

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed I (Mark X)	By Candida	te	Committee	$ \chi $	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	miller	reck I	Democra:	tic C	monittee	
Street Address	152/2	High	54.			
city ERIE	- 10	State	PA	Zip Code	16509	
Type of Report (Place x under report type)					· · · ·	
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Post Pre-Primary Pre-Primary Primary	4-6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY)	Year	2024	Amendment Report		Termination Report	
Summary of Receipts and From Date Expenditures 0/-0/-2024	To Date			For	Office Use Only	
A. Amount Brought Forward From Last Report	\$ 4,2	-2024 67.79				
B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available	4,2	20,00	-		42	
C. Total Funds Available (Sum of Lines A and B)	\$ 8.4	87.79			o s	
D. Total Expenditures (From Schedule III)	\$ 5,11	10.00				Sta
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 2.34	47.79				
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 313	0				254 54 54 54
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0				
Part 1- If this is a Committee report, treasurer sign he	era If this is a Ca	Affidavit Sect		n		
I swear (or affirm) that this report, including the attac	ched schedules	paper, is to the b	est of my knowledg	e and belief tr	ue, correct and complete	e
Sworn to and subscribed before me this 24 day of January 20 25	er, Penr	onwealth of auren E. T. auren E. T. E. mmission e Commission	Pui D	Vilra	ies	
Lavren Thayer			Alice C.	f Person Submi	uer	- -
Signature () My Commission expires 12-20-20	28 . I &	Pennsylvania nayer, Notary ie County opires Decem	714 ,	Printed Name	2-5176	
MO. DAY YR.	tion	mbe 455	ea Code	Day	time Telephone Number	
Part II- If this is a report of a Candidate's Authorized (Committee, cand	Hteshal Bign her	re.	11 14 19 11		
I swear (or affirm) that to the best of my knowledge a amended.	ind belief this pgo ق ن	tical committee ha	as not violated any	provisions of the	ne Act of June 3, 1937 (P	.L. 1333, NO.320) as
Sworn to and subscribed before me this	. · · · · · · · · · · · · · · · · · · ·					J
day of20	- 1					_
			Signa 	ture of Candid	ate	
Signature			P	rinted Name		
My Commission expires MO. DAY YR.	-	Are	ea Code	Dayti	me Telephone Number	_

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	Millcreek	Democratic C	ommittee	S. All Marcon	

the control of the co				<u> </u>
Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		130 mg. 140 mg. 140 mg.		
Total for the reporting period	(1)	\$		1,010,00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)				
Contributions Received from Political Committees (Part A)	- · · · · · · · · · · · · · · · · · · ·	\$	127	0
Il Other Contributions (Part B)		\$	e de de la companya d	2,010.0
Total for the reporting period	(2)	\$	es el	2,010.0
3. Contributions Over \$250.00 (From Part C and Part D)				
ontributions Received from Political Committees (Part C)	. A-115 ;	\$	The second	1,000.00
II Other Contributions (Part D)		\$	No. 1	(
Total for the reporting period	(3)	\$,,		1,000,00
I. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part F)	49.77 45.280		t de la gradición de la companya de Esta de la companya d
Total for the reporting period	(4)	\$		200.00
otal Monetary Contributions and Receipts during this reporting period (Add and		Ś		

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.

	////	1101 001	K Democrati	CLOMMITTEC	A
Full Name of Co				Total (on front 1979)	Amount
Committee	ARTIPUMS		t.	Date [MM/DD/YYYY] \$. 0
House #	Street Address			Date [MM/DD/YYYY] \$	0
City	They are son that the second	State	Zip Code	Date [MM/DD/YYYY] \$	0
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	0
House #	Street Address			Date [MM/DD/YYYY] \$	\mathcal{O}_{i}
City		State	Zip Code	Date [MM/DD/YYYY] \$	0
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	0
House #	Street Address			Date [MM/DD/YYYY] 5	0
City	The action of the second of th	State	Zip Code	Date [MM/DD/YYYY] \$	0
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] S	0
House #	Street Address			Date [MM/DD/YYYY] \$	0
City		State	Zip Code	Date [MM/DD/YYYY] \$	O
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	0
House #	Street Address			Date [MM/DD/YYYY] \$	0
City		State	Zip Code	Date [MM/DD/YYYY] \$	0 '
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	0
House #	Street Address			Date [MM/DD/YYYY] \$	0
City	P. 1991 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	Zip Code	Date [MM/DD/YYYY] \$	× 7)

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.)

