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

Filer-Identification	Report Filed I		te la	Committee	,	Lobbyist
Name of Filing Committee, Candidate or	(Mark X)	MP				
Lobbyist Street Address	Uni	KATON	TSINGER	<u></u> 7レヒ	N.	
City Fre		State	PA	Zip Code	16505	_
Type of Report (Place x under report type)		, , , , , ,		•		
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Post Pre-Primary Pre-Primary Primary	4- 6th Tuesday Pre- Election	5- 2 nd Friday Pre- ⊟ection	6-30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
	**************************************	10000000000000000000000000000000000000		X		
Date Of Election (M.M./DD/YYYY)	Year	2022	Amendment Report		Termination Report	
Summary of Receipts and From Date Expenditures	To Dat	e 21/2022		For	Office Use Only	
A. Amount Brought Forward From Last Repor	902 12/3 1 \$ 9 5	53,26				
B. Total Monetary Contributions and Receipts (From Schedule !)	\$ 3	15.90			, and	5 -2
C.: Total Funds Available (Sum of Lines A and B)	\$ 9.8	869.16			Parties	2022 NOV
D. Total Expenditures (From Schedule III)	\$ 9,8	369.16				
E: Ending Cash Balance (Subtract Line D from Line C)	\$	0			The state of the s	음
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0				
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0		T-1000000000000000000000000000000000000	vir in 	် င
Part 1-1f this is a Committee report, treasurer sign h			andidate sign here.	· · · · · · · · · · · · · · · · · · ·		
I swear (or affirm) that this report, including the atta				dge and belief t	rue, correct and comple	ete.
Sworn to and subscribed before me this 29th day of Novamber 20 22	_ '1	· · · · · · · · · · · · · · · · · · ·	Kionas	- Q. T	arlete	YIVANIA Y PUBLIC Y S. 2025
Susan M. Hauman Signature	_		In CM as	of Person Subr	Veca	NINS YL
My Commission expires 07 05 202	, I. 35		8/4		51-0262	OF PE
MO. DAY YR			Area Code	Da	ytime Telephone Numb	et TALTA
Part II- If this is a report of a Candidate's Authorized I swear (or affirm) that to the best of my knowledge amended.				y provisions of	the Act of June 3, 1937	(P.L. 1333 (NO. 220)
Sworn to and subscribed before me this			(/n.a.	0		SUSA
29th day of November 20 22	- '1		Widely .	gature of Cand	idata	
Susan M. Dausman Sgnatufe	→ ·		NOXP 3	Printed Name	51950	
My Commission expires 07 05 208 MO. DAY YR	15	<u> </u>	773 Area Code	<u> </u>	53-929 time Telephone Number	<u>9</u>
F ANNA AND A TH						

COMMONWEALTH OF PENNSYLVANIA NOTARY SEAL SUSAN M. GAUSMAN, NOTARY PUBLIC ERIE COUNTY MY COMMISSION EXPIRES JULY 5, 2025 COMMISSION NUMBER 1169504

SCHEDULEI

Contributions and Receipts

Detailed Summary Page

Filer Identification Number			
Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
			ALTON
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)		\$	1
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)	74.50 1925		
Contributions Received from Political Committees (Part C)	- 19 A SERVICE	\$	(4) (1) 1 · · · · · · · · · · · · · · · · · ·
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	197-4b
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		kr. 36	
Total for the reporting period	(4)	\$	315.90
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, Recover Page Item 8)		\$	315.90 315.90

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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

	A finite family & first formwithing Anna			Control Management 1	10.52	Amount
Full Name of Cor Committee	ntriputing			Date [M M/DD/YYYY]	\$	
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Date [M.M./DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Cor Committee	ntributing	在使用的人	1917年7年4月8日	Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	The state of the s
City		State	Zip Code	Date [M M //DD//YYYY]	\$	
Full Name of Cor Committee	ntributing		and the second second	Date [M.M./DD/YYYY]	\$	
House #	Street Address			Date [M.M/DD/YYYY]	\$*	
City	1900 - 1600 U.S.(\$1.5)	State	Zip Code	Date [M.M./DD/YYYY]	\$	
Full Name of Con Committee	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	¥0.		Date [M.M./DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYY]=:	\$	2 022 NO ¥
City.	100. 200 · · · · · · · · · · · · · · · · · ·	State	Zip Code	Date [M M / DD / YYYY]	2.5	2 2
Full Name of Con Committee	ntributing	promise service (1, 2, 3, 4, 2)	a a magana ayar ke riyang tili A A Mindili (il)	Date [M.M/DD/YYYY]	1.\$	THE STATE OF THE S
House#	Street Address			Date [M M / DD / YYYY]	\$	
City		State	Zip Code	Date [M M /DD/YYYY]	\$	
Full Name of Con Committee	itributing	, <u>, , , , , , , , , , , , , , , , , , </u>		Date [M.M./DD/YYYY]	\$	
House #	Street Address			Date [M M/DD/YYYY]	\$	
City	(1999年) (1996年) (19964) (19964) (19964) (19964) (19964) (1996	State	Zip Code	Date [M.M./DD/YYYY]	\$	

