

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

Filer Identification	22.24			Rep	ort Filed I		Candida		X	Comn	-	_		Z	Lobb	yist	
and the property of the company of t	ame of Filing Committee, Candidate or				(Mark X)												
Lobbyist Street Address			3.25	Brooke Sanfilippo													
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City	Erie						State	PA		Zip Co	ide	165	508				
Type of Report (Pla	ce x under	report type)							•								
	2 nd Friday e-Primary	3- 30 Day P Primary			Tuesday Election		^d Friday Election	6-30 Da Election		7- Апі	nual		cial 2 -Elect	^{no} Friday ion		ial 30 I Electic	
	x				7	Γ					1						<u> </u>
Date Of Election (MM/DD/YYYY)		05/20/20	25	Yeai		202	<u></u> '	Amendr Report	nent		<u> </u>	Teri	minal ort	ion			
Summary of Receip	ots and	From Date			To Date	<u> </u>					For	Office	Use	Only			
Expenditures		01/26/20	025		05/05	/202	25										
A. Amount Brough	t Forward F	rom Last Re	port	8	0										· . · · · · · · · · · ·		
B. Total Monetary (From Schedule I)		ons and Rece	ipts	8	0			2025 MAY VOTER F									
C. Total Funds Avai (Sum of Lines A and			čevi i di Silitari	\$	0												
D. Total Expenditu (From Schedule III)	res			8						-					- Y		
E. Ending Cash Bala	Ending Cash Balance Subtract Line D from Line C) 0							5	Control of the Contro	P							
F. Value of In-Kind (From Schedule II)				8 0			RATIO T										
G. Unpaid Debts ar (From Schedule IV)		on s		8	4,893.	12		#the									
Part 1- If this is a Com	mittee reno	rt tressurer sir	nn hei	re If I	hie le a Can	A PARTY	ffidavit Ser	tion Khikata sin	n bora								
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Part II- If this is a repo	rt of a Candio	date's Authori	zed C	omm		2 5 1 6 6		1									
I swear (or affirm) tha amended.	t to the best	of my knowled	ige ar	nd bel	ief this po	क्षित्	mnit	as not viol	ated any	provi s io	ns of t	he Act	of Jur	ie 3, 1937 (P.L. 133	3, NO.3	20) as
Sworn to and subscrib	ed before m	e this			Ŝ	6202	Sea Sea										
day of		20			١,				0:	A+1184 A-2	Jon 4: 1				_		
Sinn	ature				Signature of Cand												
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My Commission expire	MO.	DAY YR.	•	•			A	rea Code		-	Dayti	me Te	lepho	ne Number			
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SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number			
	22 2444047		
	I.3.3-3444817		

1. Unitermized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	8	0
Total for the reporting period (2)	8	0
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	8	0
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)	8	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	8	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, Report 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.

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					Amount
Full Name of C Committee	Contributing			Date [MM/DD/YYYY]	8
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House #	Street Address			Date [MM/DD/YYYY]	8.
City		State	Zip Code	Date [MM/DD/YYYY]	1838 18 8 0
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Full Name of C	ontributing			Date [MM/DD/YYYY]	3
Committee					기하기 1한 지
House #	Street Address	1T 8#		Date [MM/DD/YYYY]	1363 2 3 64
				<u> </u>	
City		State	Zip Code	Date [MM/DD/YYYY]	
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Full Name of Co	ontributing		, 707, Series (2003)	Date [MM/DD/YYYY]	
Committee					
House #	Street Address	···-		Date [MM/DD/YYYY]	<u>√</u>
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City		State	Zip Code	D-4- 1444 (DD 02000	403 223
		otate	ZIP GOUE	Date [MM/DD/YYYY]	8"
Full Name of Co	ontributina 💮	Sylvid C	1998 N. 189 S.	Date [MM/DD/YYYY]	86
Committee				_pare [winiton) () ()	/ K // 1
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Full Name of Co	ontributing	Live state	<u> </u>	Date [MM/DD/YYYY]	13.5 (1) 2 .5 (1)
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City		State	Zip Code	Date [MM/DD/YYYY]	<u></u>
Full Name of Co	ntributing	127 T T S			
Committee	numbudily :			Date [MM/DD/YYYY]	3.1
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City		Ctato	1.75m Ocales		14.
71.5°		State	Zip Code	Date [MM/DD/YYYY]	
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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:	33-3444817	 -	
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Full Name of Co	APPIRTONES			
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House #	Street Address			Date [MM/DD/YYYY] \$
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City		State	Zip Code	Date [MM/DD/YYYY] \$
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Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
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Full Name of Co	ntributor		·· ···	Date [MM/DD/YYYY] \$
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City		State	Zip Code	Date [MM/DD/YYYY] 8
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Erie		State PA	Zip Code 16509	Date [MM/DD/YYYY] \$
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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 Contributing Committee		Date [MM/DD/YYYY] \$

