

# Commonwealth of Pennsylvania - Campaign Finance Report

			(Note: T	nis re	port mus	st be cle	ear an	d legible	. It sho	uld E	e typec	ij				
	Filer Identification Number		<del></del>		ort Filed I ark X)	By C	Candida	ite	X	Co	mmittee				Lobb	yisı
	Name of Filing Committee, Candidate or Lobbyist			Sara Gilger												
	Street Address				. Main Str	eet										
	City	Union Ci	ty			Ş	itate	PA		Zip	Code	1643	8			
	Type of Report (Place x under report type)															
		2 <sup>nd</sup> Friday e-Primary	3- 30 Day Post Primary		Tuesday Election	5-2 <sup>nd</sup> Pre-E	Friday lection	6-30 D Election		7.	Annual		ial 2 <sup>na</sup> I Election			ial 30 Day Election
Ì		$\times$				L			]							
	Date Of Election (MM/DD/YYYY)		05/20/2025	Yea		20	25	Amend Report				Tern Repo	nination ort	<b>n</b>		
	Summary of Receip Expenditures	its and	From Date	1 (4) (1 (4)	To Dat						For	Office	Use On	il <b>y</b>		
			02/01/2025			/20/202	5	de <u>de arec</u>	og og det green skilet i		<u></u>			diam'r.		The second secon
	A. Amount Brough		S. Camada and	5.11		0.00										
	B. Total Monetary (From Schedule I)		ns)and keceipts	230,67		2025 MAY VOTER R										
	C. Total Funds Available (Sum of Lines A and B)  D. Total Expenditures (From Schedule III)  E. Ending Cash Balance (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received (From Schedule II)				\$ 230.87											
				Ş		888.97										
				\$	(	(658.10)										
				\$	\$ (658.10) \$ 0.00			<u>ت</u>								
	G. Unpaid Debts an (From Schedule IV)		ns	Ş	i	0.00									-	
					·		idavit Se				·.					
My	Part of this is a Com	mittee repor	t, treasurer sign h	ere. If	this is a Car	ndidate r	eport, c	andidate si	grittere.	lge ac	of belief f	rue, cor	rect and	l comple	te.	· .
My commission expl Commission n	Swap to and subscrib	ied before m MAL	e this	uiicu 3	* 1	u baken.	عرب وي د. سيت 		DV	W		06	2/		<u> </u>	
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res November 8. umber 1358652	mnsyllammission expire	es NO.	DAY YR.	<u>}</u> [				Area Code	<del></del>		Da	ytime Te	elephon	e Numbe	er	
nber 586:	Part≨l III this is a reoo	rt of a Candi	date's Authorized	Comm	i <b>ttee</b> , cand	lidate sha	ill sign h	ere.						/	01.400	2 4/2 220\
8.2027	। इंग्लुब (or affirm) tha amegiced.			and be	lief this po	litical con	nmittee	has not vic	olated an	y prov	visions of	ine Act	or June :	3, 1937 (	P.L. 133	33, NO.32U) as
	Sworn to and subscrib	ea perore m	e uns.													
	day of		20	<del>-</del>					Sign	nature	of Candi	date				
	Sign	nature		<del>-</del>						Print	ed Name			··	_	
	My Commission expire	es	DAY YR.					Area Code			Day	time Tel	lephone	Number	<del>-</del>	

#### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number		
er o sad seksoning <u>de ser en seksoning seksoning</u>		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	*	
Total for the reporting period (:	(1) \$	\$ 0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	,0141 /3 122 123 /2 /2	
Contributions Received from Political Committees (Part A)	1	\$
All Other Contributions (Part B)	+;	\$
Total for the reporting period (2	(2) \$	\$ 0.00
3. Contributions Over \$250.00 (From Part Cand Part D)		
Contributions Received from Political Committees (Part C)	1	5
All Other Contributions (Part D)	\$	\$
Total for the reporting period (3	(3) \$	5 0.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4	(4)   \$	\$  230.87
Total Monetary Contributions and Receipts during this reporting period (Add and	Ś	230.87
enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Repor Cover Page, Item B)	1	230,87

