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

Filer Identification 332212300 Report Filed By (Mark X)	Candidate Committee Lobbyist
Name of Filing Committee, Candidate or Lobbyist Ki MUSERLY	Hunter
Street Address 1009 G	State DJ Zip Code 1/500
Type of Report (Place x under report type)	State PA LIPEGGE 16502
	<sup>™</sup> Friday   6-30 Day Post   7-Annual   Special 2 <sup>™</sup> Friday   Special 30 Day
	Election   Pre-Election   Post-Election
Date Of Election (MM/DD/YYYY) May 20. Year	25 Amendment Termination Report
Summary of Receipts and From Date To Date Expenditures	For Office Use Only
A. Amount Brought Forward From Last Report \$	
B. Fotal Monetary Contributions and Receipts \$ 1,912	12 YOTES BY
C. Total Funds Available (Sum of Lines A and B)	12
D. Total Expenditures \$ 1,815	201
E. Ending Cash Balance (Subtract Line D from Line C)	
F.:Value of In-Kind Contributions Received \$ (From Schedule II)	110H : 26
G. Unpaid Debts and Obligations \$ (Erom Schedule IV)	
Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate	iffidavit Section
I swear (or affirm) that this report, including the attached schedules or	
Sworn to and subscribed before me this	of the middle of Henter
day of 19(09 20 as	Signature of Person Submitting report
Signature  Signature	Printed Name  9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
IVIV CONTAINSSION EXPITES : C C C C	## # # # # # # # # # # # # # # # # # #
MO. DAY YR.	Daytime Telephone Number
Part II- If this is a report of a Candidate's Authorized Committee, can item is swear (or affirm) that to the best of my knowledge and belief this political camended.	had size bere.  or Amittee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this	·
day of20	
	Signature of Candidate
Signature	Printed Name
My Commission expires MO. DAY YR.	Area Code Daytime Telephone Number

### SCHEDULE I

## **Contributions and Receipts**

Detailed Summary Page

Filer Identification Number	33	-22123	300			
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	مر مرب			 	

1. Uniternized Contributions and Receipts-\$50:00 or Less per Contributor		75 176-)	
Total for the reporting period (	(1)	\$	and the second of the second s
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	·
All Other Contributions (Part 8)		\$	•
Total for the reporting period (	2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	1,500-
All Other Contributions (Part D)		\$	1,500- 466 1,966-
Total for the reporting period (3	3)	\$	1,966-
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period (4	4)	\$	1,966-
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)	rt	\$	

#### 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 Nun	<sup>116er</sup> 33	- 22	12300		8
		<u> </u>			Amount
Full Name of Contrib	outing			Date [MM/DD/YYYY]	<b>3</b>
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MIM/DD/YYYY]	\$ .
75.0	Ser Supering Control			National State Control of the Contro	
Full Name of Contrib	uting	,		Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	<u> </u>
Gity		State	Zip Code	Date [MM/DD/YYYY]	(0)
	Carry SHARESTON III			FEEF COMPANY OF THE STATE OF TH	A STATE OF
Full Name of Contrib Committee	uting			Date [MM/DD/YYYY]	\$
		<u> </u>	<u> </u>		
House #	Street Address	_ <del></del>		Date [MM/DD/YYYY]	
City	-	State	Zip Code	Date [MM/DD/YYYY]	\$
	endigential and the second				1
Full Name of Contrib Committee	uting			Date [MM/DD/YYYY]	<b>\$</b>
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$
City.		State	Zip Code	Date [MM/DD/YYYY]	\$
	<u> 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 </u>		7544 (A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
Full Name of Contrib	uting			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	<b>75</b>
					3000
City		State	Zip Code	Date [MM/DD/YYYY]	S
					1876-19
Full Name of Contribi Committee	uting			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		12.74200			74.00

#### **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.)

# Files (Bentification Number: 33-2212300)

Full Name of Contributor			Date (MM/DD/MYM)	
House # Street Address			Date [MM/DD/YYYY] S	
City	State	Żip Göde	Date MM/DD/AMW	
Full-Name of Contributor			Date [MM/DD/YYYY] S	
House # Street Address			. Pate (MM/0D/AYYY): - \$	
City	State	Zip Gode	Date:[MM/DD/YYYY]	
Full Name of Contributor			Date MM/DD/YYYY, s	
House # Street Address	<del></del>		Date MM/DD/YYYY) S	
Criy, s.	State	Zip'€ode	SDate (MM/DD/4Y4Y) IS	
Full Name of Contributor		-	Date MM/DD/AYYY() S	
House# Street-Address			Date [MM/DB/YYYY] * \$	
The state of the s	State	Zip Code	Date MM/DD/AAAM)	
Full Name of Contributor			Date [MM/DD/\/\/\)	
House # Street Address			Date [MM/DD/xxxx] \$	
(Ctp)	State	Zip Code	Date [MW/DD/YYAY]) S	
Full-Name of Contributor			Date (MM/DD/AMM) . S	
House # Street Address			Date [MM/DD/XYYY] 5	
Giy	State	Zip Gode	Date [MM/DD/YYYY] 5	

#### 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 dentification Number 33–2212200

Folli Name of Common wealth PAC House # P. & Barres Bethes ta	Date [MM//DD/YYYY] & S O/-27-25 Date [MM//DD/YYYY] & S	1,000.00
Gity MAD Bethesda State MD Zipilcode 20824	Date[MM/DD/YMW].	
Full Name of Good House of Wille Helly for Congress  House ## Street Address	Date [MM/DD/MYY] S 04/5/2035 Date [MM/DD/MYM] S	300-
100 470  State PA Zip Code  3016543  Fall Name of	*Date(MW/DD/AWAA) \$ 1	
Gonufloring Committee  House # Street Address		
Fault Maine of	[Date [MIXI/DD/AAAAA]] \$	
Considering Committee    House     Street Additess	DATO[[MIM/JOD/WYW]] \$	
Figil (Name of	Dete   MM/DD/MAM)    \$   Dete   MM/DD/MAM     \$	
(Contributing Committee)    Succeeded by the contribution of the c	Date (MIMODO/MAM)	
Full Name of	Date (MIV/DD/MMM) \$	
Contributing Committee	TOERS [IMIMANADONAMAN]	
ीं प्	Date  MM/DD//WW/M  \$	

