Commonwealth of Pennsylvania

### **CAMPAIGN FINANCE REPORT**

PAGE 1 OF

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification			Report Filed By:	Þ	CANDIDATE	ľ	COMMITTEE	ľχ	LOBBY	IST 3
Name of Filing Commi	CIENDS A			120	on)			271		
Street Address:				-		THE.		21.7	Gren	15/91
A SAN COLUMN TO THE PARTY OF TH	2 SUGA	1272/2001	c red	)	le	145	Zip Code:	-		- 60
City:	MALVE	ZW			State: PA		1935	5 -	Party of	7
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	2ND FRIC	111/	11	30 DAY POST PRIMARY		AMENÓMENT REPORT?	YES	0 🗆	
(place X to	6TH TUESDAY PRE-ELECTION	2ND FRIC	27-7-70 (6/m/db/m/DB)	100	DAY OST ELECTION		TERMINATION REPORT?	YES		· 🗆
the right of report type)	ANNUAL REPORT	7 YEAR	a transfer in		NG METHOD CHECK ONE		PAPER	M	DISKETT	E
Suppose Summary of R and Expenditur	eceipts		YEAR OZS TO	M	5 20 24	AR	Office Code COT7-	≠ R	TIONS FO	
A. Amount Brought	Forward From Las	t Report	\$	0.0	50	-,1		7.1.	Frios	
B. Total Monetary	Contributions and R	eceipts (From Sci	hedule I) \$	4:	362.00	2		1	200	
C. Total Funds Ava	ilable (Sum of Line	s A and B)			362.00	_		7	40	
D. Total Expenditur	es (From Schedule	III)	\$	10	87 57	5		=	- KE	
E. Ending Cash Bala	ance (Subtract Line	D from Line C)	\$ 2	\$3,274.50						
F. Value of In-Kin	d Contributions Red	eived (From Sche	edule II) \$	0	00	3				
G. Unpaid Debts an	d Obligations (From	Schedule IV)	\$	0	,00	H	20 A			
PART I - If this is	a Committee rep	ort treasurer sign	AFFIDAVIT S			sylvanja,	shiftery seet in her		Name of	
I swear (or affirm) the correct and complete.  Sworn to and subscriber day of the commission explicitly and the commission exp	State of its ibed before me this	ennsylvania	dules, on paper	or cor	Ay Commission Expir	touriey to res April ober 134	Printed Name	g Repor		
PART II - If this is  I swear (or affirm) the (P.L. 1333, No. 320) as  Sworn to and subscr	t to the best of my amended.	knowledge and belie		_		A A		ne Act	of June 3,	, 1937
My commission expi	res June	CYL 20 DAY YR.	28	_2	Area Code		990 - 40		ne Numbe	r

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8207 γ eung sand Legislation of State ● Bureau of Commissions, Elections and Legislation

Scott γ North Office Building ● Harrishurg PA 17120-0029 ● (717) 787-5280

PARTITION VAINTING VAINTING PA 17120-0029 ● (717) 787-5280

PROSENT PARTITION OF MAINTING PA 17120-0029 ● (717) 787-5280

# SCHEDULE I Contributions and Receipts

**Detailed Summary Page** 

Filer Identification Number				
Hier identification number				
and the second second				

.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			the second second
Total for the reporting period (	)	\$	2500
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	2	le d	1,977789_10
Contributions Received from Political Committees (Part A)	1	\$	0.00
All Other Contributions (Part B)	1	\$	1 3801150
Total for the reporting period (2	) :	\$	mag at the second
3. Contributions Over \$250.00 (From Part C and Part D)			1 # 17 - 7 2 45
Contributions Received from Political Committees (Part C)	1	\$	0.00
All Other Contributions (Part D)	1	\$	4337.00
Total for the reporting period (3	)	\$	4337.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		9	1 E-25-24 D
Total for the reporting period (4	)	\$	0.00
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)		\$	4,362.00

