

Commonwealth of Pennsylvania - Campaign Finance Report

				ould be typed	<u>.                                    </u>	
Filer Identification Number	Report Filed (Mark X)	By Candid	ate	Committee	X	Lobbyist
Name of Filing Committee, Candidate or Lobbyist Street Address	Comm	1 the	70 e)cc	T Jes	emy Ma	rkham
and the state of the second		Conshim				
city Watts buses	•	State	PA	Zip Code	16442	•
Type of Report (Place x under report type)	1					
1-6th Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Day Post	4-6th Tuesday	5- 2 <sup>nd</sup> Friday	6-30 Day Pos	t 7- Annual	Special 2 <sup>nd</sup> Friday	Special 30 Day
Pre-Primary Pre-Primary Primary	Pre- Election	Pre- Election	J 2 3 7 2 13 7 1 1 3 7 3 7 4 5 9		Pre-Election	Post-Election
Date Of Election (MM/DD/YYYY) //5-2/0-2/29	Year	2025	Amendment		Termination	
00000		2001	Report		Report	
Summary of Receipts and From Date Expenditures 3-7-2.  A. Amount Brought Forward From Last Report	5 5-1	• <u>5-95</u>		For	Office Use Only	
		Ø			٠	~
B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available (Sum of Lines A and B)	\$ 7 \$ 7	50.0 50.0			OTEN STERNE	2025 HAY
D. Total Expenditures	\$ 416	ON AN			Se	<u> </u>
(From Schedule III) E. Ending Cash Balance	\$ 70	26.10		. '	OC	70
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	$\square \square \varnothing \emptyset$	08.60			75	PH 12:
(From Schedule II)	\$ <u>5</u> (	20.0C	,		100	<b>₽</b>
G. Unpaid Debts and Obligations (From Schedule IV)	y Sea	aries				<b>\bar{\bar{\bar{\bar{\bar{\bar{\bar{</b>
		S Zaffidavit Se	tion		<u> </u>	
Part 1- If this is a Committee report, treasurer sign he	re. If Fis & a Can	didate report, ca	ndidate sign here		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
I swear (or affirm) that this report, including the attac	hed schedules of	。 is to the	best of my knowle	edge and belief tr	ue correct and compl	ete.
Sworn to and subscribed before me this	otal res	soci	1 100 0	Va y	De the	
10 day of 1/10 y 202020		num la As	CUTTU			· · · · · · · · · · · · · · · · · · ·
Much Berry	Bernis Figure	Nivan —	PAMELO	e of Person Submi	tting report	
Signature	a Se se	Pennsy		Printed Name		
My Commission expires 4 9 89	mmonwealth Nicgle I My commiss	r. Penns	105	2/1	0-9155	<u>)                                     </u>
MO. DAY YR.	M A	e e	rea Code	Dayi	time Telephone Numb	per .
Part II- If this is a report of a Candidate's Authorized C	ommittee candi	idate shall sign he	ere.	<u>.</u>		
I swear (or affirm) that to the best of my knowledge a amended.	nd be it this poli	itica gommittee	nas not violated ar	ny provisions of th	ne Act of June 3, 1937	(P.L. 1333, NO.320) as
	otary Sic	o tai		1 0		\$
Sworn to and subscribed before me this	Notar Disc 19, 20	223 of 3		1 11		
day of May 20 2025	ج اج <u>ج</u>	129 Tel 129	leven 1		och-	<u>-                                     </u>
Ywole Berry	nwealth of Pennsylvania - Note Nicole Bernis, Notary Public Erle County—	r. Pennsylvania Association of Notar	TENER	nature of Candid	MARKHA	n
Signature	of Pennsylva emis, Nota Erie Coum ion expires			rinted Name	7	· · · · · · · · · · · · · · · · · · ·
My Commission expires 4 9 49	of P Bern Erk Sion	sion viva	814	39	37736	/
MO. DAY YR.	ole I	amis A	ea Code	Daytir	me Telephone Numbe	er .
<u> </u>		E G				
State of the state	Somm	<b>Ж</b> ешре				

