Reset Form	Print Form



# Commonwealth of PennsylvaniaCampaign Finance Report

Part to this is a report of a Candidate's Authorized Committee, candidate shall sign here.  I sweet (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.  Sweet to and subscribed before me this	Number Name of Filing Committee, Candidate or Lobbyfis Street Address  22 S. Main Street  City Union City Union City Union City State PA  Zip Code 16438  Type of Report (Place x under report type)  3-56th Yosoday   2-2ndFriday   3-30 Day Post   5-6th Tuesday   5-2nd Friday   6-30 Day Post   7-Annual   Special 2nd Friday   Special 30 Day Prio-Primary   Pre-Primary   Pre-Primary		_	(Note: Ti	nis report mu:	st be clear an	id legible. It si	hould be typed	J	
Lobbyist   Pale   Color   Co	Lobbyist Street Address  City Union City Union City State PA  Zip Code 1 6438  Type of Report (Place x under report type)  3-2 Sh Tuesday   2-2 And Friday   5-30 Day Post   5-5th Tuesday   5-2nd Friday   5-30 Day Post   7-Annual   5-5th Tuesday   7-Annual   7-Annu	Number				By Candid	ate	Committee	X	Lobbyist
Type of Report (Place x under report type)  16th Tuesday   2-2ndFriday   3-30 Day Post   -6thTuesday   5-2nd Friday   Pre-Primary   Pre-Prim	Type of Report (Place x under report type)  3.5 sth Yuesday   2-2ndfriday   3-30 Day Post   4-5thTuesday   5-2nd Friday   Fre-Pri mary   Pre-Pri mary   Pre-	Lobbyist	imittee, Ca	ndidate or	Friends of Sara	a Gilger				
Type of Report (Place x unreport type)  1. 5th Tuesday   2. 2ndFriday   3-30 Day Post   5th Tuesday   5-2nd Friday   6-30 Day Post   7-Annual   Special 2nd Friday   Pre-Firmary   Pre-F	Type of Report (Place x under report type)  3- 5th Yuesday   2- 2ndFriday   3- 30 Day Post   5thTuesday   5- 2nd Friday   6- 30 Day Post   7- Annual   Special 20 Day Pre-Primary   Pre-	Street Address			22 S. Main Str	eet				
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Summary of Receipts and Expenditures    OS/20/2025   To Date   For Office Use Only	Summary of Receipts and   From Date   To Date   For Office Use Only					Pre- E l'ectio	r Election		Pre-Election	Post-Election
Summary of Receipts and Expenditures    OS/20/2025   To Date   For Office Use Only	Summary of Receipts and   From Date   To Date   For Office Use Only		X							
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Expenditures  02/01/2025  D5/05/2025  A. Amount Brought Forward From Last Report  B. Total Monetary Contributions and Receipts  From Schedule II)  C. Total Funds Available (Sum of Lines A and B)  D. Total Expenditures  (From Schedule III)  E. Finding Cash Balance (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received  (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received  (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received  (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received  (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received  (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received  (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received  (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received  (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received  (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received  (Subtract Line D from Line C)  Affidavit Section  Part Cylif this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.  Signature of Person Subtracting report  Finance Contributions Received  Finance Contributions Received  Finance Contributions Received  Finance Contributions Received  Finance Contributions  Finance Contributions  Finance Contributions  Finance Contributions  Finance Contributions  Finance Co	Expenditures    O2/01/2025   O5/05/2025     A. Amount Brought Forward From Last Report   S   0.00     B. Total Monetary Contributions and Receipts   S   120.00     C. Total Funds Available   S   120.00     C. Total Expenditures   S   0.00     F. Ending Cash Balante   S   120.00     F. Ending Cash Balante   S   120.00     F. Value of in-Kind Contributions Received   S   0.00     F. Value of in-Kind Contributions Receive	(MM/DD/YYYY)		05/20/2025		2025	Report		Report	
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Supplied before me this    Juday of   May   20 35   Signature of Person Submitting report	Supplied to and subscribed before me this    Juday of	Part ( ) If this is a Com	mittee repor	t, treasurer sign he	re. If this is a Car	didate report, c	andidate sign her	e.	us correct and comple	.ta
Signature of Person Submitting report  Area Code  Part to fi this is a report of a Candidate's Authorized Committee, candidate shall sign here.  1 \$\frac{1}{20} \frac{1}{20}	Iday of May 20 25  Signature of Person Submitting report  Frinted Name  Signature of Person Submitting report  Frinted Name  Signature of Person Submitting report  Frinted Name  Part to lif this is a report of a Candidate's Authorized Committee, candidate shall sign here.  I sweet (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) amended.  Swooth to and subscribed before me this				ineo scriedules oi	i paper, is to the	A / /	neage and sener ti	de, confect and compr	sie.
Signature of Person Submitting report  Andrea + Class - Cores  Printed Name  826 - 9259  MO. DAY YR. Area Code Daytime Telephone Number  Part #: If this is a report of a Candidate's Authorized Committee, candidate shall sign here.  I sweet (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.  Swort to and subscribed before me this	Signature of Person Submitting report    Company   Company	ara Iday of					more	H-	1 mm	
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Part to this is a report of a Candidate's Authorized Committee, candidate shall sign here.  I sweet (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.  Sweet to and subscribed before me this	Part # If this is a report of a Candidate's Authorized Committee, candidate shall sign here.  I we (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) amended.  Sworm o and subscribed before me this	S & Sinmission expire	MO.	DAY YR.	<u>í</u>	<b>ي.</b>	Area Code	<u>. ひと</u> Day	time Telephone Numb	er
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amended.	amended. Sworm o and subscribed before me this							any provisions of t	he Act of June 3. 1937	(P.L. 1333, NO.320) as
sword to and subscribed before me this    O   day of   May   20   25	day of Moul 20 25  Signature of Candidate Signature  Signature  Printed Name  Approximation expires 1/08 2027  MO. DAY YR.  Area Code Daytime Telephone Number	amended.			القبال فرويد وهدائد في الم		( )7			
day of May 20 25 Signature of Candidate)	Signature of Candidate  Signature of Candidate  Printed Name  Area Code  Daytime Telephone Number	Swort o and subscrib	ed before m	e this			$\times$	- Vn	()	
Signature of Candidate	Signature  Signature  Signature  Printed Name  Approximate Signature  Area Code  Daytime Telephone Number	Ω dav of	Vay	<u>20 25</u>	. '1	(	DIVID			
	Signature  Signature  Approximation expires 1 08 007  MO. DAY YR.  Printed Name  Printed Name  Area Code  Daytime Telephone Number		111	<u> </u>	·   .		7	ignature of Candid	tate) C	*
Signature Printed Name	MO. DAY YR.  Area Code  BIQ: Q & Q + Daytime Telephone Number	Sign	ature	×	-	` <u>-</u>		Printed Name	And .	<del></del> . L
812.2894	MO. DAY YR. Area Code Daytime Telephone Number	a c Dall Million mission evolu-	. 11	08 2027	• •		914	8	312 2824	L
MO. DAY YR. Area Code Daytime Telephone Number		₹ S	MO.		_		Area Code	Dayt	ime Telephone Numbe	r
	] 프 클 [	ller.								

