## Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification > Number Name of Filing Committee: Candidate or	Report Filed By Cani ('Mark X)	didate.	Committee	*Lobbyist**
Lobbyist Street Address	Elizabeth	Ney Pla		
city Farvier	1901 Her		CLE Zip Code 1641	5
Type of Report (Place x under report type)	SERVICE TO THE PROPERTY OF THE			
1. 6 <sup>th</sup> Tuesday 2. 2 <sup>th</sup> Friday 3-30 Day Post Pre-Primary Pre-Primary Primary		on Election	7- Annual Special 2 <sup>nd</sup> ( Pre-Election	
Date Of Election	Year of			
(MM/DD/YYYY)	2024	Amendment Report	Termination Report	
Summary of Receipts and From Date Expenditures	10 Date 12025		For Office Use Onl	<b>ÿ</b> Line in the second
A. Amount Brought Forward From Last Report  B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 0			VOTER RE
C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures	\$ 0	<del></del>		2C 23
(Erom Schedule III) E. Ending Cash Balance	\$ 0			
(Subtract Line Difrom Line C)  F. Value of In-Kind Contributions Received  (From Schedule II)	\$ 0			
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0			
Part 1- If this is a Committee report, treasurer sign her	Affidavit	Section sandidate sign bord	-	
I swear (or affirm) that this report, including the attach Sworn to and subscribed before me this  23 day of December 20 24	ed schedules on paper, is to the	he best of my knowledge	and belief true, correct and of	omplete.
Signature Common	wealth of Fennsylvania - Not nette Maggio, Notary Publi	ary Seal	Printed Name	ledy
My Commission expires O& O& 202	Erie County mmission expires June 6, 2 mmission number 144658	8/ // 2028s codo	570-740 Daytime Telephone I	Vumber
Part II- If this is a report of a Candidate's Authorized Co I swear (or affirm) that to the best of my knowledge an amended.	जिलाहरू है जी तो विशेष्ट इसिया अपूर्त d belief this political committe	nereies e has not violated any p	rovisions of the Act of June 3,	1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this		R	1	
Synthesis Signature	,	ELIZABET	ure of Candidate	
- 4	nonwealth of Pennsylvania - Lynette Maggio, Notary P	Ottany Spari	572 74 Daytime Telephone N	<u>63</u>
M	Erie County commission expires June Commission number 1446	6, 2028 5583		

## SCHEDULE I Contributions and Receipts Detailed Summary Page

Fileridentification Number	Option and the		er omskaler skill filosom transporter om skeler til til filosofierer (b. 17 km). Han skelet i filosofiere til s
	i pi au	•	
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	
2. Contributions of \$50.01 to \$250.00 (From		3,2450	
Part A and Part B)			
Contributions Received from Political Committees (Part A)	25320000000	\$	
All Other Contributions (Part B)		Ś	
The other gold in access		۶	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part G and Part D)		SV 25559	
Contributions Received from Political Committees (Part C)	STATE STATE	\$	
All Other Contributions (Part D)			
All Other Contributions (Fart D)		\$	· 
Total for the reporting period	(3)	\$	
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, Re	port	f	

#### 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 Num	JEF	and the second s		,	
				Company of the Association of the Company of the Co	Amount
Full Name of Contribu Committee				Date [MM/DD/YYYY] \$	de per trede portion for town the property agent to make in
House #	Street Address			Date [MM/DD/YYYY] \$	
City Full Name of Contribu		State	Zip Code	Date [MM/DD/YYYY] \$	
Committee				Date [MM/DD/YYYY] S	
	Street Address	COLUMN AND IN	Jacobi Maria	Date [MM/DD/YYYY] \$	
City Full Name of Contribut	ana sa sa	State:	Zip Code	Date [MIM/DD/YYYY] S: Date [MIM/DD/YYYY] S:	व कारक करना गामिक के कार है जिसकी के कार का का का का का
Committee	Street Address				
Gity	Street Address	Free Control	100 P	Date [MM/DD/YYYY] SS	
Full Name of Contributi	ine.	State	Zip Code	Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S	
Committee	Street Address	* /		Date [MM/DD/YYYY] \$	
Gity		State	Zip Code	Date [MM/DD/YYYY] \$	PPTH-MILITA-
Full Name of Contributi	ng			Date [MM/DD/YYYY] 5	
Committee House#	Street Address			Date [MM/DD/YYYY] S	
Citý J		State	zip Code ,	Date [MM/DD/YYYY] \$	
Full Name of Contributi Committee	ng			Date [MM/DD/YYYY] S	ado ( 1828) e mana de en america de la composición de la composición de la composición de la composición de la
	treet Address			Date [MM/DD/YYYY] 5	
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.)