Filer Identification Number: Millcreek Democratic Committee

Full Name of Contributor	Date [MM/DD/YYYY] \$	
Brad Prince	3-18-2024	90,00
House # Street Address	Date [MM/DD/YYYY] \$	
537 E. Grandview Blvd.	3-23-244	50,00
City Exie State PA Zip Code 16504	Date [MM/DD/YYYY] \$	40,00
Full Name of Contributor	Date [MM/DD/YYYY] S	
Sheri Campbell	03-25-2024	80,00
House # Street Address	Date [MM/DD/YYYY] \$	00:00
1022 Hartt Rd.	07-26-2024	40,00
City ERIE State PA Zip. Code 16505	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
Michael G. Filbeck	03-19-2024	90,00
House:# Street Address	Date [MM/DD/YYYY] \$	
7 4879 Thoroughbred Loop		
City State Zip Code	Date [MM/DD/YYYY] \$	
ERIE PA 16506		
Full Name of Contributor	Date [MM/DD/YYYY] \$	0 - 3
Kon Diehl	3-18-2024	90,00
House # Street Address	Date [MM/DD/YYYY] \$, , , , ,
214 Roslyn Ave.	07-08-2024	60.00
City Excie State PA Zip Code 16505	Date [MM/DD/YYYY] \$	-
Full Name of Contributor	Date [MM/DD/YYYY] \$	_
Claudia Di Nardo	3-18-2024	80,00
House # Street Address	Date [MM/DD/YYYY] \$	
5215 Jason Dr.	07-15-2024	40.00
City ExiE State PA Zip Code 16506	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
Rebecca Kessler	3-18-2024	40,00
House # Street Address	Date [MM/DD/YYYY] \$	
3620 Amherst Rd.	07-24-2024	40,00
ERIE State PA Zip Code 16506	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.)

Filer Identification Number:	^ .	_ ,	/3		
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	11111111111111111111111111111111111111	Democratic	1 mmillee		
TO THE WAY TO SELECT A PROPERTY OF THE PARTY	//////CI TEM	E enious avec			
THE STATE OF THE S					
1 1					

