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

		(lante: 1	ms repu	nt mus	t be clear a	ina legibie	. It Sho	ula be typea	1			
Filer Identificat Number	ion		Repor	t Filed B	y Cand	idate	X	Committee			Lobb	ıyist
Name of Filing Lobbyist	Committee, Ca	ndidate or	Christin	ie S. Rus	sh		1 <u> </u>			3:L. L		
Street Address			854 E.	7th St.								
City	Erie		· · · · · · · · · · · · · · · · · · ·		State	PA		Zip Code	16503			
Type of Report	(Place x under	report type)							•			
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Ti Pre- Ele		5- 2 nd Frida Pre- Election		ay Post n	7- Annual	Special 2 Pre-Elect			ial 30 Day -Election
							7					etin station in or i
Date Of Election		05/20/2025	Year	Control of the Contro	2025	Amend Report	J. 1988 - 1987, (1987)		Terminat Report	ion		
Summary of Re	ceipts and	From Date		To Date	1. July 180, 1919)		v. 9229. s	For	Office Use	Only	and good at	San College College
Expenditures		01/01/2025	<u> </u>	05/	05/2025	V.	riekt i. Geografi					
A. Amount Brou	ught Forward F	rom Last Repor	1 \$		0	Sylverial engine and		ing an military and an an an ann an an an an an an an an an	gri et 1940 bylin, berg	usympjan (profis krjankus	and the latest	<u>- e sversor sog de over y</u>
B. Total Moneta (From Schedule	经保险股份的证据 医电子管 化二氯甲基苯酚	ns and Receipt:	\$ \$		0					IOA	2025	
C. Total Funds A (Sum of Lines A	\vailable -		\$	·	0						2025 MAY	
D. Total Expend (From Schedule	litures		\$	ŧ	500.00						$\overline{\sim}$	
E. Ending Cash ((Subtract Line D	Balance		\$	4	500.00						2	
F. Value of In-Ki (From Schedule	ind Contributio	ons Received	\$		0					REGISTRATION	። ሟ	
G. Unpaid Debt (From Schedule	remain to be a few from the control of the few files	ons	\$,	0					≠i	မေ	
					Affidavit							
Part 1- If this is a (I swear (or affirm)								ge and belief tr	ue, correct a	and comple	te.	
Sworn to and sub:	·	-						Ū	•	-		
day of		20	_	٠,								
				 _		S	ignature	of Person Subm	itting report	t		
	Signature			.				Printed Nam	e			
My Commission e	xpires	DAY YR.				Area Code		Day	time Teleph	one Numb	 er	
Part II- If this is a r	report of a Candi	data's Authorized	Committ	oa candi	date shall sign	n here			· · · · · · · · · · · · · · · · · · ·	·		
I swear (or affirm)							olated an	y provisions of t	he Act of Ju	ne 3, 1937	(P.L. 133	33, NO.320) as
Sworn to and sub	scribed before m	e this										
day of		20										
			-	١.			Sign	nature of Candid	late	, <u> </u>		
	Signature							Printed Name				
My Commission e								· —				
	MO.	DAY YR.				Area Code		Dayt	ime Telepho	ne Numbe	r	



Pennsylvania Department of State

Bureau of Campaign Finance & Lobbying Disclosure
500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports.** This form must be signed by hand where a signature is required.

Name of Filing Committee, Candidate, or Lobbyist								
Christine S. Rush								
Reporting Cycle	Name							
☐ Cycle 1 6 th Tuesday Pre-Primary	Cycle 2 2 nd Friday Pre-Primary	Cycle 3 30 Day Post Primary	30 Day 6 th Tı		☐ Cycle 5 2 nd Friday Pre-Election			
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special Election		☐ Cycle 9 30 Day Post-Special Election				

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

declare under penalty of perjury under the law of that the accompanying Campaign Finance Report i	
Cent & Pruse	05/09/2025
Signature of Treasurer, Candidate, or Lobbyist	Date (MM/DD/YYYY)
Christine S. Rush Printed Name	ERE PAUSA Location (City/State/Country)

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number			
1:Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	WATER STATE	278 1874 272	
Total for the reporting period	(1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		22 m x 3 3, 460 3, 567	
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)		90'S 1868	
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)	<u> </u>	\$	
Total for the reporting period	(3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E	1	. 7. 7.	
Total for the reporting period	(4)	\$	0
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, Re		\$	

Cover Page, Item B)

0

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	n Number			,	
	THE ROLL OF THE REST.				Amount
Full Name of Co Committee	entributing			Date [MM/DD/YYYY]	*
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	
House #	Street Address	~		Date [MM/DD/YYYY]	\$
Eity		State	Zip Code	Date [MM/DD/YYYY]	.
Full Name of Co Committee	intributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing	92 (SEC.)	(Parameter 1914)	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip.Code .	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	entributing		1800 1800 See Professor	Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co Committee	intributing	(%) (%) (%) (%) (%) (%) (%) (%) (%) (%)	[2007年]	Date [MM/DD/YYYY]	.
House#	Street Address	·		Date [MM/DD/YYYY]	
City	<u> </u>	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:

Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City	Internation of the second	State	Zip Code	Date [MM/DD/YYYY] \$	
			•		
Full Name of Co	intributor			Date [MM/DD/YYYY] \$,
10 mg 10					
House #	Street Address			Date [MM/DD/YYYY] \$	
City	[2] (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	State	Zip Code	Date [MM/DD/YYYY] \$	
		100			
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYY] \$	
Full Name of Co	ntributor		Exercise Control States Control of Process	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	intributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Parent region better than	State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Co	entributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	I was a second of	State	Zip Code	Date [MM/DD/YYYY] \$	

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
8				
House # Street Ad	dress		Date [MM/DD/YYYY] \$	
City (State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Ad	dress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Ad	dress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee				
House# Street Ad	dress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Ad	dress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
•				
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Ad	dress		Date [MM/DD/YYYY] \$	
			The state of the s	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
	1. F. S. S. H	[452] M. G.		

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:

Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address		,	Date [MM/DD/YYYY] \$.
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	ng Address /	•		Occupation
Principal Place of Full Name of Co				Date [MM/DD/YYYY]\$
House #	Street Address			Date [MM/DD/YYYY] \$
City :		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	ng Address /			Occupation
Principal Place of Full Name of Co				Date [MM/DD/YYYY] \$
House #	Street Address		4.200	Date [MM/DD/YYYY] \$
City	and direct control of the control of	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mallin Principal Place	ng Address /			Occupation
Full Name of Co	Charles of the State of State			Date [MM/DD/YYYY] .\$
House #	Street Address			Date [MM/DD/YYYY] \$
City.		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailii Principal Place o				

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 Num				
State of the state	ARSOLOGIA			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Posture and the Books 1	Economic Action of Control	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/XYYY] \$
Receipt Description				
Full Name		· · · · · · · · · · · · · · · · · · ·		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		[560 \$1286,0016]	Bedeviorate Colorado	[78-964]
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		■ Notes of any conditional filter where a		
Full Name				
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		
City	Paper grant of a profession (e.g., p. 1). 22, 24, 5 min 5, 5 mil.	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	0. \$4.4 \$5.50			

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:			
1. UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VALU	E.OF \$50.00 C	IR LESS PER CUNI RIBUTUR
TOTAL for the reporting period	(1)	\$	0
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01 T	O \$250.00 (FI	ROM PART F)
TOTAL for the reporting period	(2)	\$	0
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.0	0 (FROM PAR	T'(G)
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTIO			
PERIOD (Add and enter amount totals for on Page 1, Report Cover Page, Item F)	om boxes 1, 2, and 5; also) enter	0

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Num	der:				
Full Name of Contribu	nor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	oution	and trade Cardonica	Assessment of the Control of the Con		1
Full/Name of Contribu	itor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Pear or New York of the State o	State	Zip Code	Date [MM/DD/YYYY]	Ś
Description of Contrib	oution				
Full Name of Contribu	ntor .	:1		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	oution				
Full Name of Contribu	itor	•		Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/XYYY]	5
City	And the second of the second o	State	Zip Code	Date [MM/DD/MYYY]	5
Description of Contrib	OUTION				
Full Name of Contribu	itor			Date [MM/DD/XXXX]	5
House #	Street Address			Date [MM/DD/YYYY]	\$
City	and the second s	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	oution				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:		
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] \$
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] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business	7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Description of Contribution
Full Name of Contributor	******	Date [MM/DD/YYYY] \$
House # Street Address	A AMPERE	Date [MM/DD/YYYY] \$
City	State Zip Code	
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution

Statement of Expenditures

dentificati	ion Numb	er:					

To Whom Paid	Friends of Crush			Date [MM/DD/YYYY] \$ 500.00
Law College Co. Co.				2/6/25
House # 854	Street Address E. 7t	h St.		Description of Expenditure
City Erie		State PA	Zip Code 16503	Loan to Campaign
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	SHOW AND A SHOWN	State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address	**************************************		Description of Expenditure
City	ar and a second	State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	24,79,22	State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
Gity	Street Address	State	Žip Code	
	Street Address	State		Date [MM/DD/YYYY] \$
City To Whom Paid House #	Street Address Street Address		Code	
City To Whom Paid House #	Street Address	State		Date [MM/DD/YYYY] \$ Description of Expenditure
City To Whom Paid House #	Street Address	State	Zip	Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$
City To Whom Paid House # City To Whom Paid House #	Street Address	State	Zip Code	Date [MM/DD/YYYY] \$ Description of Expenditure
To Whom Paid House # City To Whom Paid House #	Street Address	State	Zip	Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure
City To Whom Paid House # City To Whom Paid House #	Street Address	State	Zip Code	Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$
To Whom Paid House # City To Whom Paid House #	Street Address	State	Zip Code	Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure

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 Num	ber:		
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	<u>J</u>	tate Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	Si	tate Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	Si	zate Zip Code	
Description of Debt			
Name of Creditor House #		DATE DEBTINGURRED	Outstanding Balance of Debt
riouse #	Street Address	[MM/DD/YYYY]	
City	S	ate Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [IMM/DD/YYYY]	
City	e data in the many transfer and the second	zate Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	S	cate Zip Code	
Description of Debt			