

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

Filer Identification Number Name of Filing Com					t Filed E (X)	By C	andida	ite		Comi	mittee		X	Lobb	yist	
Lobbyist Street Address		i idicale Vi		Committee to Elect Brooke Sanfilippo												
City	Tatana ayadan Tigʻilgang Tigʻilgan		40	003	Beec	h Aver	EGEL 7T			Zip C	ode	40505				
	Erie	ronort to 1						PA				16508	3			
Type of Report (Place			نفاغت	ож Т	usedovi	e and F	ridov	6.7	n Day Dass	7. 4-	Dira!	Special	one Eridos	· Qnice!	al 30 Day	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Day Pos Pre-Primary Primary Primary				ection	1 5 Table 1	2 <sup>nd</sup> Friday 6- 30 Day Pos 3- Election Election			7- Annual					ost-Election	
Marria American	x			L												
Date Of Election (MM/DD/YYYY)		05/20/202	4.5	ear	ant.	2025		Rep	endment oort			Termin Report	Approximately and the second			
Summary of Receipt Expenditures	s and	From Date			To Date		$a_{i,q_1} = 1$	For Office Use Only								
		01/26/20		-	05/05	/2025		1 v.						: : <u></u>		
A. Amount Brought				\$ (	0									~	•	
B. Total Monetary C (From Schedule I)	ontributio	ns and Recei	ots	<b>\$</b>	3,880	.00							0	ָרַלָּתְי	3	
C. Total Funds Availa (Sum of Lines A and			e jev Svos	\$ ;	3,880.	00								9 22	<u> </u>	
D. Total Expenditures (From Schedule III)				8	1,448.	43							m.	ي ا		
E. Ending Cash Balan				8	-							2				
(Subtract Line D from Line C) 2,431.57  F. Value of In-Kind Contributions Received \$											<u></u>	<del>-</del> 5				
(From Schedule II) G. Unpaid Debts and	l Obligatio	n <b>s</b>		8	0								0	 	<u>.</u>	
(From Schedule IV)				4	4,893.	. <del> </del>	·	2			-		*******			
Part 1- If this is a Comm	ittee repor	t, treasurer sig	n here.	If thi	s is a <b>C</b> an	After Official E	norteca	shi hen	te sign here.	,						
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and substitute of N	lay	<u>20</u> 2	5			ission eylva		711	WD.	· N	m					
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Signa		20		~	, I }	ilres Decem	yer, Notan County	311		Printe	ed Nam	е				
My Commission expires	. <i>  d</i> M0.	- 20 -	<b>AC</b> ) R.	Œ		វាហ្ទ	9.8	nea C	ode				0325 phone Numbe	 r		
Part II- If this is a report				nmi#				nea Co	<del>-</del>							
I swear (or affirm) that amended.	to the best	of my knowled	ge and	belie	f this po	t cal com	mitte	as no	t violated any	/ provisio	ons of t	he Act of J	lune 3, 1937 (l	P.L. 133	3, NO.320) as	
Sworn to and subscribe	d before m	e this	_		Memb	Мусо	Comm	1,	lain	R	Ja	2/1	nnn			
Sworn to and subscribed before me this  Aday of May 20 25  Gommission expires Associat  My Commission expires Mo.  DAY YR.  Commonweith of Perhatyvania Lauren E. Thayer, Notar Erie County  My Commission expires Decer  Signature  My Commission expires Associat				1/1	N UN N 3 V , Sign	iatur <del>i gi</del>	Candig	are d	HII.	 IN						
Signature Signature				## 12 - ⊓ 12 - ⊓	2/	1 <i>(11 ] 1 .8</i> 1 1	Printed	Name	- <u> </u>	2011	<u> </u>					
My Commission expires  Aday of Thay Signature  My Commission expires  MO. DAY YR.  Erie County  Erie County  Mo. DAY YR.  Erie County  Mo. DAY YR.				Pehnsylvani hayer, Nota	9/4 rea Co	ode		ر Dayti	ime Teleph	クク <i>レフ</i> none Number						
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# SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number			
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Total for the reporting period (1)	) <b>\$</b>	
		500.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	400.00
All Other Contributions (Part B)	8	400.00
	•	1,480.00
Total for the reporting period (2)	\$	1,880.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	500.00
All Other Contributions (Part D)	\$	1,000.00
Total for the reporting period (3)	\$	1,500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and</i> enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report	\$	
Cover Page, Item B)		3,880.00

