

Commonwealth of Pennsylvania - Campaign Finance Report

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

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Filer Identification 83	3-3126011	Report Filed I	3ý Candida	ite	Committee		Lobbyist	
Name of Filing Committee, Ca Lobbyist	ndidate or	Committee to E	et					
Street Address		5213 Deerfield	Drive		·····	 		
City Fairview		· · · · · · · · · · · · · · · · · · ·	State	PÁ	Zip Code	16415		
Type of Report (Place x under i	report type)							
1-6 th Tuesday 2- 2 nd Friday	3-30 Day Post		5-2 nd Friday	6-30 Day Post	7- Annual	Special 2 nd Friday	Special 30 Day	
Pre-Primary Pre-Primary	Primary	Pre- Election	Pre- Election	Election	7 (m. 17) 150 (m. 18)	Pre-Election	Post-Election	
Date Of Election (MM/DD/YYYY)	5/20/2025	Year	2025	Amendment Report		Termination Report	heretered .	
Summary of Receipts and	From Date	To Date			For (Office Use Only		
Expenditures	1/1/2025	5.	/5/2025					
A. Amount Brought Forward F	rom Last Report	\$	3535.50	W. C. C. C. G. C. C.	2 (200) 1 No. (200) 10 (200)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
B. Total Monetary Contributio	ns and Receipts	\$.	3790.00			~5	2025 MAY	
(From Schedule I) C. Total Funds Available		\	,,,,,,,,			/Se	7	
(Sum of Lines A and B) D. Total Expenditures		1	2325.50	; říři 📜 🖡				
(From Schedule III)	Nep Secret Ass	3951.00		83	9			
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 8	3374.50			and also		
F. Value of In-Kind Contributio	ns Received	\$.	2100.00				Ċ.	
(From Schedule II) G. Unpaid Debts and Obligatio	ns	\$ ·	Ţ,	:	,		, S	
(From Schedule IV)	197 (51 76)97/75		000,00					
Part 1- If this is a Committee report	t, treasurer sign he		Affidavit Sec					
I swear (or affirm) that this report,	including the attac	hed sched	pages, s to the l	est of my knowled	ge and belief tru	e, correct and complet	e.	
Sworn to and subscribed before me	e this	ennis	weal	Ä	11			
day of 1) Oct	20_ <u></u> 20	- Sion	Ann We	Signature o	f Person Submi	tting report	_	
Signature	myr	. 2 m 6 0	We gan	ry Seib (Printed Name			
Mu Camatalan austina 5	ചര ചഹ	County Xnites N number a Associa	2 Syl	4	823-3			
My Commission expires 5 MO.	DAY YR.		otar A	rea Code		ime Telephone Numbe	r	
Part II- If this is a report of a Candid	late's Authorized (4134.10	751	re.		 		
I swear (or affirm) that to the best of amended.					provisions of th	e Act of June 3, 1937 (I	P.L. 1333, NO.320) as	
Sworn to and subscribed before me	this	,	- 	<u> </u>	11			
9th day of May	_20 <i>_2</i> 5	. 1	\leq) 1 Oc	llit			
Dines 898	Stutim	an.	Da	Signa niel Oueliet	iture of Candida	ite		
, Signature				F	rinted Name			
My Commission expires 1	<u> </u>	[]	81		823-53	······································		
MO.	DAY YR.		Aı	ea Code	Daytin	ne Telephone Number		
Commonwealth of Penr Jessica L. J. Stutzn	nsylvania - Notary	Seal						
Jessica L. J. Stutzii Erie C			0	nwealth of F	Pannsvivai	nia		

My commission expires November 21, 2027

Commission number 1359916

Member, Pennsylvania Association of Notaries

ERIC County of .___

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

				Nur		

83-3126011

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	
		430.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	1410.00
Total for the reporting period (2)	\$	1410.00
3. Contributions Over \$250.00 (From Part C and Part D)		
	0.000	ut production and the control of the I
Contributions Received from Political Committees (Part C)	\$	0.00
Contributions Received from Political Committees (Part C) All Other Contributions (Part D)	\$	
		6950.00
All Other Contributions (Part D)	\$	6950.00
All Other Contributions (Part D) Total for the reporting period (3)	\$	6950.00

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: 83-3126011		
Annual day of the state of the		

