



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

Filer Identification		Report Fil					uid be typed			
Number 2	20210278	(Mark X)	su.by.	Canquo	ate		Committee		$Z \vdash^{D}$	obbyist
Name of Filing Committe Lobbyist	e, Candidate or	Moving Fain		ard	•		<u> </u>	<u> </u>	<u> </u>	* [
Street Address		P.O. Box 711				_				
City e Fain	view	l		State	PA		Zip Code	16415		
Type of Report (Place x ur	oder report type)					•		10170		
1-6 th Tuesday 2-2 nd Fr		á váth Tílopa	ave l'electric	nd income	Lé non		1 =			
Pre-Primary Pre-Prim	ary Primary	Pre-Electio		- Election		Pay Post	7- Annual	Special 2nd Fri Pre-Election		pecial 30 Day ost-Election
			1 1				X			
Date Of Election (MM/DD/YYYY)	11/02/2021	Year		2021	Amend Report			Termination Report	· -	
Summary of Receipts and	From Date	To E	ate				Far	Office Use Only		<u> </u>
Expenditures	11/23/2021		12/31/20)21				onice oge only	7. 3	
A. Amount Brought Forwa	ard From Last Report	. \$	1,461.2	25		 · · · · · · · · · · · · · · · · · · 		<u> </u>	<u> </u>	
B. Total Monetary Contrib (From Schedule I)		\$	397.5		•					
C. Total Funds Available (Sum of Lines A and B)		. \$	1,858.7	<u> </u>						
D. Total Expenditures		, s			ł					
(From Schedüle [[]] E. Ending Cash Balance		\$	111,15	,						
(Subtract Line D from Line	(C)	3	1,747.	5						
F. Value of In-Kind Contrib (From Schedule II)		s s	0							
.G. Unpaid Debts and Oblig (From Schedule IV)	ations	\$	0							i
Part 1- If this is a Committee			А	ffidavit Se	ction				_	
Part 1-If this is a Committee r I swear (or affirm) that this rep	eport, treasurer sign he port, including the attac	re. If this is a (Candidate	report, ca	indidate si	gn here.	no and hallafte.			
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his offer	Total Pents Jr. T	unty 13.2	2	7	5	ignature o	if Person Submi	tting report		
Signature	ominorited C. Flagging Sypins	nber 1400e		_			Printed Name	1		
My Commission expires O8	Door 13 vision 19 34	350			ron Codo	_	29		- 	
	My County				rea Code		Dayt	ime Telephone Nu	mber	
Signature My Commission expires MO Part Ii- If this is a report of a Call I swear (or affirm) that to the is amended.	andidate's Authorized C Dest of my knowledge ar	ommittee, ca nd belief this p	ndidate si political co	nall sign he immittee i	ere. nas not vio	lated any	provisions of th	ne Act of June 3, 19	37 (P.L. 1	333, NO.320) as
Sworn to and subscribed befor										·
day of	20									12
		-		_		Signa	ture of Candida	ate		
Signature		Ì	•				rinted Name			
My Commission expires		• •							1	
MO.	DAY YR.			Aı	rea Code	_	Daytir	ne Telephone Nun	ber	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Ì	Filer Identification Number					
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•						
1						-
	1.Uniternized Contributions	and Receipts-\$50.00 or Less per (Contributor a service i	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	and the second second	*** *** *** ***

1. Uniternized Contributions and Receipts \$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	a
2. Contributions of \$50.01 to: \$250.00 (From: Part A and Part B)	<u> </u> *	
Contributions Received from Political Committees (Part A)	\$	o Company Comp
All Other Contributions (Part B)	\$	o
Total for the reporting period (2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	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)	\$	397.5
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 8)	\$	397.5

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.

