

Commonwealth of Pennsylvania - Campaign Finance Report

	(Note: Th	ıs rep	ort mus	st be cle	ar and	i legible.	it sho	uld be typed	1)				
Filer Identification Number	:	Repo (Mai	ort Filed E rk X)	Зу С	andida	ite	R	Committee		1	Lobby	ist	
Name of Filing Committee, Ca Lobbyist	ındidate or	Ŋ	Siller	eek (Gov	avusut	- (tu	dy Pac	1				
Street Address		5	ે ે∂ક્દ	N)400	ic 1	rine	ブ	<u> </u>					
City	ERIE				1	TA.		Zip Code	165	09			_
Type of Report (Place x under	report type)												
1- 6 th Tuesday 2- 2 nd Friday Pre-Primary Pre-Primary			Tuesday lection	5- 2 nd F Pre- Ele	3 . T	6- 30 Da Election		7- Annual	Special Pre-Ele	2 nd Friday ction	. 4 - 11 - 11 - 11	30 Day lection	
		Γ			T		<u> </u>	R		1			-
Date Of Election (MM/DD/YYYY)	11-5-2024	Year		202	4	Amenda Report	nent		Termin Report		<u> </u>		
Summary of Receipts and	From Date		To Date				4	For	Office Us	e Only			
Expenditures	1-1-24		12.3	1-24									
A. Amount Brought Forward	From Last Report	\$	_	.34				· · ·			····	· · · · ·	
B. Total Monetary Contribution	ons and Receipts	\$	710))						S	2025 JAN		
C. Total Funds Available		\$) [].	·						100 mg			
(Sum of Lines A and B) D. Total Expenditures	<u>1 E.M. 1888 Ave.</u>	\$	170	<u> </u>									
(From Schedule III)		,	142). 3Y							ω		
E. Ending Cash Balance		\$	0							6.1.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.			
(Subtract Line D from Line C) F. Value of In-Kind Contribution	ons Received	\$	U							75. 50	ńο		
(From Schedule II)		25 J	0)						a i	w L		%.DT.
G. Unpaid Debts and Obligation (From Schedule IV)	ons	\$	O)							.,,		2026
Part 1- If this is a Committee repo	rt transurar sign has	ro If th	sis is a Con		avit Se		- horo					<u>+</u> - n	<u>~</u>
I swear (or affirm) that this report								ige and belief t	rue, correc	t and comple	te.	Ivan a - Notary nty	Januar
Sworn to and subscribed before me day of Subscribed before			` -					fut () of Person Subn Ob EST C Printed Nam	MAS	ort		th of Penns) E SALMON - Erie Cou	sion Expires
My Commission expires	13 202	b	• •			814		(ン1コ-	492		Commonweal	y Commis
/ мо.	DAY YR.	•			A	rea Code		Da	ytime Telep	chone Numb	er	5	¥
Part II- If this is a report of a Cand I swear (or affirm) that to the best amended.							ated an	y provisions of	the Act of J	une 3, 1937 ((P.L. 1333,	NO.320) a	<u> </u>
Sworn to and subscribed before m	e this												
day of	20		1		_								
							Sign	nature of Candi	date		—		
Signature					_			Printed Name		 			
My Commission expires MO.	DAY YR.	•			A	rea Code	_	Day	ime Teleph	none Number	-		
								·	•				

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number Millcreek Covernment Study PA							
1.Uniternized Contributions	s and Receipts-\$50.00 or Less per Contributor						
the second second second second second second	Total for the reporting period	(1) \$	and the second s				
2. Contributions of \$50.01 Part A and Part B)	to \$250.00 (From						
Contributions Received from	n Political Committees (Part A)	\$					
All Other Contributions (Par	t B)	\$	6				
	Total for the reporting period	(2) \$	H)				
3. Contributions Over \$250	1.00 (From Part C and Part D)						
Contributions Received from	n Political Committees (Part C)	\$					
All Other Contributions (Par	t 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) \$	0 -				
· ·	ns and Receipts during this reporting period (Add and oxes 1, 2, 3 and 4; also enter this amount on Page 1, Repo	ort \$					

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.

