/DD/YYYY] \$	
House # Street Address			Description of Expenditure	
Gity	State	Zip Code		
To:Whom Paid			Date [MM/DD/YYYY] \$	
House # Street Address	. 1000		Description of Expenditure	
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:

Filer Identification Num	FRIGNOS O	FKYLE	FOUST	
Name of Creditor	7.			Outstanding Balance of Debt
House#	Street Address	D	ATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip (
Description of Debt	<u> </u>		Code	
Name of Creditor				Outstanding Balance of Debt
House #	Street Address	(D)	ATE DEBT INCURRED	\$,
		752	[MM/DD/YYYY]	
City		State	Zip Code	
Description of Debt				
Name of Creditor		Tender Manage		Outstanding Balance of Debt
House #	Street Address	# D/	ATE DEBT INCURRED ([MM/DD/YYYY]	\$
City		State	Zip	
Description of Debt			Code	
Name of Creditor		:		Outstanding Balance of Debt
House #	Street Address	D	ATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip	
Description of Debt			Code	
Name of Greditor				Outstanding Balance of Debt
House#	Street Address	- D <i>J</i>	TE DEBT INCURRED [MM/DD/YYYY]	
		See		
City		State	Zip Code	
Description of Debt				
Name of Creditor House #	Street Address	WARES Y	TE DEBT INCURRED	Outstanding Balance of Debt
	on eet Aun 200		[MM/DD/YYYY]	
City		State	Zip Code	
Description of Debt				