

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

Filer Identification Number	Report Filed E	3y Candida	te X	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	CHA	RLES	Bile	EWIS	S	
Street Address	629	BURK	HART	AV		
City ERIE		State	FA	Zip Code	16511	
Type of Report (Place x under report type)				·	<u> </u>	
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3- 30 Day Post Pre-Primary Pre-Primary Primary	4-6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY) 05/20	Year	<i>2</i> 025	Amendment Report		Termination Report	
Summary of Receipts and From Date Expenditures 64/235	To Date	<del> 28</del>  25		For	Office Use Only	
A. Amount Brought Forward From Last Repor	5	'5				
B. Total Monetary Contributions and Receipts (From Schedule I) 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) G. Unpaid Debts and Obligations (From Schedule IV)	OTER REGISTRATION					
Part 1- If this is a <b>Committee</b> report, treasurer sign h	ere If this is a Cal	Affidavit Sec				
I swear (or affirm) that this report, including the attack Sworn to and subscribed before me this 28 day of 40° 20 25 Signature  My Commission expires 12 - 20 - 20° MO. DAY YR.  Part II- If this is a report of a Candidate's Authorized I swear (or affirm) that to the best of my knowledge amended.  Sworn to and subscribed before me this	Committee, cand	### atth of Pennsylvania - Notary Standary Public of Erie County  ### Sion expires December 20, 20, 20, 20, 20, 20, 20, 20, 20, 20,	Chaylo Chaylo Chaylo Signature CHAICLES  grea Code	of Person Subm Printed Nam Day	Aitting report LEWIS e 90-8572 rtime Telephone Numbe	<b>7.</b>
day of20	- '1					
Signature	-	_		Printed Name	date 	<del>-</del>
My Commission expires MO. DAY YR.	_	A	rea Code	Dayt	ime Telephone Number	_

#### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ -0-
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	is in a	
Contributions Received from Political Committees (Part A)		\$ -0-
All Other Contributions (Part B)		\$ -0-
Total for the reporting period	(2)	\$ - 0-
3. Contributions Over \$250.00 (From Part C and Part D)		All
Contributions Received from Political Committees (Part C)		\$ - 0-
All Other Contributions (Part D)		\$ - 0- \$ - 0- \$ 0-
Total for the reporting period	(3)	\$ -0-
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ -0-
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)

#### 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	Number				
Bernard C.	The state of the s				Amount
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	
					<del>-</del> 0 -
House#	Street Address			Date [MM/DD/YYYY] \$	•
					1
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor	ntributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address	<u>.</u>		Date [MM/DD/YYYY] \$	
City	[Sec states and security of the second of	State	Zip Code	Date [MM/DD/YYYY] \$	
	W. Fr.	手(望) ひか( (7.43 ま) (5.53)			
Full Name of Cor Committee	itributing			Date [MM/DD/YYYY] \$	
House#	Street Address			Development of the control of the co	
ilouse #	Sueet Address			Date [MM/DD/YYYY] S	
City		State	Zip Codé	Date [MM/DD/YYYY] (\$	
		1 (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c			-
Full Name of Cor Committee	tributing	_		Date [MM/DD/YYYY] \$	ľ
House #	Street Address			Date [MM/DD/YYYY] \$\$	
1003E#	Titles Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Con	tributing	(PROMESTICIONE)		Date [MM/DD/YYYY] \$	/
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
					·
City		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Con	tribution			Date [MM/DD/YYYY] \$	<u> </u>
Committee	The state of the s			Date [MM/DD/YYYY] \$	ľ
House #	Street Address			Date [MM/DD/YYYY] \$	<b>.</b>
City	position among POSS - the doc Cod	State	Zip Code	Date [MM/DD/YYYY] 5	-01

