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

		ilis report must be			rene en	en de de la Carte de la Car	
Filer Identification Number	2850392	Report Filed By ( Mark X)	Candidat	<b>感觉有些心脏。</b>	Committee		Lobbyist
Name of Filing Committee Lobbyist	Candidate or	CommHE	= to	Elect Eli	lon Scho	werm. An	· .
Street Address		4230	Ekmor	, f Are			
City	Eur		State	(Ja	Zip Code	16505	
Type of Report (Place x und	er report type)						
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Frid Pre-Primary Pre-Primar	lay 3-30 Day Pos ry Primary	和 44.作家 电电报控制 5. 1 1 1 1 1 1 1 2 1 1 1 2 1 1 1 1 1 1 1	2 <sup>nd</sup> Friday e- Election	6- 30 Day Post Election	7-Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY)	11/7/2023	Year 23		Amendment Report		Termination Report	
<b>企業的基準的主義的主義的主義的主義的</b>	300 a	and the state of t	overs, or TWE sa		POWER PAR	Office Use Only	
Summary of Receipts and Expenditures	From Date //-28.23		23				
A. Amount Brought Forwar B. Total Monetary Contribu		528.4	21	·. ·			
(From Schedule I)  C. Total Funds Available (Sum of Lines A and B)		\$ 33-K.	2/				F3
D. Total Expenditures (From Schedule III) E. Ending Cash Balance		\$				na zn	
(Subtract Line D from Line F. Value of In-Kind Contrib		33 <i>8</i> .	2)	e.		55 75 75	0
(From Schedule II) G. Unpaid Debts and Oblig (From Schedule IV)	ations	\$ 500.	S mm			17-740	No.
			@A <b>g</b> idavit Se			at the	<u> </u>
Part 1- If this is a Committee rule is swear (or affirm) that this rep	eport, treasurer sign	here. If this is a Camdid tached schedules on pa	lage geport, ca aber ਤੀਤ to the	best of my knowle	dge and belief t	rue, correct and compl	ete.
Sworn to, and subscribed before	re me this	sjor sylva	Van P		1 5	tr. 4.6-	
18 day of Janie		nia	Sours suns	lunda	-18-1		
angles	Lante	s Dece	yivania - Notary ( Notary Public	Chr=/L	of Person Subr	Foht	
Signature	4/22/65	sociation of No	y Pu	Quel.	Printed Nan	182-521	2
My Commission expires / MC	DAY Y	sociation of Notaries	tary Seal	Area Code	Da	ytime Telephone Num	ber
Part II- If this is a report of a C I swear (or affirm) that to the amended.	andidate's Authorize best of my knowledg	ad Committee candida	ite shall sign h cal committee	ere. has not violated a	ny provisions of	the Act of June 3, 193	7 (P.L. 1333, NO.320) as
Sworn to and subscribed befo	re me this	My co Memb	Commo				
18 day of Janus	any 2024	mmissic Commit er, Penns	monwealth Angela L.	EILEN	gnature of Cand		<del>ne</del> n
Signature	2/22/20	yn expire	of Penn Watsor	out.	Printed Name		752
My Commission expires / C	. DAY YR.	My commission expires December 2, 2026 Commission expires December 2, 2026 Commission number 1425503 Member, Pennsylvaria Association of Notaries	Commonwealth of Pennsylvania - N Angela L. Watson, Notary P	Area Code	Da	ytime Telephone Numb	per
		503 of No	otary	<del> </del>			
		2026 staries	Seal				

### SCHEDULE I

### **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number	and the state of the state of the		

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$
22. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
Total for the reporting period (2)	\$
3. Contributions Over \$250:00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
Total for the reporting period (3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$
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)	\$