### 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.

Filer Identification Number:						
Full Name of Contributor				Date [MM/DD/YYYY]	151	
	MARIE	GQUI	MOSUHOL-MM	4/1/25		2000
House # 301	et Address		STO NOTE	Date [MM/DD/YYYY]	\$	
CITY WEST CH	SYMPOSTIC ST		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	1	600 total	ethan .	Date [MM/DD/YYYY]	5	
	MICHAE	SLJE	LACIC	3-27-25		\$ 500
House # 12 Stre	et Address	NOT RU		Date [MM/DD/YYYY]	\$	
aty MALVE	NEXT ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	State PA		Date [MM/DD/YYYY]	\$	1
Full Name of Contributor	20/		255-300 (200-200)	Date [MM/DD/YYYY]	\$	
	EIL66	EN A.	BEHM	3-25-25		2500
House # ZO10 Stre	eet Address	DV RI	D. Apt 313	Date [MM/DD/YYYY]	\$	
aty JAMIS	19	State PA	Zip Code 18929	Date [MM/DD/YYYY]	\$	
Fuli Name of Contributor	NEIL	IL. D	4.11<	Date [MM/DD/YYYY]	\$	100
House #   728   Str	eet Address		ince PD	Date [MM/DD/YYYY]	\$	200
City MACV	CONTRACTOR A	State PA	Zlp Code 19355	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	1	Sec. 1999	CRO 22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date [MM/DD/YYYY]	S	
Tall Halle of Collabotor	RICHA	and G	DREDON	3/31/2025		249 00
House # Str	eet Address	NEW:			\$	
THE PROPERTY OF THE PROPERTY O	HESTER	State PA	Zip Code 19380	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		- 11/9 0.00		Date [MM/DD/YYYY]	\$	20
	JAMES	J. Bu	IDDLE	3-30-25		10000
House # 704 Str	eet Address	REBALUI	BY LAWS	Date [MM/DD/YYYY]	\$	
DOYLESTO	3y1335426900	State PA	Zip Code   1890 (	Date [MM/DD/YYYY]	\$	

#### 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.

Nei Weituration Hamber							
Full Name of Contributor			- 1		Date [MM/DD/YYYY]	\$	
	MARY	PAUS	WFELD		3/26/25	1	250
House # 727	eet Address		ew Ro		Date [MM/DD/YYYY]	\$	1 14 1
City auxil	2400000	State Pa	Zip Code	19355	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	1	ekesn	Prof. Williams		Date [MM/DD/YYYY]	Ś	<i>z</i> .
	LESU	E J. 6	DEEN/		3-21-2025	1	\$100 -
House # Str	eet Address	- 0. 0	3,7200-10		Date [MM/DD/YYYY]	5	700
	eet Address	CASPLE	BAR (	AWS	oute [minyboy 1111]	16	
City	NEW YORKS	State	7in Code	T	Date [MM/DD/YYYY]	\$	
alpe	YERVI	PA		19355		120	1 -
Full Name of Contributor	1	Emploses			Date [MM/DD/YYYY]	\$	
	OCA!	UDG /	KENSH	NOR	3-1-2025	+	249
House #   se	reet Address		10.01.		Date [MM/DD/YYYY]	\$	
	reet Abbiress	1 SUG	42.000x	RD			
City	263301C3403FC	State	7in Code	1	Date [MM/DD/YYYY]	\$	
MALI	GRW	Pa	4	19355	•		
Full Name of Contributor	2400	erenae	D041	1.	Date [MM/DD/YYYY]	\$	- Am
	SAL	H SOE	100N		3-1-2025	7	249 00
House # St	reet Address				Date [MM/DD/YYYY]	\$	-//
12		50641	BROOK	2 KD		100	
City	ORIGINATION AND THE	State 0	Zip Code	1.00	Date [MM/DD/YYYY]	\$	
MAL	VERW	P	4	19365			11
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House # St	reet Address				Date [MM/DD/YYYY]	\$	
City	Constant Constant	State	Zip Code		Date [MM/DD/YYYY]	\$	
		50.00				1	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House # Si	treet Address				Date [MM/DD/YYYY]	\$	
City	Alexander of	State	Zip Code	3	Date [MM/DD/YYYY]	\$	
				3	- see family sol ((())	1	

