

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	2024	009	6		ort Filed I irk X)	Зу	Candida	ite	Committee	V	Lobbyist
Name of Filing Comr Lobbyist				F	RIENO	1	of	Mart	STRU	pezewsk	(
Street Address				4	00/	, 	Sass	GFRAS	5+	1 CCOWSI	
City		ERI	E	1 ((-		State	PA	Zip Code	16508	
Type of Report (Place	e x under r						W. 1. V. W. W. 14	· -/	The second second second		
1-6 th Tuesday 2-2 Pre-Primary Pre-	2 nd Friday Primary	3- 30 D Primary			Tuesday lection	6.0	nd Friday - Election	6- 30 Day Post Election	7- Annual	Special 2 nd Frida Pre-Election	y Special 30 Day Post-Election
	V					146.50		Subsection Although the Unit of the Helph		[88] (4.58] (5.6 + 3.5 + 3.0 + 5 + 7 + 7 + 7 + 7 + 7 + 7 + 7 + 7 + 7	
Date Of Election (MM/DD/YYYY)		5/20	125	Year				Amendment Report		Termination Report	
Summary of Receipts Expenditures	s and	From D	ate		To Date	1	Vita valta		For	Office Use Only	
A. Amount Brought I	Forward F	ا الا rom Last	∂S Report	ļ _{. (1} \$	3/	5/	∂ { / U				
B. Total Monetary Co (From Schedule I)	ontributio	ns and R	eceipts	\$	-	0	-			<u> </u>	202
C. Total Funds Availa (Sum of Lines A and I	·我们的大路的大路的一个			\$	· 3	76	+214			[P]	2025 MAY
D. Total Expenditure (From Schedule III)				\$	9	$\frac{1}{\lambda}$	(1)			7) (1)	
E. Ending Cash Balan	14.31			\$	0/20	<u>, , , , , , , , , , , , , , , , , , , </u>	11				A CO
(Subtract Line D from F. Value of In-Kind Co		ns Recei	ved	\$	door.) <u>, </u>	<u> </u>				~ PH 3.
(From Schedule II) G. Unpaid Debts and	Obligatio	ns		\$	Sea	<u>()</u>	70			9	မ မ န
(From Schedule IV)					> ~	æ	taries		···		3-3-3-
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Signat	ture ())	10 1	001-		Sue She	37 T		•	Printed Name	1111 719	7 427
My Commission expires	MO.	DAY	<i>ОДЦ</i> YR.	-	ommonwe. Sue	Commission	ember, Pen	rea Code		time Telephone Num	<u>/U</u>
Part II- If this is a report I swear (or affirm) that t					tiee candi	date	fiall sign he		t provisions of th	no Act of lune 2, 402	7/D I 1222 NO 220)
amended.	o tile best c	or my kno	wicage	- 1	S 8	į	pillillicee i	ias not violated any	y provisions of ti	ie Act of Julie 5, 195	7 (P.L. 1555, NO.520) as
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Signat Signat	MALLY W	ud_		-	Not Test	umbi Asso		// Cat + Ynd	Printed Name	rupczen	<u>5%;</u>
My Commission expires	12-1	12-21	120	1	Hielc Erie Expi	yon n		214	r inited Name	769-663	6
, co	MO.	DAY	YR.	4	Sue Sheffield, Notary PErioscenty Periosce	Commission number 1424443 er. Pennsylvania Association of No	A	rea Code	Dayti	me Telephone Numb	per
	- -			Harring	Sue Sheffield, Notary-Public Erle Geunty— commission expires December						
				Ę	Μyο	Memb		•			

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	2074 0096	
1.Unitemized Contributions and R	eceipts-\$50.00 or Less per Contributor	

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)		\$
All Other Contributions (Part B)		\$,
Total for the reporting period	(2)	\$
3. Contributions Over \$250.00 (From Part Cand 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, Repu	ort	\$

