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

Filer Identification	Report Filed 8	Ey Candaba		Committee		Equa
Number	(MarkX)					
Loabyist	JOM WINARSKI		· , , , , , , , , , , , , , , , , , , ,			
Sireet Address	1140 EAST 31			**************************************		
ERIE		State	PA	Zip Code	16504	
Type of Report (Place a under report type)						
1-6 th Tuesday 2-1 th Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	4-6 th Tuesday Pre-Election	S- 2 rd Friday Pre- Dection	6-100ay Post Bection	7-Annual	Special 2 Pre-Dection	The state of the s
Date Of Gestion DE (2012)375	Yest		Amendment		Terminatio	
[MM/OD/YYYY] 05/20/2025		2025	Report		Report	
Summary of Receipts and From Date Expenditure	Jo Dak		undi sideradi ndi sebada Asaras aktali ngi nji	ary sa Horr i	Office Use O	
01-01-2025		5-05-2025				
A. Amount Brought Forward From Last Repor	1 90	08-59				
B. Total Monetary Contributions and Receipt (From Schedule I)	\$ 1. 5	0	l		। इ	
C. Total Funds Available (Sum of Lines A and B)	5	Ů.	l			N-9 PM 3: 46
D. Total Expenditures (From Schedule III)	5	561.44				R R
L Inding Cash Dalance	5		1			3: 56 ATTOM
Subtract Line D from Line C F. Value of In-Kind Contributions Received	5 42	94.83	1			2 6
(From Schedule II)		0	1			
G. Unpaid Debts and Obligations (From Schedule IV)	y Seal				_	
Part I- Hithigh a Committee report, treasurer sign is	rate of the second of the seco	V CO Zithidanes Soci	nen sellenterilier sellenser besonser.			
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12 42-2021	Sue Sheft of Foommission	er, Pennsylva	814	£		779
MAY Commission expires (2-0 2-0 3-4)	ommon S V comr	Commission ember, Pennsylva	vez Code	CDAY	70 - 7 rama Talapha	me Number
Fact IS- 11 This is a report of a Candidate's Authorized	f Committee, cand	Laki a shall sign ha				
however (or affirm) that to the best of my knowledge amended.	and belief this pol	itical committee ?	has not worked any	y provisions of s	heAd of luce	2 3, 1587 (P.L. 1992, NO 320) 25
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Signature	3	Ø)		Printed Name B06-7	* 25.175.4%.	
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			16 Opposition - agreement 1	,	Sychology &	200 W 4 (1997) (1995)

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number				
1:Unitemized Contributions and Receipts-\$5	0.00 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 Commit	tees (Part A)		\$	
All Other Contributions (Part B)		···	\$	
	Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part Ca	nd Part D)	F II S		Committee the Committee of the Committee
			A .	
Contributions Received from Political Committee	ees (Part C)		\$	
Contributions Received from Political Committee All Other Contributions (Part D)	tees (Part C)		\$ \$	
All Other Contributions (Part D)	Total for the reporting period	(3)	,	
·	Total for the reporting period		\$	
All Other Contributions (Part D)	Total for the reporting period		\$	

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 Nu	mber				rikusii las kiidar (se resultus sunksanny)
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Committee .				Date [MM/DD/YYYY] \$	
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Full Name of Contri Committee	outing			Date [MM/DD/YYYY] \$	enteriores en
House#	Street Address				
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City .	harmon services are reconstructed	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contrib Committee	uting			Date [MM/DD/YYYY] \$	
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House #	Street Address			Date [MIM/DD/YYYY] \$	
				Date (MM/09/1131) 3	
City		State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Contribu Committee	ting	Promision College Sel		Date [MM/DD/AYYY] .S.	***************************************
House #	Street Address			Date [MM/DD/YYYY] \$	
		100-110			
City		State	Zip Code	Date [MM/DD/YYYY] 5	

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 Nu	mber:				
	Constitution of the Consti				
Full Name of Contri	онсог			Date [MIV/DD/WW]	
77 77 7					70
House#	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contrib	outor			Date [MM/DD/YYYY]	
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/VYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	
Fül Name of Contrib	ika:			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/VYYY] & 1	
City		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contrib	utor			Date [MM/DD/YYYY] \$	
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City	And commented in the service of the comment of the	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contrib	itore.			Date (MIM/DID/AYW)	·
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Full Name of Contribu	(G)	<u> </u>		Date (MM/DD/AYAY)	
			•		
House #	Street Address			Date [MM/DD/YYYY] \$	
City	The state of the s	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			Bate [MM/DD/YYYY] 5.
House # Street Addres			Date [MM/DD/YYYY]
City	-State	Zip Code	Date [MM/DD/YYYY] 5
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
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House # Street Address			Date MM/DD/YYYY-
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Full Name of Committee			*Date (MM/DD/XYYX) = \$
House # Street Address			Date [MM/DD/XYYY] \$
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ull Name of Contributing Committee			Date [MM/DD/YYYY] S
douse # Street Address			Date [MM/DD/YYYY] S.
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ulf Name of Ontributing Committee			Date (MM/DD/YYYY) \$
louse # Street Address			Daté [MM/DD/YYYY] 5
ity.	State	Žip Codė	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)