### 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.

	Management of the Control of the Con			,
Full Name of Contributor	CANG HACKER	4/8/25	Ş	18000
House # 15 Street	COLONIAL WAY	Date [MM/DD/YYYY]	\$	
City	State Zio Code	Date [MM/DD/YYYY]	\$	
MAUN	EDW 94 19353	THE RESERVE OF THE PERSON NAMED IN COLUMN 1	63	
Full Name of Contributor	LOUIS RAVEN	Date [MM/DD/YYYY] 4/9/25	\$	\$ 24900
House # Street	OLD COUEDED BRIDGE PA	Date [MM/DD/YYYY]	\$	
City NEWTOW	State Zin Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	NSQ PA 12013	Date [MM/DD/YYYY]	é	
the control of the co	WILLIAM HEFFERNAN	4/11/25	\$	200
House # 5 Stree	Address TREBLE LN	Date [MM/DD/YYYY]	\$	
City WAW	State Zip Code	Date [MM/DD/YYYY]	\$	
State Land	1700		要	
Full Name of Contributor	KATILCEN HEENAN	Date [MM/DD/YYY]	S	249-
House # Stree	Address POBOX 780	Date [MM/DD/YYYY]	\$	
City BAYIN ILL	We State P4 Zip Code 19010	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Date [MM/DD/YYYY]	\$	
	AUDZEX HEENAW	4/17/25	46	249
House #   Street	WESTUIEW RD	Date [MM/DD/YYYY]	\$	
City BRYW WW	State Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	CORI HEENAW	Date [MM/DD/YYYY]	\$	-
House #   Stree		Date [MM/DD/YYYY]		249
8	CASTLEBAOL LN	Date (MAYDD) 1111]	\$	
City	SRW State PA ZIp Code 1935	Date [MM/DD/YYYY]	\$	

## 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.

er Identification Numbe							
ull Name of Contribut	A.201		u. HEE	******	Date [MM/DD/YYYY]	\$	249 00
Kim Padazani	182	GEN 6	u. Hee	MAN	4/15/2025		249
House #	Street Address			25. 14	Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	<del></del>
Full Name of Contribu	tor	200-32-23-	Children and Children		Date [MM/DD/YYYY]	\$	. 00
	BREA	1DAN	P. HEEN	MN	4/15/2025		Z4800
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contribu	rtor	57.20	<b>表示是否的是</b>	1	Date [MM/DD/YYYY]	\$	
real realize of Contains		1 Nl. 1-	HENAU	U	4/17/25		249.00
House #	Street Address		BAR L		Date [MM/DD/YYYY]	\$	
DCC-University	LUBIN	0 3553		19355	Date [MM/DD/YYYY]	\$	
Full Name of Contrib	Jos	Spat P.	1465W	av	Date [MM/DD/YYY] 4/15/26	\$	249 00
House #	Street Address	PO BOX	780		Date [MIM/DD/YYYY]	\$	
City Brzy	U MAUR		Zip Code	18000	Date [MM/DD/YYYY]	\$	
Full Name of Contril	buttor	75.400	100E/TEL/90G	1	Date [MM/DD/YYYY]	\$	
	HEA	1RY Y	ORDAN	,	3/19/25	1	24600
House # 152	Street Address		BB RD		Date [MM/DD/YYYY]	\$	
City	WERN	State		19355	Date [MM/DD/YYYY]	\$	
Full Name of Contril		Springs.	ONE CONTRACT		Date [MM/DD/YYYY]	\$	
		IE FR	ISSOLA	)	3-18-28		2490
House # 34	Street Address		WYND	RD	Date [MM/DD/YYYY]	\$	
76-52 (30WW)	0 <i>U</i>	Terror T	PA Zip Code	19301	Date [MM/DD/YYYY]	\$	

# Statement of Expenditures

Filer Identification Number:	1
La maria de la compansión de la compansi	

To Whom Paid	S	21.15	,		Date [MM/DD/YYYY]	\$	
- Line	SUSAN	KAUEN	<u> </u>		04/18/2025		
House #	Street Address	RAVEN	D 32	DOSE RO	Description of Expend	iture	
NE a	TOWN SON	State BAPA	Zip Code	18073	WEB PAGE		
To Whom Pald			(Septim	Stofa	Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expendit	ture	
City		State	Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expendi	ture	
City		State	Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expendi	ture	
City		State	Zip Code				
To Whom Paid		1			Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expendi	ture	
City		State	Zip Code				
To Whom Paid	- 51 cm		1110	en. 1984.co	Date [MM/DD/YYYY]	s	
House #	Street Address				Description of Expendit	ture	
City		State	Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expendit	ture	
City	Editor Library	State	Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expendit	ture	
City		State	Zip Code				