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Full Name of Contributor	:		Date [MM/DD/AVAY)] S	
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	State			
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House# Street Address	Ų		Date [MM/DD/YYYY] \$	
Street Address			Pate [WM/AD/AHA1] 22	į
City	State	Zip Code	Date MM/DD/YYYY] Ś	
Paul Name of contributor			Date MM/DD/YYYY) S	
			Some action (No. 1) and the sound of the sou	
Höuse讲。 Street Address			Date [MM/Db/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/,DD/AAAA]	
Control of the Contro				
House # Street Address			Date [MM/DD/MYY) \$	
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Hull Names of Contributors			Date (MM/DD/AASA) S	an Magazian sa salah menyelengan sa makhasanya an magazian
				·
House # Street Address			Date [MM/DD/Y4444] \$	
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City.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MIM/DD/YAW]	in menumentak menumenta <u>n dipagan ing d</u> P
House# Street Address			Date [MM/DD/YYYY) S	
City	State	Name of the last o		**************************************
	JAC	Zip Gode	Date [MM/DD/YYYY] 5°	- <u>-</u> .

#### 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.

File dentification Number

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					agono, lasso de recombres servicios de como ministra de proposicione del como
Full Name of Contributing Committee	Wald State Color			Date [MM/DD/XXXX]	
House# Str	eet Address		·	Date [MM/DD/YYYY]	\$
City	[] [] [] [] [] [] [] [] [] [] [] [] [] [	State	Zip Code	Date [MM/DD/YYYY]	3
Full Name of Contributing Committee				Date MM/DD/AAA/I	
House# Str	eet Address	<del>,</del>		Date [MM/DD/YYYY]	<b>3</b>
Gity.		State	Zip:Godě	Date [MM/DD/AYYY]	\$
Full Name of - Contributing Committee :			A STATE OF THE STA	Date (MIM/DD/AMAM)	
	eet Address	·		Date [MM/DD/YYYY]	<b>\$</b>
Grty		State	Zip Code	Date [MM/DD/YYYY]	<b>3</b>
Full Name of Contributing Committee				Date [MM/DD/\$4444]	
House# Stre	et Address			Date [MM/DD/YYYY]	\$5/
City :		State	Zip Code	Date [MM/DD/AYYY]	\$ \$
Full Name of Contributing Committee	1			Date (MM/DD/YYYY) a	<b>S</b>
House # Stre	et Address		AND THE RESIDENCE OF THE PARTY	Date [MM/DD/YYYY]	<b>.</b>
City City		State	Zip Gode	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House # Stre	eet Address			Date [MM/DD/YYYY]	<b>*\$</b>
Gity		State	Zip Code	Date [MM/DB/YYYY]	<b>\$</b>

#### 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)

Fleridentification Number		
Full Name of Contributor		Date (MM/DD/AYAM) \$
	t Address	Date (MM//DD/XXXX) \$
City Employer Name	State Zip Code	Date [MM/DD/YYYY] \$2  20ccupations
		ESCUPATION
Employer Mailing Address / Principal Place of Business		
Full Name of Contributor		Date:[MM/DD/YYVY]
	t/Address	Date MM/JDD/YYYY) \$
Giv :	State Zip.Code	Date [MM/DB/YYYVI]. \$5
Employer Name		Occupation.
Employer Mailing Address / Principal Place of Business	90 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Full Name of Contributor		Date [MINI/DD/YYYY] \$
	Addiess	Date [MM/DD/YYYY]
Gity	State Zip Code	;Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address /		Occupation
Principal Place of Business		
Full Name of Contributor		Date [MM/DD/YYYA] \$
	Address	©Date [MM/DD/YYYY] S.
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation:

#### **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				
	Street Address		Lo	
Gity		State	Zip. Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name			etakon 19. kultura 19. merileka katalangan kelalangan dalam	
House #	Street Address	·		
Cify		State	Zip	Date [MM/DD/YYYY] \$
	4.56		Code	
Receipt Description				
Full Name				λ
	Street Address			
Gity		State	¹Žip ·Code */	Date [MIW/DD/YYYY] \$
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Gity		State	Zip Code	Date [MM/DD/YYYY] \$
-Receipt Description				
		an ar than some trade are the trade of the second		
Full Name				
	Street Address			
City		State .	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Participation Sheet	The second of th	1 (1977)
			materia de la començão em como de como esta esta de començão de començão de començão de començão de començão d	