#### 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					
i i i i i i i i i i i i i i i i i i i	, permore to product (€				Amount
Full Name of Con	ıtributing			Date [MM/DD/YYYY] \$	
Committee					_
House #	Street Address			Date [MM/DD/YYYY] \$	
				80 (3) 1 (3) 1 (3) 1 (3) 2 (3)	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con	drike dia 2000	X 34	· 中国集 (基本)	Date [MM/DD/YYYY] \$	
Full Name of Con Committee	an Dating			Date (MIN/) DU/TTYY] S	
House#	Street Address			Date [MM/DD/YYYY] \$	
	J. E. Address			See A THANK PLANTED SEE	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con	itributing			Date [MM/DD/YYYY] \$	
Committee	N. S.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
House #	Street Address			Date [MM/DD/YYYY] \$	, <u>–</u>
Marie Carlo		99220932000000			
City	·	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con	tributing	學獎獎	(100mm) (100m	Date [MM/DD/YYYY] \$	
Committee					· 
House #	Street Address			Date [MM/DD/YYYY] \$	
		120, 1 H. 11000 11 11			1 
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Tours.	<b>1000</b> 1000 1000 1000 1000 1000 1000 100	12.3 图形的 多 图1.5 图像图形 多			
Full Name of Con Committee	iu iputing			Date [MM/DD/YYYY] \$	1
House #				Date [MM/DD/YYYY] 5	1
- WANE #	Street Address			Section Point 141/3 St	1
   City		State	Zip Code	Date [MM/DD/YYYY] 5	1
				en an en	
Full Name of Con	itributing.	- Constitution of the Cons	to a group of the state.	Date [MM/DD/YYYY] S	
Committee	I and the second				
House #	Street Address			Date [MM/DD/YYYY] \$	1
		<b>建筑建立地</b>	3714 (F-2312's #31	Post India Iron horon	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
			Augustine Arth March		! 

#### **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.)

File (Identification Numb	oer:				
Full Name of Contribu	tor			Date (MM/JDD/AAAA)	<b>S</b>
House #	Street Address			(Date [MM/DD/AYAY)	<b>\$</b>
Glty		State	Žip Gode	Date [MM/DD/YYYY]	\$ \$
Full Name of Contribu	tor			Date (MM/DD/MM)	\$ ***
House #	Street Address	: 1		Date [MM/DD/xxxxx]	<b>\$</b>
Chty	3)	State	Ælp.€ode	/Date [MM/DD/YYYYY]	<b>\$</b>
Full Name of Contribu	tor.	(Seculowally 5)	[Manager and Association of the State of the	Date [MM/DD//WW]	\$
House#	Street Address			· Date [MM/DD/WW]	3
City	200 mm 20	State	Zip Code	Date [MM/DD//YYYY]	
Full Name of Contribu	tor.	ura a coministrativa P		Date (MM//DD/XXXX)	<b>\$</b>
House #	Street Address		· ·	Date [MM/DD/AMM)	
(Clty		State	Zip/Code/	Date [MM/DD/xxxxx)	\$ 2
Hull Name of Contribut	<b>(0)</b>			Date (MM/Jod/AMM)	
House#	Street Address			Date [MIN/DD/XXXXII]	\$
<u> </u>	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	State	Zip Code	Date [MM/DD/XYYM]	\$ 1
Full Name of Contribut	OT .	**************************************	[	Date [MM/JdD/AAAA]	3
(House #/	Street Address			Date [MM/DD/YYYY]	######################################
Gity.	Communication Co	State	Zip Gode		51

#### **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		<del></del>	Date [MM/DD/YYYY]	<b>5</b>
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
10 10 10 10 10 10 10 10 10 10 10 10 10 1				80000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City	State	Zip Code	Date [MM/DD/YYYY]	
			State Section (Section 1999) and control of the section (Section 1999) a	
Full Name of	. 7 00 300 30 00 00		Date [MM/DD/YYYY]	55
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
GRAPH CONTROL OF THE PROPERTY	State	Zip Gode	Date [MM/DD/YYYY]	\$
				<b></b>
Full Name of			Date [MM/DD/YYYY]	5
Contributing Committee				
House # Street Address	1.697		Date [MM/DD/YYYY)	S
City:	State	Zip Gode	Date [MM/DD/YYYY]	S
Füll/Name of			Date [MM/DD/YYYY]	\$
Contributing Committee				
House # Street Address	<del></del>		Date [MM/DD//YYYY]	5
	•			
CITY CONTRACTOR CONTRA	State	Zip Code	Date [MM/DD/XXXX)	\$ <b>\$</b>
		<b>建筑</b>		
Full Name of			Date [MM/DD/YYYY]	<b>S</b>
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	
				al de la companya de
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of			Date [MM/DD/YYYY]	<b>5\$</b> .
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	S
	Sandara Maria Sandaran Maria Maria Sandaran			

