Commonwealth of Pennsylvania - Campaign Finance Report

Filer Identificatio Number		· · · · · · · · · · · · · · · · · · ·	Report Filed (Mark X)		a legible. It sno	Committee	, <u>X</u>	Lobbyist
Name of Filing Co Lobbyist	ommittee, Ca	ndidate or	(Elect Kylie Morr	is	Terrain Contraction of the Contr	<u>(2000-1900-1911 12 12 13 14 14 14 14 14 14 14</u>	
Street Address			6070 Meridiar	ı Dr				
City	Erie			State	PA	Zip Code	16509	
Type of Report (P	lace x under i	report type)		•				
1-6 th Tuesday 2 Pre-Primary 1	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6th Tuesday Pre- Election	5-2 nd Friday Pre-Election	6-30 Day Post Election	7- Annual	Special 2 nd Frida Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY)		05/20/2025	Year	2025	Amendment Report		Termination Report	
Summary of Rece	ipts and	From Date	To Dat			For	Office Use Only	
Expenditures		03/18/2025	05	6/05/2025	4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	i Marte		
A. Amount Broug	ht Forward F	rom Last Repor	8	0.00				
B. Total Monetar		ns and Receipts	8	3220.00				
(From Schedule I) C. Total Funds Av		3/15	8				Voj	2025
(Sum of Lines A a D. Total Expendit	Contract to the Contract of th		8	3220.00			思思	2025 MAY -
(From Schedule II	l)		0	2288.92				Y -7
E. Ending Cash Ba (Subtract Line D f			8	931.08			Ö	
F. Value of In-Kind	d Contributio	ns Received	8	71.49				PH :
(From Schedule II G. Unpaid Debts a (From Schedule IV	ınd Obligatio	ns	8	643.20			ROLLWALSIN	F 57
(i rom objectus n			- Ta	∞ Affidavit Se	ction			
Part 1- If this is a Cor	mmittee report	t, treasurer sign he including the atta	ere. If this is 3 Ca r	ndidate refiort, ca	indidate sign here.	ge and helief fr	re correct and com	nlete
I swear (or affirm) th Sworn to and subscr	ibed before me	e this	Publi	5865 5865	09		do, dolloot alla doll	pioto.
	May	_20 <u>a/5</u>	ania - Netz	y cember 2 rr 145586 clation of N	Signature	of Person Submi	itting report	
_ Xau	gnature	Thay		ount Sound	hristopher DeSan	ctis		
	12	かっつつぶ	of Pennsyl	expires De coun ion numbe Nania Asso	14	Printed Name	9015	
My Commission exp	MO.	DAY YR.	wealth c	_ = % \$	rea Code		time Telephone Nur	nber
Part II- If this is a rep			Committee 2 and	ida∰e©haysign he		provisions of the	ne Act of June 3, 193	37 (P.L. 1333, NO.320) as
amended.		·	<u> ŏ</u>	ŚŚ			, o , io , o , o , io , io , io , io ,	, (, , <u>,</u> , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Sworn to and subscr	ibed before me	e this	ry Sea	of Notaries	V1.	Ma	.	
day of	Your	20,25	Nota	2865 9 9 N	g/h	11 C	me	
Lau	ren C	Thank	vanja - Notary	cemit First Startion	/lie/Norris	ature of Candid	ate	
	nature 17 -	7/1 - 7/1 ·	5.4	Erie County expires Decion number ion number	14	Printed Name 580-6	536	
My Commission expi	res <u>/d-а</u> МО.	DAY YR.	of Penns	Erie (expir jon nu vania	rea Code		me Telephone Numi	<u> </u>
			i Eu	Erie County mission expires December 20 Commission number 1455865 er, Pennsylvania Association of No		= 2 y	•	
			nonvea Lauren	Commission expires December 20, 2028 Commission number 1455865 mber, Pennsylvania Association of Notaries			λ	
			Commony	My comm Co Member, I				

SCHEDULE I Contributions and Receipts Detailed Summary Page

And the second of the second o			
Filer Identification Number			

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period (1)	8	290.00	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)	8	250.00	
All Other Contributions (Part B)	8	1280.00	
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)	\$	1400.00	
Total for the reporting period (3)	\$	-	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period (4)	\$		F. 4. ± 2
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)	8	3220.00	

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.