### 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

		33-3444817				
						Amount
Full Name of Co	ntributing			Date [MM/DD/YYYY]	8	ē.
Committee	Wome	en the Future	P.A.C.	04/13/2025		150.00
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	8	
		P.O. Box 35	j .			
City	mai terri a sekerakania	State	Zip Code	Date [MM/DD/YYYY]	8	
Erie		PA	16512			
Full Name of Cor	ntributing			Date [MM/DD/YYYY]	8	
Committee	Team	nsters Local 3	397	04/23/2025		250.00
House #	Street Address			Date [MM/DD/YYYY]	\$	200.00
134	14	E. 11th Street	ł			
City		State	Zip Code	Date [MM/DD/YYYY]	8	
Erie		PA	<ul><li>株式工業の第二十分を引</li></ul>	in the property of the state o		
Full Name of Cor	ntributing	Free Assertage	Parada serger care	Date [MM/DD/YYYY]	8	
Committee				The first of the second		İ
House #	Street Address			Date [MM/DD/YYYY]	\$	<del> </del>
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City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	8	
				<u> </u>		
Full Name of Cor Committee	itributing		Date [MM/DD/YYYY]	8		
House #	Street Address	T		Date [MM/DD/YYYY]	\$	
						İ
City	Market Sections	State	Zip Code	Date [MM/DD/YYYY]	\$	
			[447 S 3 2 2 7 ] [44	The Committee of the Co		
Full Name of Con	ntributing 👵	m. March Carroll	1 * A + A + A + A + A + A + A + A + A + A	Date [MM/DD/YYYY]	8	
Committee						1
House #	Street Address			Date [MM/DD/YYYY]	8	·
				<u> </u>	n vije:	1
City		State	Zip Code	Date [MM/DD/YYYY]	8	
Strategy (See			24 Voue	Date Imm/ Dorring		ı
Full Name of Con	Atributing	12 + 6, 379	10 to a constitution	Date [MM/DD/YYYY]	8	<u> </u>
Committee				TO THE PART CONTRACTOR OF THE PART OF THE		I
House #	Street Address			Date [MM/DD/YYYY]	8	
						,
City	[18,538, 1886, 188 <sub>4</sub>   <u>Jay</u> ]	State	Zip Code	Date [MM/DD/YYYY]	\$	
						,
					-1	

# 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: 33-3444817	

Full Name of Contributor		Date [MM/DD/YYYY] 8	A 1872
Gabri	ela Liberatore	04/09/2025	150.00
House# Street Addre		Date [MM/DD/YYYY] 8	
4010	State Street		
City Erie	State PA Zip Code 16508	Date [MM/DD/YYYY] \$	
Full Name of Contributor		Date [MM/DD/YYYY] 8	
Laura	Panek	04/12/2025	150.00
House # Street Addre	\$\$ \$\$	Date [MM/DD/YYYY] \$	
1718	Orchard Beach Road		
City North East	State	Date [MM/DD/YYYY] 8	
Full Name of Contributor		Date [MM/DD/YYYY] \$	
Kenne	th Gamble	04/15/2025	100.00
House # Street Addre	<b>SS</b>	Date [MM/DD/YYYY] \$	
947	W. 32nd St.		
City Erie	State Zip Code 16507	Date [MM/DD/YYYY] 8	
Full Name of Contributor	[September   September   Septe	Date [MM/DD/YYYY] 8	
Neal D	Pevlin	04/16/2025	100.00
House # Street Addre	\$\$	Date [MM/DD/YYYY] 8	
3848	State Street		·
City Erie	State Zip Code 16508	Date [MM/DD/YYYY] \$	
Full Name of Contributor		Date [MM/DD/YYYY] 8	
Thom	as M. Frank	04/10/2025	80.00
House # Street Addre		Date [MM/DD/YYYY] \$	
137	W. 34th Street		
City Erie	State Zip Code 16508	Date [MM/DD/YYYY] \$	
Full Name of Contributor		Date [MM/DD/YYYY] \$	
Michae	el Scalzitti	04/08/2025	100.00
House # Street Addre	ss Glenwood Park Ave.	Date [MM/DD/YYYY] s	
City.	State Zip Code 16509	Date [MM/DD/YYYY] 3	
4-110			