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	24	024 0096		
	運搬的記憶が達取る社		701 0010		Amount
Full Name of Co	antributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
City	production of the second second second	State	Zip Code	Date [MM/DD/YYYY] \$	
500-2002	TOP COMPANY OF A STATE				
Full Name of Co Committee	intributing			Date [MM/DD/YYYY] \$	
	A COMMON AND A COM			10 (10 c) 20 (10 c) 20 (10 c) 20 (10 c) 20 (10 c)	
House #	Street Address			Date [MM/DD/YYYY] \$	
	2000年 - 1000年 - 10000	Selence.		The state of the s	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing	1889 during serias	なかなから2000年間がなから、10.0 T	Date [MM/DD/YYYY] \$	
Committee			٥		
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
			(2) 中国 (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	· · · · · · · · · · · · · · · · · · ·	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Special Control and the Control of t	State	Zip Code	Date [MM/DD/YYYY] \$	
				At 5	
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	
Committee 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5					
House #	Street Address			Date [MM/DD/YYYY] \$	
		·			
City	,	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor					
Committee	uttiputiik			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	100 00000000000000000000000000000000000	State	Zip Code	Date [MM/DD/YYYY] \$	
	A L				

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 (dentification Number:	7606 0004	0096

Füll Name of Contributo			Date [MM/DD/XXXX]	
House # Street Address			(Date [MM/DD/XYXX)]	\$
City	State	Zip Code	Date/[MM/DD/MMM]	
Full Name of Contributor •			Date [MM/DD/\\\\\]	15 .
House # Street Address			Date [MM/DD/YYYY]	5
City	State	Zip:Code	Date [MM/DD/YYYY]	[\$\$
FOIL Name of Contributor			Pate [MM/DD/XXXXI]	is s
House # Street Address			Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/\YYY]	5.
Full Name of Contributor			Date MM/DD/YYYY	\$
House # Street Address			Date [MM/DD//////]	\$\$.
[Cify]	State	Zip Code	Date MM/DD/MYY	SS T
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House:# Street Address			Date [MM/DD/YYYY]	\$.
Gity.	State	Zip Code		\$
Full Name of Contributor			Date [MM/DD/YYYY]	(\$.)
House # Street-Address			Date [MM/DD//YYYY]	5
City	State	Zip Code	Date [MM/DD/YYYY]	\$ 133 V

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.

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Filer (dentification Number:	(1074 0096	100	
* Contraction and the second and		, o , , o , , p		
Full Name of Contributing Committee			Date [MM/DD/XYYY] \$	
House # Street Address			Date [MM/DD/YYYY] 35	
Gity.	State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of	[William 2007 20 (Ca)]	, the devices and the selection and the selectio	Date [MM/DD/XXXX]	
Contributing Committee				
House# Street Address			Date [MM/DD/YYYY]	
City .	State	Zip Code	Date [MM/DD/XYYY] 25:	
,				
Full Name of	p. 12 (142-23)	Lyseship endorrolles in "mendigerited	Date [MM/DD/YYYY] \$	
Contributing Committee				
House:# Street Address			Date[MM/DD/YYYY] \$1	
<u>City</u>	State	Zip Gode	*Date*[MM/DD/YYYY] \$	
			Company Section 2. Section 2. Associated Association 2. Associatio	
Full Name of Contributing Committee			Date [MM/DD/XXXX] \$5	
			建	
House # Street Address			Date [MM/DD/XYXX] S	
<u>City</u>	(State)	Zip Code	Date (MM/DD/YYYY) SS	
Full Name of Committee:			Date [MM/DD/YYYY] \$	
House # Street Address				
nouse:# Street Address			-Date [MM/DD/YYYY] \$	
<u>City</u>	State	Zip Code	Date [MM/DD/YYYY] S	
[Full Name of Contributing Committee):			Date [MM/DD/YYYY] (\$)	
Housei# Street Address			Date [MM/DD/YYYY] : S	
Street Address			Section Political States	
Cify	State	Zip Code	Date [MM/DD/YYYY] \$	

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)

Files (dentification Number:

Full Name of Gontributor Date [MM/DD/YYYY] S	Aller de la la comparta de la comparta del comparta de la comparta de la comparta del comparta de la comparta del la comparta del la comparta de la comparta del la comparta de la comparta del la comparta de la comparta de la comparta del la compa	2	624 0096	
Gity State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address/ Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$	Eull Name of Contributor			Date MM/DD/YYYY \$
Employer-Mailing-Address/ Principal Place of Business Full Name of Gontributor House # Street Address Date [MM/DD/YYYY] \$	House# Street Address			Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address Date [MM/DD/YYYY] \$ 5	Gity	State	≱Z(p.Code	Date [MM/DD/YYYY] \$
Full Name of Contributor	Employer Mailing Address /		The Part of the Pa	Occupation
	The state of the s		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYY] 35
Gity State Zip Code Date [MM/DD/YYYY] S	House # Street Address			Date [MM/DD/YYYY] 55
		State	Zip Code:	Secretary processing and the secretary secreta
Employer Name Occupation [Employer Mailing Address /	Employer:Mailing Address /			Occupation
Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] 15 15 15 15 15 15 15 1	44 meets, and assessment and design and the proceedings of the second control of the second control of the second design and the second control of the second design and the second control of the second design and the sec			Date MM/DD/YYYYI \$
House# Street Address Date [MM/DD/YYYY] \$	House # Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	
Employer Mailing Address:/ [Principal Place of Business	Employer Mailing Address //			e Occupation
Full Name:of Contributor \$,	Date:[MM/DD/YYYY] \$
House # Street Address Date [MM/DD/YYYY] 55				Date [MM/DD/YYYY] \$\frac{3}{2}\$
Gity State Zip Code Date [MM/DD/YYYY] S			Zip Code	The Personal Co. of Control of Personal Control of Cont
(Employer Name (Employer Mailing Address) (Employer Mailing Address) (Principal Riace of Business)	Employer Mailing Address /			

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:

Eller Identification Num	iber	2024 0	1096	
(Füll Name		_		
House#	Street Address			
City	Total Control of the	State	Zip Gode	Date [MM/DD/YYYY] #5
Rescipt Description				
Full Name		_		
House#	Street Address	lower some soling	Les — Company and	From the transport of the Control of
City J		State	Zip Code	Date [MM/DD/YYYY] 5
Receipt Description		100/2-100-100-100-100-100-100-100-100-100-10	Total Control of the	processed.
Füll Näme				
House #/	Street-Address	State	Zip	Date MM/DD/WWWI 55
			Gode	Date [MM/DD/YYYY] 25.
Receipt Description		1 We then an annual to the second	Disconnection becomes y	Proces
(Full Name 2 4 4 4 House #	Street Address			· · · · · · · · · · · · · · · · · · ·
Gity	StreetAddress	State	Zip	Date (MM/DD/AYY) = \$3
			Code	Date [MM/DD/YYYY] \$
Receipt Description : Full Name				
House#	Street Address			
Gity		State	Zip	Date [MM/DD/YYYY] \$
Receipt Description			Code	
Full Name			,	
House #	Street Address	<u> </u>		
Gity		State	Zip .	Date [MM/DD/XYYY] \$
			Code	
Receipt Description	2002020 00-10000 20-10000	(2000年)	(a) (Carlot Section)	100000 L

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

Filesidentification Number:	90	24 0096)	
15 EUNITEMIZED IN KIND GONT	RIBUTIONS RECEIVED-VALUE	COF S50.00 OR LESSI	PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	-0-	
2. INEKIND CONTRIBUTIONS R	GEIVEN VARIEN CONTRA	AJSZEOZOGZEDONA DA	DTJC/	
TOTAL for the reporting period	(2)	\$	-0-	
3. N.KIND CONTRIBUTION RE	EIVEDAVALUE OVERIS250100	DIEROM PARTEGUES		
TOTAL for the reporting period	(3)	\$	-0 -	
TOTAL VALUE OF IN-KIND CONTRIBUT	IONS DURING THIS REPORTI	NG S		
PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3; also	1 ' 1	-0-	
on rage 1, Report Cover Page, Item F,				