	(Marine 1982 - 1997) in the 1987 of 1	Amount
Full Name of Contributing Committee Women the Future Political Action Committee	Date [MM/DD/YYYY] 3	250.00
Women and Factor's Gillery Collective Committee	04/13/2025	
House # Street Address PO Box 35	Date [MM/DD/YYYY] \$	
	DAVAGEMAND	
City State PA Zip Code 16512	Date [MM/DD/YYYY] {	
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$	
House # Street Address	Date [MM/DD/YYYY] 1	
City State Zip.Code	Date [MM/DD/YYYY] 3	
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$	
House # Street Address	Date [MM/DD/YYYY] - 8	
STICL AUDITOR		
City State . Zip Code	Date [MM/DD/YYYY] 3	
Full Name of Contributing	Date [MM/DD/YYYY] 3	
House # Street Address	Date [MM/DD/YYYY] 3	
City State Zip.Code	Date [MM/DD/YYYY] &	
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$	
House # Street Address	Date [MM/DD/YYYY] \$.	
City State Zip Code	Date [MM/DD/YYYY] §	
Full Name of Contributing	Date (MM/DD/AYYY) = 35	
Gommittee		
House # Street Address	Date [MM/DD/YYYY] SS	
City Zip Code	Date [MM/DD/YYYY] 8	
	1,45	

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.)

Filet Identification: Number:

Rouse Corp. Roy		Company of Same Comments			
Bellingham State PA Zir Dode State Zir Dode	Full Name of Contributor	in Mayula		Date [MM/DD/1444]	100.00
Sorro		e worris		E.O.	
Description	The state of the s	ddress		Date MM/DD/YYYY	
Erie	6070	Meridian Dr		04/25/2025	80.00
See-yin So		State		Date [MM/DE/YYYY] - 1	<u></u>
See-yin So	Erie	PA	16509		
House State Address Addres	Full Name of Contributors			Date(MM/DD/MM)	
House 3317 Street Address Sussex Dr Bate MW/DD/YYY/ State PA 2 19106 Bate MW/DD/YYY/ State PA 2 19106 Bate MW/DD/YYY/ State DATE DATE MW/DD/YYY/ State DATE MW/DD/YY	See	e-yin So		03/25/2025	100.00
State PA Sussex Dr Sussex Dr Sussex Dr State PA Suppose Paterson State PA Suppose Suppos	House # Street A	rici ress			
Bellingham WA 98226 Full Namic of Contributor Rock Copeland Date [MM/DD/XYY] 03/25/2025 100.00 House 1336	第 分は整かするない 計算 に 生然的 シャド かき			2 (49 to 19 19 to 19	
Bellingham WA 98226 Full Namic of Contributor Back Copeland O3/25/2025 100.00 House 1336 Strat Addiese Patterson Date IMM/DD/YYYY Erie State PA Zip Code 16508 Full Name of Contributor Elizabeth Hannegan O3/25/2025 Tolly Philadelphia State PA Zip Code 19106 Full Name of Contributor Bruce Rollman Date IMM/DD/YYYY State PA Zip Code 19106 Full Name of Contributor Full Name of Contributor Elizabeth House 2106 State PA Zip Code 19106 Full Name of Contributor Elizabeth House 2106 State PA Zip Code 15217 Full Name of Contributor Lisa Graff Lisa Graff Lisa Graff Silver Springs Dr State Zip Code Date IMM/DD/YYYY 210000 Date IMM/DD/YY		Station .	Win Code	SPEEDSMAN/DD/VVVVIX	
Rock Copeland		WA WA			
Rock Copeland	A SHID NA THE TOTAL PORT OF THE TANK OF THE			Marka Waya wa ka	
House 1336 Street Address Patterson Date MM/DD/YYYY 1		k Copeland			600 to 100 to
1336				- I	
Fill Name of Contributor Elizabeth Hannegan Elizabeth Hannegan Date IMM/DD/YYYY Salte PA Zip Code 16508 Date IMM/DD/YYYY Salte Date IMM/DD/YYYY Salte Date IMM/DD/YYYY Date IMM/DD/YYYY Bruce Rollman Date IMM/DD/YYYY Date IMM/Date IM	The state of the s			- Pare [MM\DP\11/4] = 2	
Full Name of Contributor Elizabeth Hannegan Date [MM/DD/YYY] State Date [MM/DD/YYYY] State Date [MM/DD/YY		1 allerson			
Full Name of Contributor Elizabeth Hannegan State PA Zip Code 19106 Bruce Rollman Date [MM/DD/YYY] State PA Zip Code 19106 Date [MM/DD/YYY] State PA Zip Code 19106 Full Name of Contributor Bruce Rollman Date [MM/DD/YYY] State PA Zip Code 19106 Date [MM/DD/YYY] State PA Zip Code 19106 Date [MM/DD/YYY] State PA Zip Code State [MM/DD/YYY] State [MM/DD/YYYY] Sta		100 A		Date [MM/DD/YYYY]	7
Elizabeth Hannegan O3/25/2025 Pine St, 3F City Philadelphia Philadelphia Pruce Rollman Bruce Rollman Full Name of Contributor City Pittsburgh Full Name of Contributor Lisa Graff Lisa Graff Full Name of Contributor Lisa Graff State PA Zip Code 19106 Date [MM/DD/YYYY] Date [MM/DD/YYYY	∴ Crie	PA	16508		