Type

## 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: 33-34	44817		

Full Name of Contributor			Date [MM/DD/YYYY]	
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House # Street A	E348484		Date [MM/DD/YYYY]	198 153: 434:
7345	McGill Road			
City	State	Zip Code	Date [MM/DD/YYYY]	
Harborcreek	PA	16421		
Full Name of Contributor	London Landon Charles	Grant Spirit (Control of Spirits )	Date [MM/DD/YYYY] 8	
r Side Communication of the Co	an Slawin		04/16/2025	100.00
25% 25 (2027) 15% 1 486 (1 1 162 (1 A.R. 1 168 A.R. 1 1			Date [MM/DD/YYYY] 8	(A)
			Date [MIMI/DD/1111]	
776	W. 2nd Street			
City	State	Zip Code	Date [MM/DD/YYYY] 8	
Erie	PA	16507		
Full Name of Contributor			Date [MM/DD/YYYY] 8	
Too	dd and Ashley Daugi	henbaugh	04/05/2025	250.00
House # Street A	ddress		Date [MM/DD/YYYY] 8	
646	Edgevale Driv	ı 🗅		
Gity O40	State	Zip Code	Date [MM/DD/YYYY] 8	
		70.64 (2.84 (3.1	Date [INIVIDD/TITI]	
Erie	PA	16509	J 186	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
Ani	thony Sanfilippo	•	04/15/2025	250.00
House # Street A	ddress		Date [MM/DD/YYYY] 8	**************************************
2715	Flower Road	1		
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Erie	PA	16509	2017 19 17 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	.h   VA/			
House # Street Ac	chard Wagner		04/16/2025	100.00
	oress State St	troot	Date [MM/DD/YYYY] 8	
4225	30.000	_		
City	State	Zip Code	Date [MM/DD/YYYY] 8	
Erie	PA	16508		
Full Name of Contributor		<del></del>	Date [MM/DD/YYYY] 8	200 967 267
House # Street Ad	Idress		Date [MM/DD/YYYY] 8	경 경
City :	I CHAIA	. 7in Code	Dota (BABA // D. Monago - A.	
	State	Zip Code	Date [MM/DD/YYYY] 8	
	\$407.54° \$2.4°	50 K., 250 Tills 50.	2000 2000 2000	

## 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: 33-3444817	

Full Name of		* 4 1		Date [MM/DD/YYYY] 8	
Contributing Com	ALTERNATION	s of Pat Harkins	5		00.00
House # 2665	Street Address	Schley Street		Date [MM/DD/YYYY] \$	
City Erie		State PA	Zip Code 16508	Date [MM/DD/YYYY] \$	· ·
Full Name of Contributing Com	mittee			Date [MM/DD/YYYY] 8	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Com	mittee		to a contract of the second	Date [MM/DD/YYYY] 8	
House #	Street Address		0 W 10 Feb 1 10 A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Date [MM/DD/YYYY] - \$	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of				Date [MM/DD/YYYY] 2	
Contributing Com	mittee				
House #	Street Address		-	Date [MM/DD/YYYY] \$	
City		State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Contributing Com		12000000000000000000000000000000000000	The Appropriate Servery Total	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	· , ,
Full Name of		200 A 780 D	project services	Date [MM/DD/YYYY] \$	
Contributing Com	mittee				
House #	Street Address			Date [MM/DD/YYYY] 8	·
City	Treathead State Control	State	Zip Code	Date [MM/DD/YYYY] 3	