#### SCHEDULE !

## **Contributions and Receipts**

**Detailed Summary Page** 

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File	r identification Nu	mber					and the second s	
	GOLDEN TO COMPANY OF MY DESCRIPTION OF THE PROPERTY OF THE PRO	1					· ·	
		3. S. C. C. C. S. A. C.						
7.655165	THE WAY AND LOOK BEAUTING THE PARTY.				4.4 (4.4)			
	200	S. D. Brazel, Sec. 7. 3.		and the second second second		* -		
1.0	是 15 C. T.	S 144 - 441 4	 					

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 Part A and Part B)	mQ.	
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period (2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part 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, 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			<u> </u>	in the second se	. <u> </u>	
					Amount	
Full Name of Contributing				Date [MM/DD/YYYY]	\$	
Committee						
House # Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code		Date [MM/DD/YYYY]	. S.	
Full Name of Contributing	[22] (17) (17) (17)	Place that had progressing the con-		Date [MM/DD/YYYY]	S.	-
Committee				Dare (IMIM/DD/11111)		* . B.
House # Street Address				Date [MM/DD/YYYY]	\$	
	·		· · · · · ·	<b>1</b>		
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing	The Court of the C	Exercise Control of the Control of t		Date [MM/DD/YYYY]	\$	
Committee	**					
House # Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$ .	<del></del>
				9.7.1 Tel (1970)		
Full Name of Contributing		:	a .		\$	
Committee	A	See the second second	e transfer de la proposición dela proposición dela proposición de la proposición dela proposición dela proposición dela proposición de la proposición dela proposición del proposición dela proposición dela proposición dela proposición dela proposición dela proposición del proposició			
House # Street Address	***			2 ( 2 ( 2 ( 2 ( 2 ( 2 ( 2 ( 2 ( 2 ( 2 (	\$	•
	· · · · · · · · · · · · · · · · · · ·			7		
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House # Street Address	<del></del>		<del></del>	Date [MM/DD/YYYY]		·
(1043E 7) SHEEL AMILESS			<u> </u>	Date [MINI/DU/1111]	\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing	W 84 V 8 124	Example of the Control of the Contro		Date [MM/DD/YYYY]	<b>*</b>	
Committee						
House # Street Address		. *****		Date [MM/DD/YYYY]	S	
	1.44					<u>:</u> :.
City .	State	Zip Code		Date [MM/DD/YYYY] S	\$	

#### 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.)

				nbe	

		· · · · · · · · · · · · · · · · · · ·
Full Name of Contributor AMY Walff	5-2-25	100.00
House # 915 Street Address Chestnut ST	Date [MM/DD/YYYY] \$	
State PA ZIDEGODE 16441	Date [MM/DD/YYYY] \$	
Full-Name of Contributor Christopher Miller	5-2-25	250.00
House # 555 Street Address S Parrish Rd	Date [MM/DD/YYYY] S	
Conneau State OH 210 Code 44030	Date [MM/DD/YYYY] \$	
Full Name of Contributor Michael Knight	5-4-25	200.00
House # 5902 Street Address EL9 IN ST	Date [MM/DD/YYYY] \$	
PHSbar6H State PA Zin Code 15206	Date [MM/DD/YYYY] S	
Full Name of Contributor Pamela D. Carulla	4-15-25	200.00
House # 3703 Street Address RASPBUTY ST	Date [MM/DD/YYYY] \$	
City ERIE State PA Zipicode 16508	2099	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
House # Street Address	Date [MM/DD/YYYY] 5	
City State Zip Code	Date [MM/DD/YYYY] \$	※21
Full Name of Contributor	Date [MM/DD/YYYY] S	
House # Street Address	Date [MM/DD/YYYY] \$	
City. State Zip Code	Date [MM/DD/YYYY]	