House # 232 Street Address Pine St, 3F City Philadelphia State PA Zip Code 19106 Full Name of Contributor 2106 Street Address Beechwood Blvd City Pittsburgh PA Zip Code 15217 Full Name of Contributor 2106 Street Address Beechwood Blvd City Pittsburgh PA Zip Code 15217 Full Name of Contributor 2106 State PA Zip Code 215217 Full Name of Contributor 2106 State PA Zip Code 215217 Full Name of Contributor 2100.00 State PA Zip Code 215217 Full Name of Contributor 2100.00 City Pittsburgh PA Zip Code 215217 Full Name of Contributor 215217 Full Name of Contributor 315217 Full Name o				Date Mindom Mark	
City Philadelphia State PA ZIp Gode 19106 Date [MM/DD/YYYY] \$ 100.00 Full/Name of Contributor Bruce Rollman 03/25/2025 100.00 House # 2106 Street Address Beechwood Blvd Date [MM/DD/YYYY] \$ 100.00 Full Name of Contributor Lisa Graff Date [MM/DD/YYYY] \$ 100.00 Full Name of Contributor State PA Zip@ode 15217 Date [MM/DD/YYYY] \$ 100.00 Full Name of Contributor State Silver Springs Dr State Date [MM/DD/YYYY] \$ 100.00	Eliza	abeth Hannegan		03/25/2025	100.00
City Philadelphia State PA Zip Code 19106 Pate IMM/DB/YYYY] 3 100.00 Pate IMM/DB/YYYY] 3 100.00 Pate IMM/DB/YYYY] 3 100.00 Pate IMM/DD/YYYY] 3 100.00 State 2 2 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2	House # Street A	ddfess		Date [MM/DD/YWY] 3	
Philadelphia PA 19106 Full Name of Contributor Bruce Rollman Br	232	Pine St, 3F			
Philadelphia PA 19106 Full Name of Contributor Bruce Rollman Br	City	State	Zin Code	Date (MAL/DE/YYY)	
Bruce Rollman 03/25/2025 100.00 House # 2106 State Address Beechwood Blvd City Pittsburgh PA 15217 Date IMM/DD/YYYVI S 100.00 Date IMM/DD/YYYVI S Date IMM/DD/YYWYI S Date IMM/DD/YWYI D Date IMM/DD/YWYI D Date IMM/DD/YWYI S Date IMM/DD/YWYI D D D D D D D D D D D D D	Philadelphia	PA	19106		
Bruce Rollman 03/25/2025 100.00 House # 2106 State Address Beechwood Blvd City Pittsburgh PA 15217 Date [MM/DD/YYYV] State Date [MM/DD/YYYV] 100.00	Full Name of Contributor		A. A. Santa Carlo	Dates Miny/DD/MASSEES	
House # 2106 Steet Address Beechwood Blvd Date [MM/DD/YYYY] 3 State PA 218 Gode 15217 Date [MM/DD/YYYY] 3 State PA 218 Gode Date [MM/DD/YYYY] 3 State PA 318 G		ce Rollman			
Pittsburgh State PA Zip Gode 15217 Date [MM/DD/YYY] State PA 15217 Date [MM/DD/YYYY] State PA Date [MM/DD/YYY]	House # Street A	idraee		100	<u> </u>
Pittsburgh State PA Zip:Gode 15217 Full Name of Gentributor Lisa Graff 03/26/2025 100.00 House # 1214 Silver Springs Dr City State Zip:Gode Date:[MM/DD/YYYY] # 15		1000 cm 1000			
PA 15217 Full Name of Contributor Lisa Graff O3/26/2025 100.00 House # 1214 Silver Springs Dr Cify State State ZipCode Date [MM/DD/YYYY] # 15					
Full Name of Contributor Lisa Graff O3/26/2025 House # 1214 Silver Springs Dr City State: Zip@de Date:MM/DD/YYY/1	Pittsburgh	≈state ≈se PA	4(24000 15217	MALE WIN / LIGHT STRUM	
Lisa Graff O3/26/2025 House # 1214 Silver Springs Dr City State: Zip;Code Date: MM/DD/YYYY] & State: Zip;Code					
House # Street/Aridress Date [MM/DD/YYY/] 1 City State: Zip;Code Date [MM/DD/YYY/] 1	· · · · · · · · · · · · · · · · · · ·	Croff			
Silver Springs Dr City State: Zip-Code Date: MM/DD/YYY/] Sto	· 公子 克女 香芹 三氢				
City State: ZipCode Date:(MM/DD/YYY) x 10				Date MM/DD/YWY45	
City State: ZipCode Date:(MM/DD/YYY) x 10	1214	Silver Springs Dr			
PA 16509	City	State.		Date:MM/DD/YYYY) # 18	
	Erie	PA	16509		

