

Commonwealth of Pennsylvania - Campaign Finance Report

Filer Identificat Number	tion				R	epo	rt Filed i k X)		Candid		e. It sho		ommit				XI	Lobb	yist	
Name of Filing Lobbyist	Con	mittee, Ca	indidate	or			itte to El	lect Jim	Winarsl		L	<u> </u>								1L
Street Address		in a second	er sa er Kanadaria		11	40 1	East 31s	t Street						•				- · · · ·	-	
City		Erie	i straktisse					31.	State	PA		Zi	p Code	100 M	10654					
Type of Report	(Plac	ce x under i	report ty	pe)	-		-		354 July 1			Leads.	digu centar		1000-					
1- 6 th Tuesday	2-	2 nd Friday			t 4-1	6 th 1	uesday	5- 2 nd	Friday	6- 30	Day Post	7-	Annua	sl 🍕	Special	2 nd F	riday :	Spec	al 30 I	Day
Pre-Primary	Pro	e-Primary	Primar	Y	Pre	- EI	ection	Pre- E	lection	Election	on .				Pre-Ele	ction		100	Electic	1 1991 3530
		X																		
Date Of Election (MM/DD/YYYY		-20-202	5		Ye	ar				Amen Repor	dment t				Termin Report	ation				
Summary of Re			From E	ate			To Date					1	F	or C	Office Us	e Onl	y			
Expenditures			1-1	-2025		F	5	-5-2025												
A. Amount Bro	ıght	Forward F	rom Last	Repor	t	\$		908.59												
B. Total Moneta (From Schedule		ontributio	ns and R	eceipt	5	\$		0								* *		2025 MAY		
C. Total Funds A (Sum of Lines A	and	B)				\$		908.59										Ž.		
D. Total Expend (From Schedule	111)					\$		413.76								:		-6		
E. Ending Cash E (Subtract Line D	tro	m Line C)				\$		494.83										PM 3:		
F. Value of In-Ki (From Schedule	II)	\$15 CHS		ved		\$. 0										## 		
G. Unpaid Debts (From Schedule		l Obligation	ns			\$		0									**			
Part 1- If this is a C	omn	ni tt ee report	, treasure	r sign h	ere. I	fthi	s is a Can	didate re	davit Sec	ndidate s	ign here.									
swear (or affirm) Sworn to and subs	that	this report, i	ncluding	the atta	ched	sche	edules on	paper, i	s to the l	est of m	knowled	ige ar	d belie	f tru	e, correct	and c	omplet	e.		
8th day of				25	•		Seal.	2026	100	Thon	11/10			, , , ,	nall	^				
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- J - J	Signa	ture		•	_		ennsylvania - N.	ober	a Association of 18279.	eresa Ha 4 rea Code	11103	Pri	nted Na	me				-		
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Mega	M Signat	<u>m · `</u>	md	and	2		,			Winars	Sīgn (i	ature	of Can	didat	e			_	of Pennsylvania - Notary . Moore, Notary Public	Erie County ion expires October 18, 2026
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,		MO.	DAY	YR.		,			Ar	ea Code					e Telepho	ne Ni	ımber	_	enns ore,	Erie County expires Oc
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SCHEDULE I

Contributions and Receipts

Detailed Summary Page

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Filer Identification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	
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 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.

Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$	File: Identification	radiipei				
Committee Street Address Date [MM/DD/YYYY] S					· · · · · · · · · · · · · · · · · · ·	Amount
Bate MM/DD/YYYY S		ntributing			Date [MM/DD/YYYY]	\$
Gity State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Full Name of Contributing Committee Date [MM/DD/YYYY] \$ State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Full Name of Contributing Committee	Committee					
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Full Name of Contributing Committee Date [MM/DD/YYYY] S			3			- '\$r'
City	City	To the set of the Rod Set	State	Zip Code	Date [MM/DD/YYYY]	\$
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Committee	City		State	Zip Code	Date [MM/DD/YYYY]	(A. Care) \$ }
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Committee Date [MM/DD/YYYY] S	City	[32] 1.1 + 3-1, 200-20	State	Zip Code	Date [MM/DD/YYYY]	\$
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City State Zip Code Date [MIM/DD/YYYY] \$ Full Name of Contributing Date [MIM/DD/YYYY] \$ Committee Date [MIM/DD/YYYY] \$ Committee Date [MIM/DD/YYYY] \$ City State Zip Code Date [MIM/DD/YYYY] \$	House #	Street Address			Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$: 1.1 See
Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$	City	Les A et a evillage la c	State	Zip Code	Date [MM/DD/YYYY]	Š
Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$	Follows - 45 C	- Control Control			Doto [MANA/DD /NOVOY]	· e
City State Zip Code Date [MM/DD/YYYY] \$	Committee	iciouting			Date [inin/DD/1111]	9
City State Zip Code Date [MM/DD/YYYY] S	House #				Date [MM/DD/YYYY]	\$
	City		State	Zip Code		

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.)

riler identification number:				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street	Address		Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor.		Section 200	Date [MM/DD/YYYY] \$	
House # Street			Date [MM/DD/YYYY] \$	
	Address		The second secon	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$.	
	: Address		Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributor			Date [MM/DD/YYYY] \$	-
House # Street	Address		Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street	Address		Date [MM/DD/YYYY] \$.	
City.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street	Address		Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYY] \$	

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 Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address	5		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] S	
	\$1,200 to 100 to		TO COME	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address	*		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
CRY	Jac	ZIP code	Date Initial Dollar 1	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing:Committee				
House # Street Address	No. of the state		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] 35	
Full Name of Contributing Committee	Let Digo summaria	Province Commission Commission	Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] 4 \$	
	The state of the s		Productive Conference of the C	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	24 (25 6 4 5 7 7 7 1 8 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(strottendabledetic e e ere a seera	Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	[1990/37/00/0019]	Palentinia, also Palentinia, commercial	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:

	\$# <u>\$</u>		
Full Name of Contribute	57		Date [MM/DD/YYYY] S
House #	treet Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		[87.543.57.558.688]	Occupation
Employer Mailing Addri Principal Place of Busin			E-ware control of the
Full Name of Contributo	or.		Date [MM/DD/YYYY] S
House #	treet Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		[5] 设有物质研究的使用2017]	Occupation
Employer Mailing Addre			
Full Name of Contributo	Salty Charling 12 and The South from Admit Health .		Date [MM/DD/YYYY] \$
Complete Committee of the Committee of t	treet Address		Date [MM/DD/YYYY] \$5
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		The state of the s	Occupation
Employer Mailing Addre Principal Place of Busine			
Full Name of Contributo	f		Date [MM/DD/YYYY] \$
House # S	treet Address		Date [MM/DD/YYYY] \$
Gitÿ	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Addre			

PART F

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 Num	ber:			·
Full Name				
House #	Street Address			
City and the state of the state		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name		-		· ·
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		1 1880 0530004	To provide animal	[Best of
Full Name				
House #	Street Address			
City		State	Zip Code :	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name			-	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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:				
1. UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VA	LUE OF \$50.00 OR LESS PER	CONTRIBUTOR	W.
TOTAL for the reporting period	(1)	\$		
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	1 TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250	0.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTION	INS DURING THIS REPO	RTING Š	· · · ·	
PERIOD (Add and enter amount totals fr on Page 1, Report Cover Page, Item F)		'		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:				
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Full Name of Contribu	itor			Date [MM/DD/YYYY]	(\$
House #	Street Address			Date [MM/DD/YYYY]	AMS.
City		State	Zip Code	Date [MM/DD/YYYY]	
					48.74 12.85
Description of Contrib	oution	,			
Full Name of Contribu	itor			Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	i ș
City	古代語文の映画は1944 福祉第十分の4	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	oution	EWREEE-1	<u># 1000 to 19 54656 </u>		
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Full Name of Contribu	itor:			Date [MM/DD/YYYY]	\$
And the state of t					
House #	Street Address			Date [MM/DD/YYYY]	Š
	T. P.				
City	1801 (1802) (180	State	Zip Code	Date [MM/DD/YYYY]	**************************************
Description of Contrib	oution		<u> </u>		
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Full Name of Contribu	itor			Date [MM/DD/YYYY]	`\$
	John College				\$6.50 \$1.50
House #	Street Address			Date [MM/DD/YYYY]	\$
City -		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	oution				
State of the state					tourse!
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
		٠			
House #	Street Address			Date [MM/DD/YYYY]	3
City 16		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	oution				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

VALUE OVER \$250	
Filer Identification Number:	
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/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/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
Füll 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

Statement of Expenditures

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Filer Identification Number:		
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To W	nom Paid	Polish Falcons 61	n				Date [MM/DD/YYYY]	\$	400.00
U L. L.			<i></i>				04/06/2025		100.00
House	431	Street Address	East 3rd Stre	et	* Pro		Description of Expend	iture	
City	Erie		State	PA	Zip Code	16507	Ad		
To Wi	om Paid	De Santis Signs					Date [MM/DD/YYYY]	\$	313.76
0	и «I						04/12/2025		313.70
House	540	Street Address	West 18th St	reet			Description of Expendi	ture	
City	Erie		State	PA	Zip Code	16502	Signs		
To Wi	om Paid						Date [MM/DD/YYYY]	\$	
House	#	Street Address					Description of Expendit	ture	
City		·	State		Zip Code				
	om Paid						Date (MIM/DD/MMY)	\$	
House	*	Street Address					Description of Expendit	ture	
City			State		Zip Code				
	om Paid						Date [MM/DD/YYYY]	\$	
House	#	Street Address	Table Adams Services		The second second		Description of Expendit	ure	
City			State		Zip Code				
	om Paid					·	Date [MM/DD/YYYY]	5	
House	#	Street Address					Description of Expendit	ure	
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To Wh	om Paid						Date [MM/DD/YYYY]	\$	÷
House	Ħ	Street Address					Description of Expendit	ure	
City		- Mar Al Mar Continue to	State		Zip Code				
To Wh	om Paid						Date [MM/DD/YYYY]	\$	
House	#	Street Address					Description of Expendit	ure	
City			State		Zip Code		A STATE OF THE PARTY OF THE PAR	- *************************************	

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	n Number:		
Name of Credit	or		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURR	新たけ (大学) 人名 (大学) (大学) (大学) (大学) (大学) (大学) (大学) (大学)
City		State Zip Code	
Description of D	Debt		
Name of Credit	or ·		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURR [MM/DD/YYYY]	2017 St. 5 (600 kills to 1 GREEN WILL)
City		State Zip Code	
Description of D	Debt		
Name of Credite	of		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURR - [MM/DD/YYYY]	
City		State Zip Code	
Description of C	Oebt.		
Name of Credito			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURR [MM/DD/YYYY]	
City		State Zip Code	
Description of C	Jebt Walter	·	
Name of Credito			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURR [MM/DD/YYYY]	
City 4 chilling		State Zip Göde	
Description of D)ebt		
Name of Gredito	or	***	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INGURR [MM/DD/YYYY]	(MOSENE GREEN, 15 x 1 x 5 x 12 x 12 x 12 x 12 x 12 x 1
Citý	Company Comments	State Zip Code	1754 754 754 754
Description of E			