Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer identification Number		eport Filed E Mark XI	ly Candida	te	X	Committee			Lobbyist
Name of Filing Committee, Cand Lobbyist	idate or	chael Pace	i i i i i i i i i i i i i i i i i i i		<u> </u>				
Street Address	77	0 W.Townha	III Rd.						18.1
City. Waterford			State	Pa		Zip Code	16441		
Type of Report (Place x under rep	ort type)								
1- 6 th Tuesday 2- 2 nd Friday 3- Pre-Primary Pre-Primary P	As a series of the second seco	6 th Tuesday	5- 2 nd Friday Pre- Election	6-30 Day Election	Post	7- Annual	Special 2 ⁿ Pre-Electi		Special 30 Day Post-Election
Date Of Election					ee oo baran a				
(MM/DD/YYYY)	5/20/2025	ear Lightner	2025	Amendm Report	ent		Terminati Report	on	
Summary of Receipts and F Expenditures W	rom Date	To Date	process			For 0	Office Use C	only	
	12/3/12024	5/	/5/2025					<	B
A. Amount Brought Forward Fron			1793.90						20 25 NAY
B. Total Monetary Contributions (From Schedule I)	and Receipts		120.00						7
C. Total Funds Available (Sum of Lines A and B)			1373.90					95	ထ
D. Total Expenditures (From Schedule III)			106.46						<u>무</u> 유
E. Ending Cash Balance (Subtract Line D from Line C)	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1		780.36						 CD
F. Value of In-Kind Contributions (From Schedule II)	Received		40.00						, ,
G. Unpaid Debts and Obligations (From Schedule IV)	top (f. 1955) side 1956 top (f. 195	\$ 5	0 7						
Part 1- If this is a Committee report, tr	oacurar cian hara I	If this is +Can	Affida it Sect	tion	hore				
I swear (or affirm) that this report, incl	luding the attached	schedujesson	paget is to the b	est of my kr	nere. nowledg	e and belief tru	e, correct an	d complete	<u> </u>
Sworn to and subscribed before me th		் வ	424 ion		10	α			
8day of	20 <u>25 </u>	} \$ \$ \$	Sec er 1	Mo	Lef	Vaca			
Sue Should	d	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	expires Decembon number 1424	Sign M/C	ature o	f Person Submit	ting report		_
Signature (V)		er Peng Frie C		7777	7/17	Printed Name			
My Commission expires 12-0	12-20210		5 8 8	19		21.1	-585	-,	
MO.	DAY YR.	onwealth Sue Sh	ommission of Pennsylv	ea Code	•		me Telepho		
Part II- If this is a report of a Candidate	's Authorized Com	mittee, candi		'e.					
I swear (or affirm) that to the best of mamended.	ny knowledge and b	ele this poli	ical committee h	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 thi	is								
day of	20	٠,							
		Į.			Signa	ture of Candida	te		_
Signature					P	rinted Name			_
My Commission expires	, V VB							_	_
MO. DA	Y YR.		Are	ea Code		Daytin	ie Telephone	: Number	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	Michael Pace			

	0.0000000000000000000000000000000000000	
1.Unitemized Contributions and Receipts: \$50,00 or Less per Contributor		
Total for the reporting period (1	.) \$	320.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	Ş	0
All Other Contributions (Part B)	Ş	100.00
Total for the reporting period (2	2) \$	100.00
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)		A STATE OF THE STA
Total for the reporting period (4) \$	O
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)	t \$	420.00

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.

Filer Identification Number

	IWICHAEI FACE		·	
				Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
COMMITTEE				
House # Street	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] 5	
			i de la companya de l	
House # Street	Address		Date [MM/DD/YYYY] \$	
			1.57 247-2	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing	i i i i i i i i i i i i i i i i i i i		Date [MM/DD/YYYY] \$	<u>.</u>
Committee			Date (MIN/DD/ FEFF)	
The same of the sa	Address		Date [MM/DD/YYYY] \$	
House # Street	Address		Date [WW/DD/11/41]	
CPU 1	State	Zip Code	Date [MM/DD/YYYY] \$	
City	Jace	zip code	Jacquini, Joy, 1111	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee				
House # Street	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee			14.52 13.80	
House # Street	Address		Date [MM/DD/YYYY] \$	-
			e de la companya de l	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee				
House # Street	Address		Date [MM/DD/YYYY] \$	
	le de la constant de			
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 Identification Number:	V.	···
Michael Pace		