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:

ST THE TATE OF THE PROPERTY OF		
Full Name of Contributor Mpande Mwape	Date (MM/DD/Y/Y/)-73	
	03/2//2025	
House # Street Address 2743 Philadelphia Ave	*Date [MM/DD/YYYY]	
Timadolphia / Wo		
City State 7:p1	Date [MM/DD/YYYY] 15216	
Full Name of Contributor William Lloyd	Date [MM/DD/YXXX] A 551	
	03/30/2025	
House# Street Address 912 Beaumont Ave	#DS(#[WW\DD/XXXX] *	
City; State Zip.	Code DataMM/DD/AYYY] \$	
Full Name of Contributor: Amy Kramer	AVADORE \$2 100.00	
	04/03/2025	
House # Street Address 424 Masonic Dr	Date HVM/DD/KW/49	
424 Masonic Dr		
	Date (MAY DD / YAXA) 287	
York PA	17406	
Full Name of Contributor	Date [MM/DB/YYYY] 3	
Full Name of Contributor Revathi Penathur House # Street Address	Pate [MM/BB/WYY] 8	
Full Name of Contributor Revathi Penathur	Date [MM/DB/XYYY]	
Full Name of Contributor Revathi Penathur House # 45A Shreet Address Wharton Ct State Zink	Date [MM/9B/YYYY]	
Full Name of Contributor Revathi Penathur House # 45A Street Address Wharton Ct Pittsburgh Pa	Date [MM/9B/YYY]	
Full Name of Contributor Revathi Penathur House # 45A	Date [MM/DB/YYYY] 8 100.00 Date [MW/DD/YYYY] 8 Date [MM/DD/YYYY] 8 Feate [MM/DD/YYYY] 8	
Full Name of Contributor Revathi Penathur House # 45A Street Address Wharton Ct City Pittsburgh Pa	Date [MM/DB/XXYY] 8 100.00 Date [MM/DD/XXXIII 8] Date [MM/DD/XXXIII 8] 15203	
Full Name of Contributor Revathi Penathur House # 45A Street Address Wharton Ct Pittsburgh Pa Full Name of Contributor Archana Anand House # 5100 Street Address	Date [MM/DB/XXYY]	
Full Name of Contributor Revathi Penathur House # 45A Shreet Address Wharton Ct State PA Full Name of Contributor Archana Anand House # 528 Street Address Cherokee Dr	Date [MM/DB/YYYY] 8 100.00 Date [MW/DD/YYYY] 8 Date [MM/DD/YYYY] 8 Date [MM/DD/YYYY] 8 Date [MM/DD/YYYY] 8 15203	
Full Name of Contributor Revathi Penathur House # 45A Street Address Wharton Ct Gity Pittsburgh PA Full Name of Contributor Archana Anand House # 528 Street Address Cherokee Dr Etty State: Zipt	Date [MM/DB/YYY] 8 100.00 Date [MM/DD/YYY] 8 15203 Date [MM/DD/YYY] 8 100.00 Date [MM/DD/YYY] 8 100.00 Date [MM/DD/YYY] 8 100.00	
Full Name of Contributor Revathi Penathur House # 45A Street Address Pittsburgh Pa Full Name of Contributor Archana Anand House # 528 Street Address Cherokee Dr	Date [MM/DB/YYY] 8 100.00 Date [MM/DD/YYY] 8 15203 Date [MM/DD/YYY] 8 15203 Date [MM/DD/YYY] 8 100.00 Date [MM/DD/YYY] 8 100.00	
Full Name of Contributor Revathi Penathur House # 45A Street Address Wharton Ct Gity Pittsburgh PA Full Name of Contributor Archana Anand House # 528 Street Address Cherokee Dr Etty State: Zipt	Date [MM/DB/YYY] 3 100.00 Date [MM/DB/YYY] 3 100.00 Date [MM/DB/YYY] 3 100.00 Date [MM/DD/YYY] 3 100.00 Date [MM/DD/YYY] 3 100.00 Date [MM/DD/YYY] 3 100.00	
Full Name of Contributor Revathi Penathur House # 45A Sheet Address Wharton Ct Gity Pittsburgh PA Ffull Name of Contributor Archana Anand House # 528 Street Address Cherokee Dr Gity Erie PA Zip1	Date [MM/BB/YYY] 3 100.00 Date [MM/DD/YYY4] 3 100.00 Date [MM/DD/YYYY] 3 100.00 Date [MM/DD/YYYY] 4 100.00 Date [MM/DD/YYYY] 5 100.00 Date [MM/DD/YYY] 5 100.00	
Full Name of Contributor Revathi Penathur House # 45A Shreet Address Wharton Ct State PA Full Name of Contributor Archana Anand House # 528 Street Address Cherokee Dr City Erie State Kathleen Fatica House # Street Address State PA Full Name of Contributor Kathleen Fatica	Date [MM/BB/YYY] 3 100.00 Date [MM/DD/YYYY] 3 100.00	
Full Name of Contributor Revathi Penathur House # 45A Street Address Wharton Ct State PA Full Name of Contributor Archana Anand House # 528 Cherokee Dr City Erie State: PA Full Name of Contributor Kathleen Fatica House # Street Address State: PA State: PA Full Name of Contributor Kathleen Fatica	Date [MM/DB/YYY] 3 100.00 Date [MM/DB/YYY] 3 100.00 Date [MM/DB/YYY] 3 100.00 Date [MM/DD/YYY] 3 100.00 Date [MM/DD/YYY] 3 100.00 Date [MM/DD/YYY] 3 100.00	
Full Name of Contributor Revathi Penathur House # 45A Sheet Address 45A Wharton Ct Gity Pittsburgh PA Foil Name of Contributor Archana Anand House # 528 Street Address Cherokee Dr Gity Erie State PA Full Name of Contributor Kathleen Fatica House # 4623 Street Address Southern Dr	Date [MM/DB/YYY] 3 100.00 Date [MM/DB/YYY] 3 100.00 Date [MM/DB/YYY] 3 100.00 Date [MM/DD/YYY] 3 100.00 Date [MM/DD/YYY] 3 100.00 Date [MM/DD/YYY] 3 100.00	
Full Name of Contributor House # 45A Street Address 45A Wharton Ct Gity Pittsburgh PA Ffill Name of Contributor Archana Anand House # 528 Street Address Cherokee Dr Gity Erie State PA Full Name of Contributor Kathleen Fatica House # 4623 Street Address Southern Dr	Date [MM/DB/YYY] 3 100.00 Date [MM/DB/YYY] 3 100.00 Date [MM/DB/YYY] 3 100.00 Date [MM/DD/YYY] 3 100.00	

