

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

<u>₩122421424246</u>									uia de t				1 3		
Filer Identificati Number			100	ort Filed B ark X)	5 <b>y</b>	Candida	ite		Comm	uttee 			Lobb	yist	
Name of Filing ( Lobbyist	Committee, Ca	ndidate or	Frien	ids of Gary	y Wells	ş									
Street Address			1755	i0 Route 8	\ !						<del>.</del>				
City	Union Cit	ty				State	PA		Zip Co	de	16438				
Type of Report (	Place x under r	report type)													
1-6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3-30 Day Post Primary	100	Tuesday Election		<sup>d</sup> Friday Election	6-30 Da Election	5.	7- Ann	uai	Specia Pre-El	il 2 <sup>ne</sup> Friday ection		ial 30 -Electi	Day ion
H . 18 . 18 1					<del>                                     </del>			1		1					anga ti ang tag
Date Of Election (MM/DD/YYYY)		05/20/2025	Year	• A	2	2025	Amend: Report	5 4 5			Termi Repor	nation t			
Summary of Re Expenditures	ceipts and	From Date	.7 A 1	To Date	4,546					For	Office U	ise Only			
		02/02/2025	- 1 .		/05/20	25									
A. Amount Brou					0.00				<del>-</del>						
B. Total Moneta (From Schedule	D)	ns and Receipts			0.00							· · •	~	•	
C. Total Funds A (Sum of Lines A	and B)		\$		5.00							SIC	70/25 MAT		
D. Total Expend (From Schedule	10)		\$		0.00								) 32m		
E. Ending Cash E (Subtract Line D	from Line C)		\$		5.00							n Q	ع ا		
F. Value of In-Ki (From Schedule	10		\$		0.00									* *	
G. Unpaid Debt (From Schedule		nš	\$		662.40	)							-	<u>-</u>	
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ZE Z			<del></del>	<b>-</b>		_	inc	LAL	×	15		.or c			
5 8 5	Signature			, ]		(	1 , , *	jv	Printed		_	2 50 1			
Ev Edmission ex	kpires <u>Ö/</u>	<u>05 24</u>	2				×14	_	-			3291			
Commission ex Company Det. Person	MO.	DAY YR.					rea Code			υay	rtime i ele	ephone Numb	er 		
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I swear (or affirm) amended.	ulat to the best (	oi my knowieoge	ano bel	ner this pol	racal Co	onmittee.	nas not vio	nated an	y provisio	ris OF t	ne act of	June 5, 1957 (	(r.L. 133	3, NU.	.5 <b>2</b> U) 85
Sworn to and subs	cribed before me	e this					ļ	ę	,	٠,	7	_			
day of	may	20 202	5	٠,				201.	, 2	K	IA	/ 2			
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	- 11-	// _2/25	,	• •		j	314			4	1/27	- 4//2/	7		
ស្នើv Commission ex	MO.	DAY YR.	_			_ <u></u>	rea Code	_	-	Dayt	ime Telep	phone Number	<u> </u>		
Number (4)									·						
· e 1															

Commonwealth of Pennsylvania - Notary Seal BARBARA S HERSHELMAN - Notary Public Erie County

### SCHEDULE I

# Contributions and Receipts Detailed Summary Page

riter identification Number			
<u>National-residential and residential from the second of t</u>			
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		72-5-7 1-7-1	
Total for the reporting period	(1)	\$	
2, Contributions of \$50.01 to \$250.00 (From Part A and Part B)	984 S 344 S		
Contributions Received from Political Committees (Part A)	··· · · · ·	\$	
All Other Contributions (Part B)	<del></del>	\$	<u> </u>
Total for the reporting period	(2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)		1000 julija (1000	
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
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)	\$	
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, Re Cover Page, Item B)		\$	0.00