riier identification	I IVANISCI		Millcreek-Go	overnment Study PAC	<i></i>
					Amount
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
Continuctee					
House #	Street Address		,	Date [MM/DD/YYYY] \$	
City	t	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee			\mathcal{A}		
House #	Street Address			Date [MM/DD/YYYY] \$	
	A 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing	1 0 0 1,	I	Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address	· · ·		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
City		Jiere	Zip code"	Date (min) DO)	
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
i Miller III British war					
Full Name of Co	ntributing	Istanak.	THE TAIL OF MAKE	Date [MM/DD/YYYY] \$	
Committee				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
House #	Street Address			Date [MM/DD/YYYY] \$	
	SU CEL MAN COS				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
		Jule	Zip Code	Date (mid/DD/1111)	
Full Name of Co	ntributing	1 / 10 / 10 / 10 / 10 / 10 / 10 / 10 /	The eight of Jackson of	Date [MM/DD/YYYY] \$	
Committee				<u> </u>	
House #	Street Address			Date [MM/DD/YYYY] \$	
				1.44	
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.)

Filer (dentificatio	n Number:		Mill reek G	overnment tudy PAC	
	•				
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Addre	55	norma	Date [MM/DD/YYYY] \$	-
City	•	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor		7	Date [MM/DD/YYYY] \$	
House #	Street Addre	e Tuel Secret Tuel		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
property of the second of the					
House #	Street Addre	iss		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
			A COMMON AT A COMM		
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Addre	iss	M=47,000	Date [MM/DD/YYYY] \$	
City	The state of the s	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Addre	SS		Date [MM/DD/YYYY] \$	
City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor	1.4 Oranges	(ABB ATT AND ABB TO SEE	Date [MM/DD/YYYY] \$	
House#	Street Addre	SS		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 (dentification	Number:		Millereek	Government (tudy	PAC
		· · · · · · · · · · · · · · · · · · ·			
Full Name of Contributing Co	mmittee			Date [MM/dD/YYYY]	(\$
House #	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of	on to the above the make.			Date [MM/DD/YYYY]	
Contributing Co	mmittee		Ω'		
House #	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	(5)
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee	1 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	5
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	\$
House #	Street Address		,	Date [MM/DD/YYYY]	S
City	Programme (A)	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	\$
House #	Street Address		u <u>-u-</u>	Date [MM/DD/YYYY]	%65 \$
City		State	Zip Code	Date [MM/DD/YYYY]	Š
		2 1/2 a 1/4			LESSE CONTRACTOR

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)

		Mill(reek (Government tody DAC
Barrella de la companya della companya della companya de la companya de la companya della compan			J (1)
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address	୍ରା		Date [MM/DD/YYYY] \$
House # Street Address			Date [win/DD/1111]
City	State	Zip Code	Date [MM/DD/YYYY] \$
			A TABLE TO A TABLE A T
Employer Name		K. messacratic services	Occupation
Employer Mailing Address / Principal Place of Business			Lanca ras communicatives resect
Full Name of Contributor	<u> </u>	70	Date [MM/DD/YYYY] \$
House # Street Address	5		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	POSS-serve score	(1990) Belleville (1990)	Occupation
Employer Mailing Address / Principal Place of Business			P Broth opening a common t
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address	3		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	<u> </u>		Occupation S
Employer Mailing Address /	<u> </u>		
Principal Place of Business	**************************************		
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		Kirjani, Jaja sarfasan magani geogr	Occupation
Employer Mailing Address / Principal Place of Business			Editor State and State and

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.

		四型		
Full Name		b		- 1 Ua.
House #	Street Address	Mill (reek C	sovernment s	> tray the
City		State	Zip	Date [MM/DD/YYYY] \$
7 - 197		Julie	Code	
Receipt Description		[A86/8/A/S-43]	(45-00-0-000 kg/m/dy)	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	A 1 / 10 / 10 / 10 / 10 / 10 / 10 / 10 /	[ACCARAGE PART	(1981 to A. 1894 (2014))	
Full Name			\	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		[means a	100 - 100 m o 21 2/2m	1 · ***)
Full Name				
House #	Street Address			
City	,	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	Albur Cve G	The State of the American	processing the steel	[53.55]
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Liver State of Table 1		
Füll Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		100 - 100 - 100 A	(Carlotter Strategy)	I I

SCHEDULE !