Full Na	ame of Contributor Mark S	S. Varzally		Date [MM/DD/YYYY] \$ 5/4/2025	100.00
House	# Street Addr 226	W. 37th Street		Date [MM/DD/YYYY] \$	
City	Erie	State Pa	Zip Code 16508	Date [MM/Db/YYYY] \$	
Full Na	ame of Contributor			Date [MM/DD/YYYY] \$	
House	# Street Addr			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
	ime of Contributor			Date [MM/DD/YYYY] \$	No. of the Control of
House #		ress		Date [MM/DD/YYYY] \$	The state of the s
City	PROPERTY AND ADDRESS AND ADDRE	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Nar	ime of Contributor	Triblianiti and	\$23.00 cmood other community	Date [MM/DD/YYYY) \$	Section 1
House #	# Street Addr			Date [MM/DD/YYYY], \$	
City	Poster de destruction de la constitución de la cons	State	Zip Code	Date [MM/DD/YYYY] \$	T DE COMPANY
Full Nar	me of Contributor			Date [MM/DD/YYYY] \$	
House #		ess		Date [MM/DD/YYYY] . \$	The state of the s
City		State	Zip Code	Date [MM/DD/YYYY] \$	
	me of Contributor			Date [MM/DD/YYYY] \$	
House #	# Street Addre			Date [MM/DD/YYYY] \$:	
City	TOTAL CONTROL OF THE PARTY OF T	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 Identification Number:	Michael Pace			
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Sti	reet Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Sta	reet Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee		Concession Associate Establishment	Date [MM/DD/YYYY] . \$	
House # Str	reet Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	
House # 5tr	reet Address		Date [MM/DD/YYYY] \$	
City.	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee	The state of the s		Date [MM/DD/YYYY] \$	
	eef Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
india in pay propositions	eet Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	- 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: Michael	Pace			
Full Name of Contributor			Date [MM/DD/YYYY) \$	
House # Street Addre	iss		Date [MM/DD/YYYY] \$	
City	State	.Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	L		Occupation	
Employer Mailing Address /				
Full Name of Contributor			Date [MM/DD/YYYY] 5	
House # Street Addre			Date [MM/DD/YYYY], \$	
City :	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Address /			Occupation	
Employer Mailing Address / Principal Place of Business	M			•
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Addre	SS		Date [MM/DD/YYYY] \$	
City-	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Address /			Occupation	
Principal Place of Business				
Full Name of Contributor			Bate [MM/DB/YYYY] \$	
House # Street Addres			Date [MM/DD/YYYY] HC \$.	
City	State	Zip Code	Date [MM/Db/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				

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 Numb	ber: Michael Pace			
	fraction (Application Control			
				·
House#	Street Address	-		the state of the s
City		State	Zip Code	Date [MM/DD/YYY] \$
Receipt Description				
Full Name				
	Street Address			
	the state of the s	State	Zip	Date [MM/DD/YYYY] \$
City 1111	10 (25) 10 (25) 10 (25)	State	Code	Date [MM/DD/YYYY] \$
Receipt Description	48 1 8 4 5 4 5 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5			\$200000G
Full Name			•	
	Street Address			
Eity in the latest the second		State.	Zip.	Date [MM/DD/YYYY] \$
the contract of the contract of			Code,	
Receipt Description		96		
Full Name		<u> </u>		
House #	Street Address			
City appropriate and the con-		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Cone	
search (1965)				
Full Name				
House#	Street Address			
City		State	Zíp Code	Date [MM/DD/YYYY] \$
Receipt Description	17.70 (2) 17.70 (2)			
Full Name	Est (Sale			
	Street Address		Execute to Secretaristic State of Secretaristic Secretaristics	
City for report, and a		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				

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:	el Pace		
1. UNITEMIZED IN-KIND CONT	RIBUTIONS RECEIVED-VALUE		
TOTAL for the reporting period	(1)	\$	40.00
ž in-kind contributions ri	GENERAVALUE GESSOOTS	a śzsalanyce	COMPART ()
2. It said Contributions to		G 7230.00 (i i	
TOTAL for the reporting period	(2)	\$	0
3. IN-KIND CONTRIBUTION REC	FIVED-VALUE OVER \$250.0	I (EROM PAR	TG)
		0.150.60	
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUT	IONS DURING THIS REPORT	NG S	
PERIOD (Add and enter amount totals	from boxes 1, 2, and 3; also		·
on Page 1, Report Cover Page, Item F)			40.00

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number: Michael Pace	
Michael Pace	
AND ALL PURE CONTROL OF THE PARTY.	