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.)

Ciles destinations have		
Filer Identification Number:		
The state of the s		
The Arms of the Control of the Contr		
The state of the s		
Processing the Process of the Control of the Process of the Proces	 _	

Full Name of Contributor			Date [MM//DD//YYYY]	\$ 1
House # Street Address			Date [M M /DD/YYYY]	
City	State	Zip Code	Date (M.M./DD/YYYY)	\$
Full Name of Contributor			Date [MM/DD/YYYYY]	\$\$
House # Street Address	4		Date [M.M./DD/YYYY]	\$
City	State*	Zip Gode	Date [M:M:/DD//YYYY]	. \$
Fuil!Name of Contributor) and the second		Date [M M / DD / YYYY]	\$
House # Street Address			Date [M M / DD/YYYYY]	\$
City	State	Zip Code	\Date [M M /DD/YYYY]	\$
Full Name of Contributor	1. 花花公子可用管料:		*Date [M.M./DD/YYYY]	\$.
House # Street Address			Date [M M /DD//YYYY]	\$
Gity	State	Zip Code	Date [M M / DD/YYYY4]	2022 11
Füll Name of Contributor	(AS-1) Ganning proceedings (Construction (Construction of the Assertation of th	Date [M M / DD / YYYY]	30
House # Street Address			Date [M M / DD / YYYYM]	8 PH 12:
City	State	Zip Code	Date [M M/DD/YYYYA]	39 39
Full Name of Contributor	1000		Date [M.M./DD/YYYY]	\$
House # Street Address		on the residence which were	Date [M M /DD//YYYY]	\$
City	State	Zip Code	Date [M.M./DD/YYYY]	(\$
onnuments are excelled [SAMORESCOMMON()	Production and AUCE 12 Tagger 2007/71		myseurs

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 Committee	,		Date [MM/DD/YAYYY] 5	
Contributing Committee				
House # Street Addre	SS		Date [MM/DD/YYYY] \$	
	₹			
Gity	State	Zip Code	Date [M M /DD/XYYYY] \$	12
			23/2/18/02/21/19	
Full Name of			Date [M M /DD//YYYY] \$	
Contributing Committee				
House # Street Addre	SS	, , , , , , , , , , , , , , , , , , ,	Date [M.M)/DD/YYYY] \$	
City	State	Zip Code	Date [M.M./DD/YYYY] \$	
			The second secon	
Full Name of			Date [M M / DD / YYYY]	
Contributing Committee				
House # Street Addre	58		Date [MIM*/DD//YYYY] \$	
City	State	Zip Code	(Date [M.M./DD/YYYY] \$5	
Full Name of			Date [M.M./DD/YYYY] \$	
Contributing Committee				4
House # Street Addre	\$ 5	1 T-64/4 Berlen in	Date [M M / DD / YYYY] * \$	
			Security Sec	2022
City	State	Zip Code	Date/[MM//DD//YYYY] \$	Ē

Full Name of			Date [MM//DD//YYYY] \$	
Contributing Committee			county of the state of the stat	
House # Street Addre	85		Date M MV DD/AYYY)	. <u>5</u>
			C.C.	္ထ
City	State	Zip Code	Date [M M/DD/YYYY] * \$	
Full Name of Contributing Committee			Date [M M / DD / YYYY]	3
Contributing Committee				
House # Street Addre	5 \$		Date [M M /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:

FullyName.of Contributor			Date [M M/DD/YYYY]
House # Street Address			Date [MIM//DD//YYYY] \$
City304	State	Zip Code	Cate (M M /DD/YYYY) \$3
Employer Name			Occupation
Employer Malling Address / Principal Place of Business	A A		
Full Name of Contributor			Date [M/M//DD//YYYY] \$
House # Street Address			*Date [M M / DD / YYYY] \$
City 13	State	Zip Code	Date [M M /DD/YYYYY] \$
Employer Name			Occupation .
Employer Mailing Address / Principal Place of Business			
Full Name of Göntributör			Date [M:M /DD/YYYY]
House# Street Address			Date (M.M./DD/AYYYY) 5
(City	State	Zip Code	Date [M M./DD//YYYY]
Employer Name			Occupation 1 11 2
-Employer/Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [M/M/DD/YYYY]
#House # Street Address			Date [M.M./DD/XYYY]
City	State	Zip Code	Date [M.M./DD/YYYY]
Employer Name		The state of the s	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 Number:				
Full Name	Underst	ed chass	be and lot	Mathematical Esters J. a. P. Date [MM/DD/YYYY] \$ 3/5,90
House # Stre	eet Address	os lifec	of account	FaR
City		State	Zip Code	Date [M'M'/DD/YYYY] \$ 3/5, %)
Receipt Description				
Full Name				· · · · · · · · · · · · · · · · · · ·
1	ret Address			
City		State	Zip Code	Date [M.M./DD/YYYY] \$
Receipt Description		Districtions or grown		Degram of
Full Name	99/4 2 (C + 20)	×		
House # Stre	eet Address	State	Zip	Date (M.M.//DD//YYYY) \$
100			Code	Date (MM/LDD/YYYY)
Receipt Description		[0.52.87.2838] [1.52.57.28]	[16] 法公司的公司的产业编制	181-181
Full Name	THE STATE OF THE S			
House # Stre	eet Address	State	Zip	√Date [M M /DD/YYYY]
City		State	Code	
Receipt/Description				
Full Name House # Stre	eet Address			30 30 S
City	Pet Address	State	Į Zip otali	Date [M M / DD / XXYXY]
			Code	
Receipt Description				22/ 39
Full Name	oot fidding oo	i di		
Gity	eet Address	State	Zip	Date [M.M./DD/AYYYY]
Receipt Description			Code	Date [M.M./DD/YYYYY] \$
neceipt 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.					
SCHOOL STRUCK TOWN VALUE OF THE	DUTIONOPORTUIDA	AHLEACASO NO ADELEOS	RED CONTRIBUTORS		2000000
1 UNITEM IZED IN KIND CONTR	nst. v Anti-Valla)	Constitution of the Constitution	PERCONTRIBUTOR		
TOTAL for the reporting period	(1)	\$			
2 IN KIND CONTRIBUTIONS REC	DEIMED WALTIE OF SER	01-T0-\$250-00-VEROM PA	PIT E		
					i i i i i i i i i i i i i i i i i i i
TOTAL for the reporting period	(2)	\$			
3 IN*KIND CONTRIBUTION REC	IVED-VALUE OVER \$2	50.00 (FROM: PART G)			
TOTAL for the reporting period	(3)	*** ** ** ** ** ** ** **			Å.
· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	
TOTAL VALUË ÖF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals f					
on Page 1, Report Cover Page, Item F)					

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SCHEDULEII

PARTF

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:		
Full Name of Contributor		Date [MM/DD/YYYY] .S.
House # Street Address		Date [M-M//DD/YYYY] S
City	State Zip Code	Date [M-M7/DD/YYYY]
Description of Contribution		
Full Name of Contributor		*Date*[M:M /DD/YYYY] \$;
House #1 Street Address		Date IM M//DD/YYYY(I)
City	State Zip Code	Date [M.M./DD/YYYY] \$
Description of Contribution		
Full Name of Contributor		Date [M M)/DD/YY/Y] \$
House # Street Address		Date [MM/DD/XYYYY] \$
Gily	State Zip Code	Date [M M / DD / YYYYY] \$
Description of Contribution		
Full Name of Contributor		Date [M M / DD / YYYY] \$
House # Street Address		Date [M/M//DD//YYYY]
City	State Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution	W.	
Full Name of Contributor		Date [M M/DD/YYYY] \$
House # Street Address	VOTARTZEGER METOV	Date [M:M:/DD//YYYY] \$
City (State A 11100 ZipiCode	Date [M M /DD/YYYY] \$
Description of Contribution	2022 HOY 30 PH 12: 39	