Full Name of	. %	·		Date [MM/DD/YYYY] \$
Contributing Co	mmittee			
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Full Name of		Tage pt. Toglax		Date [MM/DD/YYYY] \$
Contributing Co	mmittee			
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Contributing Co	mmittee			
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		Cat. 1995		
Full Name of		<u></u>	1,	Date [MM/DD/YYYY] \$
Contributing Co	mmittee			
House #	Street Addres	<u> </u>		Date [MM/DD/YYYY] 8
HOUSE #	oures	S		Date [MM/DD/YYYY] 8
City		State	Zip Code	Date [MM/DD/YYYY] \$
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Full Name of				Date [MM/DD/YYYY] \$
Contributing Con	mmittee			
House #	Street Address	2		Date [MM/DD/YYYY] \$
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City		State	Zip Gode	Date [MM/DD/YYYY] \$
		15/2-2-25		
Full Name of				Date [MM/DD/YYYY] 8
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City		State	Zip Code	Date [MM/DD/YYYY] 8
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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:			
1. The same transfer to the control of the control			

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Employer Name	STATE OF THE STATE OF	•		Occupation
	and a company of the			
Employer Mailing	Address /			
Principal Place of E	Business			
Full Name of Contr	ibutor			Date [MM/DD/YYYY] \$
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House #	0.020.974.001.28.2			Shirt Paragraph Ondoor
House #	Street Address			Date [MM/DD/YYYY] \$
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City		State	Zip Code	Date [MM/DD/YYYY] \$
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Principal Place of B	usiness			
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Principal Place of B	uuress /			
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Full Name of Contr	ibutor :			Date [MM/DD/YYYY] \$
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House #	Street Address			Date [MM/DD/YYYY] 8
City		State	Zip Code	Date [MM/DD/YYYY] 8
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Employer Name	State of the state of		The same as the second of the first second	Occupation
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Employer Mailing A	iddress /	·		
Principal Place of B	usiness			

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.

Full Name	
House # Street Address City State Zip Date [MM/DD/YYYY] \$ Code	
City State Zip Date [MM/DD/YYYY] \$ Code	
Code	
necept Description	
Full Name	
House # Street Address	
Gity State Zip Date [MM/DD/YYYY] \$	
Code	
Receipt: Description	
Full Name	
House # Street Address	
City State Zip Date [MM/DD/YYYY] \$	
Code Code	
Receipt Description	
Full Name	
House # Street Address	
City State Zip Date [MM/DD/YYYY] 8	
Code	
Receipt Description	
Full Name	
House # Street Address	
Code	
Receipt Description	
Full Name	
House # Street Address	
City State Zip Date [MM/DD/YYYY] 8	
Code	
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:	33-3444817		
ì			
1. UNITEMIZED IN-KIND C	ONTRIBUTIONS RECEIVED-VALUE OF \$5	0.00 (OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0
2. IN-KIND CONTRIBUTIO	NS RECEIVED-VALUE OF \$50.01 TO \$250	00 (F	ROM PART F)
TOTAL for the reporting period	(2)	8	0
3. IN-KIND CONTRIBUTION	N RECEIVED-VALUE OVER \$250.00 (FROM	A PAP	IT G)
TOTAL for the reporting period	(3)	\$	0
	IBUTIONS DURING THIS REPORTING otals from boxes 1, 2, and 3; also enter em F)	8	0