Full Name of Contributor		Date [MM/DB/YYYY] \$	
House # Street Address		Date [MM/DD/YYYY] \$	
	ip Code	Date [MM/DD/YYYY] \$	
Description of Contribution			
Full Name of Contributor	- copy	Date [MM/DD/YYYY] S	
House # Street Address		Date [MM/DD/YYYY] \$	
	ip Code	Date [MM/DD/YYYY] \$	
Description of Contribution			
Full Name of Contributor		Date [MM/DD/YYYY] \$	
House # Street Address		Date [MM/DD/YYYY] \$	
	ip Code	Date [MM/DD/YYYY] \$	
Description of Contribution			
Full Name of Contributor	2798.500	Date [MM/DD/YYYY] \$	
House # Street Address	2330000	Date [MM/DD/YYYY] \$	
City State Z Description of Contribution	ip Gode	Date [MM/DD/YYYY] \$	
a sastilis alkatat a sharpa sastilishin isi ya sastili ki sastilishi s			
Full Name of Contributor		Pate [MM/DD/YYYY] . \$	
House # Street Address		Jate [MM/DD/YYYY] \$	
	lp Code D	Pate [MM/DD/YYYY] \$	
Description of Contribution			

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number: Michael Pace	-		

Full Name of Contributor	Date [MM/DD/YYYY] 5
House # Street Address	Date [MM/DD/YYYY] .\$
City Zip Code	Date [MM/DD/YYYY] S
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
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	Occupation
Employer Malling Address / Principal Place of Business	Description of the contribution of the contrib
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	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of [1] Contribution

SCHEDULE III Statement of Expenditures

Filer Identification Number: Michael Pace			

To Whom Paid Home Depot			Date [MM/DD/YYYY] \$	96,76
SERING LEMANS			4/15/2025	30.70
78 6 78 6 78 6 78 6 78 6 78 6 78 6 78 6	ach Street	The powers and a second annual second	Description of Expenditure	and a leaf of the little of the leaf the offer the leaf of the leaf
City Erie	State Pa	Zip Code 16509	lumber supplies	
To Whom Paid Walmart			Date [MM/DD/YYYY] 5 4/15/2025	27.23
House # 1825 Street Address Do	owns Drive		Description of Expenditure	
City Erie	State Pa	Zip Code 16509	assorted screws/sign supplies	
To Whom Paid Spoiler Central			Date (MM//DD//YYYY) \$ 4/26/2025	84.59
House # Street Address PO	Box 143		Description of Expenditure	and the second s
City Hendersonville	State TN	Zip Code 37076	Sign stakes	
To Whom Paid Fast Signs			Date [MM/DD/YYYY] \$ 5/2/2025	197.88
House # 436 Street Address W.	12th Sreet		Description of Expenditure	
Erie	State Pa	Zip Code 16501	VINYL PATCH	. <u>-</u> .
To Whom Paid			Date [MM/DD/YYYY] \$	
House # Street Address			Description of Expenditure	er energia de promote Carroca de la Carro
Elty	State	Zip Code		
To Whom Paid.			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.	State	Zip Code		
To Whom Paid			Date [MM/DD/YYYY] \$	
House # Street Address			Description of Expenditure	
City	State	Zip . 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 Number:	Michael Pace	
Name of Creditor		Outstanding Balance of Debt
House# Str	eet Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of Debt	State Zip Code	
Name of Creditor		Outstanding Balance of Debt
	eet Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
City and the property of the control	State Zip Code	
Description of Debt		
Name of Creditor	eet Address DATE DEBT INCURRED	Outstanding Balance of Debt
City Stre	[MM/ad/YYYY]	
Description of Debt	State Zip Code	
Name of Creditor		Outstanding Balance of Debt
House # Stre	eet Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State Zip Code	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
	eet Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State Zip Code	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
	DATE DEBT INCURRED [MM/DD/YYYY]	S .
City Description of Debt	State Zip Code	