#### 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.)

sedmiyyydireilifinellyellel

ArulliNamesof Contributors			Date(IMM/DD/M/M/). St	
				-01
(Rouse)() Street/Address	S		Date[MM/DD/MM/]); Si	
City	State	<b>⊿</b> lp <b>©od</b> e	Date (MM/JDD//AY/W)	
Full-Name of Contributor			Date[MM/DD/MAM] 5	
Houseff Street Addres			Date [MM/DD/MM]	
Gty,	State	Zip code	(Date [MM/PD/AAA)] S	
(Rull (Names of Contribution)			Date [MM/DD/AXXVI] : S	
Houself. Street/Addres			odate-(MIX//DD/AAAA) 5	
Gty .	State	Zip/Gode	:Date [MW/DD///////] S	
Full Name of Contribution			*Date [MM/DD/MYM] - \$	
(House## Street:Addres			(Date(MM/DD/MM/) 5	
(City)	State	Zip Code	Date[MW/DD/AWW] S	
Full Name of Contributor			EDate (MIXI/JOD/MAAA) S	
House(ii) Street/Addires			Date [MM/DD/M///] \$	
<b>Gity</b>	State	Zip.Code	.Date [MM/DD/AAYA] \$	
Full //amerol/Contributor:			*Date [MM//DD/AAAAA] \$	
(House# Street/Addres			(Date [MM)/DB/AYAY)[4 S	
City	State	Zip Gode	Date[MM/DD/M/M/] \$	-0-

#### 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.

Fileriden Hiteriton Vumber						
Full Name of Contributing Committee				Date [MM/DD/MAM]	-c	>_
	treet Address			Date(MM/DD/MM/);		
Gity	School Floridation and a second	State	Zjp(Code)	Date(MM//DD/XXXX)		
Full Name of Contributing Committee				Date [MW/Jdb//WW/]		
	treet (Address			Date [MM/DD//Y/W]: 5		
City.		State	যাঁp@de	Date[[VIM/DD/AXXXY]] S		
full(Emed) ContributingCommittee				*Date(MM/DD/AAAM) S	Y.	
	tree Address			:Date [MM/DD/AAAM]: S		
City	<del>De l'agrande</del>	State	'Дip Gode	Date [MM/DD/MAM] S		
Full Name of Contributing Committee				Date(MM/DD/AAAA)  S		
19	ireet/Address			Date MM/DD/MMM		
(ब्रिह्र) 	Tribungs (	State	Zip Code	Date [MM/,DD/;\\\\\)	Ž Ž	
Full Name of Contributing Committee				Date/MMMDD/MMM/ji S		
	ireet Address			Date [MM/DD/XXAX]		
Gity		State	Zip Gode	Date [MIM/DD/MMM] S.	and the same of th	
Gall Nemeon Contributing Condition				Date (MIN/DD/MMM) S		
	reet-Address	* Ammur can'ingan March (Sping )	The second secon	Date (MM/DD/MMM) S		
Gity		State	Zip@ode	Date [MM/DD/XXXXI] S	~2	<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)

		. <u></u>				
Mauli Name of Consultu	29-9-0-4-3					
Hull Value of Continue				Date (MM/DD/AYM)	- 0	<del>1</del>
(House#	Street Address			¿Date IMM/DD/YYYYI S	1	
Giv -	[	State	Zip Code	Date IMM/DD/YYYYI		
Employer Name				Occupation		
Boayar Mailling/Add Ruding soak legionirk	ress// ness					\
uditineo:Tenralillui	ाण			Date([V)(V)/DD7/V/A/V).		
(House#/	Street Address			(Date [MM/DD/AYYYI)		
Giy	PCSTARREGUORN-agenturmany-provides	State	Zip Gode	;Date[MIV/DD/AYYYY] S		
Employer/Mme				(Occupation)		
Bigologari Veriling Add Primajosi Persecci Bush	ī@35/ 1€35				- 1	
[Fill] (Vame of Contribu				Date MIX//DB//YYAA		
(House#)	Street Address			Date(MM/DD/XXXX)		
City	HER RESTRICTED AND SERVICES	State	Zip:Code,	Date[MIM/DD/MAM] \$		
Employer Name				.0gatjon		
Baydoyar Meiling Add Principal (Abceoi/Busi						
Tullilyemayilling	TOT			Date MM/DD/AAAM    S	$\Box$	
(House#	Street/Address			(Date [MIM/DD/YYYY) \$		
(elty)	akdowymana kazany mornin zapety)	State	Zip:Gode	Date [MM/DD/AY/M]   S		
Employar Name		·	-	©ccupation	- (	ク <u>-</u>
EmployerMailingAdd Principal Placeoi Busi	iess// iess					