#### 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 Identificatio	in Number				
					Amount
Full Name of Co	ontributing	,		Date [MM/DD/YYYY] \$	<i>[</i>
Committee					16 16 : 18 :
House#	Street Address			.Date [MM/DD/YYYY] .S	<u> </u>
					1 10 10
City		State	Zip Code	Date [MM/DD/YYYY] /S	85
	T				
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]\$	
House #	Street Address	<del></del>		Date [MM/DD/YYYY] \$	
City	And the second s	State	Zip Code	Date [MM/DD/YYYY] S	
50.4 to		7.50 mg		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Full Name of Co	ontributing	2.50.00.00.00.00.00.00.00.00.00.00.00.00.	Contract Con	Date [MM/DD/YYYY] \$	Ä
Committee					1
House#	Street Address			Date [MM/DD/YYYY] \$	
				24 V	
City	Autor (Valleys Ling Ro)	State	Zip Code	Date [MM/DD/YYYY] \$	
					100 M
Full Name of Co Committee	intributing	The Control of the Co	Possiling at a married and a second	Date [MM/DD/YYYY] \$	
House#	Street Address	<u>· · · · · · · · · · · · · · · · · · · </u>		Date [MM/DD/YYYY] \$	4 . A.A
				#3.24 1.34	
City	Landing and a shall	State	Zip Code	Date [MM/DD/YYYY] \$	<u>.</u>
	,			1000 1000 1000 1000 1000 1000 1000 100	
Full Name of Co Committee	ntributing	to Server State Sale	The marks of the second	Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
	31.55	— <del></del> ,,,,,,			
City		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Co Committee	ntributing		)	Date [MM/DD/YYY] \$	
House#	Street Address	·		Date [MM/DD/YYYY] \$	
	The state of the s				.: <u>-</u>
City		State	Zip Code	Date [MM/DD/YYYY] \$	
	ı			in the state of th	

#### PART B

Filer Identification Number:

#### **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.)

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Full Name of Contrib	butor		· · · · · · · · · · · · · · · · · · ·	Date MM/DD/YAWA	Š.
House#	Street Address			Date MM/DD/AMM	
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Gity :	***	State	Zip Code	@Date:[MM/Db/\\\\]	
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Full Name of Contrib	Sinae		五三四十二章 (2011年) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	Date (MM/DD/WW)	\$
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House#	Street Address			Date [MM/DB/MM]	S.
				<u> </u>	<u></u>
City		State	Zip Code	Date [MM/DD/AYAY)	S
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Full Name of Contrib	autor-	-		Date MM/DD/AVM	S
House #	Street Address			Date [MM/DD/XYYY]	
Gity		State	Zip Code	Date MM/DD/AAM	\$ 1
		S. S. S.			
	-DUSAGO				a.i.
Full Name of Contrib	autor			Date (MM/DD/AXXY)	<b>\$</b> 7
Ass. Webs. 1	/10/2				<u></u>
House#	Street Address			Date [MM/DD//YYYY]	<b>S</b>
Gity City	<u> </u>	State.	Zip Code	Date [MM/DD/XXXX]	Ş
	···· <u></u>				
Full Name of Contrib	JULO			Date MM/DD/WW/	\$ (
\$100 gar.					
House#	Street Address			Date MM/DD/WW/	S
	April at the second				
City		State	Zip Code		- Ang
		LNOSKON		Date MM/DD/WW/	<b>開選以</b>
Full Name of Contrib	5176738	(Percent			<b>S</b>
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				No special 2	
House#	Street Address			Date [MM/DB/W/W]	
City	10.	State	Zip Code	Date [MM/DD/YYYY]	\$
		<b>建筑</b>		i i	