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.

Fier Identification Number:				
Full Name of 12 Contributing Committee			BETERIMIN/DD/AYAA	
House # Street Address			Date MM/DD/YYYY	
City:	State	Zip.Code •		
Full Name of Sommittee			Daite (Minimod Anna) e	
House # Street Address				
City (A)	state	∡ ip Code	DENERLAND/ADD/AYYA (1)	
Full Name of Contributing Committee				š
House # Street Address	INST-TOWNSHAME		Date IMM/DD/YYAY	
City 4	State	Zip Code	Oste (WM/DD/XXXX)	
Full Name of Contributing Committee				
House # Street Address				
Eity, Full Name of	State	Z ipicode	Programme and the second	
Contributing Committee' (Date [MM/,Blb/Ye/Y/]	
House # Street Address	(n. 327)			
City:	State	Z/p£ode	Dats MM//DD/YYYYAS	
Contributing Committee				
House # Street Address	A CONTRACTOR OF THE CONTRACTOR		,Date (MM/DD/YY)1968	**
Lecity	State	Zip Gode	Date [MM/BD/YYYY]	8

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:			

Provided a section of the section of		
Full Name of Contributor	Reshmi Syamlal	Date (MM/DD/YYYY) 33-400.00
House # Stree 7104	Susan Springs Dr	Date [MM/DD/YYYY] 3
Gitty West Chester	State OH ZipiCode 45069	Date [MM/DD/YYYY] S
Employer Name	GE	Occupation: Engineer
Employer Mailing Address / Principal Place of Business	7104 Susan Springs Dr West Chester Townsh	ip OH 45069
Full Name of Contributor	Laura Gephart	Date [MM/DD/\\\\\) 37 03/30/2025 500.00
House # Stree	Address Griffin Ave	Date [MM/DD/XYYY] 33
City Erie	State PA Zip Code 16511	,Date*[MMYDD/YYYY) \$
Employer:Name (Allied Urology	Occupation Doctor
Employer Mailing Address / Principal Place of Business	142 Griffin Ave Erie PA 16511	
	Amy North	Date [MM/DB/AWA] 3 04/03/2025 500.00
2011	t Address Country Club Dr	Date [MM/DD/YYYY]
City Carrollton	State MO Zip Code 64633	Date:IMM/DD/YYYYJ :
Employer Name	ССМН	Occupation Family Medicine Doctor
Employer Mailing Address / Principal Place of Business	2011 Country Club Dr Carrollton MO 64633	Indiana service recoveration of Astronomy
Full Name of Contributor		Date [MM//DD/YYYY]
	: Address	Date (MM/) DD/YYYY] \$
City :	State Zip Code.	Date [MM/DD/YYYY] 32
	- CANAS	
Employer Name Employer Mailing Address /		Occupation 3

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 # Str City	eet Address !	State	·Zipt. ·Code	*Bate [MM/DD/YYYY] \$
Receipt Description				
Full Name # Str	eet Address			
City	240 250	/State	Zip # Gode	;Date [MM/DD/YYYY] 8
Receipt Description				
House # Sin	et Addiess	State	.Apr	≥Date sum/dd/yyyy] s
Receipt Description			Code	
Full Name : **House # Stre	e Address			
City	CAAOOLES	State	Ζφ Gode	Date [MM/DD/YYYY] \$
Receipt Description				
House # Stre	et Address			
		State	Zip AGode	Date [MM/DD/YYYY] . 87
Reseipt Description Full Name		······································		
House # Stre	et Address	State	240 ½ · · ·	Date [MM/DD/YYYY] \$
Receipt Description			Zipa Bode	Sosie Innin/nn/xxxx1