#### 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 Number

······					
Full/Name					
House#	treet Address				
GitV	MANAGER STATE PROGRAMMES IN 1	State	Zip Code 2	Date [MIM/DD/YYYY] \$	<u> </u>
			Lode		0_
Receipt Description					·
GulliName					
	treet Address		•		
City	THE STATE OF THE S	State	Zip Gode	Date [MM/DD/XYYY])	
Receipt Description .			COOL		
FullName					
House#i) S	street Address				
Gity, .		State	Zîp. Gode	Date [MM/DD/YYYY]	
Receipt Description					
Full Name	,				
House# S	treet Address				
Gity In		State	Zip Code	Date MM/DD/YYYY) \$	1
	22-4H		Code		
Receipt Description					
Full Name					
	treet Address				
Gity.	Applied and the second	State	/Zip Code	Date [MM/DD/YYYY] \$	
			Code		
Receipt Description					
(Full Name					
House#	treet Address				
.Citÿ		State	Zip Code	Date (MM//DD///YYY)	
Receipt Description			Code		0-

#### 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

Filer Identification Numbers:	<u>-</u>		
1. UNITEMIZED IN KIND CONTRIBUTIO	DNS RECEIVED VALUE OF S5	0.000	Ruess Pericontributor
TOTAL for the reporting period	(1)	\$	-0-
2 INTRING CONTRIBUTIONS REGRIVED	-VALUE OF \$50.01 TO \$250	00 (FR	<b>⊙</b> MFPARTEE)
TOTAL for the reporting period	(2)	\$	-0-
3. IN-KIND GONTRIBUTION RECEIVED-	VALUEOVER'S250.00/FRON	/ PART	rg)
TOTAL for the reporting period	(3)	\$	-0-
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DI PERIOD (Add and enter amount totals from be on Page 1, Report Cover Page, Item F)		\$	-0-

# SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

The second secon		
公司 1000年 100		
Filer Identification Number:		
Charles a Secretaria de Caracteria de Caract		
Filer Identification Number:		ì

Full Name of Contributor			Date [MM/Db/YYYY]; \$	-0-
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] - \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House:#) Street:Address			Date [MM/DD/YYYY] S	
Certy	State	Zip Code	Date [MM/DD/YYYY]	
Description of Contribution				
Rull Name of Contributor			Date [MM/DD/MYY] \$	
House# Street Address			Date [MM/DD/XYYY] SS	
(Glty)	State	Zip Code	»Date [MM//DD//YYYY]	
Description of Contribution				
Eulli Name of contributor			Date [MM//DD/A4A44]	
House:# Street-Address			Date [MM/DD/WW]] \$5	
City  Description of Contribution	State /	Zip Code:	Date [MM/DD/\\\\)] \$	
Full-Name of Contributor			Date [MM/DD/\\\\\)	
House:# Street Address			Date [MM/DD/YYYY] S	
(Gtyk	State .	Zip Code	.Date:[MM/DD/YYYY] \$	-ò-
Description of Contribution	Bits Volence			

## SCHEDULE II Part G

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

**VALUE OVER \$250** 

		VALUE OVER \$250		
Filer Identification Number:				
FüllkName of Contributor			Date [MM/DD/YYYY]	·
	Gerts 993			-0-
House'# Street Addr			*Date [MM/DD/YYYY] \$	1
Gity	State	, Zip Code	¿Date [MM/DD/YYYY)] \$	

Zip Code

Zip Code

Zip Code -

Occupation

Description

Contribution ...

