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

Number ()	portfiled By Ca Aark X)	ndidate	Committee	M.	idbyjšt.
Name of Filling Committee; Candidate or Lobbyist	mmillee t	o Elect E	Jizabeth	Hirz	DA
CALL TO A SECURE OF COMPANY AND A SECURE OF COMPANY OF	P.O. Box	295	Zip code		
Type of Report (Place x under report type)		YA	Ap coues	16415	
1. 6 th Tuesday 2: 2 nd Friday 3: 30 Day Post 4-6			7-Annual Special	^{Po} Friday Sp	ecial 30 Day
Pre-Primary Pre-Primary Primary Pre	Election Pre-Elec	tion Election	2. Pre Elec	tion Po	st-Election
Date Of Election			X	MUNICIPAL PROPERTY OF THE PROP	
Date Of Election (MM/DD/YYYY) 11 07 2025	"	Amendment Report	Termina Report	lion	
Summary of Receipts and From Date Expenditures	To Date		For Office Use	Only	
11/07/2023	19/31/202	3			
B: Total Monetary Contributions and Receipts	17,698.9	<u> </u>		• 5 · · · ·	r_2
(From Schedule I) C: Total Funds Available				Special Community Communit	
s(Sum of Lines A and B)	17,698.95	Table and the second se		100 mm	
(FromSchedule III)	1,088.0	<u>0</u>			23
AE, Ending Cash Balance (Subtract Line Difrom Line C)	1660,9	5	•		型で
F. Value of In-Kind Contributions Received (From Schedule II)	0		٠,		w
G. Unpaid Debts and Obligations (From Schedule IV)	0				
Part 1- If this is a Committee report, treasurer sign here. If	Affidavit	t, candidate sign here			
I swear (or affirm) that this report, including the attached s Sworn to and subscribed before me this	adules of parter, is to	the best of my knowledg	e and belief true, correct a	nd complete.	
23 day of January 20 24	vania nty Decen Decen Sociatio	Vatricia.	Rived	-	
Sue Shot fella Signature IV	enrisy ld, No e Cou pires i numb nia Ass	PA FIRE	Person Submitting report	NEDY	
My Commission expires 12-02-26	nweath of Penns Sue Sheffield, N Erie Cph nmission expires Commission num	814	Printed Name 450 -	4516	
MO. DAY YR.	10 6010	Area Code	Daytime Telepho	one Number	
Part II- if this is a report of a Candidate's Authorized Comm I swear (or affirm) that to the best of my knowledge and be	ittee, candigate sifali sig	n here. ee has not violated any i	provisions of the Act of Jun	e 3. 1937 (P.L. 13	33. NO.320) as
arressace.	ary Se	\bigcirc	· · · · · · · · · · · · · · · · · · ·		
Sworn to and subscribed before me this	Public Public smber 42444 ion of			·	
Sur Sharald	sylvani Juty S Dece nber 1 ssocial	F	ture of Candidate		
Signature V	of Pennsylva ffiëld, Nota Erie County expires De ion number ivania Assoc	P.	rinted Name		
My Commission expires 12 - 02 - 24 VR.	commonwealth of Pennsylvania - Notary Sue Sheffield, Notary Public Erie County Ay commission expires December 2, 20 Commission number 1424443	819 Area Code	5/0-/ Daytime Telephor	963 le Number	
•	Sue Sue Com ber, Pe		I arran a malatrar		
	My o				

SCHEDULE I Contributions and Receipts Detailed Summary Page

File (dentification Number			
1.Unitemized Contributions and Receipts \$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	\mathcal{O}
2. Contributions of \$50.013o \$250:00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)	Ar taturia agr	\$	
All Other Contributions (Part B)		\$	0
Total for the reporting period (2)	\$	0
3: Contributions Over \$250:00 (From Part C and Part D)			8 10 20 20 20 20 20 20 20 20 20 20 20 20 20
Contributions Received from Political Committees (Part C)		\$	\circ
All Other Contributions (Part D)		\$	O
	3) :	5	0
4. Other:Receipts-Refunds, Interest Earned) Returned Checks, ETC. (From Part E)			
Total for the reporting period (4	1) 5		
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, Repor Cover Page, Item B)	t		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.