#### 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

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Filer identification Number				,	
1: UNITEMIZED IN-KIND CONTRIBU	TIONS RECEIVED VALUE O	)F\$50:00 OR:LESS	PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$	an an an an Airlean (Airleannach an Airleannach an an Airleannach an Airleannach an Airleannach an Airleannach	<u> Personal di Pe</u> Personal	
2: IN-KIND CONTRIBUTIONS RECEIV	ED-VALUE OF \$50 OF 1(0)	5250:00 (EROM:PA	ARTIE)		
TOTAL for the reporting period	(2)	\$			
	entre en				
3. IN-KIND CONTRIBUTION RECEIVE	D-VALUE OVER \$250:00 (I	FROM PART G)			
TOTAL for the reporting period	(3)	\$			-
					are rock to be proceeded by the big.
TOTAL VALUE OF IN-KIND CONTRIBUTIONS PERIOD (Add and enter amount totals from on Page 1, Report Cover Page, Item F)		1 1			The state of the s

#### SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

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Filer identification Number:	•
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Full Name of Contribu		P. C.		Date (MM/DD/AYXX)	*
House#	Street Address			Date (MM/DD/AXX)	
City		State	Zip Code	Date MM/DD/YYY)	
Description of Contrib	Jution			<u></u>	
Rull Name of Contribu	(O)			Date [MM/DD/YYYY]	2
House#	Street Address			Date [MM/DD/YYYY]	Š
City	Control (Control (Con	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	ution				
Full Name of Contribu	tor	ekan panga masan nahing di perandakan selakat melangga bebasah se		#Date (MM/DD/AAAA)	\$
	Street Address	*		Date MM/DD/YYYY)	<b>\$</b>
City.		State	Zip Code	Date [MM/DD/WW]	
Description of Contrib	útion			· · · · · · · · · · · · · · · · · · ·	
Full Name of Contribu	tor.		Anna an de a reconstructiva de que an posició de se se en Angeles cida de Anna de Angeles cidades de Anna de A	Date MM/DD/AWA	<b>\$</b>
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City  Description of Contrib		State:	Zip Code	Date [MM//DD/YYYY]	<b>\$</b>
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Gitý A		State	Zip Code	Date [MM/DD/YWY]	
Description of Contribu	ition :				

#### SCHEDULE II Part G

## **In-Kind Contributions Received**

	VALU	IE OVER \$250	
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	Booth Considerates — Extra de Conserva a respectation of the Confederation of the Conservation of the Conserva		
Full Name of Contributor		D	ete [MM/DD/YYYY] \$
House# Street	t Address		ate [MM/DD/YYYY] \$
City City	State Zip Cod	de Da	nte (MM/DD/YYYY) \$
Employer Name		200	cupation
Employer Mailing Address / I	Printinal 2		escription
Place of Business		of	
Full Name of Contributor		<b>Da</b>	te [MM/DD/YYYY] \$
House # Street	Address		te:[MM/DD/YYYY] S
Eity	State Zip Cod	Da	te' MM/DD/MYYYI \$
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Employer Mälling Address // P Place of Business	rincipal	of	scription ntributions
Full Name of Contributor.		<b>Da</b>	të [MM/JDD/YYYY] \$
House # Street /	Address	2Da	te [MIV/DD/MYY] \$
City	State Zip.Cod	e Dat	te [MIM/DD/YYYY] \$
Employer Name	EMPLE VALUE	Occ	cupation
Employer Mailing Address / P Place of Business	rincipal	of	scription :
Full Name of Contributor		Manager and the second	ie IMM/BD/xxyy) S
House # Street /	\ddress	<u> </u>	ie[MM/DD/XYYY] \$
Gity -	State Zip Code		te [MIM/DD/YYYY] 5
Employer Name			supation
Employer Mailing Address / P Place of Business	rincipal	of	cription.

# Statement of Expenditures

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Filer Identification Number				

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To Whom Paid				Date [MIM/DD/YYYY]	* <b>\$</b>
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Gity.		State	Zip.		
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To Whom Paid		·			
House #	Street Address			Description of Expenditu	ire
City.	•	State	Zip Code		
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#### **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	Ouistanding Balance of Debt
	eet Address DATE DEBT-INCURRED \$ [MM/DD/YYYY]
City	State Zip
Description of Debt	Code
Name of Creditor	Outstanding Balance of Debt
House# Stree	DATE DEBT INCURRED \$   IMM/DD/YYYYI
City	State Zip Gode
Description of Debt	
Name of Creditor	Outstanding Balance of Debt
	et Address  DATE DEBT INCURRED  [MIN/DD/YYYY]
City	State Zip Gode
Description of Debt  Name of Greditor	
	Ourstanding Balance of Debt.  et Address  DATE DEBT INCURRED. \$
	[MM/DD/YYYY]
City  Description of Debt	State Zip Code
Name of Greditor	
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Gity	State Zip Code
Description of Debt	