#### 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 Identification Number:

				•			
				1			
Full Name of Contributing Committee				· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY	5	
House # Stre	et Address			4	Date [MM/DD/YYYY	J. S	
City	The second secon	State	Zip Code		Pate (MM/DD/YYYY	ly S.	
Full Name of Contributing Committee		· · · · · · · · · · · · · · · · · · ·			(Date [MM/DD/XXXX	J∦ S	
	et Address				Date (MM/DD//YYYY	j S	
City		State	Zip Code	.:	Date (MM/DD/AYYY		\rightarrow \( \frac{1}{2} \)
Full Name of Contributing Committee				: :	Date (MM/DD///////		
	et Address				Date [MM/DD/YYYY		
City.		State	Zip Code		Date [MM/DD/YYYY]		
Full Name of Contributing Committee					Date [MM/DD/YYYY]		
	et Address				Date MM/DD/WWM		
City.		State	ZIp:Code		Date [MM/DD/XXXXI		
Full Name of Contributing Committee	water the last of the transport of the last of the las	·		200	Date [MM/DD/YXYY]		
	et Address	Pro		(A. 1995)	Date [MM/DD/YYYY]		
City Full Name of		State	Zip Code		Date [MM/DD/YYYY]		
Contributing Committee				3	Date [MM/DD/(YYY)]		
	et Address		State was a resident of the state of the sta		Date [MM/DD/\\\\)		
City	t en	State	Zip Code		Date [MM/DD/XXXX]	S.	

# 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 €	ontributor				Date [MM/DD/YYYY] \$	
				•		
House#	Street Address	•			Date [MM/DD//YYYY] \$	
				•		
City	[新兴·北京·沙里]。 [2] 《北京·西山	State	Zip Code		Date [MM/DD/YYYY] 5	
						*******
Employer Nam	e				Occupation	
Employer Mail	ing/Address//				Programme and the second	
Principal Place					Date [MM/DD/YYYY]	
rui Maine oi C	Official					
			:		Date [MM/DD/YYYY] \$	
House#	Street Address					
		5		-	Date [MM/DD/YYYY] \$	
City		State	Zip Code		Date (MIN/DD/11-11	
Employer Nam	iė				Occupation	
Employer Mail	ing Address (					
Principal Place						. •
Full Name of C	ontributor				Date [MM/DD/YYYY] \$	
	fe de la companya de					
House #	Street Address				Date [MM/DD/YYYY] \$	
		•				
City.	100 mars - 200 mars -	State	Zip Code		Date [MM/DD/YYYY] \$	
	Carries of the Francisco in the William I		Service (Service)			
Employer Nan	ne				Occupation :	
Employer Mai		3.0.0				
Principal Place Full Name of G	The state of the s				Date [MM/DD/YYYY] \$	
House#	Street Address				Date [MM/DD/YYYY] S	
	JueetAumess	1.1 1 -			CONTRACTOR OF THE PROPERTY OF	
Gity 1		State	Zip Code		Date MM/DD/YYYY] \$	
Employer Nan	ne	38,32,257			Occupation	
100000000000000000000000000000000000000						
Employer Mai	ling Address /				* .	