Commigneealth of Pennsylvania - Notary Seat Kara Akn Miller, Notary Public Erie County
My commission expires November 8, 2027
Commission number 1358652
Member, Pennsylvania Association of Notaries

Member, Pennsylvania Association of Notaries

### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number			•	
1.Unitemized Contributions and R	eceipts-\$50.00 or Less pe	r Contributor		

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	****	
Total for the reporting period (1)	\$	20.00
2. Contributions of \$50.01 to \$250.00 (From	- 124	
Pärt A and Part B) Contributions Received from Political Committees (Part A)	<b> </b> \$	<u> </u>
All Other Contributions (Part B)	\$	100.00
Total for the reporting period (2)	\$	120.00
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)	\$	0.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC: (From Part E)		
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, Report Cover Page, Item B)		120.00

#### **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 Ide	ntification Number				
					Amount
Full Na Commi	me of Contributing ttee			Date [MM/DD/YYYY] \$	
House	# Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Na Commi	me of Contributing ttee	<del></del>		Date [MM/DD/YYYY] \$	
House	Street Address	·		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Nai Commit	me of Contributing ttee		anna ann Indian (1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Nar Commit	ne of Contributing Itee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Nan Commit	ne of Contributing tee			Date [MM/DD/YYYY] \$	
House #	Street Address		·	Date [MM/DD/YYYY] \$	****
City	1	State	Zip Code	Date [MM/DD/YYYY] \$	
Commit			······································	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:

