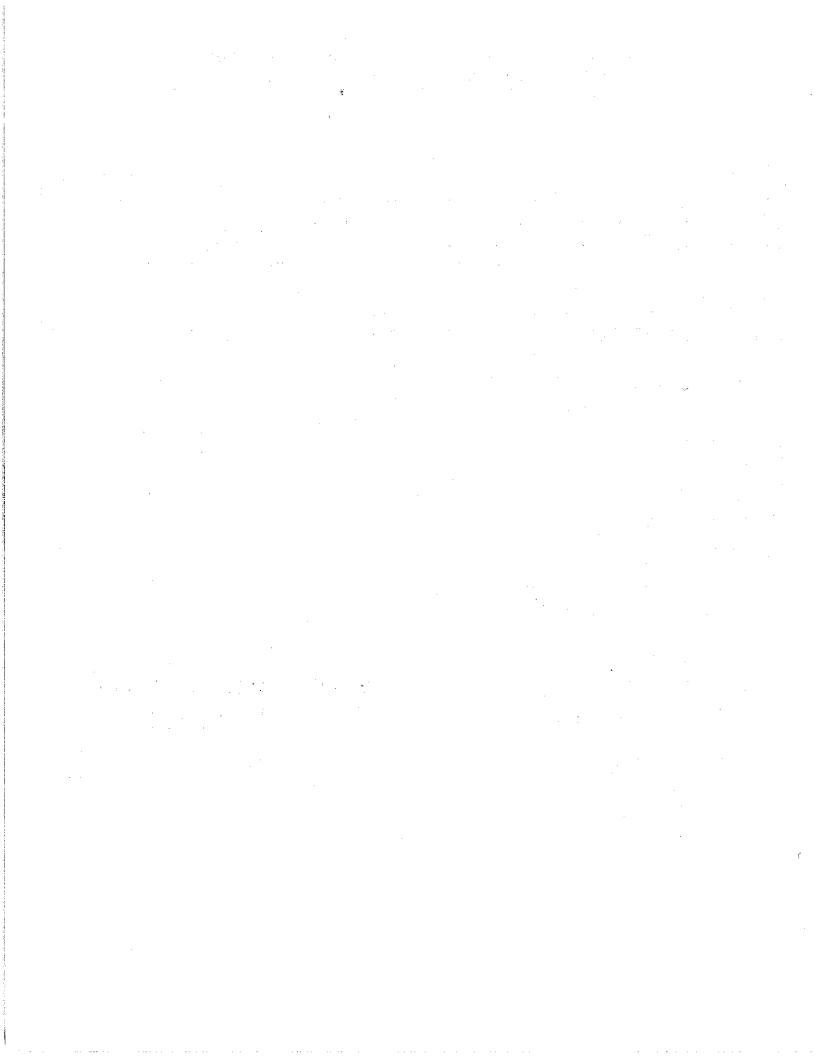
UCGELI	OHILL	1	1.11116	1 OITH



Filer Identification Number	A):	port Filed By fark X)	Candida	ite X	Committee		Lobbyist
Name of Filing Committee, Ca Lobbyist	ndidate or DA	RREL VANDE	VELD	7	<u> </u>		
Street Address	33	09 STATE STF	REET				
City ERIE			State	PA	Zip Code	16508	
Type of Report (Place x under	report type)						
1-6 th Tuesday 2- 2 nd Friday Pre-Primary Pre-Primary			- 2 nd Friday re- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY)	05/20/2025 Ye	ar .		Amendment Report		Termination Report	
Summary of Receipts and Expenditures A. Amount Brought Forward F	From Date 04/0/2025 rom Last Report	To Date 05/05	/2025		For	Office Use Only	
B. Total Monetary Contributio (From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributio (From Schedule II) G. Unpaid Debts and Obligatio (From Schedule IV) Part 1- If this is a Committee report,	ns and Receipts ns Received ns t, treasurer sign here. If	\$ 11,24 \$ 11,24 \$ 11,24 \$ 11,24	41.43 41.43 41.43 0 41.43 Affidavit Sec ate report, ca per, is to the	ndidate sign here.	ge and belief tr	VOTER REGISTRATION Je, correct and complete	
day of May Signature My Commission expires 12- MO.	20.25 hayn 20-202 DAY YR.	8 } -		S/L/ rea Code	Printed Name	tting report ANDS VS LD 255 ime Telephone Number	7
Part II- If this is a report of a Candid I swear (or affirm) that to the best of amended.	late's Authorized Comr of my knowledge and b	nittee, candidat elief this politica	e shall sign he I committee t	re. as not violated any	provisions of th	ne Act of June 3, 1937 (F	'.L. 1333, NO.320) as
Sworn to and subscribed before me	this		r 				·
day ofSignature of Candidate						_	
Signature			_		rinted Name	atG	-
My Commission expires	DAY YR.	. •	Ai	rea Gode		ne Telephone Number	_



SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor			
Total for the reporting period	(1)	8	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		<u> </u>	
Contributions Received from Political Committees (Part A)		\$	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)			ing programme statement of the statement of
Contributions Received from Political Committees (Part C)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	О
All Other Contributions (Part D)		8	11,241.43 (LOAN FROM CANDIDATE)
Total for the reporting period	(3)	\$	11,241.43
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, Recover Page, Item B)	port	\$	11,241.43

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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.

Flief Identification	Number				
					Amount