Full Name of Contributor	Date [MM/DD/YYYY] \$	
Seth Tattle	01-20-2024	80.00
House # Bridkewood DR.	Date [MM/DD/YYYY] \$	
City State Zip Code	Date [MM/DD/YYYY] \$	
Fairview PA 16415		
Full Name of Contributor Debret Haire	Date [MM/DD/YYM]	100.00
	969.55	3V
House # Street Address Manchester Rd.	Date [MM/DD/YYYY] \$	
City Fairview State PA Zip Code 16415	Date [MM/DD/YYYY] S	S
Full Name of Contributor	Date MM/DD/YYYYI S	
Mary Jo Campbell	08-01-2024	100.00
House # Street Address Linden Ave.	Date [MM/DD/YYYY] \$	
City Edinboro State PA Zip Code 16412	Date [MM/DD/YYYY] \$	
Experience of the Control of the Con		
Ently Norway & Convibutors	Date [MM/DD/YYYY] \$	
Full Name of Contributor Paul J. Monella 11	Date [MM/DD/YYYY] \$	100.00
Paul J. Monella 11 House # Street Address T. (1)	1 N N N	100,00
Pakl J. Monella 11 House # 7159 Street Address Jacob LN. City State: O. Zip Code 1111	17-29-2024	100.00
Pakl J. Monella 11 House# 7159 Street Address Jacob LN. Gity Fairview State: PA Zip: Code 16415	07-29-2024 Date [MM/DD/YYYY] \$	100.00
House # 7159 Street Address Jacob LN. Gity Fajkview State PA Zip Code 16415 Full Name of Contributor	07-29-2024 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ 08-01-2024	100.00
House # 7159 Street Address Tacob LN. Gity Fairliew State: PA Zip:Code 16415 Full:Name of Contributor Lorraine Dolan House # Street Address	07-29-2024 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	100.00
House # Street Address Jacob LN. Gity Fairview State: PA Zip Code 16415 Full:Name of Contributors Lorraine Dolan House # Street Address	07-29-2024 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ 08-01-2024	100.00
House # 7159 Street Address Jacob LN. Gity Fairview State PA Zip Code 16415 Full Name of Contributor Lorraine Dolan House # 1470 Street Address Taylor Ridge G. Gity Erie PA Zip Code 16505	07-29-2024 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ 08-01-2024 Date [MM/DD/YYYY] \$	100.00 80.00
House # 7159 Street Address Jacob LN. Gity Fairview State PA Zip Code 16415 Full Name of Contributor Lorraine Dolan House # 1470 Street Address Taylor Ridge G. Gity Erie PA Zip Code 16505	Date [MM/DD/YYYY] \$	80.00
House # 7159 Street Address Jacob LN. Gity Fairview State PA Zip Code 16415 Full Name of Contributor Lorraine Dolan House # 1470 Street Address Taylor Ridge G. Gity Erie PA Zip Code 16505	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	80.00
House # 7159 Street Address Tacob LN. Gity Fajriew State PA Zip Code 16415 Full Name of Contributor Lorraine Dolan House # 1470 Street Address Taylor Ridge Cf. Gity Erie PA Zip Code 14505 Full Name of Contributor Carolyn Owens	Date [MM/DD/YYYY] \$	100.00 80.00 40.00

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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.)