#### 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/dentification N	umber:			
Full Name of Contr				Date [MM/DD/YYYY]
House #	Street Address			Date [MM/DD/YYYYY]
Gity, Employer Name		State	∞Zip Code	Date [MM/,DD/,YYYYY] SS
				<b>Secupation</b>
Employer Mailing A Principal Place of B Full Name of Contri	üsiness			*Date MM/DD/YYYY
House #	Street Address			Date [MM/DD/YYYY] \$
Gity=		State	Zip Code	Date [MM/DD/YYYY] \$
				TO THE STATE OF TH
Employer Name	ddress/		200 m	Occupation
Principal Place of Bu				
Full Name of Contri	STREET, STREET			Date [MM/PD/XXM] \$
Flouse##	Street Address	Interior Manager	Televisian variables	*Date:[MM/DD/XXXX] \$
Gity Employer Name		State	Zip Code	Date [MM/DD/YYYY] 5
Imployer/Malling/A Rimalpal Placerof Bu EnliNamero/Control	isiness			Date [MM/DD/AYW] \$
House#				
	Street Address	Nues an Autoropean	122200020000000000000000000000000000000	Date [MM/DD/YYYY] S.
City Employer Name		State	Zip Gode	Date [MM/DD/XYYY] \$
	19.			Occupation:
Employer Mailing Ad Principal Place of Bu				

#### 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				
House # Stre	eet Address	·		
City	edenia ingenerazione de Riguras (	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				<b>高級</b>
Full Name				
	eet Address	Lace (Server)	School Control of the	
City.		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name	eet Address			
House# Str.		in State	Zip	*Date [MM/DD/WYW] ** \$
			Code .	
Receipt (Description				
Full Name House# Str	eetAddress		T-AB-DIES TAN	
House# Sire		State	Zip Code	Date MM/DD/YYYY) \$
Receipt Description			Code 7	
Full Name at 2	Name of the state			
	eet Address			
Gity		State	Zip Code	Date [MM//DD//YYYY] \$
Receipt Description	10 to			<u>Ž</u>
Full Name				
	eet-Address	Total Contraction (Co.)	1.5229 (7999) (700)	
City		State	Zip Code	Date [MM/DD/YYY] \$
Receipt Description	The state of the s			

#### 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 (dentification Numbers )	en Geografia				
	erikan ji kalendar ya 1970 ya 1				
ODINKARKOSKIMSHIKW 11	CONTRIBUTIONSRECEIVE	D-VALUE OF \$50.000	DRILESS PER CONTRIL	BUTOR	
TOTAL for the reporting period	(1)	\$			
2. INKIND CONTRIBUTIO	NS REGENVEDAVALUE (OF:	550(01/4FO-\$250;00.(F	ROMPARTE)		
TOTAL for the reporting period	(2)	\$			
3 IN-KIND CONTRIBUTIO	NEREGEIVEDEVARUE: OWE	esysolooi(eroiyipak	(G)		
TOTAL for the reporting period	(3)	\$			
TOTAL VALUE OF IN-KIND CONTR PERIOD (Add and enter amount to on Page 1, Report Cover Page, Ite	otals from boxes 1, 2, an				

## SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
是6.美元文学是4.新闻的一种的经验的	•
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
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] \$
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] \$
Description of Contribution	
Full Name of Contributor	Date [MM/DD/XYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/XYYY] \$
Description of Contribution	
Full Name of Contributor.	Date [MM/DD/XYYY] (\$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution	