Full Name of Co	ntributing -			Date [MM/DD/YYYY] \$	
Committee					Total State
House#	Street Address			Date [MM/DD/YYYY] \$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				58.55	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
				The section of the se	Vice and a
Full Name of Co	ntributing	Particular Programma	Linguistic regard and applications control of I	Date [MM/DD/YYYY] 1	
Committee					
House #	Street Address			Date MM/DD/YYYY) 1	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
			-14 0000	Date (Minister) (1.11)	
Full Name of Cor	ntributing			Date [MM/DD/YYYY] \$	
Committee				Bit hat hat me finale ■ in the entropy construction and in the ■ const. (i) Bit for	
House #	Street Address		·	Date [MM/DD/YYYY] 3	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
			Lipova	Agre Delice - 1. 1. 1	
Full Name of Cor	stributing	*## \$2 Yester#		Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
City	PROBLEM SERVICE TO SERVE PO	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con	ntributing	1528, 8 (800)(2) 10, 41, 15.	Professional State of	Date [MM/DD/YYYY] \$	<u> </u>
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
				The Marie Carlot of the Carlot	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
					ı
Full Name of Con	tributing	(2.5)被3000000000000000000000000000000000000		Date [MM/DD/YYYY] \$	
Committee	1 to			Physical Color Will → Delivered All Light was contractly a contract to the second of	
House #	Street Address			Date [MM/DD/YYYY] \$	
	Section 1				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Allen and the second					

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.)

rie welkindin	ANUMAGE				
Full Name of Co	mtributor			/ Date [MM/DD/YYYY] 4/	
House #	Street Address			Date [MM/DD/YYYY] 3	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	intiibutor			Date [MM/DD/YYYY] :	
House #	Street Address	***************************************		Date [MM/DD/YYYY] 1	
City		State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Go	ontributor			Date [MM/DD/YYYY] * \$	
House #	Street Address			Date [MM/DD/YYYY] •	
City	Oli 80: Muli bao	State	zip kode	Date [MM/DD/YYYY] 8	
		Uigig	zip poue	The state of the s	·
Full Name of Co				Date [MM/DD/YYYY]	
House#	Street Address			Date (MM/DD/YYYY)	
Eity		State	Zip Code	Date (MM/DD/YYY)	
Full Name of Co				Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$, , , , , ,
City	BOX 62 CHEROLOGICAL COLORS	State	Zip Code	Date (MM/DD/YYYM). 3:	
Full Name of Co	Atributor			Date [MM/DD/YYYY] 3	
House#	Street Address			Date [MM/DD/YYYY] :	
City	3900 N. S.	State	Zip Code	Date [MM/DD/YYYY] 3	