Full Name of Contributo		Date [MM/DD/XYYY] \$	
	Tony Sitter	03/13/2025	100
76.500 BB - 100 BB -	treet Address	Date [MM/DD/YYYY] \$	*
6013	Fossilwood Drive		
City	State Zip Code	Date [MM/DD/YYYY] \$	
Erie	PA 16506		
Full Name of Contributo		Date [MM/DD/YYYY] S	
	Michael Howard	03/13/2025	60
House #	treet Address	Date [MM/DD/YYYY] \$	
≥ 4002	Pinelawn Drive		
Gitý	State Zip Code	Date [MM/DD/YYYY] \$	-
Erie	PA 16506		
Full Name of Contributo		Date [MM/DD/YYYY] \$	
	Kim & Tom Clear	03/13/2025	200
House #	street/Address	Date [MM/DD/YYYY] \$	
4855	Asbury Road		
City	State Zip Gode	Date [MM/DD/YYYY] \$	
Live Erie	PA 16506		
Full Name of Contributo	n l	Date [MM/DD/MYW/] \$	
	Stephanie & Joe Weunski	03/13/2025	100
House# S	treet Address	Date [MM/DD/YYYY] \$	
6012	Tuscany Lane		
City	State Zip Code	Date [MM/DD/YYYY] \$	
Fairview	PA 16415		
Full Name of Contributo		Date [MM/DD/YYYY] \$	SHOWN
	Lisa Brown	03/13/2025	100
House# S	treet Address	Date [MM/DD/YYYY] \$	
205	West 41st Street		
City	State Zip Gode	Date [MM/DD/YYYY] \$	
Erie	PA 16508		ž.
Full Name of Contributo		Date [MM/DD/YYYY] \$	A DOMESTICAL CONTRACTOR OF THE PROPERTY OF THE
	Jacob Skolnik	03/13/2025	100
House # S	treet Address	Date [MM/DD/YYYY] \$	
4643	% & Weatherwood Trail		
City	State Zip Code	Date [MM/DD/YYYY] \$	
Erie	PA 16506		
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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: 83-3126011

	Compression of the Compression o
Full Name of Contributor	Date [MM/DD/YYYY] \$
Karen Tyler	03/13/2025
House # Street Address	Date [MM/DD/YYYY] \$
1032 Copper Drive	
City State Zip Code	Date [MM/DD/YYYY] \$
Erie PA 16509	
Full Name of Contributor	Date [MM/DD/YYYY] \$
Dana James	03/13/2025
House # Street Address	Date [MM/DD/YYYY] \$
1250 Beaver Drive	
Cify State Zip €ode	Date (MM/DD/YYYY) \$
Erie PA 16509	Control of the Contro
Full Name of Contributor.	Date [MM/DD/YYYY] \$
Kellee Heidt	03/13/2025
House # Street Address	Date[MM/DD/YYYY] \$
5222 Deerfield Drive	2014 J. 2016 (1-2016) (1-2017) (1-2014)
Gity State Zip Code	Date [MM/DD/YYYY] \$
Fairview PA 16415	
Full Name of Contributors	Pare IMM/DD/WWW
Full Name of Contributor Robyn & Stephen Crago	Date [MM/DD/YYYY] \$ 200
Robyn & Stephen Crago	03/13/2025 200
Robyn & Stephen Crago House # Street Address	200
Robyn & Stephen Crago House # Street Address 4402 Westminster Blvd.	03/13/2025 200 Date [MM/DD/YYYY] \$
Robyn & Stephen Crago House # Street Address	03/13/2025 200
Robyn & Stephen Crago House # 4402	03/13/2025 200 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
Robyn & Stephen Crago House # 4402	03/13/2025 200 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ 100
Robyn & Stephen Crago House # 4402 Westminster Blvd. City Erie State PA Zip Code Full Name of Contributor Lynn Craker	03/13/2025 200 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ 03/13/2025 100
Robyn & Stephen Crago House # 4402	03/13/2025 200 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ 100
Robyn & Stephen Crago House # 4402	03/13/2025 200 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ 03/13/2025 100 Date [MM/DD/YYYY] \$
Robyn & Stephen Crago House # 4402	Date [MM/DD/YYYY] \$
Robyn & Stephen Crago House # 4402	Date [MM/DD/YYYY] \$
Robyn & Stephen Crago House # 4402	Date [MM/DD/YYYY] \$
Robyn & Stephen Crago House # 4402	Date [MM/DD/YYYY] \$
Robyn & Stephen Crago House # 4402	03/13/2025 200 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ 03/13/2025 100 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
Robyn & Stephen Crago House # 4402	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY
Robyn & Stephen Crago House # 4402	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY
Robyn & Stephen Crago House # 4402 Street Address Westminster Blvd. City Erie State PA Zip Code 16506 Full Name of Contributor Lynn Craker House # 5411 Millfair Road City Fairview PA Zip Code 16415 Full Name of Contributor Gary Walters House # 3536 Meadow Drive	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY

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)

Filer Identification Number: 83-3126011	

TOTAL SECTION AND ADDRESS OF THE PROPERTY OF T		
Full Name of Contributor		Date [MM/DD/YYYY] \$
	ark J. Kuhar	03/1/2025
House # Street A	ddress	Date [MM/DD/YYYY] \$
4610	Crosswinds Drive	
City	State Zip Code	Date [MM/DD/YYYY] \$
Erie	PA 16506	
Employer Name	MacDonald Illig Attorneys	Occupation Attorney
Employer Mailing Address / Principal Place of Business	100 State Street, Erie, PA 16507	
Full Name of Contributor		Date [MM/DD/YYYY] \$
Pau	ul Ouellet	03/13/2025
House# Street A	ddress	Date [MM/DD/YYYY] \$
3223	West 24th Street	
City :	State Zip Code	Date [MM/DD/YYYY] \$
Erie	PA 16506	
Employer Name		Occupation Retired
Employer Mailing Address / Principal Place of Business		
Marrie on chart reside after a force of the con-	[20](0)(d)(d)(Acres)	
Full Name of Contributor		Date [MM/DD/YYYY] \$
	thleen Ouellet	Date [MM/DD/XYYY] \$ 03/23/2025 \$400
		400
Kat		03/23/2025
House # 3909 Street A	Sunset Blvd. State Zip Code	03/23/2025
House:# 3909 Street:Ai City Erie	ddress Sunset Blvd.	03/23/2025 400 Date [MM/DD/YYYY] \$
House # 3909 Street A Street A Street A Frie Employer Name	Sunset Blvd. State Zip Code	03/23/2025 400 Date [MM/DD/YYYY] \$
House:# 3909 Street:Ai City Erie	Sunset Blvd. State Zip Code	03/23/2025 400 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation
House # 3909 Street A Str	Sunset Blvd. State Zip Code	03/23/2025 400 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House # 3909 City Erie Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor	Sunset Blvd. State Zip Code	03/23/2025 400 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Retired
House # Street Address / Principal Place of Business Full Name of Contributor House # Street Address / Address / Principal Place of Business Full Name of Contributor	Sunset Blvd. State PA Zip Code 16504 PA 2 2 2 2 2 2 2 2 2	03/23/2025 400 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Retired Date [MM/DD/YYYY] \$
House # 3909 City Erie Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor Mai	Sunset Blvd. State PA Zip Code 16504 PA 2 2 2 2 2 2 2 2 2	03/23/2025 400 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Retired Date [MM/DD/YYYY] \$ 03/31/2025 1050 Date [MM/DD/YYYY] \$
House # Street Address / Principal Place of Business Full Name of Contributor House # Street Address / Address / Principal Place of Business Full Name of Contributor	Sunset Blvd. State PA Zip Code 16504 PA Interest	03/23/2025 400 Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Retired Date: [MM/DD/YYYY] \$ 1050
House # 3909 City Erie Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor. Mail House # 4345 City Erie	Sunset Blvd. State PA Zip Code 16504 PA Incomplete In	Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S Occupation Retired Date [MM/DD/YYYY] S 03/31/2025 1050 Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S Date [MM/DD/YYYY] S
House # 3909 City Erie Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor Mail House # 4345 City	Sunset Blvd. State PA Zip Code 16504 PA Interest	Date [MM/DD/YYYY] \$

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)

Filer dentification Number:
Filer Identification Number: 83-3126011

Full Name of Contributor	Alan Schaal		Date [MM/DD/YYYY] 04/30/2025	\$ 4000
House # Stree	et Address Commodore Drive		Date [MM/DD/YYYY]	\$
City Erie	State, PA	Zip Code 16505	Date [MM/DD/YYYY]	Ś
Employer Name	Amerail Systems, Inc.		Occupation Owner	
Employer Mailing Address / Principal Place of Business	2301-A West 12th Street	, Erie, PA 16505		
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House# Stree	et Address		Date [MM/DD/YYYY]	Š
Gity	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		(Section of the Control of the Contr	Occupation	\$3\frac{1}{2}
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor.			Date [MM/DD/YYYY]	\$
House# Stree	et Address		Date [MM/DD/YYYY]	\$
	et Address State	Zip Code		
House # Stree Gity Employer Name	State	Zip Code	Date [MM/DD/YYYY]	\$
House # Stree	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$
House # Stree Gity Employer Name Employer Mailing Address /	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Date [MM/DD/YYYY]	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
House # Stree Gity Employer Name. Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Stree	State		Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Date [MM/DD/YYYY]	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
House # Stree Gity Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Stree	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
House # Stree Gity Employer Name. Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Stree	State State State		Date [MM/DD/YYYY] Date [MM/DD/YYYY] Occupation Date [MM/DD/YYYY]	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