## 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 Contributo					Date [MM/DD/YYYY]	_ 8	
	Inoma	s and Guadalup	e' Billingsley		03/01/2025		500.00
PARTE STATE OF THE	reet Address				Date [MM/DD/YYYY]	8	
3926		Sunset Blvd.			05/02/2025	100 E	500.00
City		State	Zip Code	16504	Date [MM/DD/YYYY]	8	
Erie Employer Name		PA		10004	Occupation		
THE COMMENSATION OF THE RESIDEN	SER DE SERVICE				Occupation		
Employer Mailing Addre Principal Place of Busine							
Full Name of Contributor				<del></del>	Date [MM/DD/YYYY]	\$	-
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Hou <b>se</b> # St	reet Address				Date [MM/DD/YYYY]	8	
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City	A STATE OF THE STA	State	Zip Code		Date [MM/DD/YYYY]	8	
	povino america-residente de Necesia				ng Santanan ang manan	2.0	
Employer Name	Marchine Scill				Occupation		
Employer Mailing Addres Principal Place of Busines							
Full Name of Contributor			······································		Date [MM/DD/YYYY]	\$	
House# St	reet Address				Date [MM/DD/YYYY]	8	. ,
City		State	Zip Code		Date [MM/DD/YYYY]	8	
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Employer Name					Occupation		
Employer Mailing Addres Principal Place of Busines	S/						
Full Name of Contributor					Date [MM/DD/YYYY]	8	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
House# Sti	reet Address				Date [MM/DD/YYYY]	\$	
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City		State	Zip Code	•	Date [MM/DD/YYYY]	8	
2.22.6	At 100 27/17 WAS 100 and 100 and 100						
Employer Name				•	Occupation		
Employer Mailing Addres Principal Place of Busines	S / S			· · · · · · · · · · · · · · · · · · ·			

### PART E

## Other Receipts

Filer Identification Number:

33-3444817

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.

			· <del></del>	
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				To be a second of the second o
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] 8
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Receipt Description				
Full Name				
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Receipt Description		general, at spirit	and the second s	11-21
Full Name				
House#	Street Address		<u> </u>	
City		State	Zip	Date [MM/DD/YYYY] 8
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Receipt Description		per approved or the same		1000001
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] 8
Professional Communication (Communication Communication Co			Code	
Receipt Description		gittige (Advings begget)	50 S. S. S. S. S. S. S. S. S. S. S. S. S.	Ess/se/d
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] ::   \$
			Code	
Receipt Description		· · · · · · · · · · · · · · · · · · ·		A PARA COLL
The second secon	<u> </u>			

### 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: 3	3-3444817		
1 INITEMIZED INKIND CON	TRIBUTIONS RECEIVED-VALUE OF \$5	(A:00:(	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	8	0
2. IN-KIND CONTRIBUTIONS F	RECEIVED-VALUE OF \$50.01 TO \$250	.00 (FI	ROM PART F)
TOTAL for the reporting period	(2)	8	0
3. IN-KIND CONTRIBUTION R	ECEIVED-VALUE OVER \$250.00 (FRO	M PAR	T.G)
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBU PERIOD (Add and enter amount tota on Page 1, Report Cover Page, Item F	Is from boxes 1, 2, and 3; also enter	\$	0

# SCHEDULE II PART F In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	33-3444817	
Acres 27 (2.50) (254) (254) (254) (254) (254) (254) (254) (254)		

Full Name of Contrib	utor		<u></u>	Date [MM/DD/YYYY]	8
wet described to a second					
House #	Street Address			Date [MM/DD/YYYY]	8
Discourse and the second		D-Author M	The same of the control of		
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contril	bution				
Full Name of Contribu	ttor:			Date [MM/DD/YYYY]	- <b>派金</b> 記
i un teathe of contribu	40			SDATE [MM/DD/T111]	•
House #	Street Address	- 11		Date [MM/DD/YYYY]	
					77 h. 4.
City		State	Zip Code	Date [MM/DD/YYYY]	
	······································				
Description of Contrib					
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
at a figure of the second of t	1944 200				
House #	Street Address			Date [MM/DD/YYYY]	•
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Contrib	ution				
Full Name of Contribu	itor.			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Contrib	ution	55 S 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	The demonstration of Assessed		700 9 Total
Full Name of Contribu	tor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	3
Description of Contrib	ution	Logical			
Peanshire of court in					