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Full Name of Co Committee	intributing			/Date [MM/DD/YYYY] \$	
	1. 3. W. C	<u></u>		#.;;	
House #	Street Address	5		Date [MM/DD/YYYY] \$	
·					
City		State	Zip Code	Date [MM/DD/YYYY] .\$	
Full Name of Co	ontributing			Date [MM/DD/YYYY] \$	
Committee				Date [MM/DD/YYYY] \$	
House #	Street Address	s		Date [MM/DD/YYYY] \$	
				Date [MM/DD/YYYY] \$	
City		State:	Zip Code	Date [MM/DD/YYYY] \$	
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Full Name of Co	intributing.			Date [MM/DD/YYYY] \$	
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Committee	tributing			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
		ı			!
City		State	Zip Code	Date [MM/DD/YYYY] \$	-
		7 3			
		1.5	हर्न होताहरू		

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.)

New York Committee of the Committee of t		•		
Filer (dentification)Number:				
Full Name of Contributors			Pidese many dry yyym elecsy	
			Date [MM/pp/yyyy) : \$	
House # Stree	ev.Address		Date: MM/DD/YYWY	,
CIV.	State	Zip Code	*Date(IMM/DD/YVYY) S*	
Full Name of Contributor 7	(2.23.23)		Date [MM/DD/YYYY] : \$	
House# Stre	ăti n difracc		4	
Full Name of Contributor House#2 Stree	er Address	_	Date IMM/DD/YYYY)	
	State?	Zip Code	-Date(IMM/JDD/YYYY) 5.	
Full Name of contributor		Plane and a second seco	Date (MIV/DD/WWW)	<u></u>
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CHY	State	Zip Code	Date [MM/DD/YYYY] \$	
Füllinamelor cöntributör:			Date IMM/DD//y/y/xi	
House# Stree	et Address		Date (MM/DD//Y/Y/)	
SITY,	State	Zip/Gode	Date [MM/DD/AYAA]?	
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House# Stree	GAddress		Date (MM/DD/XYXX): \$	-
	Address			

Date [MM/DD//Y/Y]

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.

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EulliName of				
Contributing Committee			Pate MM/DD/YYYY]	1.5
House/# Street/Address				
			*Date [MM/DD/YYYY]	3\$4 3.3
(city)	octata :	Equipment		
	State	zip(code;	Date [MM/DD/YYYY]	<u> </u>
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Contributing Committee			Pate [MM/DD/YYYY]	[24:3]
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House'# Street Address			L. Market and T.	
Gity	State	-Zip Gode	Date [MM/DD/YXYY]	
Maria Para		Zipicode		<u> </u>
Full Name of Contributing committee			Date[MM/DD/YYY]	
The state of the s				
House# Street Address			Date [MM/DD/MYY)]	
	147 - Va. 15 474 b			
GIV.	State	Zip Code	Date/[MM//DD/YYYY]	1\$5 3.5
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Contributing Committee			Date [MM/DD/YYYY]	
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House# Street Address			A STATE OF THE PARTY NAMED IN	
City	State	HZIP Godek	Date [MM/DD/YYYY] 3	S/1
	State:	HZIP Gode	{Date [MM/DD/YYW] }	

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)

E. T. Charles College J. Styles (Add				
Full(Name:of:Contributor			-Date [[MM/DD/MYYV]2	*
House# StreetAddress				
House# Street Address			Datë [MM/QD/YYYX]	
Religion (MAIS CONTROL	l#State3	271612641666	¿Date (MM/DD/yyyy) ¿	्रिक
Chy	State 7	Zip Code	_	7 \$.
Employer.Name		- Indiana (Farance)	Occupation	<u> </u>
Principal Riace of Business			Maria and the latent of	
Full Name of Contributors			Date [MM/DD/MM]	
	<u></u>	_		
Höuse# Street Address			Date[MM/DD/WWY]	
Terity 17	Picone 274	Commission and other to		48
igiv .	State 407	'Zip'Code''3	*Date[MM/DD/MWY]	
Employer Name	<u> </u>	1/ACTIONAL FORESTEE	Occupation /	<u>#</u>
Employer Mailing Address// Principal Place of Business			RANGE OF TRANSPORT	
SECTION STATE OF SECTION SECTI			Date [MM/DD/MWY]	
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House##: Street/Address			Date [MM/DD/YYYY)]	
[8] [1] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	Francis (2019)		· ·	
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Employer/Name		一种企业的	Occupation	
Employer Mailing Address // Principal Placetor Business			N. C.	
Full Name of Contributory			Foreign Un'ana Print (Without), 1838	-10-1
IEGUINAME OF CONTRIBUTOR			CDate MM/DD/YYYWI : 73	
House # Street Address			Date [MM/DD/YYW]	40 40
House # Street Address			Date [MM/DD/YYW]	
Gity	State	Zif Code:	Date [MM/DD/YYYY]** A	\$4
STEER STANDARD CONTRACTOR OF THE STANDARD STANDA	2000年 2005年			
Employer Name:			Occupation)	-
Employer Mailing Address // Principal Place of Business				······