· Occupation

Description: ...

Occupation 25

Description of Gontribution

Occupation

Description 4

Contribution

of Contribution

Date [MM/DD/XYYY] S

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date MM/DD/YAAY)

Date [MIM/DD/XYYM]

Date [MM/DD/XYXY]

Date [MIM/DD/YYYY] S

Date [MM/DD/YYYY] S

Date [MM/DD/YYYY]

of

Employer Name

Full Name of Contributor

Employer Name: + ....

Full Name of Contributor:

Employer Name

Employer Mailing Address / Principal

Employer Mailing Address // Principal

Place of Business

Place of Business

Employer Name

Place of Business

Full Name of Contributor

Employer Mailing Address / Principal

House #

City

House#

City

House #

City

Employer Mailing Address // Principal Place of Business

Street Address

Street Address

Street Address

**State** 

State

# Statement of Expenditures

Filer Identification Number			
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To Whom Paid	DESANTI	S SIENSEC	RAPHI	CS INC	Date(MM/DD/M	75	433.54
1710	Street Address	FRENCH			Description of Ex	penditure;	
ER)	E	State PA	Zip Code	16502	CAMPAIC		GNS
To Whom Paid					Date  MM/DD/W	YY) S	
House #1	Street Address				Description of Exp	enditure:	
City		State	Zip Code				
To Whom Paid					#Date*(MM/DD/W	YYJ	
House#	Street Address				Description of Exp	enditure	
(Gity)		State	Zip Code				
Tio Whom Raid					Date (MM/DD/YY	YY) \$	
House##	Street/Address				_Description(of)Exp	enditure	
City .		State	Zip://c/ Code				
To Whom Paid					Date MM/DD/XX	YYII IS	
House#	Street Address			-	Description of Exp	enditure :	
Œιγ		(State)	Z4D Gode				
Tre-Whom Paid					Date (MM/ADD/AYA	WII S	
House#	Street Address				Description of Exp	enditure .	
City		State	Zip Gode				-
To Wrom Paids					Date MM/DD/W	YY)] (1] =5	
Nouse#	Street Address				Description of Exp	enditure	
Glay .		State	Zīp Gode				ï
To Whom Paid					Date MW/ADD/AW	Will S	
Gouse##	Street Address				Description of Exp	enditure:	
Giv.		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.

Filer identification Number.			<u> </u>
Name of Greditor			Outstanding Balance of Debt
	et Address	DATE DEBT INCURRED	
City.	State	realizes only than to early grant report frequencies and principles antiquativity of fine electronics.	-0-
Description of Debt.		žip Code	
Name of Greditor			Outstanding Balance of Debt
	et Address	DATE DEBT INCURRED	
		[MM/DD/YYYY]	
City:	State	Zip Code	
Description of Debt			
Name of Greditor		DATE DEBITINGURRED	Outstanding Balance of Debt
House# Stree	et Address	DATE DEBT INCURRED	
Gity	State		
Description of Debt		Gode	
Name of Creditor			Outstanding Balance of Debt
House# Stree	et:Address	DATE DEBTINGURRED.	
Gity	State		
Description of Debt:		(Code	
Name of Greditor			Outstanding Balance of Debt
House # Stree	et Address	DATE:DEBT(INGURRED [MM/DB/YYYY)]	\$
Gity	State	e Zip	
Description of Debt		Code	
Name of Creditor			Outstanding Balance of Debt
	et-Address	DATE DEBTINGURRED	\$
		[MM/DD/YYYY]	
City	State	e Zip Code	
Description of Debt			