SCHEDULE II Part G

In-Kind Contributions Received

V	ALUE OVER \$250
#Filer identification Number:	
Full-Name of Contributor	Date [MM /DD/YYYY) \$\frac{1}{2}\$
House # Street Address	Date [MM/DD/YYYY] \$
	Date [MM//DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal: Place of Business	Description: 1 of Contribution: 2
Full Name of Contributors	Date [MW/DD/YYYY]
House # Street Address	Date [MM/DD//YYYY] \$
	p Code Date [M M /DD/YYYY] .\$
Employer Name	Occupation
/Employer Malling Address / Principal /Place of Business	Description Of State Contribution
Full Name of Contributor	Date [MM /DD//YYYY] \$
House # Street Address	Date [MIM/DD/YYYYY] \$
City State 7	p.Code Date [MM/DD/YYYY] (\$ \$ \$
Employer Name	Occupation
Employer Malling Address / Principal Place of Business	Description ;; of Contribution
Full Name of Contributor	SDate/[M/M//DD/YYYY] \$
House # Street Address MG11V313	ACLER BEGG
State: 2 Dカ:SINd	Decode Whate immediate was a second of the s
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution

Statement of Expenditures

Filer	ldenti	ficatio	n Num	ber:
1	2114		n Num	
100				V 12
美国企业发现	A SHE	i liet.	45.07	AND PROPERTY.

To Whom Paid MacDo	onald Illis J	ones t. Britto	Date [M:M:/DD/YYYY] \$ 97.5	0
House # 100 Street Addres	Stele Ga	to Soute 700	Description of Expenditure	
City Rice	State DA	Zip Gode 16507	Lesal Services	400
To Wiltom Paid MBA	PAC		Date [M.M./DD/YYYY] \$ 9,471.	.66
House # 217/ Street Addres	* West 384.	h Street	Description of Expenditure	
Gity. Erre	State PA	Zip Code 16508	Contribution Closins A	-CCZCH
To Whom Paid Mach	exald Illis Ja	res+BrillenLLP	11/25/2022 3 CO	
House # 100 Street Addres		el Sule 700	Description of Expenditure	
City Erre	State PA	Zip Code // //SC7	Lesal Services	
To Whom Paid			Date [M:M://DD/YYYY] \$	
House # Street Addres			Description of Expenditure	
City	State:	Zip Code		
To W hom Paid			Date [MM/DD/YYYY] \$	
House # Street Addres			Description of Expenditure:	
City	State	Zip Code		
To Whom Paid			Date [M M / DD / YYYY] \$	
House # Street Addres		Ive (reside may	Description of Expenditure	
City	State	Zip Code		
To Whom Paid			Date [MM//DD/YYYY] \$	
House:# Street Addre	30	30 mg #250.00000000000000000000000000000000000	Description of Expenditure	
City	State (CLIV)		THE MANAGEMENT OF THE STATE OF	
To Whom Paid			Date(IMM//DD/YYYYY) \$	
House # Street Addres	84. 73.	Z022 MOV 30 P	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.

							·····	
Name of Creditor	145.00 m				<u> </u>	Outst	anding Balance (of Debt
	Street Address		, n		ATE DEBT INCUI	₹R⊞D \$		
Oty Description of Debt				State	Zip Code			
Name of Creditor:						Outst	anding Balance	of Debt
House#	Street Address				ATE DEBT INCUI			
Description of Debt			358	State	Zip Code			
Name of Creditor						©uist	anding Balance	of Debt
House #	Street Address	···············			ATE DEBT INCUI [MM/DD/YYY	RRED S	7 4	
Oty Description of Debt			# 1	State	Zip Code			
Name of Greditor						Outsi	anding Balance	of Debt
House #	Street Address			State	ATE DEBT INCU			N. Sandara and A. San
Description of Debt		(BA)			Code			
Name of Creditor. House #	Street Address			de i	DATE DEBTINGU [M:M/DD/YYY	RRED \$	anding Balance	of Debt
City Description of Debt				State	Zp Code			
		FOLKALS		-		Mane	anding Balance	of Debt
Name of Creditor House#	Street Address	bH IS: ₱0	BS HOA 30	35	ATE DEBT INCU MM/DD/YYY	RRED \$	ariurig balance	OT DOM
City			1 公 3 3 3 3	State	Zip Code			
Description of Debt			189	. (c)	"大脑中的小脑可含剂的原则不完整点。			