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

10F1

Filer Identification Number	(1000.77	Report Filed I	By Candida		X	Committee		Lobbyist
Name of Filing Committee, Ca Lobbyist	andidate or	Stephen S, Ole	ər	<u>· · </u>	<u> </u>		·	
Street Address		991 Bonnie Br	ae					
City Erie	<u>, te li pol_{en}i de li polen</u>		State	PA		Zip Code	16511	
Type of Report (Place x under	report type)			•	····			
1-6 th Tuesday 2- 2 nd Friday Pre-Primary Pre-Primary	3-30 Day Post	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6-30 Day	Post	7- Annual	Special 2 nd Friday	/ Special 30 Day Post-Election
		TC- Liection	TIC LICCUON				71C-Lietuon	POSI-Election
Date Of Election (MM/DD/YYYY)	05/20/2025	Year	2025	Amendm Report	ent		Termination Report	
Summary of Receipts and	From Date	To Date				For 0	Office Use Only	
Expenditures	01/01/2025	0	5/05/25					
A. Amount Brought Forward F		\$ -6	3,000.00					
B. Total Monetary Contribution (From Schedule I)	ons and Receipts	\$	0.00				<	21
C. Total Funds Available (Sum of Lines A and B)		\$ -6	3,000.00					2025 MAY
D. Total Expenditures		\$						=
(From Schedule III)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.00				A	1
E. Ending Cash Balance (Subtract Line D from Line C)		\$ -6	6,000.00				G G	©
F. Value of In-Kind Contribution (From Schedule II)		\$	0.00				夏气	
G. Unpaid Debts and Obligation (From Schedule IV)	ins	\$	0.00				<u> </u>	
			Affidavit Sec	tion		· · · · · · · · · · · · · · · · · · ·		
Part 1- If this is a Committee report, I swear (or affirm) that this report,	t, treasurer sign her	e. If this is a Can	didate report, car	ndidate sign	here.	11 15 5		
Sworn to and subscribed before models of the state of the subscribed before models of the subscribed before th	e this		alth of Pennsylvani	lleps STEPHE	ature o	f Person Submit	2	ete.
My Commission expires 5	26 21 DAY YR.	My Cami Cam	ELLE GONDA - Nota Erie County mission Expires Ma mission Number 1	ry Public 9-2602027 290868		_50	28-6415 me Telephone Numb	
Part II- If this is a report of a Candic I swear (or affirm) that to the best of amended.	late's Authorized Co of my knowledge an	ommittee, candid d belief this polit	date shall sign hei tical committee h	re. as not violat	ed any	provisions of th	e Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before me	e this							
day of	20	٠,						
					Signa	ture of Candida	te	 .
Signature	***	1			P	rinted Name		 ' '
My Commission owning-		, ‡			•	cu isalle		·
My Commission expires MO.	DAY YR.		Are	ea Code		Daytin	e Telephone Numbe	r ļ

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

-Filer (dentification Number		
		 <u></u>
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)		
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 Cand 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, Rep Cover Page, Item B)	oort	\$

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				
	•			Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY] 5	
and the second second				· · · · · · · · · · · · · · · · · · ·
House # Street Address	•		Date [MM/DD/YYYY] \$	
City.	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee		*	Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House #. Street Address			Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] SS	·
	Jide	Zip code.	Pate [MIN/DD/11/1] 3	
Full Name of Contributing Committee	[127 Marjet mary and]	Company Control Contro	Date [MM/DD/YYYY] \$	
House # 2 Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] S	
			22ag(UM/22/1111)	
City	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee				
House # Street Address			Date [MIM/DD/YYYY] \$	
	heritan dimension	Lyon was added to the name		
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.)