### 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

· — who was to the state of the				to me describe a page of the de	Amount
Full Name of Co Committee	intributing			Date [MM/DD/YYYY] \$	
	113 (1440) (A.11) 124 (140 <u>)</u> (A.12)			1	
House #	Street Address			Date [MM/DD/YYYY] \$	
	발표 왕 중 그림 시기 참고했다. 왕 왕왕 장	1	* * .	14.77	
City		State	Zip Code	Datě [MM/DD/YYYY] \$	
		150 (50) 140 million ti			
Full Name of Co	ontributing			Date [MM/DD/YYYY] \$	
Committee				10000 10000 10000 10000	
House #	Street Address	:		Date [MM/DD/YYYY] \$	
		1		第12   複数	
City	9 757 \$27 5 L. N. 60 SEE 220 L. D. 4.	State	Zip Code	Date [MM/DD/YYYY] \$	
				3.5	
Full Name of Co	ontributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
		1			1
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				A CONTRACTOR OF THE CONTRACTOR	1
Full Name of Co	ontributing	4020act 1	14.1.E.M.S.148144	Date [MM/DD/YYYY] \$	
Committee				The state of the s	1
House#	Street Address			Date [MM/DD/YYYY] \$	
		1			
City		State	Zip Code	Date [MM/DD/YYYY] \$	<u> </u>
Full Name of Co		EXCHA!		Date [MM/DD/YYYY] \$	
Committee	Weinnerik			- Adde Traina Americana and a second	1
(A)	To said the said and	т	,	COLOR STATE AND ADDRESS OF THE STATE ADDRESS OF THE STATE AND ADDRESS OF THE STATE ADDRESS OF THE STATE AND ADDRESS OF TH	
House #	Street Address	ĺ		Date [MM/DD/YYYY] \$	
				1 1 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] \$	
1000000		\$45 A. A.			
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY] \$	
		<del></del>	<u></u>	12.0	
House #	Street Address	ĺ		Date [MM/DD/YYYY] \$	
his lat to a m Statistica		f			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
			a y A. Tawa Asia	[. s	

## 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:

Full Name of Contributor			Date [MM/DD/YYYY]	<b>\$</b>
House# Street Address			Date [MM/DD/YYYY]	\$
(efg)	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	
Gity	State	Zip Code	Date [MM/DD/YYYY]	<b>S</b>
Full Name of Contributor			Date [MM/DD/YYYY]	<b>\$</b>
House # Street Address		• .	Date [MM/DD/YYYY]	Ş
G	State	Zip Gode	-Date [MM/DD/YYYY]	S
Full Name of Contributor			Date (MM/DD/YYYY)	
House# Street Address			Date [MM/DD/YYYY]	
Gity	State	Zip Code	Date [MM/DD/YYYY]	\$
	O. Spirito			
Full Name of Contributor			Date MM/DD/YYYY	<b>(\$</b> .)
House # Street Address			Date [MM/DD/YYYY]	\$.
				100 mg.
City	State	Zip Code	Date [MM/DD/YYYY]	
				600 gs
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	<b>S</b>
Gy	State	Zip Code	Date [MM/DD/YYYY]	\$
	35 (50 ±0) 21 (50 ±0)			

### PART C

## **Contributions Received From Political Committees**

Over \$250.00

Filer Identification Number.

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of			Date [MM/DD/YYYY]	<b>S</b>
Contributing Committee:				
House # Street Address		•	Date [MM/DD/YYYY]	
Civa	State	Zip Code	Date [MM/DD/YYYY]	<b>15</b> 0
	51. 9.00 Ge			
Full Name of			Date [MM/DD/YYYY]	\$.
Contributing Committee				
House# Street Address			Date [MM/DD/YYYY]	\$
			eministrative and appearance where the second second second	
	lar.			
্ৰিয়	State	Zip Code	Date [MM/DD/YYYY]	\$
	<b>非海</b> 维			
FülliName of			Date [MM/DD/YYYY]	5.
Contributing Committee				
House# Street Address			Date (MM/DD/YYYY)	
GRY	State	Zip Code	Date [MM/DD/YYYY]	<b>.</b>
FullName of	pana avecus	portunities and don republic	Date [MM/DD/YYYY]	
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
			·	
Civ	State	Zip Code	Date [MM/DD/YYYY]	3 <b>5</b> 2
	12 W 12 K			
Full Name of			Date [MM/DD/YYYY]	<b>S</b>
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
acijy	State	Zip.Code	Date [MM/DD/YYYY]	<b>S</b>
The state of the s	1986 (1984 ) 1984)			が発表 87 <b>4</b> 8
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
	**Contact	Zip Code	Date [MM/DD/YYYY]	<u> </u>
Gty :	State	LIP COUCE	Pare Dam/DD/1:11)	X <b>X</b> (2)