#### 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.

Her Identification Auri	3		: 1				_ :					
	Company State											
Full Name												
House #	Stre	et Address	. 1								, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
City				State		Zip Code		Date [MN	1/DD/YYYY	]		.:
Receipt Description			···········		į			<u>L</u>				· · ·
Full Name											. N <u></u>	
House #		OPPERATOR AND MINISTERS	·				W-201					-
	Stre	et Address		Doolan a. 2 , NEW 1			1.				-	
City			٠.	State		Zip Code		Date [MN	I/DD/YYYY	]		
Receipt Description												
Full Name										· · · ·		
House #	Stre	et Address	• •	- 4.		~~	<u> </u>					
City				(State	į	Zip 🥡		Date [MM	/DD/YYYY	\$	·.	
						Code		20 man 1 man				
Receipt Description				( A C C C C C C C C C C C C C C C C C C	!			1				
Full Name		***				· · · · · · · · · · · · · · · · · · ·						•
House#	Stre	et Address	<u>.</u>	· ·		, <u>.                                    </u>		<del></del>		•	•	
City Y				State		Zip _		Date [MM	/DD/YYYY)	\$		
	100		. •			Code					٠.	
Receipt Description												
Full Name		-										
House #	Stree	et Address	· me				<del></del>		•			
City	(3.16 (5.16	- Administration of the Control of t		State	150	Zip		Date [MM	/DD/YYYY]	36337-33	· · · · · · · · · · · · · · · · · · ·	
Receipt Description		·				Code	:					
		· .				-						
Full-Name												
House #	Stree	t Address										
City				State		Zip Code		Date [MM,	/DD/YYYY]	\$		
Receipt Description	93.2			<u> </u>	<u>I</u> E			<u> </u>	<del></del>			1 1, 1
lan !	1792 (1) 1					<del></del>		·				

#### 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 dentification Number				
1.4- UNITEMIZED IN-KIND CONTRIBUTI	ONS RECEIVED-VALUE OF \$5	0.00 OR LESS PE	RCONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
2. IN-KIND, CONTRIBUTIONS RECEIVE	D-VALUE OF \$50.01 TO \$250	00 (FROM PAR	(F)	
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION RECEIVED	-VALUE OVER \$250.00 (FRO	M PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTIONS ( PERIOD (Add and enter amount totals from on Page 1, Report Cover Page, Item F)		\$		

# SCHEDULE II PART F

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

VALUE OF \$50.01 TO \$250

Filer Identification Number:							
The second secon	÷3I						
Full Name of Contributor	2	1,21			Date [MM/DD/XYYY)]	35	
A STATE OF THE STA	R.						
House # Stre	et Address			the Company	-Date [MM/DD/YYYY]	<b>(\$.</b>	
	-50-	tech-concessed					<u> </u>
City		State	Zip Code		Date [MM/DD/YYYY]	\$	aleur in
Description of Contributio	n -						
Full Name of Contributor					Date [MM/DD/YYYY]	is:	
ar Carting of the					To the second		
House # Stre	et Address	***			Date [MM/DD/YYYY]	Ś	<del>,</del>
		P				Alex.	
Gity		State	Zip Code	-	Date [MM/DD/YYYY]	Š.	
Description of Contributio	n			ė.			
Full Name of Contributor	1		·			Mala and	
run vanne oi contributor				<u> </u>	Date [MM/DD/YYYY]	<b>(\$</b>	
House # Stre	et Address				Date [MM/DD/YYYY]	<b>S</b> .	
				1			·
City 1		State	Zip Code		Date [MM/DD/YYYY)	5 2	
Description of Contribution	n						
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·		là	Date [MM/DD/YYYY]	<b>S</b>	
				F			
House # Stre	et Address		· · · · · · · · · · · · · · · · · · ·	3	Date [MM/DD/YYYY]	\$	1
							•
Gity		State	Zip Code		Date [MM/DD//W/M]	\$1	
Description of Contribution	n						
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
	!	1 7 1 1 1					
House # Stree	et Address			. 3	Date [MM/DD/YYYY]	\$	
Gity		2.2.5					
CIAY		State	Zip Code		Date [MM/DD/YYYY]	\$	
Description of Gontribution	1						
					<u> </u>		