Filer dentification Number			,	
				Amount
Full Name of Contributing			Date [MM/DD/4444] \$	
Committee				
House# Street Add	iress		Date [MIM/DD/YYYY] \$	
City	State	Zip Code	Date (MM/DD/YYYY) 4 SS	
Full-Name of Contributing Committee			Date [MM/DD/AYYY)	
House# Street Add				·
House# Street Add	ress .	<i>)</i>	Date [MM/DD/XYYY] s	
Con	State	Zip Code		
Gity	State	ZID code	Date [MM/DD//WW] S	•
Full Name of Contributing		主题程序的数据	Date [MM/DD/\W/1] SS	
Committee		•		
House # Street Add	ress	1	Date [MM/DD/YYYY] S	
			To the second of the second of the second se	
City -	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee	* /		-Date (MM/DD/XXXX) S	
THouse # Street Addi			Date MM/DD/YYYY) S	
grouse # Street Addi	ess	ř	apare Inina, physical 13	·
Gity :	State	⟨Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Contributing			Date IMM/DD/WWYE	
Committee				
House# Street Addr	ess		Date [MM/DD/YYYY] SS	
City	State	Zip Code	Date [MM/DD/YYYY] \$5	
	# 15 2 1			
Full Name of Contributing -> Committee			Date [MM/DD/WAY] s	
	į.			
House #4 Street Addr	ess		Date [MM/DD/XYYY]	
7.60 A	166		A Description of the Control of the	
Gity 4	State:	Zip Code	Date (MM/DD/XYYY)	

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.)

(Eller (Centification)					,	
Full Name of Con	(ributoi -	:	•		Date (VIV/DD/Y/Y/Y)	
Assault and a second		,			02.00	
House#	Street Address				Date (MM/DD/YYYY)	
Form:		State				
Gity 5	Chinese representatives a local school property frame (February constructions or or	State	Zip Göde		Date IVIM/DD/XYXXYI	
Full Name of Cont	ibutora				EDETE [MINI/DIP/AWAY)]	5
		.pd				
House#	Street Address				Date [MM/DD/YYYY]	S E
		1502 Westered	Marian Property Constraints			
City		State	Zip Codes		Date [MM/DD/YWW]	
dailtNameokconu	lhittor=	1			Date (MIN//DD//Y/Y/)	
House#	Street Address				Date[MW/DD/WW]	
				·		
City		State	Zip Code	•	Date MIN/DD/YYYY]	
Full Name of Gontri						
AUI NAME OF COMU	in cital				Date MM/DD/YYYY	
House#	Street Address	 		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/AWY)] S	
					/ /	
City		State	Zip Code	<u></u> · ·	Date [MIM/DD/XXXX] \$	
Full Name of Contri	butor				Date (MM/DD/M/M); S	
W	Street Address					
House #	atreer Address				Date [MIVI/DD/AYAA]	
GIV		State	Zip Code		Date: MM/DD/WYY.	
Full Name of Contri	iutor	energe selectives of encounterproper wook	en terremente de la companya de la c		Date IVIN/DD/AYM) S	
House #	Street Address			0.00	Date [MIN/DD/YYYY] \$	
						344 74 75 76 76 76
Gity.		State	Zip Code a	100	Date [MIM/DD/MMM] s	

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 identi	ičarlon Number				
**					
EulkName Contributi	of ng Committee			Date (MM/DD/AYYY) 5	
House#	Street Address			Date [MM//DD/YYYY] - \$	
City		State	Zip Code	Date [MM/DD/YYYY] . 5	
Full Name Contributi	of ng Committee			Date [MM/DD/XXXX] .\$	
House #	Street Address			Date [MM//DD/AYYY] 5	
City.		State	Zip Gode	Date [MM/DD/YYYY)]	
Füll Name Contributi	of ng.Committee			Date [MM/DD//W//] \$	
House#	Street Address	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/XYYY] \$5	
City.		State	Žip Code	-Date [MIM/DD/YYYY] \$	
Full Name Contributio	of . g Committee :			; Date (VIM/DD/YXXX) 3	
(House #	Street Address			Date [MM/DD/YYYY] \$	
Gity		State	Zip.Code	Date [MM/DD/YYM) \$	
Full Name (Contributio	of s g Committee			Date [MM/DD/WW) s.	
House#	Street-Address	,		Date [MM/DD/YYYY] S	
City		State	Zip Code /	Date [MM/DD/YYW]& S	
	ng Committee _s		·	.bate [WIM/bb/////Y/] \$	
House#	Street Address			Date [MM/DD//Y/Y/]. S	
City		State	Zip Codes :=	Date [MM//bb/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)

reflexible from a top (a)		
Baulla Varnes of Keontrabutors.		EDATE:[MM/JDD/AAAM]
House # Street Addres		Date[MM/DD/YYYY] \$
Gitý.	State Zip Code	Spate in M/DD/YYYYj S
Employer Name		Occupation
Employer (Walling Address // Principal Place of Business		
Full Name of Contributors		Date (MIN/DD/AYAY)
House # Street Address		Pate MW/PD/WW/
Gry 2	State Zip Gode	Poate (MM//ĐD/YYYA/) \$
Employer/Name	증 경 경 경 경 경 경 경 경 경 경 경 경 경 ()	Occupation
Employer Mailing Address / Principal Place of Business		
Full Name of Contributor		Date MiNi/DID/XYYYY
House # Street Address		Date [MM/DD/MWW] \$
Gity,	State Zip Code _a .	Date [MM/DD/K/YY]
Employer Name		Occupation .
Principal Placeof Business		
Full Name of Contributor		≱date (www.dod/yyyyy)
House:# Street Address	-	Date:[VIIV/DD/WYY] S.
Gity 3	State. Zip Code	Date (MIN/DD/ANAV) S
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.