#### **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.

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Eller Identification Number: 33-2012300	8
(Full Name)	
House # . Street Address	

rui Narie			•	
	reet Address			
City		State *	Zip Gode	Date:[MM/DD/YYYY]. \$
Receipt Description		(Signature of Programs / Figel)	Process and Processors Contacts	1
FullName				
	reet-Address			
Gty		State	Zip Code	Date [MM/dD/XYYY] \$
Receipt Description				
stull(Name				
	eetAddress			
City City The		State	Zip. Code	Date [MM/DD/YYYY] 5
Receipt Description				
Full/Name - 1, 4 -				
House# Str	eet-Address			
House# Str		State	Z <sub>I</sub> ρ Gode La	Date [MM/DD/YYYY]
House# Str		State	Zip Gode	Date [MM/DD/YYYY] \$.
House# Str City Receipt Description Full Name		State	Žip Gode	Date [MM/DD/YYYY]
House# Str  City  Receipt Description  Full Name  House # Str				
House# Str  Gity  Receipt Description  Full Name  House# Str  City		State	Zip Gode Zip Gode	Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S
House# Str  City  Receipt Description  Full Name  House # Str			Zip	
House# Str  Gity  Receipt Description  Full Name  House# Str  City			Zip	
House# Str  Gity  Receipt Description  Full Name  Afouse# Str  City  Receipt Description  Full Name			Zip	
House# Str  Gity  Receipt Description  Full Name  Gity  Receipt Description  Full Name  Full Name	eet Address		Zip	

#### 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

File Identification Number 33-22 [2300	)
1 - UNITEMIZED IN KIND CONTRIBUTIONS RECEIVED VALUE OF S	50:00 OR JESS PERCONTRIBUTOR
TOTAL for the reporting period (1)	\$
2 INTKIND GONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$25	O DO GROM PARTED
TOTAL for the reporting period (2)	\$
IN KIND CONTRIBUTION RECEIVED VALUE OVER \$250,00 (ERC	NVEART GE
TOTAL for the reporting period (3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING	\$
PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	

# SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

file: Identification Number: 33-2212300	<u>Æ</u>

Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/XYYY] 5
City	State	Zip Code	Date [MM/DD/YYYY] \$5
Description of Contribution			
Full Name of Contributor	***		@Date:[[VIM/DD/YYYY]]
House# Street Address			Date [MM/DD/YYYY]
City S	State	Zip Gode.	Date (MM/DD/YYYY) \$5
Description of Contribution			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House #* Street Address	3		Date (MM//DD/YYYY) \$
Gity.	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution	EA. (15.15)		
Full Name of Contributor			Date [MM/DD/YYYY] \$
House# Street Address			Date [MM/DD/YYYY] \$
City Description of Contribution	State	Zip Gode	Date [MM/DD/YYYY] \$
a vertical and the second second	-		WIE 341
Full Name of Contributor			Date [MM/DD/YYYY] \$
House# Street Address			Date [MM/DD/XXXX] \$
City	State	Zip Code	Date [MM/DD/YYYY] 55
Description of Contribution	× case	•	

# SCHEDULE II Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number: 33-22 12300
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Full Name of Contributor	Date[MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY]
Gity State Zip.Gode	(Date [MM/DD/YYYY] \$ 5.
Employer Name	Occupation 4
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	idate[MM/DD/YYYY]\$ \$
House # Street Address	Date [MM/DD/YYYY] 5
City3 State Zip Code	Date [MM/DD/YYYY] \$ \$
Employer,Name	Occupation
Employer Mailing Address // Principal Place of Business	Description of Contribution
Full Name of Contabutor	*Date [MM/DD////YY] \$
House # Street Address	Date (MM/DD/YYYY) \$*
City. State Zip Gode.	Date [WW/DD/YYYY] \$.
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
	Date [MM/DD/YYYY] \$.
House # Street Address	Date [MM/DD/YYYY]
City Zip Code	Date [MM/DD/YYYY] \$
	Occupation
Employer Mailing Address / Principal Place of Business	Description.

## SCHEDULE III

# **Statement of Expenditures**

# 33-2212300

To Whom Paid.	pate[WM/DD/MW/];;;;;
House #. Street Address	Description of Expenditure R
Gity Zip Code	
To Whom Paid Colo Maris	03 128 128 603.14
Cala maris House # 1317 Street Address State St.	Description of Expenditure
Ene state PA code 16501	Campaign Kick off Porty
A. G. E. Graphics L.L.C.	03/10/2025 245%
House 4 678 Street Address Collins Road	Description of Expenditure
Little Hocking State OKTO COME 45742	Compaign Yard Signs
House # Street Address 1/2/ 1 2016	03/11/2025 4/52.48
1101 HESS ADERICE	Description of texpenditure
Ene State PA Code 16503	(6) 448 Campign Signs
tio Whom Paid.  A mazov	03/12/2025 34.55
House # 418 Street Addiness Terry Ave.	Description of taxparditure
Seattle State WA Code 98109	Cardy/Beads
To Whom Paid!	[   Dane[[M](V)/olo/(\\\\\)]
Foure# Street/Address	Description of Esperditure
Gis) Sing Zip Gode	
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