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

File: Identification Number:	2024	0096	

Full Name of Contribut				*Date [MM/DD/YYYY]; SI	
	Street Address			Date [MM/DD/MAXA]	
(city)		State	Zip/Code	Date [MM/DD/AYYY] \$	
Description of counting	tion			<u> </u>	
laul (Nameroi (Contribut	No.			Date MM/DD/MM/JL \$	
	treet Address			Date IMM/DD/XXXVII S	
elty.		Srate	Zip Code	*Date*[MM/DD/YYYY/]; S	
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(City)		State	Zip Gode	/Date [MM/DD//YYYY] S	
Description of Contribu					
[Full (Name of Contribut				(Date [MM/DD/MMM]) S	
	otreet Address			Date (MM/DD/MYY) . S.	
(City) (Description of Contribu		State	Zip Gode	Date IMM/DD/\\\\\\	
Full Name of Contribut				Date [MM/DD/YYYY] \$	
	treet/Address			Date (MM/DD//////) IS	
Gity		State	Zip Code	Date [MM/DD/YYYY] S	
Description of Gontribu	tion				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number 2		
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Füll Name of Contributor	*Date (MM/DD/YYYY)
#House ## Street Address	Date [MM/DD/MW] (5.5)
City Zip Code Zip Code	Date (MM/DD/MYYY) \$5
Employer Name	Occupation
Hamployer Mailling Address // Principal 2 Place of Business	Description of Contribution
Full Name of Contributor.	Date[MM/DD/XYYY] SS
House# Street;Address	¿Dāte [MM/DD/YYYY]
Gity Zip,code	Date [MIVI/DD/AYYY] \$5
Employer Name	Occupation
Employer Mailing Address // Principal Place of Business	Description of Gontribution
Full/Name;of/Contributor-	Date [MM/DD/MYYN]
Flouse# Street Address	Date(IMM//DD/AWAY) \$
City Zip:Code Zip:Cod	Date [MM/DD/MYM] S
Employer/Name	Octupation
Employer Mailing Address / Principal Riace of Business	Description of Contribution
[Etill/Name of Contributor	Date [MM/DD/XYYY] \$
House## Street Address	Date [MM/DD/YYYY]
State (Date [MM/DD/YXXYI]
EmployerName	Occupation
Employer/Malling-Address /- Principal Place of Business	Description: () col: -Gontribution: ()

Statement of Expenditures

2024 0096

Hile identification Numbers

10-Whom Paid ABE GRaphics	*Date [MM/DD/MM/] \$ 42.50
House # Street Address	Description of Expenditure
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ito Whom:Paid	Date [MM/JDD/AWW] \$
House#A Street/Address	Description of Expenditure.
Gity State Zip Gode	
Tro-Wiftom Paid	Date[IMM/DD/XXXX] \$5
House# Street/Address	Description of Expenditure
Gity Zip Code	
To Whom Paid	(Date [MM/DD/MW)] 15
House# Street Address	Description/of/Expenditure
Gity State Zip Gode	
Tro:Whom:Paid	Date [MM/DD//WW] S.
Street Address	Description of Expenditure
Gity State Zip & Code Code	
Tie Whom Raid	Date [MM/DD/AWA)
House# Street Address	Description of Expenditure
State Zip Code	
To Whom Paid	Dates[MM/DD/YYY] \$
House# Street Address	Description of Expenditure
Giry State Zip Gode	
To Whom Paid	Date MM/DD/WW] \$
House # Street Address	Description of Expenditure
City State Zip 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.

(File) Identination/Number (2024	0096	

Name of Greditors		201	itstanding Balance of Debt
		DEBT INGURRED *** S	
House# Stre		M/DD/YYYY)	
Gty		Δ[p]	
Description of Debt		ode 🖟	
Name of Greditor		(O)	tstanding Balance of Debt
House:#		EBT INGURRED : \$	Control of District Control of Co
	i i i i i i i i i i i i i i i i i i i	M/DD/YYYYA	
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Description of Debt		ode	
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Description of Debt			
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Name of Greditor			tstandingBalance of Debt
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