Sileridentification Number:					
HaulMame		, e			
	et Adaress		ter = 2 × montages.		F41-94-76
City	· ·	State	Źip Ćode	Date [MM/DD//YYY/]	
Receipt Description					
kull Name					
House# Stre	et/Address				
Cicy		State	Zjp	Date [MIV/DD/MAY)	\$
Receipt Description			Code		
-Full-Name					
		· · · · · · · · · · · · · · · · · · ·	•		
House # Stree	et Address		[ACTIVITIES N		3.24G
City of the state		State	Zip Code	Date MM/DD/YYYY)	
-Receipt Description	-3				·
Füll Name 🧤 🔭					
House # Stree	Address			·	
City .		State	Zip	*Date [MIM/DD/YYYY]	25 g
			Gode_as		
Receipt Description	_	T AND ASSESSMENT OF THE PROPERTY OF THE PROPER	Les (Calanti Terranti Medical)		
Full Name					
Houseilt Stree	t Address				
City		State	Zip Code	*Date [MM/DD/MY/M]	
Receipt-Description					
Full Name					
	t-Address	/ · · · · · · · · · · · · · · · · · · ·		STATE STREET WATER CHARACT	
City .		State	Zip Code	Date [MM/DD/YYYY]	5
Receipt Description		TANK TO THE PARTY OF THE PARTY	7.00 (Part & 1904)		UNROSECT .

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

Faller (dentification Number		sa kanggada (ika-sakan) a sakala kanggada (iki-sakan) in kanggada ka	<u>ultranijā, 2 prinkā prinsa reservas pietus ir sam vientus re</u>	anderen er en trade er framster filmskapen er staten op er for <mark>fælleten tre en en tre</mark> nde er en en trede I
		region managinar est a factor de reje a planta forma appara a ser e		
1, UNITEWIZEDINEKIND: GONERII	BUT ONS RECEIVED VALUE	(0)=\$500000;¥6585	ER CONTRIBUTION	
TOTAL for the reporting period	(1)	\$		
			O	
2 2 INEXINOXEONERIBUTIONS REGI	evaedavalulaoiessonoeta	D-\$250100 (FROM PAR		
TOTAL for the reporting period	(2)	l ¢		
TOTAL TOT the reporting period	(2)		0	
A SE NEKINDECONTRIBUTIONERECEI	V-17 «VAHEU≑/AVI⊐>×≥15 avata	Wedalvelyobayay		
	WARD WARD WAR SZEJI JEST	ALFA CONTRACTOR		
TOTAL for the reporting period	(3)	\$	\triangle	
			1	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from				
on Page 1, Report Cover Page, Item F)	in somes sy sy and by distri		Ó	
		1 1		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Full time of Landing 19 Series		and the following the party of the first of the contract of th	विकित्य स्टब्स्ट के का समावित्य के का स्टब्स्ट के का क्षेत्र के किया है। स्टब्स्ट के समावित्य के समावित्य के स्टब्स्ट के स्टब्स्ट के स्टब्स्ट के स्टब्स्ट के स्टब्स्ट के स्टब्स्ट के स्ट	VALUE OF 330.01 10 3230		And the first of the second of the Window Stone around the Window Stone and the Window Stone are the Stone and the Stone are the Stone and the Stone are the
State Date	Filer Iden	tification Number:		·		
State Date						
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Be strategic of Contributes Bit State S	House #	Street/Address			:Date[MM/DD//YYYt] S	
House # Street Address		(ATTECCATE MASSESSILLAS (STATES CASES)	State	Zip Code.	Date [MN/DD/YYYY]	And services are services and services and services and services and services and services are services are services and services are s
House Street Address Gig Street Address Gig Street Address Jan Contribution Jan	Descript	on of Contribution		Transaction of the same of the		51
State Part	RUIJENIAM ,	e.of Contributor.			Date (MIN//Dd//WYW) \$	
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City State Zip Code Date [MM/DD/YYYY] S Bescription of Contributor Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S Description of Contributor Date [MM/DD/YYYY] S City Date [MM/DD/YYYY] S	Full Nam	an Contributor			PDate [MM/DD/WYM] *	
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Description of Contributor Date Min/DD/YYYY \$		Street:Address				a de la companya de l
Date MM/DD/YYYY \$		nn of Contelbution	State:	Zip Code	*Date (MM//DD/YYYY) \$	
House # Street Address Date [MM/DB/YYYY] \$ Gity Date [MM/DB/YYYY] \$	表示主义					
Gitý Zip.Code Date [MIM/DB/M/N] \$						
		Street Address				
		on of Contribution		.Zip.Code	Date [MM/DD/WW] \$	·