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 Number:		Milvrex	Covernment tu	dy PAC.
)	
1. UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED-VA	LUE OF \$50.00 OR LESS	PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	1 TO \$250.00 (FROM P	ART F)	
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION RECE	EIVED-VALUE OVER \$25	0.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$	\wedge	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for on Page 1, Report Cover Page, Item F)		'	Κ	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification	Number:	MillGrex Gou	comment Study PAC	
				<u>-</u>
Full Name of Co	ntributor		Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	ontribution			
Full Name of Co	ntributor	<u> </u>	Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	ontribution			
Full Name of Co	ntributor		Date [MM/DD/YYYY] \$	· ·
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Co	ontribution			
Full Name of Co	ntributor		Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Co	ontribution			
Full Name of Co	ntributor	, <u>,</u>	Date [MM/DD/YYYY] 5	
House#	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip.Code	Date [MM/DD/YYYY] 5	
Description of Co	ontribution	Pro-8009/8538		

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

riier identiiicadoi			Millreek	sovernment Ludy PAC		
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
		l consequence	In the second second			
City		State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name		1975 (1975) 1980 (1975)		Occupation		
Employer Mailing Place of Busines	ng Address / Principal is		() .	Description of		
				Contribution		
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
Sittle San Sa Sittle San San						
City		State	Zip Code	Date [MM/DD/YYYY] \$		
	gay i gagagay ay i saka da saka da saka					
Employer Name		34 05 % 20 05 %	Occupation			
Employer Mailin	ng Address / Principal			Description of		
i lace of dusines				Contribution		
Full Name of Co	ntributor	•		Date [MM/DD/YYYY] \$		
end et Son en en Bank et Son en en en	Total Millson					
House #	Street Address			Date [MM/DD/YYYY] \$		
487.72.53						
City	providing the results of the figure	State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name	Carrier de la companie de la compani	1975 W	p recessors w seed p[Occupation		
Employer Mailir	ng Address / Principal			Description		
Place of Busines	S			of Contribution		
Full Name of Co	ntributor	3797034		Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
City	to commentation and an extension	State	Zip Code	Date [MM/DD/YYYY] \$		
		42.5				
Employer Name		[44 4 4 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6	1 118 11 80% 81 413 540	Occupation		
Employer Maili	ng Address / Principal			Description		
Place of Busines	(本) 이 하셨다는 이 나는 사람이 없다는 그는 것이 없다.			of		
	and the second second second second	God Servi	·	Contribution		

Statement of Expenditures

Filer Identification Number:		$\overline{}$
	miles y Cura in the Chile	YAC .
	Mill(reel (oovernment Study	1 n

To Whom Paid		<u> </u>		Date [MM/DD/YYYY] \$	
	Su	eWeber		12/27/7024	142.34
House #	Street Address	Norris D		Description of Expenditure	
5331				0:1	ARTON AND AND ARTON AND ARTON
City	21i2	State (/A	zip Code 16569	Postage, openbankas	ct. Fee
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid		A STATE OF THE STA	Participation of a case William	Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City	STATE OF STA	State	Zip Code	This St. A global in the selection of the respect to the Control of the selection of the se	See all aleks teolitis bustinin in meditis Transpulling is
To Whom Paid		Par Vision Marks	The second second	Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	Sens wangenier de
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address	,		Description of Expenditure	
City	The Arm The Wind Car To Canada Card	State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
	T_ 7 (0_ 5_0_ 0 1 5d			Description of Expenditure	
House #	Street Address			Description or expenditure	
City	[1348.03 sout sous/19469]	State	Zip Code	The first contraction of the contraction of the second of	ang <u>ang taon</u> sa matang ang ang taong ang ang ang ang ang ang ang ang ang a
To Whom Paid			[1887] (C. 1886) (C. 1886)	Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City	<u> </u>	State	Zip	PACES (2004-346 to the ARES) SHAFT A HARD MEANING	
			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 Nu	mber:	Millreek Coovernment	L.L. PAr
V/3/68/03/03/03/24/24		THE COOLS WINKING	TURY TILL
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of Debt		Code	
Name of Creditor		DATE NEDT SEATIONS	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
		State Zip	
City		Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address /	DATE DEBT INCURRED	Surviva and a series of property and a series of
	Street Address /	[MM/DD/YYYY]	
City		State Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of Debt	6 (₁	12 12 12 12 12 12 12 12	<u> </u>
			Outstanding Balance of Debt
Name of Creditor	200	DATE DEBT INCURRED	
House #	Street Address	[MM/DD/YYYY]	
	The state of the s		
City		State Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	
		[MM/DD/YYYY]	
City		State Zip	
		Code	
Description of Debt			
a government og flyste	家位達更多		