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

Filer identification Number	Report Filed F	By Candid	ate 🗸	Committee	Lobbyist
Name of Filing Committee, Candidate or	( Mark X) Amanda Steen	eck			
Lobbyist Street Address	240 N Dewey F				
City North East	240 N Dewey I	State	PA	Zip Code 16428	<u> </u>
Type of Report (Place x under report type)				個馬舞獅團 10420	
L- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Priday 3-30 Day Post	4-6 <sup>th</sup> Tuesday	5- 2 <sup>nd</sup> Friday		7- Annual Special 2"	
Pre-Primary Primary Primary	Pre- Election	Pre- Election	Election	Pre-Election	on Post-Election
Date Of Election (MM/DD/YYYY)	Year	2025	Amendment Report	Termination Report	
Summary of Receipts and From Date Expenditures	To Date			For Office Use C	nly
	200.000			Hard Street Street Street Street	Private Committee Committe
A. Amount Brought Forward From Last Repor		0			< 22
B. Total Monetary Contributions and Receipts (From Schedule I)	\$   \$	547.40			
C. Total Funds Available (Sum of Lines A and B)	\$ .	547.40			2025 MAY -5 YOTER REG
D. Total Expenditures (From Schedule fil)	\$	547.40			<b>5 5</b>
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0			PM PM
F. Value of In-Kind Contributions Received	\$				<u>₹</u>
(From Schedule II) G. Unpaid Debts and Obligations	\$	0			25
(From Schedule IV)	<u> </u>	O Affida Sit Se	at la u		
Part 1- If this is a Committee report, treasurer sign h	ere. If this is accan	digate report, ca	andidate sign here.		
I swear (or affirm) that this report, including the atta Sworn to and subscribed before me this	ched schedules po	paper, it to the	best of my knowledge	e and belief true, correct an	d complete.
5 play of May 20 25	- SATASu	th of Pe E. Thay Erie	imanda	y Fear	CM
Lauren Though	ennsytvania A	of Pennsy. Thayer, Erie Cou	Signature of manda J Steeneck	Person Submitting report	
Signature / ) - 2 ()	W 1 -	Vivani Nota Dece	Du A	Printed Name	
My Commission expires / d d d d d d d d d d d d d d d d d d	Sociation of the	ylvania - Nota ylvania - Nota Notary Publi unty December 20	rea Code	Daytime Telephor	l <u>L 'S</u> ne Number
Part II- If this is a report of a Candidate's Authorized	Committee, candi	date shall sign he	ere.		
i swear (or affirm) that to the best of my knowledge amended.	and belief this	tian commente	has not violated any p	provisions of the Act of June	3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this					
day of20	- '1				
		· —		ture of Candidate	
Signature	, 1		Pı	rinted Name	
My Commission expires MO. DAY YR.	_	A	rea Code	Daytime Telephone	Number

#### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer (dentification Number	Amanda Steeneck		

1.Unitemized 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)	Ş	0
All Other Contributions (Part B)	\$	0
Total for the reporting period (2	) \$	0
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	o
Total for the reporting period (3	) \$	0
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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	t \$	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.

	Amanda Steeneck			
				Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY] = 5	0
House # Street /	Address		Date [MM/DD/YYYY] 5	0
City, 5	State	Zip Code	Date [MM/DD/YYYY]	0
Full Name of Contributing Committee			Date [MM/DD/YYYY)	0
	Address	RESIDENCE AND ANY AND	Date [MM/DD/YYYY] ;	0
City Language	State.	Zip Code	Date (MIM/DD/YYYY)	0
Full Name of Contributing Committee	ac main da		Date [MM/DD/YYYY] (	0
House # Street A	Ment of publishing and the second of the sec	TOP TANKE MENTAL OF MANAGEMENT	Date [MM/D0/YYYY]	0
City	State	Zip Code	Date [MM/DD/YYYY]	0
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	0
House # Street A	de de la companya de	In the Company of the	Date [MM/DD/YYYY]	0
City	State	Zip Code	Date [MM/DD/YYYY] S	0
Full Name of Contributing Committee			And allows a landing a story of the control of the purple of the control of the c	0
House # Street /			Date [MM/DD/YYYY] S	0
City is	State	Zip Code	Date [MM/DD/YYYY] S	0
Full Name of Contributing  Committee	a bachenia an		Date [MM/DD/YYYY]   5	0
House # Street A		ENEL LANGUERON IN TOTAL	Date [MM/DD/YYYY] \$	0
City	State	Zip Gode	Date [MM/DD/YYYY] \$	0