Filer identification: Number:			<u>}</u>
			1
Full Name of Contributor	3.50	÷	Date (MM/dD/AAAA) = \$3
House # Street Address	, , , , , , , , , , , , , , , , , , ,		Date [MM/DD/YYYY] \$
Gity	State	Zip Gode	*Date [MM/DD/YXXY] \$
Eull Name of Contributor			Date MM/DD/YYYY) - 55
House# Street Address			Date (MM//DD/YYYY) \$
Č ity	State	Ziji Gode	Date [MM/DD/YYYY] . 35
Full Name of Contributor			*Date-[MM/DD/MAM 75
House# Street Address			Date [MM/DD/AYYX]
City	State	¿Zip:Gode:	Date [MM/DD/XYXX] & S
Full Name of contributors	(Carried State of Carried State of Carri	- industrial programme and complete min	Spate (MIX/OD/ANYAN)
House# Street Address			Date MM/DD/AYYM) 5
City 1	State	Zip:Code	SDate (MIXI/DD/AYAY)
Full Name of Contributor			Date [MM/DD/AYY4] : \$
House # Street Address			Date IMM/DD/YYYYI 55
City	State	Zip Gode	Date [MM//DD//YAY] \$
Full Name of Contributor		·	Date (MM/DD/FFAF) \$
House # Street Address			Date [MM/DD/YYY] 5
City	State	Zip Code	@Date:[MM/DD/YYYY] \$ 5.

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				
	•			
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Address			Date MIN/DD/YMYN	
City	State	·Zip Gode	Date MM/DD/YYYY	\$
Full Name of Contributing Committee	,		abate (MIV/IDD/AAAY);	
House # Street Address			Date [MM/DD/XXXX]	5
City	State	Zip.Code	Date MM/DD/YYYYI	
Full Name of a Contributing Committee			Date (MM/OD/AXXX)	
House # Street Address			Date MM/DD/XYYY	X
City (State	Zip Gode	pare (MW/DD/AYYY)	
Full Name of Gontributing Committee			Date (MM/DID/ASSA)	
House #2 Street Address			Date [MM/DD/YYYY]	
Gity	SHITE	Zip Gode	Date [MIN//DD/AAAVI)	
Full Name of Contributing Committee			Date (MM//DD//YYY)	
House# Street Address			Date MM/DD/XXXVI	
City	sSeite.	Zip Gode	//Date:(MIVI/DD/AXXM)	
Full Name of Contributing Committee			Date MM/DD/YYYYI S	
House # Street Address			Date MM/DD/YYYY) S	
City	State	Zip.Code:	Date [MIVI/DD/YYYY] . 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)

Eller identification Num	nber				1
The second secon	参加等(2)				<u>.</u>
Full Name of Contrib	iutor	_		Date (MM/DD/XY(Y) 5	
House #	Street Address			Date MM/DD/YYYY] \$	
City		State	Zip Gode	Date MM/DD/YYYY] 5 5	
Employer:Name		[Self-Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti	TORRESPONDENCE PROTESTOL	Occupation	
semployer (Malling Ad Pernenally lace of Bu					
Full Name of Contrib	utor			Date IMM/DD/YYYY) & (\$	
House#	Street/Address	·		Date IMM/DD/YYYYI	
City		State	Zip Code	»Date [MW/DD/YYYY]	
Employer Name	10 10 10 10 10 10 10 10 10 10 10 10 10 1			Oscupation	
Employer Mailing Ad Principal Place of Bus	siness				
Full Name of Contrib				:Date(MM/DD/XXXV) \$	
House #.	Street Address			Date [MM/DD/YYYY] \$	
City :	PROSENSIONAL PROPERTY OF THE P	State	Zp:Gode	*Date:[MM/DD/YYYY) s	
Employer Name Employer Mailing Ad			j	Occupation	
-Principal Place of Bus	siness				
Full Name of Contribi	Ator.			Date [MM/DD/YYYY] \$.	
House #	Street Address			Date [MM/DD/YYYY] \$	
City 3	EASTERNATION OF THE PROPERTY O	State	Zip Code	Date [MM/DD/YYYY] is	
	·				
Employer Name Employer Mailing Add	10.7			Occupation	

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.