SCHEDULE II Part f

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:		
Filer Identification Number:		
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Description of Co	ontribution				
Full Name of Con	tributor			Date [MM/DD/YYYY] \$	
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Full Name of Cont	tributor			Date [MM/DD/YYYY] \$	
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House #	Street Address			Date [MM/DD/YYYY] 8	
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Full Name of Cont	ributor	1		Date (MM/DD/YYYY)	
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House #	Street Address			Date [MM/DD/YYYY] 8	
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City	, -	State	Zip Gode	Date [MM/DD/YYYY] 8	
Description of Cor	ntribution	\$278.78-1 U	Michael Control Services		
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SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$ 250

Filer Identification Number:	33-3444817			

Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
1000	alleer Audiess			Date [MM/DD/YYYY] \$
City	PS-46.(\$996)###4-98.4(State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	e	\$29/2004 		Occupation
Employer Maili Place of Busine	ing Address / Principal iss			Description of Contribution
Full Name of Co				Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] 8
City	Total Control of the	State	Zip Code	Date [MM/DD/YYYY] \$
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Employer Mailin Place of Busines	ng Address / Principal ss			Description of Contribution
Full Name of Co				*Date [MM/DD/YYYY]
House #	Street Address			Date [MM/DD/YYYY] \$
City	- Andrews	State	Zip Code	Date [MM/DD/YYYY] \$
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Full Name of Co	ntributor			Date [MM/DD/YYYY] 8
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City		State	Zip Code	Date [MM/DD/YYYY] 8
Employer Name	arting the certainers' to the			Occupation
Employer Mailin Place of Busines	ng Address / Principal s			Description of Contribution

Statement of Expenditures

Filer Identification Number:				
	33-3444817			
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	JJ-J4440 I (

To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
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City		State	Zip Code	
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City		State	Zíp Code	
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House #	Street Address			Description of Expenditure
City	Procedure and the first of the second	State	Zp	
			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:				 •	•
	L3444817				
)-0 444 0 /				
CANADA CA					

的实现这些问题	f Creditor		ke Sanfilippo					Out	tstanding Balance of Debt
House #	4003	Street Addre	***	ue		ATE DEBT IN [MM/DD/\ 5/2025		8	4,893.12
City	18 30 St. 18 St.	Erie	253	State		Zip Code	16508		
Descripti	tion of Debt	Signs	s, Catering, Venue	ıe, Food, Gene	ral Fun	1 0000000000000000000000000000000000000	Expense	S	
Name of	f Creditor	A Charles						Out	standing Balance of Debt
House #		Street Addres	SS	mpps.t.d.u.ii		TE DEBT IN [MM/DD/\		8	Sala Sala Caller Sala Salamba Care Security and
City	2 0- 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -		<u> 181</u>	State		Zip Code			
Descripti	ion of Debt	Alema : P			<u> </u>	Part phylogogy	<u> </u>	<u> 180 ma </u>	
Name of	Creditor							Out	standing Balance of Debt
House #		Street Addres	SS			TE DEBT IN [MM/DD/Y		\$	A TOTAL CONTROL
City				State		Zip Code		- 2	
Descripti	ion of Debt			Thinks or on the	<u> </u>	2 (2000) and (2000)	<u> </u>	William .	
Name of	Creditor				· · · · · · · · · · · · · · · · · · ·			Out	standing Balance of Debt
House #		Street Addres	88		Annual Contraction	TE DEBT INI [MM/DD/Y	大変 禁止 (世界) はなかし (アメリバリス)	8	ANTERIOR DE LA CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR
City			<u></u>	State		Zip Code			
Description	ion of Debt				<u>a</u>	Linearing		her, and	
Name of (Creditor	100						Outs	standing Balance of Debt
House #	Sol an	Street Addres	2		1990/G19000056	TE DEBT INC [MM/DD/Y	·新州 500 全分 (1873) (1874年) [2] 4.	8	<u> Alle Propagation (Control of the Control of the C</u>
City			<u>**I</u>	State		Zip Code	漢 注		
Description	on of Debt				<u> </u>	<u> 1 </u>	<u> </u>	li iii.i	
Name of 0	Creditor	<u>\$2500</u>		<u> </u>				Outs	standing Balance of Debt
House #	<u> </u>	Street Addres	.			TE DEBT INC [MM/DD/Y		8	<u> 1800-1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 - 1900 -</u>
City Description	on of Debt		<u></u>	State	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Zip Code	10 m 10 m 10 m 10 m 10 m 10 m 10 m 10 m		
	Constitution of the organ								