PART E

Other Receipts

REFUNDS, INTREST 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:

	Ž.				
Full Name:	lar kill	DeSantis Signs and Graphic	5		
House#4540	Stre	et Address W 18th St			
Givs - fil		Erie Check #103 never cashed	State PA	Zlp: Code 16502	_Date(IMM/DD//YWW). \$ 12/31/2021 397.5
Receipt Description		Check #103 never cashed	1000	Po (Sept. 4) 44	東級
FulliName			<u>-</u>		
House#	Stree	et Address			
City Receipt Description			State	Zip. Code F	Date IMM/DD/XMM
Sandy to the state of the sandy	2 700				
Full Name House #	Stree	t Address			
City	n.		State	Code	*Pate[MM/DD/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Receipt Description	4				[Letter]
FulliName:					
House #.	Stree	t Address	1000		
City.			State	Zip Code	Date (MM/DD/YYM) (S)
Receipt Description	27.				
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Chy	ish ish		State	Zip Code	Date [MM/DD/WW]] \$
Receipt Description					Nort T
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nouse#.	Street	(Address			
	6.4.4 6.6.4		State	Zio Code	Date:[MM/Dp/AXXW] \$ \$
Receipt Description :					

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer dentification Number:			
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STATES OF THE TRANSPORT	TO THE TAIL	F.OF.S50.00:OR LESS PER CONTRIBUTION	
TOTAL for the reporting period	(1)	\$	And the second s
1272 IN KIND CONTRIBUTIONS REC	EIVED:VALUE:OF:\$50:01	O \$250:001(FROM PARTES) ?/	
TOTAL for the reporting period			
TOTAL for the reporting period	(2)	\$	
2 CONSIND CONTENDED			
AND CONTRIBUTION RECE	IVEDAVALUE (OVER: 5250	O((FROM PART G)	
OTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION	ONS DURING THIS REPOR	NG IS	
PERIOD (Add and enter amount totals fr	om boxes 1, 2, and 3; als	enter	
on Page 1, Report Cover Page, Item F)			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

JEHerldentification Nu	mbertal		VALUE OF \$50.01 TO \$250	·	
JElleridentificationing				·	
Eull Name of Contr	Spare ()				
				Date MM/DD/YXW	\$
House#	Street Address			Date [MM/DD/YYYY]	
	Street Address	_			
Giry		State	Zip Code 5	Date [MM/DD/YYYY)	S S
	(c) - c	25.47	Zip Code		
Description of Contr	ibution				
Full Name of Contrib	outor:			Date [MM/DD/YYYY]	
House#	Street Address			Date [MM/DD/YYYY]	
House#	Street Address				
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House#	Street Address			':Date:[MM/DD/YYYY]	S
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gtý >		State	Zip Gode	Date[MM/DD/YYYY]	15
Description of content	oution we will be a second	de la company			
Description of Contril					