# SCHEDULE II Part G In-Kind Contributions Received

### VALUE OVER \$ 250

Filer Identification Number:	
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	33-3444817
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Full Name of C	ontributors	· · · · · · · · · · · · · · · · · · ·		
				/Date [MM/DD/YYYY] \$
House #	Street Address			Date (MM/DD/YYYY) 3
Jacobson, Carlo				
City	Participal and the second second	State	Zip Code	Date [MM/DD/YYYY] \$
			proportion and	Date (MIN) DD/() 1.1
Employer Nam	A	#49500E3 I	P. 982/93745.365	
				Occupation
Employer Mail Place of Busine	ing Address / Principal			Description
Place of Busine	SS services and a service of the			of
Full Name of Co	ontributor	42		Contribution
				Date [MM/DD/YYYY] 8
ar independent				
House#	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] 8
1.6-44.5		A. A. S. Live		Date [MM/DD/YYYY] \$
Employer Name		57555		
Sections of Asian	A MUNICIPAL OF SERVICE CO.			Occupation
Employer Maili	ng Address / Principal			Description
Place of Busine:	SS			of
Full Name of Co				Contribution
ruii Naijie Ui Cu	HILL IDULOT			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] 8
City		State	Zip Code	Date [MM/DD/YYYY] \$
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	by a war server a final bars and a server an			Account of the second of the s
Employer Name			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Occupation
Employer Mailin	ng Address / Principal			Description
Place of Busines	8			of
P. D.O.	The second second second second second second second second second second second second second second second se			<b>Contribution</b>
Full Name of Cor	ntributor			Date [MM/DD/YYYY] \$
aab 1777				
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Tin Dada	
		oldit	Zip Code	Date [MM/DD/YYYY] 3
and Table	C. Ship of the relative relative to the contract of the contra			
Employer Name	Employed Stranger Bell Orbit Stranger	e.	•	Occupation
Employer Mailin	g Address / Principal	2 2		Description
Place of Business				of
	e stago protos Institus	4		Contribution

# Statement of Expenditures

			 	_
Filer Identification Number:	33-3444817	 <del>.</del>		
	33-3444017			

To Whom Paid				,	<del>```</del>	Date [MM/DD/YYYY]				
11	Polish Falcon	s Nest 610	)			2/13/2024	213.00			
House # 431	Street Address E	. 3rd Stree	et	Zip		Description of Expenditure				
City Erie		State F	16507	Announcement	Party					
To Whom Paid						Date [MM/DD/YYYY]	*P\$5709			
10000000 1115:7228#4	Vistaprint			03/03/2025	53.77					
House # 100	Street Address F	łayden Ave	enue			Description of Expendi	ture			
City Lexingto	on	State V	//A	Zip Code	02421	Campaign Literatu	ıre			
To Whom Paid						Date [MM/DD/YYYY]	8			
	First Amendm	ent Tees				03/03/2025	55.93			
House # 217	Street Address V	V. 11th Stre	eet			Description of Expendi	ture			
city Erie		State P	PA	Zip Code	16501	Campaign T-Shi	rts			
To Whom Paid					·	Date [MM/DD/YYYY]				
1. 建特纳克斯	Mercyhurst F	Preparator	ry Schoo	ol		3/5/2025	250.00			
House # 538	Street Address	. Grandvie	w Blvd			Description of Expendit	ture:			
City Erie	State PA Zip Gode 16504						Scholarship Gala			
To Whom Paid						Date [MM/DD/YYYY]	8			
	First Amendr	nent Tees	3			03/11/2025	123.48			
House # 217	Street Address V	/. 11th Stre	et			Description of Expendit	ure			
City Erie		State P/	Α	Zip Code	16501	Campaign T-Shir	rts			
To Whom Paid						Date [MM/DD/YYYY]				
ng igi sa Aligana.	Leader Grap	hics				03/28/2025	58.30			
House # 1107	Street Address	ess Avenu	ie			Description of Expendit	üre .			
City Erie		State PA	4	Zip Code	16503	Campaign Literatu	re			
To Whom Paid	Eirot Amonda	nont Toos	•			Date [MM/DD/YYYY] 04/09/2025	SEPARATE .			
House # 217	First Amenda	• •				Description of Expendit	58.00 ure			
City	V	V. 11th Stre	· · · · · · · · · · · · · · · · · · ·	Zip						
Erie		PA	٩	Code	16501	Campaign T-Shir				
To Whom Paid						Date [MM/DD/YYYY]	\$655.84F			
I O WITOILI FAIL										
	Vistaprint					04/11/2025	62.00			
House # 100	Street Address	ayden Ave	enue	Zip		04/11/2025 Description of Expendit				

# Statement of Expenditures

	ler Identification Number:			
15. 7	ien neminication number :			
影线				
		2 2///217		
1	eroreti betektet i teleprotektet i teleprotektet i teleprotektet i teleprotektet i teleprotektet i teleprotekte	11 OHPPC-CC		
STATE	The result of the second of th			