File (Identification Number			
Full Name of Contribute			Date [MM/DD/YYYY] \$
House # Si	reet Address	Live we wanted the Control Control	Date[MM/DD/YYYY] \$
Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$
Emplöyer Mailing Addres Principal Place of Busines			Occupation
Full Name of Contributor			Date [MM/DD/YYYY] 'S
	eet Address		Pate [MM/DD/YYYY] \$
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] 5
Employer Mailing Address			Occupation.
Principal Place of Business Full Name of Contributor			Date [MM/DD/YY/Y] \$
House # Stre	et Address State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Vicine 1	Zipi code	Date [MM/DD/YYYY] \$
Employer Mailing Address, Principal Place of Business	<u></u>		- Uccupation
Full Name of Contributor			Date [MM/DD/YYYY] \$
	et Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address /		BOTTONIA CONTROL CONTR	Occupation :
Principal Place of Business			

PARTE

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.

net certification remine				
Full Name				
	Street Address	(C-2-12-2-2-17)		
City		State	Žip Code	Date [MINI/DD/YYYY] \$
Receipt Description				
Full-Name	treet Address			
City .		State	Zip	Date [MM/DD/YYYY] \$
Receipt Description			Code :	
Full Name				
	reet Address	Total We set and		
City		State	Zip. Code	- Date [WIW/DD/YYYY] S
Receipt Description				
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Gity	es (Audies)	State	Zip	Date [MM/DD/YYYY] 5
Receipt Description.			Code.	
Full*Name				
	eet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
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Street Street	et Address	State	Zip	Date [MIM/DD/YYYY] \$
Receipt Description			Code	Date [MM/DD/YYYY] \$
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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						
A CONTEMIZED IN KIND CONTRIBU	IONERECEMBLY METEROLE	505000	Wasker February	Republikasasasa		
TOTAL for the reporting period	(1)	\$		INDUTUK		
2. IN KIND CONTRIBUTIONS RECEIVE	D-VALUE OF \$50.01 TO \$25	0-00 (F	ROM PARLE)			
TOTAL for the reporting period	(2)	\$				
3. IN KIND CONTRIBUTION RECEIVED TOTAL for the reporting period	VALUE OVER \$250:00 (FRO	M PAR	[-G]			
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DERIOD (Add and enter amount totals from bon Page 1, Report Cover Page, Item F)	URING THIS REPORTING oxes 1, 2, and 3; also enter	\$				

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer identif	lication Number				
					KALINININININININININININININININININININ
FullName	of Contributor			Date [MM/DD/YYYY]: \$	<u>SSLAMA AMARIY</u> A SULA
House #	Street Address			Date (MM/DD/YYYY)	·
City			Dr. Book & W. State of Warn		
	·	State	Zip Code	Date [MM/DD/YYYY] \$	
Description	r of Contribution				
Full Name o	of Contributor			Date [MM/DD/YYYY] \$	
House #	Street Address				
				Date [MM/DD/YYYY] \$	
City		-State	Zip Code	Date [MM/DD/YYYY] \$	
Description	of Contribution				
Full Name o	f Contributor			EDate (MIM/DID/AWW) S	
House #	Street Address	-dg		Date IMM/DD/YYYY] 5	
City		State	Zip Code	Date (MM/DD/YYYY) \$	
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ity		State	Zīp Göde	Pate [MM/DD/YYYY] \$	-
Jesephania da la	f Contribution			Pate [MM/DD/XYYY] 5	
ull Name of					
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ouse#	Street Address			Date [MM/DD/YYYY] \$	
ity					
		State	Zip Code	Date[MM/DD/YYYY] \$	
escription of	Contribution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Employer Mailing Address / Principal Place of Business Pull Name of Contributor Date [MM/DD/YYYY] Street Address Date [MM/DD/YYYY] State Zip Code Date [MM/DD/YYYY] Site Dity Place of Business Date [MM/DD/YYYY] Site Date [MM/DD/YYYY] Date [MM/DD/YYYY] Site Date [MM/DD/YYYY] Date [MM/DD/YYYYY] Date [MM/DD/YYYY] D	Filer Identification Numbe	H.		
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mployer Mailing Address / Principal Description Lace of Business	mployer Name			
Place of Business of		Oring to 1		
	Place of Business	r malea		

Statement of Expenditures

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To Whom Paid				Date	(MIM/DD/AAAA) = 2	5
House #	Street Address			Descr	iption of Expendit	ure.
City		State	Zip			
io.Wihomapaiga			Code			
TO WHOM FAIG				Date:	MM/DÐ/YYYYT	S
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Gitý	<u> </u>	State	Zip Code			
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House #	Street Address			- Day aline	on of Expenditure	
			Page 200 Control of the Control of t	- Descript	on or Expenditule	
City .		State	Zip Gode			

SCHEDULE IV

Statement of Unpaid Debts
Use this Section to itemize all unpaid debts and obligations which are outstanding at the

file identification Num	iber.
Name of Greditor	
House #	Street Address DATE DEBTINGURRED \$
	[MM/bD/YYYY]
City	
	State Zip. Code
Description of Debt	To the state of th
Name of Greditor	Outstanding Balance of Debt
House #	Street Address DATE DEBT INCURRED: \$
	[MM/DD/YYYY]
City	State Zip
Description of Debt	Code
Name of Creditor	Outstanding Balance of Debt
House #	Street Address DATE DEBT-INCURRED. 5
	[MM//dd/yyyy] =
City	State Zip
Description of Debt	Gode :
Name of Creditor	
	Outstanding Balance of Debt
	DATE DEST INCURRED \$ [MM//DD/YYYY] .
City	
	State Zip. Gode
Description of Debt	
Name of Greditor	Outstanding Balance of Debt
House # S	treet Address DATE DEBT INCURRED \$
	[MM/DD/YYYY] ,
ity .	State Zip
Description of Debt	Code 2
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louse #	reet Address DATE DEBT INCURRED S
	[MM/DD/YYYY]
ity	State Zip
escription of Debt	<u>Code</u>