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: 83-312	26011		
AND TERM TERM VINA CONT.			DEFCENDENCE ON TRUBE WAR
1. UNITEMIZED IN-KIND CONT	RIBUTIONS RECEIVED-VALUI	E OF \$50.00 O	K TE22 KEK CONTKIRDTOK
TOTAL for the reporting period	(1)	\$ (
2. IN-KIND CONTRIBUTIONS RE	CEIVED-VALUE OF \$50.01 TO	O \$250.00 (FR	OM-PART.E)
TOTAL for the reporting period	(2)	\$	0
3. IN-KIND CONTRIBUTION REC	NEIVEREVAULE/AVERS25000	OVEROM PART	
ing.	427	o i nomi anti	
TOTAL for the reporting period	(3)	\$	9100.00
TOTAL VALUE OF IN-KIND CONTRIBUT		1	
PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)		1 1	9100.00

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number: 83-3126011	"
83-3126011	
00-0120011	
· 在我们的是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一	

<u> </u>			
Full Name of Contribu	utor		Date [MM/DD/YYYY] \$
A TOTAL TRANSPORT TO THE	Joseph Weunski	í	9100.00
			5/5/2025
House #	Street Address		Date [MM/DD/YYYY] \$
6012	的数数据表示的表示。 1	scany Lane	STATE OF THE THE TOTAL CONTRACT OF THE STATE
	Tus	cany Lane	
City	25% To the Martine and Control of Server	State Zip Code	Date [MM/DD/YYYY] \$
FR 128-8-25-6-7			The County of th
Fairview		PA 16415	
Employer Name			
Етрюует тчатте		Tungsten Creative Group	Occupation Owner
Employer Mailing Add	/ Drincinal	, 	Description
Place of Business	Mess/Finisher	ž.	
Place of Dubiness		510 West 7th Street, Erie, PA 16502	of Consulting Services
The state of the same of the same of	Control of the second of the s		Contribution >
Full Name of Contribu	itor		Date [MM/DD/YYYY] \$
	188600		District Configuration (Configuration Configuration Config
i dalam per et de			
House #	Street Address		Date [MM/DD/YYYY] \$
10030	Street Audi eas		
			Date [MM/DD/YYYY] \$
City		State Zip Code	Date [MM/DD/YYYY] \$
	The second secon		CONTROL OF THE PROPERTY OF THE
Employer Name		A	Occupation
ATTACOM TOTAL		<u> </u>	
Employer Mailing Add	Iress / Principal	4	Description
Place of Business	Walley Swift Street	<u>.</u>	of
			Contribution
Full Name of Contribu	tor		Date [MM/DD/YYYY] \$
Full Manie Co.			
<u> </u>	The contract of the second sec		
House #	Street Address		Date [MM/DD/YYYY] \$
		The second secon	Project Proj
City	-	State Zip Code	Date [MM/DD/YYYY] \$
/ S / S			
Employer Name		CORRECT STREET, CORP.	Occupation
	2000年1000年100日 - 1000日 - 1000	4	
- Marin		·	
Employer Mailing Add	AN AUGUSTON		Description
Employer Mailing Add Place of Business	AN AUGUSTON		Description of
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Place of Business	dress / Principal		of Contribution
化铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁铁	dress / Principal		af .
Place of Business	dress / Principal		of Contribution
Place of Business Full Name of Contribut	dress / Principal		of Contribution Date [MM/DD/YYYY]
Place of Business Full Name of Contribut	dress / Principal		of Contribution
Place of Business Full Name of Contribut House #	dress / Principal		of Contribution Date [MM/DD/YYYY]
Place of Business Full Name of Contribut	dress / Principal	·	of Contribution Date [MM/DD/YYYY]
Place of Business Full Name of Contribut House #	dress / Principal	State Zip Code	Of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
Place of Business Full Name of Contribut House #	dress / Principal	State Zip Code	of Contribution Date [MM/DD/YYYY]
Place of Business Full Name of Contribut House #	dress / Principal	State Zip Code	Of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
Place of Business Full Name of Contribut House #	dress / Principal	State Zip Code	Of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
Full Name of Contribut House # City Employer Name	dress / Principal stor Street Address	State Zip Code	Of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation
Place of Business Full Name of Contribut House #	dress / Principal stor Street Address	State Zip Code	Of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
Full Name of Contribut House # City Employer Name Employer Mailing Add	dress / Principal stor Street Address	State Zip Code	Of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description
Full Name of Contribut House # City Employer Name	dress / Principal stor Street Address	State Zip Code	Of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation

SCHEDULE III Statement of Expenditures

83-3126011		

To Whom Paid				Date [MM/DD/YYYY]	*\$
	Daniel Ouellet			03/29/2025	1706.45
House # 3224	Street Address V	Vest 25th Street		Description of Expendi	ture
City Erie	To the second control of the second	State PA	Zip Code 16506	Yard Signs from Summit F	Printing
To Whom Paid	Community Access	Madia		Date [MM/DD/YYYY]	\$
n Data da		s Wedia		04/01/2025	150,00
House # 142	Street Address V	Vest 12th Street		Description of Expendit	ure
City Erie		State PA	Zip Code 16501	Access to the Candidates	- Video Production
To Whom Paid	Daniel Ouellet			Date [MM/DD/YYYY]	\$ 1134.47
		•		04/11/2025	
House # 3224	Street Address	Vest 25th Street		Description of Expendit	ure
City Erie		State PA	Zip Code 16506	Postcard Printing, Door Ha	angers, Logo Clothing
To Whom Paid	202 Cine Chan			Date [MM/DD/YYYY]	\$ 640.00
	303 Sign Shop			04/19/2025	640.08
House # 2936	Street Address	each Street		Description of Expendit	ure
City Erie		State PA	Zip Code 16508	Large Banners / Campaig	n Signage
To Whom Paid	Millcreek Township	Supervisors		Date [MM/DD/YYYY]	\$ 300.00
House #	ie .	•		04/23/2025 Description of Expendit	
3608	Street Address V	Vest 26th Street		Description of Expendit	uie.
City Erie		State PA	Zip Code 16506	Sign Permits	
To Whom Paid	Northwest Bank			Date [MM/DD/YYYY]	\$ 20.00
	44			Various	
House # 100	Street Address L	iberty Street		Description of Expendito	ure
City Warren		State PA	Zip Code 16365	\$5.00 / Month Service Charg	ee
To Whom Paid			·	Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ure
Versional	[48] [48] [48] [48] [48] [48] [48]	State	Zip		rgeresson (d. 1994) by a Taret Februar (d. 1975) (de 1985) (d.
City			Code	ľ	
To Whom Paid			Code	Date [MM/DD/YYYY]	\$
To Whom Paid			Code	- Secretagists - Wisson as Secretaria and Secretaria	
	Street Address		Code	Date [MM/DD/YYYY] Description of Expenditi	
To Whom Paid	Street Address	State	Zip Code	- Secretagists - Wisson as Secretaria and Secretaria	

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.

C			
83-3126011			
	83_3126011		
	Author Carrolling Control Cont		

Name of Creditor	Daniel Ouellet	Outstanding Balance of Debt
House # Stre 3224	et Address West 25th Street ### DATE DEBT INCURRED [MM/DD/YYYY] 1/25/2019	\$.
City	Erie State PA Zip Code 16506	2000.00
Description of Debt	Loan to fund start of previous campaign	postor
Name of Creditor		Outstanding Balance of Debt
House# Stre	et Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State Zip Code	
Description of Debt	Editional Secretary 1	Esser
Name of Creditor		Outstanding Balance of Debt
House # Stre	et Address [MM/DD/YYYY]	\$
City	State Zip Code	
Description of Debt	Parameters (1 Parame	125024
Name of Creditor		Outstanding Balance of Debt
House # Stre	et Address DATE DEBT INCURRED [MM/DD/YYYY]	\$ 5
City	State Zip Code	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
	et Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State Zip Code	
Description of Debt	Project distribution	Project
Name of Creditor		Outstanding Balance of Debt
House # Stre	et Address DATE DEBT INCURRED [MM/DD/YYYY]	\$.
City	State Zip. Code	
Description of Debt	1 - Action Marine Co. (1 Companyation of The Co.)	I CONTROL