			<del></del>	<del></del>		vir. (5: <b>4</b> 1:56)
To Whom Paid	Kelly Synerg	v Drinting			Date [MM/DD/YYYY] 04/15/2025	305.81
House #	Street Address	y Fillining			Description of Expend	iture
3802	areer Audress	West Lake R	toad			
City Erie		State P/	Zip Code	16505	Campaign Litera	ıture
To Whom Paid					Date [MM/DD/YYYY]	3
	First Amend	ment Tees			04/28/2025	42.00
House # 217	Street Address	W. 11th Stre			Description of Expendi	iture
City Erie		State PA	Zip Code	16501	Campaign T-Shirt	s
To Whom Paid					Date [MM/DD/YYYY]	
and the second	Vistaprint				04/28/2025	41.36
House # 100	Street Address	Hayden Aver	nue		Description of Expendi	ture
City Erie	· 查得的基础。2005年7月20日的中国基础。	State P/	Zip	02421	Campaign Litera	ture
To Whom Paid					Date [MM/DD/YYYY]	3
area sure	Lowe's				04/26/2025	184.68
House # 1930	Street Address	Keystone D	rive		Description of Expendi	ture
City Erie		State PA	Zip Code	16509	Lumber for Sig	nage
To Whom Paid					Date [MM/DD/YYYY]	
House #	Street Address				Description of Expendi	ture
City		State	Zip Gode			
To:Whom Paid					Date [MM/DD/XXXX]	8
House #	Street Address	· · · · ·		, '	Description of Expendi	
City		State	Zip Code			
To Whom Paid					Date [MM/DD/XXXX]	
House #	Street Address				Description of Expendi	ture
City		State	Zip Code			
To Whom Paid			×		Date [MM/DD/YYYY]	•
House#	Street Address				Description of Expendit	ture
City		State	Zip Code			

Туре

# 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.

	<u> </u>	1		. •	-	 <b>~</b> .	
Filer Identification Number:	33-3444817		<del></del>			 	

Name of Cred	litor	Brooke	Sanfilippo				· · · · · · · · · · · · · · · · · · ·	Ou	tstanding Balance of Debt
	03 St	reet Address	Beech Avenue			E DEBT IN MM/DD/\ 2025		8	4,893.12
City	ALC TOP	Erie	-	State	PA	Zip Code	16508		
Description of	f Debt	Signs, (	Catering, Venue, Food,	Genera	ıl Fund	Iraising	Expense	S	
Name of Cred	litor	Ž.		**			-		tstanding Balance of Debt
House #	St	reet Address				E DEBT IN MM/DD/Y		8	
City	The second second			State		Zip Code		-	
Description o	f Debt			UCX SUBSTITUTE SOX		Pringers And Andrews Constitution	\$0 <b> </b>	2002 (2005)	
Name of Cred	itor					<del>.</del>		Ou	tstanding Balance of Debt
House #	Si	eet Address				E DEBT IN MM/DD/Y		8	
City-				State		Zip Code		_	
Description o	f Debt			1-2-70 30 30 32 10		The Constant State	21	p 20. 8.4	
Name of Cred	litor'	Tag. (18)						Oui	standing Balance of Debt
House #	St	eet Address				E DEBT IN( MM/DD/Y	and the experience of the second second	8	magap makan gasifa sawa, a kame saya di mananay mami dahaga
City			1	State		Zip Code		100 J	
Description o	i Debt								
Name of Cred	itor	ā						Out	standing Balance of Debt
House #	Sti	eet Address		200 (Sec. 1997)		E DEBT INC MM/DD/Y		\$	
City				State		Zip Code			
Description o	Debt	100 100 100 100 100 100 100 100 100 100		TOTAL CONTROLLER		Ann To Monte on the contract	<u>e</u>	Topics 150	
Name of Cred	itor	ens i						Out	standing Balance of Debt
House #	Sti	eet Address		e november of the state of the		E DEBT INC MM/DD/Y		8	nesse Groups, in it is province and with a place of the territorial to the Apparatus of Section 1997.
City		Maria de la composición del composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la co		State		Zip Gode			
Description of	Debt	6 6 7 7 7							