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

Filer Identification Number	33	34603202	Rep	ort Filed E	A	Candida	AND DESCRIPTION OF THE PERSON NAMED IN		Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist			PECC								
Street Address			2404	1 East Bou	llevard						
City	Bethlehe	em	1			State	PA		Zip Code	18017	
Type of Report (Plac	e x under	report type)				Control of the last of the las					
1-6 th Tuesday 2- Pre-Primary Pre	2 nd Friday -Primary	3- 30 Day Post Primary		Tuesday Election		^d Friday Election	6- 30 Da	y Post	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
	X		Γ								
Date Of Election (MM/DD/YYYY)			Year				Amendm Report	nent		Termination Report	
Summary of Receipt	ts and	From Date		To Date					For	Office Use Only	
Expenditures		4-15-25			5-05-2	5					
A. Amount Brought	Forward F	rom Last Repor	t \$		0						
B. Total Monetary C (From Schedule I)	ontributio	ons and Receipts	\$		310.00)					
C. Total Funds Avail (Sum of Lines A and			\$		310.00)	FILED - MAY8'25AX9				
D. Total Expenditures \$											
	E. Ending Cash Balance			1							
(Subtract Line D from F. Value of In-Kind C											
(From Schedule II)					405.49)	ε,				
G. Unpaid Debts and (From Schedule IV)	Obligatio	ons	\$		0.0						
Part 1- If this is a Comm	aittee renor	t trazeurar sign h	oro If t	his is a Can		ffidavit Sec		here			
I swear (or affirm) that	this report,	including the atta	ched so	hedules or	paper	, is to the	best of my k	nowled	ge and belief tr	ue, correct and complet	e.
Sworn to and subscribe	ed before m	e this									en e
7th day of	lay	20 25 sylvania · Notary		. 1			1-00				
Wase Br	ella Kinggert	ly, Notary Public	Seal	-		M	Sigr ke OHare	nature c	of Person Subm	itting report	
My commiss	lorthampto sion expire	s February 10, 2	027	. 1		46			Printed Name		
My Commission Commissi		mber 1431037 Association of Nota	ries				Area Code Daytime Telephone Number				
2	1/10/	27									
Part II- If this is a report I swear (or affirm) that t	of a Candid	late's Authorized	Commi	ttee, candi	date sh	nall sign he	re.			- A-t -f I 2 1027 (1222 112 2221
amended.	to the best	or my knowledge a	ina bei	iei this poil	ticai co	mmittee	ias not viola	teu any	provisions of the	ne Act of June 3, 1937 (F	r.L. 1333, NO.320) as
Sworn to and subscribed	d before me	e this									
day of		20	-	. 1		-		Signa	ature of Candid	ate	
Signa	ture		-						Printed Name		
				. '							
My Commission expiresMO. DAY YR.			A	ea Code		Dayti	me Telephone Number				

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
	334-60-3202
	334-00-3202
The state of the s	

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1) \$	210.00
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)	\$	100.00
Total for the reporting period (2	\$	100.00
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.

Filer Identification	n Number				
5.000	The early facilities are recorded		:		Amount
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Addres	is	• • • • • • • • • • • • • • • • • • •	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	s
English and Co		静語落時		Data (DD (1000))	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Addres	is i		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Co	ntributing			Date [MM/DD/YYYY]	 \$
Committee	ntibuting			Date [MINI/DD/1111]	
House #	Street Addres	S		Date [MM/DD/YYYY]	\$ \$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Addres	S		Date [MM/DD/YYYY]	\$
City	1 10 3 10 10 10 10 10 10 10 10 10 10 10 10 10	State	Zip Code	Date [MM/DD/YYYY]	S
	g - 2.2 to - 2.2 (2.2 (2.2 (2.2 (2.2 (2.2 (2.2 (2.				
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Addres	s		Date [MM/DD/YYYY]	\$
City	1111 1111 1111 1111 111 111 111 111 11	State	Zip Code	Date [MM/DD/YYYY]	\$
		THE STATE OF THE S			
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address	5		Date [MM/DD/YYYY]	\$
City	The same of the sa	State	Zip Code	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.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	334-60-3202			 -

					8/02/2015 to 2015
Full Nai	me of Contributor			Date [MM/DD/YYYY]	\$
	Christian Re	id		4-28-25	100.00
House #			White Address of the Control of the	Date [MM/DD/YYYY]	\$
	240	Bella Vista Drive			
City	Bear Sept Commence Co	State	Zip Code	Date [MM/DD/YYYY]	\$
	Bethlehem	PA	18017		
Full Nar	ne of Contributor	University of the second	L-State of the state of the sta	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	In Title Code	Data [MANA/DD/VVVV]	1
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Eull Nar	me of Contributor			Date [MM/DD/YYYY]	\$
Fun 144.	He or contributor			Date [www/DD/1111]	
	100000000000000000000000000000000000000		MANUFACTION TO THE TOTAL THE T		
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Part 2000 600 to require the following the consequence of the conseque	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Nan	ne of Contributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
114-				Date [MIN] DOJ	•
T		10	l		
City		State	Zip Code	Date [MM/DD/YYYY]	•
- 11 41 - 0					
Full Ivan	ne of Contributor			Date [MM/DD/YYYY]	\$
	A STATE OF THE STA				
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				And the second s	
Full Nam	ne of Contributor	- Posterior		Date [MM/DD/YYYY]	\$
House #	Street Address		MANUTATION AND AND AND AND AND AND AND AND AND AN	Date [MM/DD/YYYY]	\$
				but [minjoo]	
ALC: I					
City		State	Zip Code	Date [MM/DD/YYYY]	Şar