		rest earneu, rett	anteu checks and prior	expenditures that were returned to the mer
Filer dentification Number				
		: * ·	: .	
			· · · · · · · · · · · · · · · · · · ·	
Full Name				
House# s	reet Address		,	
		The state of the s	To account the second s	
Gify and the second		Stäte	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description			- Property a georgeographic and a	1 toomany
	100 N			
Full Name				1 · -
House# Si	reet Address			· · · · · · · · · · · · · · · · · · ·
	301	1-3-1-2-2-2-2-1-1-1-1-1-1-1-1-1-1-1-1-1-		
City		State	Zip Code	Date MM/DD/MM4
Receipt Description				· •
Foll Name	26		• • •	
House it si	reet Address			
City		States	3/2/6	Date IMM/DD/YVYY \$
			-Code	
Receipt Description				· .
Full Name		, . ,		·
			· ·	
House# St	reet Address		· • · · · · · · · · · · · · · · · · · ·	
Gity	The Was September	State	Zip	Date (MM/DD/YYY) 5
			Code I	
	the state of the s			
Receipt Description				
Full Namer				
House # St	reet Address			
City		State	Zip	Date [MM/DD/AYXM] 51
			Gode	
Receipt Description				
Fuli Name	ari	· · · ·		
House# si	reet Address			
City		State	Zip	Date MM/DD/YYYY) \$
			Code	Date [MM/DD/YYYY] 5
Receipt Description				[**FESTAL

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

		·	5	·
Fileridentingardn Number:				
				- -
1 SUNITEMIZED IN KIND CONTRIBUTIONS REC	EIVEDEVALUE OF \$50000	ORVESS PER CONT	RIBUMGRES	
TOTAL for the reporting period (1)	\$			
2. IN KIND CONTRIBUTIONS REGEIVED VALUE	-01=\$50:01- 0\\$ <u>/250:00</u> \(ROMPPARTED		
TOTAL for the reporting period (2)	\$			
3. IN KIND CONTRIBUTION RECEIVED WATER	OVER \$250 00 (EROM: PAI	TGE OF STREET		
TOTAL for the reporting period (3)	\$			
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING T PERIOD (Add and enter amount totals from boxes 1, 2 on Page 1, Report Cover Page, Item F)				
		!		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer (Bentification) Number:			
Full Name of Contributor			*DateHMM/DD/YYYY} \$
House # Street	t Address		Date (MM/DD/AY/Y4)
Gity **		10 M 2 OF T WALLEST TWO	
	State	Zip Gode	Date (MM/DD/YYYY)
Pescription of contribution			1795//151
Eull Namerof contributor		-	Pare IMM/DD/AYYY)
House # Stree	t Address		Date [MM/DB/XXXXI] S
City			
	State:	Zip.Gode +	Date[MM/DD/YYYY]] \$
Description of Contribution			
Eul Name of Contributor			
stansvarie o constantols			Pate [WW/DD/YY/Y/]
House # Street	Address		
			Date (MM/DD/AYYYY)
City.	State	Zip Code	& Pate (MM//DD/AYYY); \$
Description of Contribution			Postani
Full Name of Contributor			Date IMINY/DDY/YYYYYI S
House # Street	-Address		Date (MM/DD/XXXX); 33
City	State	Zip Code	Date [MM/DD/YYYY]
Description of Contribution			10000001
Full Name of Contributor			Date (MM/DD/YYYY) \$3
House# Street	Address		
	Augress		Date [MM/DD/YYYY] . 15
Gitý s	State	Zip Code	-Date (MM/DD/YYYY) ss
Description of Contribution			