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

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Filer identification Nu				
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Full/Name of Contri	bûtôr		<u> </u>	Date IMM/ODWWWIP-57/Scal
	A-1			iDate MM/OD/MMI 12 (\$)
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Höüse #	Street Address			*Date(MM/DD/Y/YM) \$5
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Employer Name	OMENT BARYLINGS	# (######)		
and the state of t	dafēss/ Principal**	6		@ccupation: *3
Place of Business	ddress// Rrincipal			Description
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Full Name of Contrit	outor !			Date (MMXDD/AYM)
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34 ATT & #4	Street Address	·		Date:[MM/DD/WWY]
nouse,	Street Address			Date (MM/OD/WWY)
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(City)		State	/Zip/Gode	'PátelMM/DD/M/M' 'V
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Employer Malling Ac Place of Business				Description (
		t		Contribution
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Employer Name	PER SANTAL PARTY			Occupation
Employer Mailing Add Rlace of Business	ress/Principal			Description
	The state of the s			Description *of ***********************************
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SCHEDULE III

Statement of Expenditures

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HATTER #	English State Communication of the Communication of			Date (MM/DD/AYAY) 12/1/2021	2 Ait
House #.		5 32nd St		Description of Exper	nditure
Camp I	भग	State.	(Code 17011	Service fee	<u>Pala Proposition (1985), proposition and a proposition (1985), proposition and a proposition (1985), proposition (1986), prop</u>
To Whom Pa	aid PNC Bank			Date [MM/DD/XXXX]	75.85
Hõuse#	o Street Address	S 32nd St		1 ' '	idicure
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To Whom Pa		Appeller of the second of	Principle and Principle (Control of the Control of	,Date [MM/DD/XYXY) 12/31/2021	<u> </u>
House# 110	Street Address s	S 32nd St			dhure
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House#	Street Address			Description of Expens	diture
City		State	Zip/ As Code 7	MANAGE CONTRACTOR	AND SOLD SECTION
न् o Whom Pal	ia)	. S. Edday, 147	Part of the state	[Date [MM/DD/YYYY]	
/House#/	Street Address			Description of Expent	diture:
City	<u> </u>	State	Zipi : Code]	
To Whom Pal		State Medi	Sandani Are	Date (MM/DD/AYYY)	91 (\$ 9
House#	Street Address				[Line 4.] . 1
CIW :	T. J. (2. 2.5) 26, 2124	State	Zip Cede		litire
To Whom Pai	d a	(1200年度)	1499677	Date (MM/DD/YYYY)	<u> </u>
House#	Street Address				liture
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TO:Whom Paid		[25-2907.0]	NEGATION C	-Date/IMM//DD///yyy/	
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House#	\$14.20500 PAIN	State	Zip Code	The second of th	liture
5.255		12. 10 K	Code.		I

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	*QutstândingBalance onDeby:
House # Street Address	DATE DEBT INGURRED S S [MW/DD/vyxxvi] State Sode
開発車後 2 名 1 本 1 	Property (a)
City Description of Debt	State Zip 7 Gode 6
Mame of Greditor:	Committee and water and the property of the second
Name of creditor Prouse W Street Address	Outstanding Balance of Debt. PATE DEBT INCURRED. 3
	PATE DEBT INCURRED 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City	State Zip Gode
'Description of Debt	1 44.00 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of Creditor	Outstanding Balance of Debt
House #/ Street Address	(IDATE DEBT INCURRED) (\$)
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Cltys: Description of Debt (1)	State Zip Zip Code ne
Name/Of/creditor	(valitéranding Balanten de Dana) vo
House# Street Address	Outstanding Balarice of Debt DATFIDEBTHINGURRED S
House # Street Address	
	State Zip Code
Description of Debt	
Namelof(Creditor,)	Outstanding:Balance of Daby
House # Street Address	DATEDEBT INCURRED TO THE STATE OF THE STATE
City Control of the C	State Zip Code (c)
Description of paper	Code Co
Name of Creditor	*Outstanding Balancero Debta:
House# Street Address	Outstanding Balanceior Debte: N DATE DEBTANGURRED: VI (S [IVM/OD/AVXX)]
House# Street Address	
Description of Debras	State Zip
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