# SCHEDULE II Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:			

Full Name of Contributor Poul A	DAMETZ	Date MM/DD/YYYY] \$
7ho. 107	DAMETS. HETPRESS Shoppe, L.P. J. CASEY INDUSTRIAL PARK	5/1/25 500.00
House # Street Address C	J. CASEY INDUSTRIAL PANK	pade (MKI/DD/YYYY) \$
City 0-Hcl	State $\rho \Delta$ Zip Code , $\zeta \gamma \zeta \gamma$	Date [MM/DD/YYYY] \$
Pittsburgh	17	
Employer name	Latter Press Shoppe RJ CASEY INDUSTRIAL PARK, P.TT, PA 15033	Occupation Pawl shop
Employer Mailing Address / Principal Place of Business	RJ CABEY INDUSTRIAL	Description Descri
	PARK, P.TT , PAY 15033	Contribution YARO SIGNS
Full Name of Contributor		Date [MM/DD/YYYY] \$
House# Street Address		Date [MM/DD/YYYY] \$
(City)	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of
		Contribution
Full Name of Contributor	:	Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
( vecar)	Transition and	
City **	State Zip Code	Date (MM/DD/YYYY) \$
Comment of the Commen		
Employer Name		Occupation
Employer Malling Address / Principal Place of Business		Description of
		Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
The state of the s		
City	State Zip Code	Date [MM/DD/YYYY] \$
		Occupation
Employer Name		
Employer Mailing Address / Principal Place of Business		Description of
	· ·	Contribution.

# Statement of Expenditures

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Filer Identification Number:				
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	the state of the s			
			and the second s	
A SAME OF THE CONTRACT OF THE				

To Whom F	Pald Oca At	11 0 1 00	of C. A. of	Pate (MM/DD/AWM)	\$ 115850
House #	Street Address	IVE IMPA	cwT Systems	4-22-25	A 30. 20
City	1670 Street Address			The art is the Vision of the Control	
	RIE	State PA	Zip. 16505	MARKETING/SH	AG/SHICTS
To Whom F	PANEC	DOT -	ONLINE	Date [MM/DD/YMY] 5-(0-2025)	\$ 22.90
House #	Street Address			Description of Expenditu	ire
City		State	Zip Code	FEES	
To Whom P	aid			Date [MM/DD/MMM]	<b>\$</b>
House #	Street Address			Description of Expenditu	ire
City		State	Zip Code		
To Whom P	aid			Date [MM/DD/XYYY]	\$
House #	Street Address			Description of Expenditu	re
City		State	Zip Code		
To Whom P				-	\$
House#	Street Address			Description of Expenditu	re
City		State	Zip Code		
To Whom P	aid			Date [MM/DD/YYYY]	<b>\$</b>
House #	Street Address			Description of Expenditu	reintar de la completa : nota e la completa completa
City		State	Zip Code		
To Whom Pa	aid			Date [MM/DD/YYYY]	<b>\$</b>
House#	Street Address			Description of Expenditur	re .
City.		State	Zip Code	A Department of the control of the c	
To Whom Pa				Date [MM/DD/YYYY]	
House #	Street Address			Description of Expenditur	ė.
City.	1 said to back as	State	Zip Code		THE STATE OF THE BUILDINGS OF THE STATE OF T

#### SCHEDULE IV

### **Statement of Unpaid Debts**

Filer Identification Number:

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Creditor			Outstanding Balance of Debt
House# Street	t-Address	DATE DEBT INCURRED	\$
Giv		State Zip Code	
Description of Debt			
Name of Creditor	Nesione research	Payage and Albania	Outstanding Balance of Debt
	t Address	DATE DEST INCURRED [MM/DD/YYYY]	<b>\$</b>
City Description of Debt		State Zip Code	
Name of Creditor	2. mar authorization (VOR)	THE RESERVE OF THE PARTY OF THE	Outstanding Balance of Debt
House # Stree	t Address	DATE DEBT INCURRED [MM/DD/YYYY]	<b>\$</b>
City (City) (Cit		State Zip Code	03 MS 10 SEC 10
			The state of the s
Name of Creditor	allowers which makes to the		Outstanding Balance of Debt
	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	<b>\$</b>
City		State Zip Code	
Description of Debt			
Name of Creditor	THE MANUAL STATES	DATE DEBT INCURRED	Outstanding Balance of Debt
	et Address	[MM/DD/YYYY]	
City  Description of Debt		State ZIp Code	
Name of Creditor			Outstanding Balance of Debt
House# Stree	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State Zip Code	
Description of Debt			