# 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.)

Mark Contractor Contractor		 · · · · · · · · · · · · · · · · · · ·
THE PROPERTY OF THE PROPERTY O		
THE PROPERTY OF THE PROPERTY O		
Files identification Number:	Staanaak	
	Steeneck	
/ (iiia)ida c		

Full Name of Contributor			Date [MM/DD/YYYY] S	
productive to each to			02/22/2025	0
House # Street Address			Date [IVIIV/DD/YYYY] \$	0
			04/03/2025	
City	State	Zip Code	Date [MIM/DD/YYYY] \$ 04/24/25	0
Full Name of Contributor			Date [MM/DD/YYYY] \$	
The state of the s			B - 100 100 100 100 100 100 100 100 100 1	0
House # Street Address			Date [MM/DD/YYYY] \$	0
Cay 1	State	Zip Code	Date [MM/DD/YYYY] \$	0
Full Name of Contributor			Date [MM/DD/YXYX] s	
				0
House # Street Address			Date [MM/DD/YYYY] \$	0
City :	State	Zip Casie	Date [MM/DD/YYYY] \$	
				0
Full Name of Contributor			Date [MM/DD/YYYY]	
				0
House # Street Address			Date [MM/DD/YYYY] . \$	
15 4 15 16 17 17 17 17 17 17 17 17 17 17 17 17 17				MA A
				0
City	State	Zip Code	Date [MM/DD/YYYY] \$	r
Full Name of Contributor	State <sup>2</sup>	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	0
Full Name of Contributor	State	Zip Code		0
A September 1	State	ZIP Code		0
Full Name of Contributor  House # Street Address			Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	0 0
Full Name of Contributor	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	0 0
Full Name of Contributor  House # Street Address		Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	0 0
Full Name of Contributor  House # Street Address  City  Full Name of Contributor	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	0 0 0
Full Name of Contributor  House # Street Address  Full Name of Contributor  House # Street Address	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Full Name of Contributor  House # Street Address  City  Full Name of Contributor	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

#### 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:

				<u></u>
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	0
House # Street Address			Date [MM/DD/YYYY] \$	0
Elty	State	Zip Code	Date [MM/DD/YYYY] \$	0
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	0
House # . Street Address			Date [MM/DD/YYYY] \$	ı O
Gly	State	Zip Code	Date [MM/DD/YYYY] \$	0
Fall Name of Contributing Committee			Date [MM/DD/YYYY] \$	0
House# Street Address			Date [MM/DD/YYYY] \$	0
City	State	Zip Code	Date [MM/DD/YYYY] \$	0
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	0
House # Street Address			Date [MM/DD/YYYY] \$	0
City .	State	Zip Code	Date [MM/DD/YYYY] \$	10
Full Name of			Date [MM/DD/YYYY] \$	О
House # Street Address	and the second s	and the start	Date [MM/DD/YYYY] \$	0
	State	Zip Code	Date [MM/DD/YYYY] \$	10
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	0
House # Street Address		The state of the s	Date [MM/DD/YYYY] \$	0
City :	State	Zip Code	Date [MM/DD/YYYY] \$	0

#### 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 Contributor

Street Address

State

Zip Code

House #

Employer Name

Employer Mailing Address / Principal Place of Business

City

Amanda	a Steeneck			
Full Name of Contributor	a Steeneck		Date [MM/DD/YYYY] \$	28.00
	a Steeneck		02/22/2025	20.00
House # Street Addr			Date [MM/DD/YYYY] 5	171.19
240			04/03/2025	171.19
City North East	State PA Zip Cod	e 16428	Date [MM/DD/YYYY] \$ 04/24/2025	333.90
Employer Name	none		Occupation Stay at Home M	lom
Employer Mailing Address / Principal Place of Business	none			
Full Name of Contributor			Date [MM/DD/YYYY] 5	
Amand	a Steeneck		05/01/2025	<b>14.</b> 31
House # Street Addr			Date [MM/DD/YYYY] \$	
240	N Dewey Rd	•		0
City North East	State PA Zip Cod	<b>e</b> 16428	Date [MM/DD/YYYY] \$	0
Employer Name	None		Occupation stay at home mo	om
Employer Mailing Address / Principal Place of Business	None			
Full Name of Contributor	The state of the s	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] 5	
ESECTION DE LES				0
House # Street Addr	ess.		Date [MM/DD/YYYY] \$	0
City	State Zip Cod	e ·	Date [MM/DD/YYYY] > \$	
62 (24 (2)) 62 (47 (3))	Baratala Baratala			0
Employer Name	1		Occupation	
Employer Mailing Address / Principal Place of Business				