## 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:				
The state of the s				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Ad	idress	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	
Gty	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 Ac	ldress		Date [MM/DD/YYYY] \$	
CIV.	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	27.22.745 Telegologia		Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor	·		Date [MM/DD/YYYY] \$	
House All Street Ad	ldress		Date [MM/DD/XYYY]	
Chy	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 Ac	idress		Date [MM/DD/YYYY] \$	
City.	State	Zip Code	Date [MM/DD/XYYY] \$	
Employer Name			Occupation.	
Employer Mailing Address / Principal Place of Business	opportue Dispress			

### 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.

Eller Identification Number:	Department of the control of the con				
Full Name					
	eet Address				
City:		State	Zip Code	Date [MM/DD/YYYY]	**************************************
Receipt Description		"			
Full Name					
	eet Address		· · · · · · · · · · · · · · · · · · ·	-	
City A	To the management of the second of the secon	State	Zip : :: /Code	SDate [MM/DD/XXXXI	\$     <u>                                 </u>
Receipt Description				·	
Full Name		÷			
House# Str	et Address				
<b>City</b>		State =	Zip Code	Date [MM/DD/\\\\)	
Receipt Description		e and all the analysis and a second a second and a second a second and	pro year or commenced and the	·	
Fill Name					
House# Stre	et Address				
Gity		State	Zip Code	PDate (MM/DD/MMM)	\$
Receipt Description					
Full Name 1717					
	eet Address				
Gity		State	Zip Code	Date [MM/DD/YYYY)	**************************************
Receipt Description					
Full Name	New Year				<del> </del>
	eet Address				
City	and primary and The STATE STATES THAT STAT	State	Zip Code	Date [MM/DD/YYYY]	
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		,	
2. SUNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED-VALUE OF S	\$50:00 C	DR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RE	SEIVED-VALUE OF S50:01:10:S25	50:00 (F)	ROM PART E)
TOTAL for the reporting period	(2)	\$	0.00
IN-KIND CONTRIBUTION REC	EIVEDZVALUEJOVERI\$2502001(ERG	OM PAR	TG)
TOTAL for the reporting period	(3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTI PERIOD (Add and enter amount totals	· ·	ş   \$   ≘r	
on Page 1, Report Cover Page, Item F)			0.00

## SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification N	imber:				
•					
Full Name of Contr	ibutor			Date(MM/DD/AVAVA)	
	-				
House#	Street Address			Date [MM/DD/W/W] \$	
City		State	Zip Code	Date [MM/DD/AYAY]	
		it parts			
Description of Con	tribution				
Full Name of Contr	ibutor »			Date [MM/DD/AYYY]	
House#	Street Address			Date [MM/DD/XXXX] \$	
4-24					
Gity.	and a second sec	*State	Zip-Code	Date [MM/DD/YYYY] \$	
Description of Con	tribution				· ·
Full Name of Contr	ibutor "			Date [MM/DD/YYYY] \$	
(House#	Street Address			Date [MM/DD/YYYY] \$	
City	hereare and a second se	State	Zip Code	Date [MM/DD/YYYY] \$	
				2. A	
Description of Con	tribution				· · · · · ·
Full Name of Contr	ibutor			Date [MM/DD/MYM] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City .	A STATE OF THE STA	State	Zip Code	Date [MM/DD/YYYY] \$	
Description or Con	ribution				
Full Name of Contr	ibutor			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
				######################################	
(GIY)		State	Zip Code	Date [MM/DD/YYYY] \$	
		The section of		17.49.E	
Description of Con	iribution				