Filer Identification Number:	Millcreek	Democratic	Committee	

Full Name of Contributor	Date [MM/DD/YYYY] \$	-
Nicole Lavery	04-09-2024	80.00
House # 4615 Street Address Amherst Rd.	Date [MM/DD/YYYY] \$	
City Enie State PA Zip Code 16506	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/XYYY] \$	
Sam Comfort	04-10-2024	80.00
House # 903 Street Address Linden Ave.	Date [MM/DD/YYYY] \$ 07-25-2024	80,00
City Enje State PA Zip Code 16505	Date [MM/DD/YYYY] \$	Secretary of the secret
Full Name of Contributor	Date [MM/DD/YYYY] \$	P .
Elena Salvia	04-10-2024	80,00
National Company Compa	Date [MM/DD/YYYY] \$	X
5304 Heidt Ave.	07-30-2024	80.00
City State A Zip Code	Date [MM/DD/YYYY] \$	
ERIE PA 16509	- 1965 1863 1863	<u></u>
Full Name of Contributor	Date [MM/DD/XYY] \$	Street William
Full Name of Contributor Cathy O'Nell	07-29-2024	80.00
Full Name of Contributor Cathy O'Nell House # Street Address	07-29-2024 Date [MM/DD/YYYY] \$ 03-18-2024	80.00
Full Name of Contributor Cathy O'Nell Strong Address J	07-29-2024 Date [MM/DD/YYYY] \$	X .
Full Name of Contributor Cathy O'Nell House # Street Address Lake Pleasant DR. State	07-29-2024 Date [MM/DD/YYYY] \$ 03-18-2024	46.00
Full Name of Contributor Cathy O'Nell House # 4833 Lake Pleasant DR. City Erie State PA Zip Code 16504 Full Name of Contributor Gerald Servidio	07-29-2024 Date [MM/DD/YYYY] \$ 03-18-2024 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ 07-30-2024	46.00
Full Name of Contributor Cathy O'Nell House # 4833 Lake Pleasant DR. City Erie State PA Zip Code Full Name of Contributor Gerald Servidio	07-29-2024 Date [MM/DD/YYYY] \$ 03-18-2024 Date [MM/DD/YYYY] \$	46.00
Full Name of Contributor Cathy O'Nell House # 4833 Lake Pleasant DR. City Erie State PA Zip Code 16504 Full Name of Contributor Gerald Servidio House # 1720 D. Gore Rd. City State PA Zip Code 1720 D. Street Address W. Gore Rd.	07-29-2024 Date [MM/DD/YYYY] \$ 03-18-2024 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ 07-30-2024	46.00
Full Name of Contributor Cathy O'Nell House # 4833 Lake Pleasant DR, City Erie PA Zip Code 16504 Full Name of Contributor Gerald Servidio House # 1720 Street Address W. Gore Rd. City Erie State PA Zip Code 16509 Full Name of Contributor	07-29-2024 Date [MM/DD/YYYY] \$ 03-18 - 2024 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ 07-30-2024 Date [MM/DD/YYYY] \$	46.00 80.00
Full Name of Contributor Cathy O'Nell House # Street Address Lake Pleasant De. City Erie PA Zip Code 16504 Full Name of Contributor Gerald Servidio House # 1720 Street Address W. Gore Rd. City Exic PA Zip Code 16504 Full Name of Contributor W. Gore Rd. City Exic PA Zip Code 16509 Full Name of Contributor PA Zip Code 16509	07-29-2024 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	46.00 80.00
Cathy O'Nell House # Street Address Lake Pleasant De. City Erie State PA Zip Code Full Name of Contributor Gerald Servidio House # 1720 Street Address W. Gore Rd. City Erie Street Address W. Gore Rd. City Erie Street Address PA Zip Code 1720 O'Nell W. Gore Rd. City Erie PA Zip Code 16509 Full Name of Contributor Michael Resch	07-29-2624 Date [MM/DD/YYYY] \$ 03-18 - 2024 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	46.00 80.00
Full Name of Contributor Cathy O'Nell House # Street Address Lake Pleasant DR. City Erie PA Zip Code 16504 Full Name of Contributor Gerald Servidio House # 1720 Dr. Gore Rd. City Erie PA Zip Code 16509 Full Name of Contributor Michael Roesch	07-29-2024 Date [MM/DD/YYYY] \$	46.00 80.00 80.00

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PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

		creek)emocrati	<u>c Com</u>	<u>mittee</u>		
Full Name of Contributing Co.	nmittee – .		016	<u> </u>	ate [MM/DD/YYYY]	\$	
	trien	nas of	Rock Copelar	nd 1	-6-2024		500,00
House#	Sueet Address		on Ale.	<u> </u>	ate [MM/DD/YYYY]	\$	
133 City	26	State	Zip Code		ate [MM/DD/YYYY]	Š	
Er.	ie			508	are Hallay DD/ 1771]		
Full Name of			Aggregation and provide and	/ Di	ate [MM/DD/YYYY]	\$	
Contributing Cor	nmittee FRIER	ids of	Terry Scute ed St.	ella o	1-15-2024		500.00
House #	Street Address	w 30	th si	Di	ate [MM/DD/YYYY]	\$	
700							
1405 City ER.	ie	State	Zip Code	506	ate [MM/DD/YYYY]	\$	
Full Name of	X Maria	South Characteristic South	To a second second second second	D a	ate [MM/DD/YYYY]	\$	
Contributing Cor	nmittee						0
House #	Street Address			Da	ate [MM/DD/YYYY]	\$	
7.0							O
City		State	Zip Code	Da	ite [MM/DD/YYYY]	\$	<i>a</i>
Full Name of	## V2=W 02=#	P 46 (3)		D	ite.[MM/DD/YYYY]	\$	<u> </u>
Contributing Con	nmittee			- 300 0000	20 Med 1 1 1 mm Vo. 1 mm 1 mm 2 mm		0
House #	Street Address	,		, Da	ite [MM/DD/YYYY]	\$	
							0
City	•	State	Zip Code	Da	ite [MM/DD/YYYY]	\$	α
Full Name of				Da	nte [MM/DD/YYYY]	S	<u> </u>
Contributing Con	nnittee			8000854			
House #	Street Address		·	Da	ite [MM/DD/YYYY]	\$	
into the second							0
City		State	Zip Code	Da	ite [MM/DD/YYYY]	\$.	6
Full Name of				Da	ite [MM/DD/YYYY]	\$	
Contributing Con	imittee						0
House #	Street Address			Da	ite [MM/DD/YYYY]	\$	
		[#####################################	grander og en over i skal			1450 17831	0
City		State	Zip Code.	DE.	te [MM/DD/YYYY]	\$	
3.75.75.95°)			67878755874561	i			()