#### 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/NXXXI] \$	
Contributing Committee				
House# Stre	et Address		Date [MM/DD/MY1] S	······································
	1 = 6.0 1 = 1.0 1 = 1.0			
GIV	State	Zip Code	Date [MM/DD/YYYY] S	· · · · · · · · · · · · · · · · · · ·
	The state of the s	P. J. Sty. Lille R.		
Full Name of			Date [MM/DD/YYYY] \$	<del>.</del>
Contributing Committee				
House# Stree	et Address		Date MM/DD/MM	
City	State	Zip Code	Date [MM/DD/MYY] \$	
		2 3.00 ± 0.00 cm		
Full Name of			Pate MM/DD/AYYM \$	· · · · · · · · · · · · · · · · · · ·
Contributing Committee				*
House# Stree	et Address		Date IMM/DD/MMMI \$	<del></del>
				ļ
chy :	State	Zip Code	Date [MM/DD/MYYY]	
	2.53	SECTION LONG.		
Full Name of Contributing Committee		· · · · · · · · · · · · · · · · · · ·	Date MM/DD/YYYY	e e e e e e e e e e e e e e e e e e e
House# Stree	n Address		Date [MM/DD/WW]   \$	
City	State	Zip Code	Date [MM/DD/MM] \$	
Full Name of Contributing Committee		·	Date (MM/DD/XXXX) \$	
House# Stree	t Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date MM/DD/WWY] (\$	
			<u> </u>	
Eull Name of Contributing Committee			Date (MM/DD/AXXX) \$	
	on which has phosphosphosphosphosphosphosphosphosphos			
House # Stree	t Address	<del></del> .	Date [MIM/DD/MYYI] \$	
	SVEVENTAL .			
City	State	Zip Code	Date [MM/DD/AY441] \$	·
	A SECURITION OF THE PERSON OF			

#### 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 Co	ntributor	i		(Date MNV/DD/AAXX)	<b>\$</b>
House#	Street-Address			Date (MM/OD/AYAY)	\$ 1
Gby		State	Zip Code		Ş
Employer Name Employer Mailin	g Address /			<b>Occupation</b>	**
Principal Place o				WPSTE IMINYADO/AAAAAI AUS	
House#	Street-Address			Date [MM/DD/XYXY]	
Giý. I		State	Zip Code		<b>\$</b>
Employer Mailin				Occupation	
Principal Place of Full Name of Con				LPate (MM/PP/AYAY)	
House#	Street Address			pate IMM/DD/YYMI	
City	SINNER THE STREET LOCATE THE STREET SECTION OF	State	Zip Code	/Date[MM/DD//YYYY]	
Employer Name Employer Mailing				(Occupation)	
Principal Place of Full Name of Con				pate [MM/pp///yy/]	
House #	Street Address			Date[MM/DD/AXXVI).	
City		State	Zip Code	Date [MM/BD//YYYY] \$	
12.546年 月月 1月 1月 1月 1日				Occupation	
Employer Mailing Principal Place of	Address / Business			· · · · · · · · · · · · · · · · · · ·	<del></del>

#### 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 Numb	er:				
Full Name	GARY WELLS				
House# 17550	Street Address ROUTE 8				
Gity.	UNION CITY	State PA	<b>Zip</b> <b>Code</b> 16438	Date [MM/DD/MYY] 04/22/2025	230.87
Receipt Description	REIMBUREMENT OF S	SIGNS AND KICK O	FF PARTY		
Full Name					
House#	Street Address				
<b>City</b>	The state of the s	State	Zip Code	apater(WIW)\op)ywww	<b>\$</b>
Receipt Description					
Full Name		·			
House#	Street-Address				
City		State	Zip Gode	Date [MM/DD/XYAY]	<b>3</b> :
Receipt Description		Successive Constant			
Full Name					
House #	Street-Address	,			
City		State	Zip: Code	Date MM/DD/MM	
Receipt Description					
Full Name					
A DESCRIPTION OF THE PROPERTY	Street Address				
<b>City</b>		State	Zip Code	Date MM/DD/AWM	\$
Receipt Description			·		
Lui vaile	V. T.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Street Address		-		
City		State	Zip Gode	Date [MM/DD/MW]	
Receipt Description					