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 Contributing Co	`ommittaa			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee		Patholical and a second	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Section Section Section (Section Section Secti	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	əmmittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Tames the contraction of the con	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ımmittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Forest of the design of the second	State	Zip Code	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)

Filer Identification Number:

Full Name of Contrib	utor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing Ad Principal Place of Bu				
Full Name of Contrib	utor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing Ad Principal Place of Bus		^*		Programme and the second secon
Full Name of Contrib	AMERICAN SERVICE CONTRACTOR SERVICES CONTRACTOR SERVICES			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		1900 1900 1900 1900 1900 1900 1900 1900	NOCOCO	Occupation
Employer Mailing Add Principal Place of Bus				
Full Name of Contribu	ator			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			**************************************	Occupation
Employer Mailing Add Principal Place of Bus				

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.

Filer Identification Nun	nber:			
Full Name				
House #	Street Address	- 70,700,000,000,000		
City			Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address	***************************************		The second secon
City	5		Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	•			L International Control of the Contr
Full Name		V-		
House #	Street Address			
City	5		Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	Final	1 1		
Full Name				
House #	Street Address			
City			Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		<u> </u>		- Parising I
Full Name				
House #	Street Address	**************************************		
City	S		Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		<u></u>	<u>.</u>	355.55
Full Name		Pit illi se i e o se		
House #	Street Address	***************************************		
City	Sí		Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	T.	<u> </u>		19884

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:	334-60-3202		
1. UNITEMIZED IN-KIND	D CONTRIBUTIONS RECEIVED-VALUE	E OF \$50.00 O	R LESS PER CONTRIBUTOR
TOTAL for the reporting period	d (1)	\$	
2. IN-KIND CONTRIBUTI	TIONS RECEIVED-VALUE OF \$50.01 TO	O \$250.00 (FR	IOM PART F)
TOTAL for the reporting period	d (2)	\$	
3, IN-KIND CONTRIBUTI	ION RECEIVED-VALUE OVER \$250.00	0 (FROM PART	ΓG)
TOTAL for the reporting period	d (3)	\$	405.49
	ITRIBUTIONS DURING THIS REPORTIONS THIS REPORTIONS TO THE REPORTION TO THE REPORT TO THE REPORTION TO THE REPORT TO THE REPORTION TO THE REPORT TO THE REPORT TO THE REPORT TO THE REPORT THE REPORT TO THE REPORT T	enter	405.49

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

	Control of the Contro		171202 OT 930.02 TO	7200	and the first of the second of
Filer Identification	n Number:			A STATE OF THE STA	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	ontribution				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution				
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address	200000		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution				<u></u>
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution		180000000000000000000000000000000000000	Marie and the second se	
Full Name of Con	ıtributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution				

SCHEDULE II Part G

In-Kind Contributions Received VALUE OVER \$250

			VALUE OVER \$230	
Filer Identificat	ion 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 Nar	me			Occupation
Employer Mai Place of Busin	niling Address / Principal ness			Description of Contribution
Full Name of (Contributor	<u> </u>		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nan	ne			Occupation
Employer Mai Place of Busin	iling Address / Principal ness			Description of Contribution
Full Name of C	Contributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	PORTION CONTROL CONTRO	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	ne	Mac 2007 MAN MACABAGAIN para provinces		Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution	
Full Name of C	Contributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	ne and a second			Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution		

Statement of Expenditures

Filer Identification Number:				

To Whom Paid	Ni-t- Did-t			Date [MM/DD/YYYY] \$		
	Vista Print . com			4-07-25 368.88		
House #	Street Address			Description of Expenditure		
City		State	Zip Code	web site		
To Whom Paid www.wix.com				Date [MM/DD/YYYY] \$ 9.90		
House #	Street Address			Description of Expenditure		
City		State	Zip Code	domain		
To Whom Paid	www.wix.com		Date [MM/DD/YYYY] \$ 26.71			
House #	ouse # Street Address			Description of Expenditure		
City		State	Zip Code	email addresses PFCC		
To Whom Paid				Date [MM/DD/YYYY] \$		
House #	Street Address			Description of Expenditure		
City		State	Zip Code			
To Whom Paid				Date [MM/DD/YYYY] \$		
House #	Street Address			Description of Expenditure		
City	Facebackers of Continues of Con	State	Zip Code			
To Whom Paid				Date [MM/DD/YYYY] \$		
House #	Street Address			Description of Expenditure		
City		State	Zip Code			
To Whom Paid				Date [MM/DD/YYYY] \$		
House #	Street Address			Description of Expenditure		
City	Production in a constitue of the constit	State	Zip Code			
To Whom Paid				Date [MM/DD/YYYY] \$		
House #	Street Address			Description of Expenditure		
City		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 Identificati	on Number:	
Name of Credi	tor	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City		State Zip Code
Description of	Debt	
Name of Credi	tor	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City		State Zip Code
Description of	Pent	
Name of Credi	tor	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY] \$
City		State Zip Code
Description of		
Name of Credi		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY] \$
City		State Zip Code
Description of	Debt	
Name of Credit	tor	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY] \$
City		State Zip Code
Description of	Debt	
Name of Credit	or	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY] \$
Cîty		State Zip Code
Description of I	Debt	