Full Name of Co	1 Tel			Date [MM/DD/YYYY]	\$	
	JEFFREY F	FERRINGER		03/12/2025		100.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
1838	io	HUNRGY RUN				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
UNION	CITY	PA	16438			
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
in mass Ali smile. James Sija Lemb						
House #	Street Address		, , , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY]	S	<u> </u>
					]	
City	Last translation (global deposits of the grant	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	· · · · · · · · · · · · · · · · · · ·
City	Le tiantin efficience.	State	Zip Code	Date [MM/DD/YYYY]	\$	
					1900 to 1	
Full Name of Co	entributor	Lister Lister I		Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	· · · · · · · · · · · · · · · · · · ·
				The Part of the Pa		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributor	the angles apply one as a	The state of the s	Date [MM/DD/YYYY]	5	
House#	Street Address			Date [MM/DD/YYYY]	\$	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$	
				Control Statement Statement Statement		
Full Name of Co	ntributor	- Art and Art		Date [MM/DD/YYYY]	5	
ingston in in the Karliner Internation						
House #	Street Address			Date [MM/DD/YYYY]	5	
			N.			
City	grand the solution of	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 Contributing Co	iftee			Date [MM/DD/YYYY] \$	***************************************
CONTRIDUCTOR	minice			(1) 会 第五日	
House#	Street Addre	ass		Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
City	See appropriate Section (2) 44 const	State	Zip Gode	Date [MM/DD/YYYY] \$	
				director)	
Full Name of Contributing Co	ammittee	P. C. C.	The state of the s	Date [MM/DD/YYYY] \$	
House#	Street Addre			Date [MM/DD/YYYY] \$	
				***************************************	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Lity			Zip souc	Pacamin, Comment	
Full Name of	aramaya — — — — — — — — — — — — — — — — — —	. Pro Strain L		Date [MIM/DD/YYYY] \$	
Contributing Co	ammittee			SHANNSKALLING TOTAL CALL SEC.	
ele niung de	Street Addre	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$	<u> </u>
House #	Street Audie	SS		Date [MM/DD/YYYY] \$	•
		V		17-47-5 (3-47-5)	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
one of the second state o	and the second second				
Full Name of Contributing Co	immittee.			Date [MM/DD/YYYY] \$	
House#	Street Addres	स्द		Date [MM/DD/YYYY] \$	
				Control of the Contro	
City	24.254. (1977) 95.00(6) 14.4 (1.4)	State	Zip Code	Date [MM/DD/YYYY] \$	
				Paramorph Salt	
Full Name of		Lattered 4	A 32 Sec. 37 (Tr. 2011)	Date [MM/DD/YYYY] \$	
Contributing Co					
House#	Terrant Address	7203	<del></del>	Date [MM/DD/YYYY] \$	
House #	Street Addres	35 [3]		Date [MM/DD/YYYY] \$	
		- Anna Marian	- 172 av vo		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	100 100 100	Land 401	- many has - byt harmon road	Date [MM/DD/YYYY] \$	
Contributing Co	mmittee		·	Liferance Self-Almost Contract	
House#	Street Addres	ecl	<u></u>	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)

Eller Identification Number:

E ETH IN WILLIAM STREET	STATE		·		
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
		(		V. 47	
City	Company of the Section	State Zip	o Code	Date [MM/DD/YYYY] \$	
Employer Name	<u>e''</u>	1000000	<u> </u>	Occupation	<del>,, ,,</del>
Employer Mailii Principal Place (	of Business			<u> </u>	
Full Name of Co			<i>f</i>	Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State Zip	Code	Date [MM/DD/YYYY] \$	<del></del>
Employer Name	Ž.	The second secon	Topic Control of Contr	Occupation	
Employer Mailin	ing Address /	1			
Principal Place o	of Business	<u> </u>			_
Full Name of Co	Intributor			Date [MM/DD/YYYY] 5	
House#	Street Address			Date [MM/DD/YYYY] \$	
				(A to a to	
City	- S-At-s-a-	State Zip 0	Code	Date [MM/DD/YYYY] \$	
Employer Name	**************************************				
			_	Occupation	_
Employer Mailin Principal Place o	of Business			- Anna -	
Full Name of Cor	ntributor			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State Zip C	Code	Date [MM/DD/YYYY] \$	<del></del>
Employer Name		1.20201 1.2020		Occupation	
Employer Mailing					·
Dringing Black of					