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)

M//	kreek	Democratic	Committee	1
Full Name of Contributor			Date [MM/DD/YYYY] \$	0
House # Street Address			Date [MM/DD/YYYY] \$	0
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$	0
Employer Mailing Address / Principal Place of Business			, occupation	
Full Name of Contributor	. /	,	Date [MM/DD/YYYY] \$	0
House # Street Address			Date [MM/DD/YYYY] \$	0
City	State	Zip Code	Date [MM/DD/YYYY] \$ Occupation	0
Employer Name Employer Mailing Address / Principal Place of Business		,	- Cocchain.	,
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		/Date [MM/DD/YYYY] \$	0
House # Street Address	· ·		Date [MM/DD/YYYY] \$	0
City	State	Zip Code	Date [MM/DD/YYYY] \$	0
Employer Name Employer Mailing Address /			Occupation	
Full Name of Contributor			Date [MM/DD/YYYY] \$	0
House # Street Address		3	Date [MM/DD/YYYY] \$	0
City.	State	Zip Code	Date [MM/DD/YYYY] \$.	0
Employer Name Employer Mailing Address /		1	Occupation	

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. Filer Identification Number:

Filer Identification Num	iber:	Millcree	k Democ	cratic .	Commi	Hee		
Full Name		Millere	of to	ursch (v	ń			
House # 3608	Stre	Millaren eet Address W	12645	7,				
City the second of the control of th		SI	State	Zip		Date [MM/DD/YY	<u>MM</u> 5	200,00
Receipt Description		Refund	of Pici	nic De	posit	08-19-20	11 November 1	
Full Name House #	Str	eet Address						
City			State	Zip Code		Date [MM/DD/YY	YAYI S	
Receipt Description		Section 200						
Full Name		in the state of th	3				·	
House #	Stre	eet Address	State	Zip		Date [MM/DD/YY	M001 \$	
		-		Code		Date (www.57/		0
Receipt Description				- Fire				
Full Name House #	Stre	eet Address				6		
City			State	Zip Code		Date [MM/DD/YY	my s	
Receipt Description				262-26				
Full Name	Tatan Sang Sang						-	
House #	Stre	et Address		lo and a second			The same of the sa	
			State	Zip Code		Date [MM/DD/YY	<u>W1</u> \$	0_
Receipt Description	erigilis Asolas							
Full Name House #	Stre	et Address						·
City			State	Zip Code		Date [MM/DD/YY)	CONTRACTOR OF THE STREET	
Receipt Description			2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2					