## SCHEDULE II Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Eller identification Number	·				
Filer Identification Number:		•			
			•		
THE RESERVE THE PROPERTY OF TH					
	<u>-</u>		<del></del>	····	

·		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	「	Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·	Date [MM/PD/YYYY]
House# Street Address		Date [MM/DD/YYYY]
CITY:	State Zip Code:	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House# Street Address		Date [MM/DD/YYYY] *\$
Gry ##	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		<u> </u>
		Occupation
Employe: Mailing Address / Principal Place of Business		Occupation  Description  of  Contribution
Place of Business Full Name of Contributor		Description of Contribution State [MM/DD/YYYY] \$
Place of Business  Full Name of Contributor  House # Street Address		Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
Full Name of Contributor  House # Street Address  City	State Zip Code	Description of Contribution  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$
Place of Business  Full Name of Contributor  House # Street Address	State Zip Code	Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$

# SCHEDULE III Statement of Expenditures

	and the second s	······	
Files (dentification Number:			

To Whom Paid			Date [MM/DD/AVAY]	\$
House# Street Address	,		Description of Expendit	ure
Giy	State	Zip Code		
To Wham Paid			Date (MM/DD/YYYY)	
House # Street Address	<del> </del>		Description of Expenditu	re A de la companya d
City .	State	Zip Code		
TO-Whom Paid.			Date [MM/DD/YYYY]	
House # Street Address			Description of Expenditu	ire
eiy.	State:	Zip Code		
To Whom Paid.			Date [MM/DD/YYYY]	
House # Street Address			Description of Expenditu	ire Zana iz spiro sustanti
City	State	Zip Code		
To Whom Paid:			Date (MM/DD/WW)	<b>`\$</b>
House# Street/Address			Description of Expenditu	re.
City	State	Zip Code		
To Whom Paid			Date (MM/DD/0661)	
House # Street Address			Description of Expenditu	re and a second
Cipy	State	Zip Code		
To Whom Paid			Date [MM/DD/YYYY]	
House # Street Address			Description of Expenditu	re
Gity	State	Zip Code		
LTo:Whom:Paid			Date [MM/DD/YYYY]	
House # Street Address			Description of Expenditu	re
Giỳ	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.

Filer Identification Number				
Name of creditor				Outstanding Balance of Debt
	Vistaprint et Address Hayden Avenue	Ext. 473 3 / 10 / 10 / 10 / 10 / 10 / 10 / 10 /	E DEBT INCURRED MM/DD/YYYY)	\$
City.  Description of Debt	Lexington	State MA	04/09/2025 Zip Code 02421	309.00
	yard signs			
	Vistaprint	Nieku was _ o o		Outstanding Balance of Debt
100	et Address Hayden Avenue		E DEBT INCURRED MM/DD/YYYY]	
	Lexington	State MA	Zip Code 02421	122.53
	rack cards			
	Sara Gilger	Interpretation = 1 and		Outstanding Balance of Debt
House # Stree	et Address S. Main Street		E DEBT INCURRED MM/DD/YYYY]	
Giy	Union City	State PA	Zip Code 16438	230.87
Description of Debt	1/2 SHARE OF FOOD/BEVERAGE FOR KI	CK OFF EVENT		
Name of Creditor				Outstanding Balance of Debt
House #	et Address		E DEBT INCURRED VIM/DD/YYYY)	
(Gity		State	Zip Code	
Description of Debt				
Name of Creditor in 1987				Outstanding Balance of Debt
House # Stree	et Address		E DEBT INCURRED	<b>*\$</b>
City		State	Zip. Code	
Description of Debt	. (5)		Militaria (14) 2002 21 Paris	CAST (CS)
Name of Creditor				Outstanding Balance of Debt
House # Stree	at Address		DEBT INCURRED WIM/DD/YYYY)	
City	The state of the s	State	Zip Code	
Description of Debt				