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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 Contributing Committee			Date [MM/DD/XYYY] 1	
House # Stree	Address		Date [MM/DD/YYYY] 5	
City	State	Zip Code	Date [MM/DD/YYYY] 3	
Full Name of Contributing Committee	(2005-2006年7月1日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日	Transit and an all and a second	Date [MM/DD/YYYY]	
House # Street	: Address		Date [MM/DD/YYYY]	<u> </u>
City City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	33/62/00/2013		Date [MM/DD/YYYY] 8	
House # Street	Address		Date [MM/DD/YYYY]	
City	State	Zip Gode	Date [MM/DD/YYYY]	
Full Name of Contributing Committee	Seattle State (Seattle State (Seattl	Secure of and tree of and	Date [MM/DD/YYYY]	
House # Street	Address		Date [MM/DD/XYXY] 1	
City	State	Zip Gode	Date [MM/DD/YYYY] 1	<u>,</u>
Full Name of Contributing Committee	(1) of through sounds		Date [MM/DD/YYYY] \$	
House # Street	Address		Date [MM/DD/YYYY] •	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	and the second s	Construction and additional L	Date [MM/DD/YYYY] \$	•
House # Street	Address		Date [MM/DD/YYYY] \$	***************************************
City	State	Zip Code	Date [MM/DD/YYYY] :	

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:

Contract of the second				
Full Name of Contributor			Date (MM//0D/YYYY)	
	DARREL VANDEVELD		04/02/2025	11,241.43 (LOAN TO CAMPAIGN)
100 A	eel Address		Date [MM/DD/YYYY] \$	
3309	STATE STREET			l
Cliy ERIE	(State PA	Zip Code 16508	Date [MM/DD/YYYY] 1	
Employer Name	NONE		Occupation RETIRED LAWYS	ER
Employer Mailing Address Principal Place of Business			Encodesing accounts to reserve 1	
Full Name of Contributor			Date [MM/DB/YYYY] 1	
				·
House # Stree	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Pate [MM/DD/YYYY] \$	
Employer Name	PATE and re-months ()	Personal Street	Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Stree	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] 1	
Employer Name	The ways can be a second	Carrier (2006) Paris Santa Sections (Occupation	
Employer Mailing Address / Principal Place of Business			NAME OF THE PARTY	
Full Name of Contributor			Date [MM/DD/YYYY] 1	
	et Address		Date [MM/DD/YYYY] .	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business			E35 Francostic Other to Asset	



PART E **Other Receipts**

REFUNDS, INTREST 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 Num	ber.			
Full Name				
House # City	Street Address	«Siate»	Zip	Date [MM/DD/YYYY]
Receipt Description			Code	Control 2004 - San Anti-Article Viscol Control (A-100)
Full Name				
House #	Street Address	- Subsection Subsection		
City Receipt Description		State	Zip Code	Date [MM/DD/YYYY] 1
Full Name				
House #	Street Address			
City		State	Zip Code	Date IMM/DD/YYYYI \$
Receipt Description	A Completed	家庭於外別和	Personal	日本
Full Name House #	Street Address			
City .		State	Zip Code:	Date [MM/DD/YYYY] 1
Receipt Description				
Full Name House #	Street Address			
		State	Zip Code	Date [MM/DD/YYY] .1
Receipt Description				
Full Name House #				
City	Street Address	State	Zip	Date [MM/DD/YYYY]
Receipt Description			Code	



SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:			
BORNES CONTRACTOR OF THE CONTR			
1. UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED VALUE OF \$5	U.UU (JR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
ESPERATE WISSELD OF THE PROPERTY OF THE PROPER		V-100	
2 IN-KIND CONTRIBUTIONS REC	EIVEU-VALUE UF \$50.01 FU \$250.	UU (F	RUM PARTE)
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.00 (FROM	I PAR	FG)
TOTAL for the reporting period	(3)	8	
TOTAL VALUE OF IN-KIND CONTRIBUTIO		\$	
PERIOD (Add and enter amount totals fr on Page 1, Report Cover Page, Item F)	om doxes 1, 2, and 3; also enter		0

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SCHEDULE II Part f

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Num	iber:				
Full Name of Contrib	utor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY] 1	Maria de la companya
City	English State Committee Co	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contri	bution	3	Professionally research construction of	<u> </u>	
Full Name of Contrib	Artor:	4		Date: MM/DD/X/YX1	
House #	Street Address			Date [MM/DD/YYYY] 4	
City	F1 27 (12) Type and the second	State	Zip Code	Date [MM/DD/YYYY] 1	
Description of Contri	bution			\$66.600	
Full Name of Contribu	utor			EDETER I MINI (DIXYYYY) E E	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contril	oution				
Full Name of Contribu	ator.			Date [MM/DD/YYY] S	
House #	Street Address			Date [MM/DD/YYYY] 3	
City		State.	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contrib	oution			F985/4930	
Full Name of Contribu	itor			Date [MM/DD/YYYY] 1	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY] 3	
		OLAIG	Alp cope	Date [minipoparan]	
Description of Contrib	AUTION	i			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$ 250

	77.202 012.17-00	
Filer Identification Number:		
Full Name of Contributor		Date: IMM//DD/2MYV)
House # Street Add	tiress	Date [MM/DD/YYYY] 1
City	State Zip Code	Date (MM/DD/YYYY)
Employer Name	See August Profession Control (1)	Occupation
Employer Mailing Address / Prin Place of Business	cipal :	Description of Contribution
Full Name of Contributor	2,000 K (2,000 ± 2,018)	Date (MW/DD/WWY) 4
House # Street Add	iress.	Date [MM/DD/YYYY] 3
City	State Zip Code	Date [MM/DD/YYYY]
Employer Name		Occupation
Employer Mailing Address / Prin Place of Business	cipal	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY]
House # Street Add	ress	Date [MM/DD/XXXY] 1
City .	State Zip Code	Date [MM/DD/YYYY]
Employer Name		Occupation
Employer Mailing Address / Prin Place of Business	cipal	Description of Contribution
Full Name of Contributor		Date (MM/DD/YYYY)
House # Street Add		Date [MM/DD/MYY]
City	State Zip Code	Date (MM/DD/YYYY)
Employer Name		Occupation
Employer Mailing Address / Print Place of Business	cipal .	Description of Contribution



Statement of Expenditures

Filer Identification Number;			