SCHEDULE II Part G

In-Kind Contributions Received

EPVIN	VALUE OVER \$250	
Filer Identification Number:		
Full Name of Contributor		Date MM/DD/AYAYI
House# Street Addre	SS	Date MM/DD/YYYY
City	State Zip Gode	Date:(MM/DD/YYYY)
Employer Name	JESS SATISFACTORY (SEA)	Occupation
Employer Mailing Address / Princip Place of Business		Description: of: 53 Rontribution
Full Name:of:Contributor		Pate (WW/Db/WW)
House# Street Addres		Date MM//DD//YYYY
City Employer Names:	State Zip Code	Date MM/DD/YXYYI 2 3
Employer Name Employer Mailing Address / Principa		Occupation (
Place of Business		Descripțion. Of 2 Contribution *
Full-Naipe of Contributor		Pate (MM/DD/XYXY)
House # Street Addres		Date (MM/DD/XYXX)
Gity Employer:Name	State Zip Gode	Date [MW/DD/AYYY] \$
Employer Name Employer Mailing Address / Principa		Occupation Description
Place of Business		of Contribution
Full Name of Contributor.		Date [MM/DD/YYYY] 55:
House# Street Address		Date-[MM/DD/YYYY]
Gity Employer, Name	State Zip Code	Date [MM/DD/XYXY] \$
Employer Mailing Address / Principal		Occupation
Place of Business		Description: Off Contribution

SCHEDULE III Statement of Expenditures

 			
Hiler Identification (Number)	,		
		 21 L	

To Whom Paid:				Date IMM/DD/AAAAT.	S-ALI-ANTRICS PROJECT
House #	Street Address			Description of Expenditure	
Gity		State	Zije Code		
To Whom Paids			• •	Date [MW/DD/YYYX] \$	
House #	Street Address			Description of Expenditure	l
Gity.	(Contraction of Cont	State	Zip (Gode)		
To Whom Paid				- Date (MIV)/DD/XXXXI- #\$	
House #	Street Address			Description of expenditure	
Gity		State	Zip Gode		And the second s
ero WhomePajo				Pate (MIXWED/ANNA) - S	
House #	Street Address			Description of Expenditure	
City	- Agent Control of the Control of th	State	Zip Gode		
To:Whom Paid				Pate IMM/DD/AVAA()	
House #	Street Address			Description of Expenditure	
City	Librarians (1998) or have a suppossed that	State	Zip. Gode w		
aro Whom Paid				DESTE NIVIVIDO YAYAYA E	·
House #	Street Address			Description of Expenditure	
City.		State	Zíp. Gode		
To Whom Paid				Date [MM/dD/YYYY] SS	`
House#	Street Address			Description of Expenditure	
City	100-00-1-00-00-00-00-00-00-00-00-00-00-0	State	Zip Code		Annual Manager (Manager)
RoWhom Paid				Date (MIN)/DD/MAAA	
House#	Street Address			Description of Expenditure	
City :	e en en tra trada en en estada en el Trada e	State	Zip Gode		A STATE OF THE PROPERTY OF THE

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	Outstanding Balance of Debt
House # Stre	et Address DATE DEBJINGURRED \$\frac{1}{2} \text{\$\frac{1}{2} \$\f
City 2	State Zip.
Description of Debt.	State Kalpas
Name of Greditor	
	Outstanding Balance of Debt and DATE DEBT INCURRED SET SET OF DEBT INCURRED SET OF DEBT INCUR
	AMM/OD/YYYY).
City in the second	Zip
Description of Debt >	Non-AST-COMESS) Professional process
-Name of Creditor	Outstanding Balance of Debt
House # Stree	et Address D'ATE DEBT/INGURRED \$ [IMM/DD/YYYY]
City (a) The City (b) The City	State 3Zip West
Description of Debt	State Zip de Zip
Name of Creditor	Quistanding Balance of Deb
	et Address DATE DEBTHINGURRED \$
	[1] 29. [MW/OP/XXY]
City	State Sode 2
Description of Debt	
Name of Creditor House # Stree	Outstanding Balance of Debt traddress DATE DEBTINGUIRED S
	**Address
City .	State Zip Code
Description of Debt	
Name of Creditor	Qutstanding Balance of Debt
House # Stree	t-Address DATE-DEBTINGURRED ST
City. Description of Debt	State Zip Code Code
Description of Description	