#### SCHEDULÉ 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:	•		
		3 W V V V - 3 D -	
I. UNITEMIZED IN-KIND CONTE	RIBUTIONS RECEIVED-VALUE OF S	50.UU.C	DRUESS PER CONTRIBUTION  A PROPERTY OF THE PRO
TOTAL for the reporting period	(1)	\$	0.00
2 NEKINDICONTRIBUTIONS RE	GEIVED-VALUE (OF \$50) (01:110:\$25)	0:00 (F)	ROM PARTIE)
TOTAL for the superting posted	(2)	l e	
TOTAL for the reporting period	(2)	٦	0.00
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$250,00 (FRO	M PAR	FG)
TOTAL for the reporting period	(3)	\$	0.00
TOTAL WALLE OF IN KIND CONTRIDUCT	ONE DUBLING THE DESCRIPTING		
TOTAL VALUE OF IN-KIND CONTRIBUTION (Add and enter amount totals		\$	
on Page 1, Report Cover Page, Item F)			o.ão

# SCHEDULE II PART F

# **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer identification Number:				
Full Name of Contributor			Date (MM/DD/MYM)	<b>\$</b>
House# Street Address			Date [MM/DD/\\\\\]	S ·
Gity	State	ZipiCode	Date [MM/DD/MYW]	\$ .
Description of Contribution	10405550051		<u></u> 图	
.Full.Name of Contributor				
House# Street Address			Date [MM/DD/YYYY]	**************************************
City	State	Zip Code	Pate [MM/DD/YYYY]	\$ ·
Description of Contribution				
Full Name of Contributor			Pate/(MM/DD///0774)	<b>5</b>
House# Street Address	·	·	Date (MM/DD/AMA)	
<b>Gity</b>	State	Zip Code	Date [MM/DD/WW]	<u> </u>
Description of Contribution	The second section of the second	(1) American Control of A 275 (10)	225	
-Full Name of Contributor			Date [MM//DD/AYAY]	
House # Street Address			Date [MIM/DD/AVYY]	
Griy.	State	Zip Code	Date [MM/DD/MYY]	
Description of Contribution			10-000	
Full Name of Contributor			ADate [MM/DD/YAYYA] . S	
House# Street Address			Date MM/DD/MMM S	
City	State:	Zip Code	Date [MM/DD/YYYY] \$	1 (Automorphism and Automorphism and Aut
Description of Contribution				

#### SCHEDULE II

#### Part G

# **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:

	E Control			
Full Name of Contribute	or .			Date [MM/DD/YYYY]
	Street Address			Date (MM/DD/MYY) \$
Gity:	Company (s. 1975)	State	Zip/code	Date [MM/DD/YYYY] \$
The state of the s	and the state of the state of			Occupation
Employer Mailing Addro Place of Business	ass/Principal			Description of Contribution:
Full Name of Contributo				®Date:[MM/DD/AVAYI] \$
	treet Address			Date [MM/DD/YYYY]
Gity Employer/Name		State	Zip Code	Date [MIV/DD/XYYY] \$
				and the state of t
Employer Mailing Addre Place of Business				Description of Contribution
Full Name of Contributo				Date (MIN/DE)/AYAA/
	treet Address			Date [MIV/DD/XYXX] \$
City .		State	Zip Gode	Date [MM/DD/NYXY] \$
Employer Name				Occupation
Employer Mailing Addre Place of Business	is of a sufficient floor so successful to a second			Description of Contribution
Full Name of Contributo				Date (MM/DD/MYYI) 5
	treet Address			Date [MM/DD/YYYY] \$
City Employer Name	12	State	Zip Code	Date [MM/DD/YYYY] \$
				Occupation
Employer Mailing Addre Place of Business	ss / Principal			Description of Contribution