To Whom Paid	PAUL LOREI PORT	TRAITS		Date (MM/DD/YYYY) \$. 04/02/2025	1371.64
House # 5838A	Street Address S	PIRES DRIVE		Description of Expenditure	
City		State PA	Zip Code 16509	PORTRAITURE	
To Whom Paid	DESANTIS PRINTI	NG		Date [MM/DD/YYYY] 1 04/08/2025	433.08
House # 540	Street Address W	/EST 18TH STREET		Description of Expenditure	1
City ERIE	PROCESSAL PROPERTY CONTRACTOR CON	State PA	Zip Code 16502	SIGNS	in Andrews (In the Antice Property of State of Control of
To Whom Paid	COUNTY OF ERIE			Date [MM/DD/YYYY] 8 04/11/2025	55.00
House # 140	Street Address W	EST SIXTH STREET		Description of Expenditure	
City	Producting or annual production of the second	.State PA	Zip Code	VOTER LISTING	William Communication Communic
To Whom Paid	GOHRS PRINTING	i		Date [MM/DD/YYYY] \$ 04/18/2025	5099.00
House # 10575	Street Address W	EST MAIN ROAD	· ,	Description of Expenditure	
City NORTH EA	IST	State PA	Zip Gode 16428	PRINTING AND MAILING SE	ERVICES
CONTROL FARM OF THE MANAGED IN COMMAND WHITE A STREET	g				ed.
To Whom Paid	GOHRS PRINTING			Date [MM/DD/YYYY] \$ 04/29/2025	4282.71
House # 10575	Street Address	EST MAIN ROAD	· · · · · · · · · · · · · · · · · · ·		4282.71
House # 10575 City NORTH EA	Street Address W		Zip Code 16428	04/29/2025	
House # 10575	Street Address W	EST MAIN ROAD		04/29/2025 Description of Expenditure	
House # 10575 City NORTH EA To Whom Paid House #	Street Address W	State PA		04/29/2025 Description of Expenditure PRINTING AND MAILING SE	
House # 10575 City NORTH EA To Whom Paid House # City	Street Address W	EST MAIN ROAD		O4/29/2025 Description of Expenditure PRINTING AND MAILING SE Date [MM/DD/YYYY] 1	
House # 10575 City NORTH EA To Whom Paid House #	Street Address W	State PA	Code 16428	O4/29/2025 Description of Expenditure PRINTING AND MAILING SE Date [MM/DD/YYYY] 1	
House # 10575 City NORTH EA To Whom Paid House # City To Whom Paid	Street Address W	State PA State	Code 16428	O4/29/2025 Description of Expenditure PRINTING AND MAILING SE Date [MM/DD/YYYY] 1: Description of Expenditure	
House 10575 City NORTH EA To-Whom Paid House City City City City City	Street Address W ST Street Address	State PA	Code 16428	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Sometimes of Expenditure	
House # 10575 City NORTH EA To Whom Paid House # City To Whom Paid	Street Address W ST Street Address	State PA State	Code 16428 Zip Code Zip	Description of Expenditure PRINTING AND MAILING SE Date [MM/DD/YYYY] Description of Expenditure Date [MM/DD/YYYY] Date [MM/DD/YYYY] 3	
House 10575 City NORTH EA To-Whom Paid House City City City City City	Street Address W ST Street Address	State PA State	Code 16428 Zip Code Zip	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Sometimes of Expenditure	

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.

rier deminication num	ioer.									
Name of Creditor		DARREL	VANDEVELD					Outs	tanding Balanc	e of Debt
House # 3309	Stre	et Address				E DEBT IN MM/DD/\ 04/02/20	mmj -	8		
Gity		ERIE		State	PA	Zip Code	16508	1	1,241.43	
Description of Debt								94-3-6-X-5		
Name of Creditor								Outs	tanding Balanc	e of Debt
House #	Stree	et Address				E DEBT IN MM/DD/A		3		
City		and a series of the series of		State		Zip Code				
Description of Debt										
Name of Greditor					<u> </u>			Outs	tanding Balanc	e of Debt
House#	Stree	t Address				ZDEBIŽINI MM//DD/A				
City				State		Zip Code				
Description of Debt										
Name of Creditor				•	·		· • • • •	Outs	anding Balanc	e of Debt
House #	Stree	et Address				E DEBT IN VAM/DD/Y		8		
City				State		Zip Code				
Description of Debt										
Name of Greditor								Outs	anding Balanc	e of Debt
House #	Stree	et Address				: DEBTAN VM/DD/Y		8		
City				State		Zip Code				
Description of Debt										
Name of Creditor								Art of	anding Balanci	of Debt
House #	Stree	t Address				DEBT INC AM/DD/Y		1		
City		Anna Carlos Carlos (C. Selling)		- State:		Zip Code				
Description of Debt				#5- 46174-1-100-2-185-19#		**************************************				