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

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR TOTAL for the reporting period (1) \$ 2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F) TOTAL for the reporting period (2) \$ 3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G) 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	Filer Identification Number:	illcreek D	emocratic L	Committee	١.
TOTAL for the reporting period (1) \$ 2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F) TOTAL for the reporting period (2) \$ 3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G) TOTAL for the reporting period (3) \$ TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING \$					
2: IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50:01 TO \$250:00 (FROM PART F) TOTAL for the reporting period (2) \$ 3: IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250:00 (FROM PART G) TOTAL for the reporting period (3) \$ TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING \$	1. UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED-VAL	UE OF \$50.00 OR LESS PE	R CONTRIBUTOR	
TOTAL for the reporting period (2) \$ 3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART-G) TOTAL for the reporting period (3) \$ TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING \$	TOTAL for the reporting period	(1)	\$	A STATE OF THE STA	
TOTAL for the reporting period (2) \$ 3: IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G) TOTAL for the reporting period (3) \$ TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING \$					
3: IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G) TOTAL for the reporting period (3) \$ TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING \$	2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01	TO \$250:00 (FROM PART	(F)	
3: IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART.G) TOTAL for the reporting period (3) \$ TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING \$	TOTAL for the reporting period	(2)	\$	• ,	.
TOTAL for the reporting period (3) \$ TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING \$			Serves.		
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING \$	3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$250	.00 (FROM PART G)		
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING \$	TOTAL for the reporting period	(3)	\$		
701121120201111120201111120	t start and the	,* e*			* .
on Page 1, Report Cover Page, Item F)	the state of the s	, ,			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	Milloreek Democ	Ratic Com	mittee	

Full Name of Con	tributor			Date [MM/DD/YYYY] \$	0
House#	Street Address			Date [MM/DD/YYYY] S	0
City	- Parks (Managagas are as as as as a	State	Zip Code	Date [MM/DD/YYYY] \$	0
Description of Co	ntribution	ASSESSMENT OF THE PROPERTY OF	В сестем выдания солоте		·
Full Name of Con	tributor!	200	***************************************	Date [MM/DD/YYYY] \$	A .
House#				The self of the se	
House #	Street Address			Date [MM/DD/YYYY] \$	0
City	Spitation to system to the spitate of the spitate o	State	Zip Code	Date [MM/DD/YYYY] \$	\sim
Description of Co	ntribution		Zerten 1440 Bally (sept 2 cc)	(2) 电电子	
Full Name of Con			·	Date [MM//DD/YYYY]	
					O
House #	Street Address	-4,4		Date [MM/DD/YYYY] \$	0
Gity		State	Zip Code	Date [MM/DD/YYYY] \$	0
Description of Co	ntribution				
Full Name of Cont	tributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	0
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SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

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Statement of Expenditures

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House # 1305 Street Address	State St.		Description of Expenditure	
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Erie Erie	State PA	Zip Code 16502		De Picnic
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	liebauer		08-10-2024	33,00
House # 1526 Street Address	High St.		Description of Expenditure	
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House # 543/ Street Address	Linden Ave	-	Date [MM/DD/YYYY] \$	2/2,00
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House # 5431 Street Address City Edin boro To Whom Paid Laman	State PA Adverts,	zip Code 16412	Date [MM/DD/YYYY] \$ 08-10:2024 Description of Expenditure Picnic Shak Date [MM/DD/YYYY] \$ 09-24-2024	
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House # 5431 Street Address City Edin boro To Whom Paid Lamar House # 8235 Street Address	State PA Advertis, Oliver Rd.	zip Code 16412	Date [MM/DD/YYYY] \$ 08-10-2024 Description of Expenditure Picnic Shak Date [MM/DD/YYYY] \$ 09-24-2024 Description of Expenditure Bilboard	1,575,00
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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.

Name of Creditor House 8 Street Address DATE DEST INCURRED Sode City State Sode Outstanding Balance of Debt City State DATE DEST INCURRED Sode Code Outstanding Balance of Debt Code Outstanding Balance of Debt Street Address DATE DEST INCURRED Sode Outstanding Balance of Debt Street Address DATE DEST INCURRED Sode Outstanding Balance of Debt State DATE DEST INCURRED Sode Outstanding Balance of Debt State DATE DEST INCURRED Sode Outstanding Balance of Debt State DATE DEST INCURRED Sode Street Address Street Address DATE DEST INCURRED Sode Street Address Street Address DATE DEST INCURRED Sode Street Address DATE DEST INCURRED Sode Street Address Street Address DATE DEST INCURRED Sode Street Address Street Address DATE DEST INCURRED Sode Street Address Street Ad	Filer identification Numbers	Millereek	Democra	rtic Committee	e ·
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