# SCHEDULE III Statement of Expenditures

Filer Identification Number:
Elist Hovelitesting Number:
Tildy Hantification Number

To Whom Paid	·	·	Date MM/DD/MAM	
Donna Re	ese		04/04/2025	431.53
House # 2578 Street Ac	Idress W. 24th Street		Description of Expendit	ure
Gity Erie	State PA	Zip Gode 16506	Yard signs and rack cards	
To Whom Paid			Pate (MM//ED/YMY)	\$
Leader Gr	apnics		04/17/2025	119.78
House # 1107 Street Ac	Idress Hess Avenue		Description of Expenditu	ré :
Erie	State PA	. <b>Zip</b> 16503	4X8 SIĞNS	
To Whom Paid SAM'S CL	140		Date (MM/DD/AYAY)	<b>\$</b> 225.34
			04/21/2025	
House # 7200 Street Ad	PEACH STREET		Description of Expenditu	re
Gity ERIE	State PA	Zip Code 16509	KICK OFF EVENT SUPPLI	ES
To Whom Paid	DI/CT		Date MM/DD/MYM	5
TOP'S MA			04/22/2025	4.32
House# 19-21 Street Ad	E HIGH STREET		Description of Expenditu	re:
UNION CITY	State PA	<b>Zip</b> <b>Code</b> 16438	KICK OFF EVENT SUPPLI	ES
Te:Whom Paid WARMER'	SBAKEDY		Date (MM/DD/AVM)	108.00
			04/25/2025	
House # 115 Street Ad	N. FRANKLIN STREI	ET	Description of Expenditu	CE .
TITUSVILLE	State PA	Zip Code 16354	PERSONALIZED COOKIES	3
To Whom Paid			PORTE (MIN/DD)AAAAA	\$
House# Street Ad	dress		Description of Expenditu	ře .
	12-42-	tu-diagram and district		
<u>Ety</u>	State	Zip Code		
To Whom Paid			Date [MM/DD/XYML	<b>\$</b>
House# Street Ad	dress	· · · · · · · · · · · · · · · · · · ·	Description of Expenditu	e de la designa de la companya de la
CIEV.	State	Zip Code 25		
To Whom Paid	1 Marie - September 2 1		Date MM/DD/YYYY	
House # Street Ad	dress		Description of Expenditur	e in the second
Gity.	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.

Hier Identification Number:			
Name of creditor			Oursanding salance of Jent
A STATE OF THE PARTY OF THE PAR	t'Address	DATE DEBT INCURRED	
The state of the s	State	<b>⊿e</b>	
Gly The state of t	State	Code -	
Description of Debt			
Name of Creditor House # Street	t/Address	DATE DEBT INCURRED	Qutstanding Balance of Debt
Street	CE HUMEN	[MM/DD/YYYY]	
GiV	State	Zip Code	
Description of Debt	1255	- and a second s	
Name of Greditor			Outstanding Balance of Debt
House# Stree	t Address	DATE DEBT INCURRED.	<b>S</b>
	Tenas.		
City Carlot Francisco	State	Zip Code	
Description of Debt			(Opticianding Salance of Deba
Name of Creditor House# Stree	at/Address	DATE DEBT INCURRED	\$
		[MM/DD/YYYY]	
City	State	Zip Code	
Description of Debt			
Name of Creditor			entanding salance of best
House# Stree	t Address	DATE DEBT-INGURRED	<b>5</b>
Gity	State	Zip	
Description of Debt		Code	
Name of Creditor			Outstanding Balance of Debt
House# Stree	et Address	DATE DEST INGURRED	5
City	State.	Zip. Code	
Description of Debt.			