Date MM/DD/YYYYI 5

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Occupation

#### 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:	Amanda Steeneck			
Füll Name				
attendent skille in de skille i				
	et Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$ 0
Receipt Description		ASSESSMENT OF THE PROPERTY OF		
Full Name				
<b>建筑是是是国际的</b>	et Address			
	**/^\ <b>\</b>	State		Date [MM/DD/YYYY]   \$
City		Atate	Zip Code	Date [MM/DD/YYYY] S 0
Receipt Description				[See Section 1]
Full Name (1994) (1994)				
House# Stre	et Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code.	o o
Receipt Description			- Paramatan da par	J MIESZE
Full Name				
House # Stre	l et Address			
City City		State	-2ip - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	Date [MM/DD/YYYY] \$
			Code	0
Receipt Description				
Full Name				
House # Stre	et Address			
City (1917) (1917)	on the state of th	State	Zip Code	Date (MM/DD/YYYY) + \$
母祖之首、 Receipt Description				0
				·
Full Name				
	et Address			
City of the second second second		State	Zip Code	Date [MM/DD/YYYY] \$ 0
Receipt Description			The state of the s	
Control of the State of				

#### **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 Aman	da Steeneck		
1 TINTERFFED IN VISIB CONT	RIBUTIONS RECEIVED VAIDE OF SE	n oo o	
TOTAL for the reporting period	(1)	\$	O.
TO DISTRICT TO THE PROPERTY OF		00 (5	U
TOTAL for the reporting period	ECEIVED VALUE OF \$50.01 TO \$250 (2)	.OU (F	
3: IN KIND CON REUTION RE	CEIVED-VALUE OVER \$250.00 (PROF	л PAR	
TOTAL VALUE OF IN VIII CONTRIBUTION		 	0
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3; also enter	\$	0

# SCHEDULE II PART F

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

VALUE OF \$50.01 TO \$250

4-2/-2006			
E FILE MONTHPOTING NUMBER			
Filer Identification Number			
	American Charles - I.		
	Amanda Steeneck		
	THURIDA OLOGINOUS		

Eull Name of Contributor			Date (MM/DD/YYYY) \$ 0	Date (MM/Db/	
House # Street Addr	855 :		Date [MM/DD/YYYY] \$ 0	Date (MM/DD/	
City :	State	Zip Code	Date [MM/DD/YYYY] \$	Date MM/DD/	
Description of Contribution	41.00.0				
Full Name of Contributor			Date [MM/DD/YYYY]   \$ 0	Date (MM/OD)	
House # Street Addr	ess		Date [MIM/DD/YYYY] 5		
City (日本) [1] ([4] ([5] ([4] ([5] ([4] ([5] ([4] ([5] ([5] ([5] ([5] ([5] ([5] ([5] ([5	State	Zip Code	Date [MM/DD/YYYY]   5	Date [MM/DD/	
Description of Contribution					
Full Name of Contributor			Dare [MM/DD/VYYY] \$		
House# Street Address			Date [MIM/DD/YYYY] \$ 0		
Crty:	State	Zip Code	Date [MM/DD/YYYY] \$ 0	Date (MM/DD/	
Description of Contribution				·	
Full Name of Contributor			Date [MM/DD/YYYY] \$ 0		
Flouse # Street Addr			Date [MM/DD/YYYY] \$ 0		
City Description of Contribution	State	Zip Code	Date [MM/DD/YYYY] \$ 0	Date (IMM/DD/	
Full Name of Contributor			Date [MM/DD/YYYY] \$		
Nouse # Street Addr			Date [MM/DD/YYYY]   \$. 0		
Sity	State	Zip Code	Date [MM/DD/YYYY] 5 0	Date [MM/Db/	
Description of Contribution					ļ

#### SCHEDULE II

#### Part G

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

**VALUE OVER \$250** 

Filer Identification Number	Amanda Steeneck		

			==
Full Name of Contributor			Date [MM/DD/YYYY] \$-0
House # Street Address			Date [MM/DD/YYYY]
City	State	Zip Code	Date [MM/DD/YYYY] \$ 0
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$ 0
House # Street Address			Date [MM/DD/YYYY] \$ 0
Gity .	State	Zip Code	Date [MM/DD/YYYY]
Employer Name		он у протил и то вышинарного общистовного од .	Occupation.
Employer Mailing Address / Principal Place of Business			Description of hij Contribution :
Full Name of Contributor			Date [MM/DD/YYYY] 5
House # Street Address			Date [MM/DD/YYYY]   +  \$   0
Gty :	State	Zip Code	Date [MM/DD/YYYY] \$ 0
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$ 0
House # Street Address			Date [MM/DD/YYYY]   \$ 0
Gity	State.	Zip Code	Date [MM/DD/YYYY] \$ 0
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution

# Statement of Expenditures

Filer Identification Number:	Amanda Steeneck		

To W	iom Paid	Amanda Steeneck			D	ate (MM/DD/YYYY) 02/22/2025	28.00	
House	# 240	Street Address N Dewey	Pd		D	escription of Exper	diture	
City		Sta	te i	Zip	Per	akfast Ticket		
	North East		PA	Code 16428		ate [MM/DD/YYYY]	· 1 & 1	
		Amanda Steeneck				are inini ara sa	171.19	
House	240	Street Address N Dewey	<sup>r</sup> Rd		D	escription of Expen	dituré	
City	North East	Sta	PA	Zip Code 16428	Ca	r Magnets		
To Wi	iom Paid	Amanda Steeneck		•	Į.	ate (MIM/DD/AYYY)	333.90	
House	240	Street Address N Dewey	Rd		Di	escription of Expen	diture	
City	North East	) Sta	PA	Zip Code 16428	Yaı	d Sign		
To W	iom Paid	Amanda Steeneck			D	ite (WW/DD/XY/Y)	\$ 14.31	
House	240	Street Address N Dewey	Rd		D	escription of Expeni	diture	
City	North East	Sta	PA	Zip Code 16428	Lal	oels		
ndenkara na mada at tata								
To Wh	om Paid				Ģ₽)	ate [MM/DD/YYYY]	<b>5</b> 0	
House	排榜 計算 基度 5	Street Address		100000		nte [MM/DD/YYYY] escription of Expen	0	ranger (n. 1931) Tagan ang kanggarang
	排榜 計算 基度 5	Street Address		Zip Code			0	
House City	排榜 計算 基度 5		(c		- Di		0	Control of the Contro
House City	iom Paid		<b>&amp;</b>		9)	escription of Expen	diture	
House City To W	iom Paid	Sta			9)	escription of Expendence	diture	
City To Wh House	iom Paid	Street Address		Code 200	- Di	escription of Expendence of Ex	o diture \$ 0	
City To Wh House	em Paid #	Street Address		Code 200	Di Di	escription of Expension  ate [MM/DD/YYYY]	S O	
House City To Wi	em Paid #	Street Address Stal	<b>CC</b>	Code 200	Di Di	escription of Expension of Expension of Expension of Expension of Expension of Expension	S O	
House  City  To With  House  City  City	em Paid #	Street Address State Address	<b>CC</b>	Zip Code	Di Di	escription of Expension of Expension of Expension of Expension of Expension of Expension	S 0  liture  S 0	
House  City  To With  House  City  City	om Paid  om Paid  om Paid	Street Address State Address	<b>CC</b>	Zip Code	Di Di	escription of Expension of Expe	diture  S 0  diture  S 0	

#### **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.

Cilor Islant Gentiate Number				
The second secon				
A Company of the Comp	Amanda Steeneck			
	Transaction Coolicon			
	1998:			
	<u> </u>	rage beginning a strong transfer of the second contract of the secon	•	

Name of Creditor			· .	Outstanding Balance of Debt.
House #	Street Address		DATE DEBTINGURRED [MM/DD/YYYY]	(5)
City		-State	Zip Code	
Description of Del	of the state of th			
Name of Creditor		and the control of th		Outstanding Balance of Debt
House # Lagar (1) Lagar (1) Lagar (1)	Street Address	,	DATE DEBT INCURRED [MM/DD/YYYY]	<b>\$</b>
City of the second		State L	Zip : Code	
Description of Deb	ii Tarangan Tarangan		NOT. 100 A 50 CEA A 5	
Name of Creditor			S. P. S. D. LUZBIANON	Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	<b>-\$</b>
City I		State	Zip Code	
Description of Del	it	Francisco		
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$ 
City of the company	4	State	Zip Code	
Description of Deb	<b>1</b> 			
Name of Creditor				Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	5
City Landson Section	i sect di di	State	Zip Code	
Description of Deb	in in the second	IV.		
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	<b>*</b>
City		State	Zip ; Code	- 1
Description of Deb	it ::	The state of the s		