### PART E

# **Other Receipts**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Foll Name House # Street Address  City State Zip Date [MM/DD/YYYY] \$  Receipt Description  Full Name  House # Street Address  City State Zip Date [MM/DD/YYYY] \$  Receipt Description  Full Name  House # Street Address  City State Zip Code  Date [MM/DD/YYYY] \$  Receipt Description  Full Name  House # Street Address  City State Zip Code  Date [MM/DD/YYYY] \$  Receipt Description  Full Name  House # Street Address  City State Zip Code  Date [MM/DD/YYYY] \$  Receipt Description  Full Name  House # Street Address  City State Zip Code  Date [MM/DD/YYYY] \$  Receipt Description  Full Name  House # Street Address  City State Zip Code  Date [MM/DD/YYYY] \$  Receipt Description	Use this Pari	t to report refunds re	eceived, interest earned	l. returned checks ar	nd orior expenditures that were returned to the file
House # Street Address  City State Zip Ode Date [MM/DD/YYYY] \$ Receipt Description  Full Name  House # Street Address  City State Zip Date [MM/DD/YYYY] \$ Receipt Description  Full Name  House # Street Address  City State Zip Date [MM/DD/YYYY] \$ Receipt Description  Full Name  House # Street Address  City State Zip Date [MM/DD/YYYY] \$ Receipt Description  Full Name  House # Street Address  City State Zip Date [MM/DD/YYYY] \$ Receipt Description  Full Name  House # Street Address  City State Zip Date [MM/DD/YYYY] \$ Receipt Description  Full Name  House # Street Address  City State Zip Date [MM/DD/YYYY] \$ Receipt Description  Full Name  House # Street Address	rpericentificaco	i redituets			
House # Street Address  City State Zip Ode Date [MM/DD/YYYY] \$ Receipt Description  Full Name  House # Street Address  City State Zip Date [MM/DD/YYYY] \$ Receipt Description  Full Name  House # Street Address  City State Zip Date [MM/DD/YYYY] \$ Receipt Description  Full Name  House # Street Address  City State Zip Date [MM/DD/YYYY] \$ Receipt Description  Full Name  House # Street Address  City State Zip Date [MM/DD/YYYY] \$ Receipt Description  Full Name  House # Street Address  City State Zip Date [MM/DD/YYYY] \$ Receipt Description  Full Name  House # Street Address  City State Zip Date [MM/DD/YYYY] \$ Receipt Description  Full Name  House # Street Address					
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House # Street Address  City State Zip Date [MM/DD/YYYY] \$    Receipt Description    Full Name    House # Street Address    City State Zip Date [MM/DD/YYYY] \$    Receipt Description    Full Name    House # Street Address    City State Zip Date [MM/DD/YYYY] \$    Code Date [MM/DD/YYYY] \$    Receipt Description    City State Zip Date [MM/DD/YYYY] \$    Code Date [MM/DD/YYYY] \$    City State Zip Code Date [MM/DD/Y	Receipt Descript	ion			
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House # Street Address  Gity State Zip Date [MM/DD/YYYY] \$  Receipt Description  Full Name  House # Street Address  City State Zip Date [MM/DD/YYYY] \$  Receipt Description	Receipt Descript	ion			
City State Zip Date [MM/DD/YYYY] \$   Code	Full Name			·	
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Full Name  House # Street Address  City State Zip Date [MM/DD/YYYY] \$ Code  Receipt Description			Jaic	Code	Date IMM/DD/THTT
House # Street Address  City State Zip Date [MM/DD/YYYY] \$ Code  Receipt Description	Receipt Descripti	ion .		A STATE OF THE STA	
House # Street Address  City State Zip Date [MM/DD/YYYY] \$ Code  Receipt Description	Full Name			. "	
City State Zip Date [MMI/DD/YYYY] \$  Receipt Description	a ingerioring and a special property of paying a special contrast of the speci				
Receipt Description		Street Address			
Receipt Description	City		State	Zip Code	Date [MM/BD/YYYY] \$
	Receipt Descripti	o i		Secretarion	
			· · · · · · · · · · · · · · · · · · ·		
	Full Name				
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City State Zip Date [MM/DD/YYYY] \$   Code	City		State	Zip Code	Date [MM/DD/YYYY] \$
	Receipt Descripti	on		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
	Receipt Description	on )			·

#### 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

		RCONTRIBUTOR	
(2)	\$	AFINE SERVICE SERVICES	
	DO (FROM FART G), and a		
NS DURING THIS REPORT			
	(1)  IVED-VALUE OF \$50:019  (2)  /EB-VALUE OVER \$250:  (3)  IS DURING THIS REPORT	(1) \$	