#### SCHEDULE II Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

File: Identification Number:	 		
	 	 No. of the second secon	and the same of th

Full Name of Contributor	Date (MM//DD/AYYY) \$
House # Street-Address	Date (MM//DD//M/M)
Glby State: Zip Code	Date [MM/DD/YYYY]   \$.
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
FulliName of Contributor	IDate (MM/DD/MMM)
House)# Street Address	Date [MM//DD//YYY] 35
Gity Zip Gode:	Date (MM/DD/YYYY)
Employer Name  [Employer Mailing Address / Principal*	Occupation Description
Place:of(Business	of Gontabution
Full Name of Contributor	Date (MM//DD/XXXXI) \$
HOUSE## Street/Address	Date (MM//DD/AYAW)
Ciry State Zip Code	(Date IMM//DD/YYYY) S
i amployer/Name [amployer/Mailing Address // Principal	Occupation Description
Riacerof/Business	of Contribution
Full Namex of Contributor	Date (MM//DD/XY/XX) \$
House #3 Street-Address	Date [MM/DD/WYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of- Contribution

# Statement of Expenditures

		_
Filer Identification Number:		
	ν,	
多基础的多数的主义交通的通过的通过产品的主要的主要和自己的主义。		

To Whom Paid				Date MM/DD/YYYYI \$
House #	Street Address			Description of Expenditure
City	· 學語等16學問的意識。	State	Zip Code	
To Whom Paid	<u> </u>	(Table philosop) (Table philosop)		Date [MM/DD/YYYY] \$
MARINET CONTRACTOR				
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid		Paras i and a second	( and the control of	Date [MM/DD/YYYY] \$
House:#	Street Address			Description of Expenditure
City		State	Zip	
	Trul		Code	Secretary and the second secon
To Whom Paid				Date [MIVI/DD/YYYY] \$
House #	Street Address			Description of Expenditure
(GiÝ	PRESIDENCE ARRESTORINGS AND ROSES II, SY	State	Zip Code	TOPOTA CAREFORM (MET 4, 11 T. CARE AND CORE TERMS TOTAL MORPHY) TO THE PROPERTY OF THE PROPERT
To Whom Paid		(damed to a rectification sector)	[245-345](666)(IN)-2-1-12]	Date [MM//DD/MYY1]  \$
House #	Street Address		•••	Description of Expenditure
Giy	全色的   100	State	Zip Gode	中国中国国际公司等的,但是其中国政治的企业的企业,但是不是国际企业的企业,但是不是国际企业的企业,但是不是国际企业的企业。 19.1000年,19.1000年,19.1000年,19.1000年,19.1000年,19.1000年,19.1000年,19.1000年,19.1000年,19.1000年,19.1000年,19.1000年,19
To Whom Paid				Date [MM/DD/YYYY] \$
House#	Street Address			Description of Expenditure
City.		State	Zip Code	
To Whom Paid				Date [MM/DD/MM] \$
House #	Street Address			Description of Expenditure
Gity		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
Gity	The second section of the second section	State	Zip Gode	

#### **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.

File (Identification Number:	84-2850	392		

Name of Gredito	C/Ca Tchaucronia Outstanding Balance for Debt
1820	Et Address  MILL Fair Ro  DATE DEBT INCURRED  [MIM/DD/YYYY]  DATE DEBT INCURRED  DATE DEBT INCURRED  DATE DEBT INCURRED  DATE DEBT INCURRED
City.	Tue State B2 ZIP 16505
Description of Debt	Loan to Comittee To Elect Ellen Chausin to
Name of Greditor	Outstanding Balance of Debt
House# Stre	et-Address   DATE(DEBT_INCURRED)   SS   [MM//DD//YYYY]
City	State Zip Gode
Description of Debt	
Name of Greditor	©utStanding/Balance.of{Debt}
Rouse #. Stre	et Address  DATE DEBT INCURRED  [MIM/DD/AYYY)]
Giy	State Zip Code:
Description of Debts	[Vaccinitativa] (Entitlementality and
Name of Geoffor	-Outstanding Ballance of Debt
(House # San	DATE DEBTINGURRED ST
Clay	State Zip. Code
Pesciption of Pelis	
Name of Gredior	Outstanding Balance of Debt
(House:#)	et-Address   DATEIDEBT(INGURRED)   75+   [MM//DD//YYYY]   9
City Description of Debt	State Zip -Code
Name of Greditor	@utstanding@falance.of@ebt
	et/Address DATEIDEBT/INCURRED \$
	[[MM/\DD/\\\\\]]
City  Description of Debt 8-2 %	State Zip. Göde