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

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Filer Identification N	umber:-	•		
	Mark Control			
Full Name of Cont	ributor			Date [MM/DD/YYYY] \$
House#	Street Address	**************************************		Date [MM/DD/YYYY] \$
Gity.		State 5	Zip Code	aDate [(VIM/DD/XYYY)] 3\$
Employer Name				Occupation
Employer Mailing / Place of Business	Address / Principal			Description Fof: Contribution
Full Name of Conti	butor	The second se		Pate (MIN)/00/AYYY)
House #	Street/Address			Date (VIV)/DD/AYYY) \$
(Gity		State	Zíp Gode	Date (MM/DD//YYYY)
Employer Name				Occupation 2
Employer Mailing A Place of Business	(ddress://Principal	A TRACE OF THE PROPERTY OF THE		Description of Contribution
Full Name of Contri	butor.			Bate (MM/DD/YYYY)
Høuse#	Street Address			Date [MIVI/DD/YYYY] \$5
Gity:		State	Zip Code	Date [MM/DD/AYYY)] \$
Employer Name		Acceptance and the second seco		Occupation
Employer Mailing A Place of Business				Description of Gontribution
Full Name of Contri	butor			Date: MM/DD/YYYY \$.
House #	Street Address			Date [VIM/DD/YYYY] S
City.		State	*Zip.Gode	Date [MM/DD/YXYY] \$5
Employer Name				Occupation
Employer Mailing A Blace of Business	ddress// Principal 2*		÷	Description

Statement of Expenditures

Filer identification Number:

Gatehouse Media Pennsylvania Holding	s 12/12/2023 975.00
Street Address P.O. Box 630531	Description of Expenditure
Cincinnati Sine OH Code, 45263	Thank you ad in Erie Times News
TO WHOM Paids WALMART	09/03/0003 55.00
House # 5350 Street Address West Ridg Road.	Description of Expenditure
Girve Evile State PA Code 16506	CANDY FOR PARADE
Millcreek Police Union	10 15 20 23 20.00
House # 3608 Street Address West 26th Street	Description of Expenditure
Erie PA code 16506	Gun Raffle Ticket
Holy Trinity	11/05/2023 20.00
Höuse # 2220 Street Address Reed Street	Description of Expenditure
Erie PA ZIP Code 16503	Admission to pre election event
Polish Falcons	Date [MM/DD/YYYI] \$ 18.00
House# 431 Street Address East 3rd Street	Description of Expenditure
Gity Eril State PA Code 16507	Spashetti Dinner
To Whom Paid	Date [MIVI/DD/YYYY] \$2.
House# Street Address	Description of Expenditure
Gity State Zip Gote	
To Whom Paid .	Date:[VIVI/DD/AYAYY] \$
House # Street Address	Description of Expenditure
Ciry State Zip Code	
Ta Whom Paid	Date (MIVI/DD/XYXY) \$
House:# Street Address	Description of Expenditure
City Zip Code 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.

		to itemize an unpaid debts and obligations which are outstanding at the end of the reporting period.
Filer Ide	entification Number	
Name	of Greditor	©utstanding Balance of Debt
House	# Stre	et Address DATE DEBT INGURRED \$
		[MM/DD/YYYY]; : : : : : : : : : : : : : : : : : : :
City		State Zip
nescrit	ition of Debt.	Code
Name	inGreditor	90ustandingBalanceo(Deb)
House #		
(HOUSE)	li oue	et Address DATE DEBT INCURRED STATE DEBT INCURRED MM/DD/NYYY] STATE DEBT INCURRED STATE
City		State Zip
	195	Godg:
Descrip	tion of Debt	
Name o	fereditor	. Outstanding Balance of Debt
House #	Strei	et Address DATE DEBTINGURRED \$
		[MM/DD/\\\\\)]
City		State / Zip S
		Côde 1
Descrip	tion of Debt	
Name o	r Greditor - 200	Outstanding Balance of Debt
House#		
House.	Oucc	TANGES DATE DEBTINGURRED \$: [MM/DD/AYAY]
City		State Zip.
		Cóge:
Descript	tion of Debt	·
	f Greditor	Outstanding Balance of Debt
House #	Stree	TAddress DATE DEBT INCURRED \$
City		State Zip acode
Descript	ion of Debt	
Name o	r Greditor	Outstanding Balance of Debt.
House #	Stree	1: Address DATE DEBT INGURRED \$ 25.
		MM/DDAYYYI
City		State Zip
		Code C
Descript	tion of Debt	