# SCHEDULE II PART F

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

VALUE OF \$50.01 TO \$250

Filer Identification	n Number:				
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
		-			
House#	Street Address			Date [MM/DD/YYYY] \$	
	10 10 10 10 10 10 10 10 10 10 10 10 10 1			1. AT	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	- Add Control	incolor			
Full Name of Co	intributor		<del></del>	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
	in the state of th				
City	<del>V ************************************</del>	State	Zip Code	Date [MM/DD/YYYY] \$	
		- <u> </u>	Anderson Survey		
Description of C	Contribution		·		
Full Name of Co	ntributer			Date [MM/DD/XYYY]   \$	
	- 100 jan inde se Jang Pulaya yang Panja - Pasan P			20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	iontribution			a gamen and the second and the secon	
Full Name of Co	ntributor	<u> </u>		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
				(本) (本) (本)	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] 5	
Description of C	ontribution				
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
					•
House #	Street Address			Date [MM/DD/YYYY] \$	
and with a market of the little	La et eu	State	Zip Code	Date [MM/DD/YYYY] \$	*
City					

#### SCHEDULE II Part G

# **In-Kind Contributions Received**

VALUE OVER \$250

Full Name of Cor	itributor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
	·			
Employer Name			· · · · · · · · · · · · · · · · · · ·	Occupation
Employer Mailin Place of Business	g Address / Principal			Description of
Place of Busines:				Contribution
Full Name of Cor	itributor			Date [MM/DD/YYYY] \$
House #.	Street Address			Date [MM/DD/YYYY] \$
City	And Anna Carlot Control of Control of	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		77 27		Occupation
	g Address / Principal			Description of
Place of Business		5. 6 8.8 24.		Contribution
Full Name of Con	tributor			Date [MM//DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	ASS ACCURATE TO A STATE OF THE	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		To a destruction of	Programme Section 19 (2007)	Occupation
Employer Mailin	g Address / Principal	33 .		Description
Place of Business				of Contribution
Full Name of Con	tributor	- Ameri		Date [MM/DD/YYYY] \$
House #	Street Address		* *	Date [MM/DD/YYYY] \$
				The second secon
City	s charálásad <u>malás</u> s	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			1 200 1 200 2	Occupation
	g Address / Principal			Description
Place of Business		4		of Contribution

### SCHEDULE III

## **Statement of Expenditures**

· · · · · · · · · · · · · · · · · · ·	 		·
Filer identification Number:	 	 	
Control of the second of the s			

Description of Expenditure
DESCRIPTION OF EXPENSION E
Date (MM/DD/YYYY) \$
Description of Expenditure
Date [MM/DD/VYYY] \$
Cate town/DD/1913
Description of Expenditure
and the state of t
Date [MM/DD/YYYY] \$
Description of Expenditure
Date [MM/DD/YYYY] \$
Description of Expenditure
Date [MM/DD/YYYY] \$
Description of Expenditure
<ul> <li>Bernett is Problems in the good for our like the land on the Wings tracket</li> </ul>
Date [MM/DD/YYYY] \$
Description of Expenditure
The last only all the state of the last of
Date [MM/DD/YYYY] \$
Description of Expenditure

#### **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 i	Vimber:				
Name of Creditor	SARA GILGER			Outstand	ling Balance of Debt
House # Street Address S. MAIN STREET		DATE DEBT INCL [MM/DD/YYY			
City	UNION CITY	State	PA Zip 16	438 658.1	<b>O</b>
Description of De	CAMPAIGN MARKETING I	MATERIALS AND KICK C	OFF PARTY EXPENSE	s	
Name of Creditor				Outstand	ling Balance of Debt
House #	Street Address	Street Address		RRED \$	And the second s
		\ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
City		State	Zip Code		
Description of De	<b>b</b>				
Name of Creditor		· · · · · · · · · · · · · · · · · · ·		Outstand	ing Balance of Debt
House#	Street Address		DATE DEBT INCU [MM/DD/YYY		
		State	Zip		
City			Code		
Description of De					
Name of Creditor				[[[4]3-6]34]-4	ing Balance of Debt
House #	Street Address	Address		RRED S	
Gity		State	Zip Code		
Description of De	9.				
Name of Creditor					ing Balance of Debt
House #	Street Address		DATE DEBT INCU [MM/DB/YYY	RRED \$	aya da
City		State	Zip Cade		
Description of Del		·			
Name of Creditor				Outstand	ing Balance of Debt
House#	Street Address		DATE DEBT INCU [MM/DD/YYY		
City		State	Zip Code		
Description of De	<b>94</b>				