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 Number:			
AND		×(0/0.4)	
1UNITEMIZED IN KIND CONTRIBUTION TOTAL for the reporting period	15 HEUEVEL VALUE UENSI (1)	S	
	(1)		71.49
2 IN KIND CONTRIBUTIONS RECEIVED \	一种	00 (F	ROM PART F)
TOTAL for the reporting period	(2)	8	
3 IN KIND CONTRIBUTION RECEIVED V	ALUE OVER 250:00 (FROM	PAR	RGH DAVE
TOTAL for the reporting period	(3)	8	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DUR		\$	
PERIOD (Add and enter amount totals from box on Page 1, Report Cover Page, Item F)	kes 1, 2, and 3; also enter		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Inermication Number: §	
Full Name of Contributor	Date MM/JUD/YYY/1 5t
House # Street Address	Date (MIM/DD/MYA4); 3
City State Zip Code	Date [MW/DD/YYYV]
Description of Contribution	T Investigat
Full Name of Contributor	Date (MM/DD/YYYY) 38
House # Street Address	Date [MM/B]B/YYYY] \$
City State Zip Code 2	Date IMM/DD/XXXM
Description of Contribution	
Full Name of Contributor	DatgiamM/ADD/YXXXIATA
House # Street Address	Date [MM/DD/YYYY] 3
City State Zip Code	Date MM/DD/YYY) &
Description of Contribution 32	
Full Name of Contributor	Page IMM/DD/AYAM 3
House# Street,Address	Pate (MM/DB/XYXA), 98
Sity State Zin Code	CDate [MM/QD/XXXX] \$
Description of Contribution &	
Full Name of Contributor	epate [MM/QD/XXXX] &
House:# Street Address	Date(MM/DD/YYYY)
City State Zip Code	Date [M4MYDD/YYYY]
Description of Contribution //	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$ 250

Filer Identification Number			
	Action and Comment		
Full Name of Contributi	er.		Date [MM/DD/YYXY] 8
	treet Address		*Date (MM/DD/YYXY) *
City Cog #	Staties	Z/p Code	Date: MM/DD/YYYY]
Employer Name	100	A CONTRACTOR OF THE PARTY OF TH	Qccepation
Employer Mailing Addr Place of Business	ess / Principal		Description of Contribution
Full Name of Contribute			Date [MM/DB/XXYY)] 3
	reet Address		Date [MM/DD/YYYYY] \$
City	State.	Zip Code	Date [MM/DD/XYYY] \$
Employer Name		·	Occupation
Employer Mailing Addro Place of Business			Description S of the Contribution
Full Name of Contribute			Date MM/D0/XXXXI ** 198
	reet Address 1	Notes and Market and Committee	*Bate(IMM/DD/YYYY)
City Vis.	State.	≽Zip)Code jj∰	Date IMM/DD/YYYY] 8
Employer Name			Occupations:
Employer Mailing Addite Place of Business			Description (**) old (**) (Contribution
Full Name of Contributo			EBate (MM/DD/AYYY) + ± 53 -
	reet Address	United Action (Control of Control	Date [MM/DD/YYYYI]
City Employer Name	State	Zip Code	Date [MM/OD/YYYY] \$
Employer Malling Addre Place of Business	SS / IFINCIDA Jana 18		Description to: Contribution

Statement of Expenditures

Filer Identification Number:

To Whom Paid DeSantis Signs and Graphics, Inc	Date [MM/DD/YYYY]
House # 540 Street Address W 18th St	Description of Expenditure
Erie State PA Zip 16502	Signs deposit
To Whom Paid Millcreek Township Parks and Rec	Date [MM/DD/YYYY] 5 04/07/25 200.00
House # 3608 Street Address W 26th St	Description of Expenditure
City Erie State PA 2004 16506	Launch Party payment and deposit
To Whom Paid DeSantis Signs and Graphics, Inc	Date (MM/DD/YYYY) \$ 585.70
House # 540 Street Address W 18th St	Description of Expenditure
City Erie State: PA Zip 16502	Signs Balance
To Whom Raid Fine Wine & Good Spirits	Date: [M.W/DD/YYY]
House # 7200 Street Address Peach St	Description of Expenditure
City Erie State PA Cip Code 1 16509	Launch Party Expenditures
To Whom Paid Sam's Club	Dafe [MM/DD/YYYY)
House # 7200 Street Address Peach St	Description of Expenditure
City Erie State PA Code 16509	Launch Party Expenditures
To Whom Paid Walmart	Date MM/DD/YYY/i \$ 42.29
House # 1825 Street Address Downs Dr	Description of Expenditure
City Erie State PA Zip A 16509	Launch Party Expenditures
To Whom Paid : Giant Eagle	Date [MV/ADD/YYYY] 3 59.47
House # 2067 Street Address Interchange Rd	Description of Expenditure
City Erie State PA Code 16509	
To Whom Paid Discount Beer	Date MM / DD / YXYY 3
House # 7200 Street Address Peach St Unit 490	Description of Expenditure
City Erie State PA Zip 16509	Launch Party Expenditures

Schedule III Statement of Expenditures

Filer Identification Number				
· · · · · · · · · · · · · · · · · · ·				

To Whom Paid	PRINCIPAL IN MANAGEMENT
ZippityPrint.com	05/01/2025 244.07
House# 1060 Street Address W Bagley Rd	Description of Expenditure
Berea State OH Code	44017 Door Hangers
To Whom Paid Act Blue/Stripe	*Date (MM/DD/YYYY)
House # Street Address PO Box 441146	Description of Expenditure
City Somerville State MA Cone	02144 Processing Fees
To Whom Paid	EBERMM/DD/XXXVI) 3 5 5
House # Street Address	Description of Expenditure
City State Zipa Code	
To Whom Raid	Date MM/DD/AW/61: 3
House# Street Address	Description of Expenditure:
City States Zip Code	
To Whom Paid (*)	L'Date (MM/DD/YYYY) 2 48.5
House# Street Address	Description of Expenditure
City State Aio. Code	
To Whom Paid	Date MM/DD/WYM1 \$
House # Street Address	Description of Expenditure
City : State Zip Code.	
To Whom Paid	*Pate [MM/PD/YYY1]*a
House# Street Address	Description of Expenditure
Gity Stafe Zip	
To Whom Paid	Date (MW/JDD/XYXX) 3.
House # Street Address	Description of Expenditure
City State Zip Code	

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 (dentification Number:	
Name of Creditor. 1 \$	Kylie Morris Gütstanding Balance of Debt
House # Street	## Address ### PATE DEBUTINGUARED \$ ### Meridian Dr
City	O4/22/2025 Erie State 9 PA Code 16509 399.13
Description of Debt.	Launch Party Expenditures
Name of Creditor	Kylie Morris Et Address DATE DESTRICTIONS \$
6070	## Address DATE DEET(NCURRED \$ Meridian Dr MW/DD/YYYY
City Sec. \$	Erie PA 244.07
Description of Debt	Door Hangers
Name of Creditor House # Street	Outstanding Ralance of Debt Address DATE DESTINCURREDS \$
a a sa	L. LINE / DD/WYGB 4
Crive as Land	State & Zip & Code & Co
Description of Debt Name of Creditor	Outstanding Balance of Debt
	DAR DEBY INCURRED &
City Co.	
Description of Debt	State Ziper
Manie en Greenin	Outstanding Balance of Debi
House # Stree	EAddress DATE DEBT INCURRED 5
City	State Pp
Description of Debt	A Rode
Name of Greditor	Outstanding Balance of Debt.
House # Stree	t Address DATE DEBRINGURRED. \$: [MM/DD/YYYY]
City .	States Ziparé Code S
Description of Debla	S GOUTE SEE