# **Campaign Finance Report**

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

| Filer Identificat<br>Number :           | ion 2017   | t<br>By:  | CANDI                | DATE    |              | СОМ            | MITTEE      | ✓         | LOBI                        | BYIST    |                    |                |         |          |           |
|---|--|-----------|----------------------|---------|--------------|----------------|-------------|-----------|-----------------------------|----------|--------------------|----------------|---------|----------|-----------|
| Name of Filing                          | Committee, Candida   | ate or Lo | obbyist:             |         |              | -              | R JOSHU     | A KAIL    |                             |          |                    |                |         |          |           |
| Street Address:                         |  |           |                      |         |              |                |             |           |                             |          |                    |                |         |          |           |
| City:                                   | BEAVER   |           |                      |         |              |                | State:      | PA        |                             |          | Zip Co             | <b>de:</b> 15  | 009     |          |           |
| TYPE OF<br>REPORT                       | 6TH TUESDAY<br>PRE-PRIMARY   | 1.        | 2ND FRIDA<br>PRIMARY | Y PRE-  | 2. <b>X</b>  | 30 DA<br>PRIMA |             | POST- 3.  |                             |          | AMENDN<br>REPORT   |                | Yes     | No       | , 🔨       |
| (place X to<br>the right of             | ace X to PRE-ELECTION ELECTION E   |           |                      |         |              | 30 DA<br>ELEC  |             | POST-     | OST- 6. TERMINATION REPORT? |          |                    |                |         | No       | · 🗸       |
| report type)                            |  |           |                      |         |              |                |             |           | PAPER                       |          | $\checkmark$       | DISKE          | TTE     |          |           |
| Name of Office Sought by Candidate:     |  |           |                      |         |              |                | DATE O      | F ELE     | СТІО                        | N        | District<br>Number | Office<br>Code | Par     | ty Code  | County    |
|   |  |           |                      |         |              |                | мо          | DAY       | YE                          | AR       |                    |                | REP     |          |           |
|   |  |           |                      |         |              |                | 11          |           | 7                           | 2023     | <b> </b>           | (SEE INS       | TRUCTI  | ONS FOR  | CODES)    |
|   | Receipts and   | мо        | DAY                  | YEAR    |              |                | мо          | DAY       | YE                          | AR       | FC                 | OR OFFIC       | E USE   | ONLY     |           |
| Expenditures                            | s from:  |           | 3 28                 | 20      | )23 <b>T</b> | 0              | 5           |           | 1                           | 2023     |                    |                |         |          |           |
| A. Amount Bro                           | ought Forward Fron   | n Last Ro | eport                |         |              | \$             |             |           | 60,6                        | 79.20    |                    |                |         |          |           |
| B. Total Monet                          | ary Contributions A  | And Reco  | eipts (Fron          | 1 Scheo | dule I)      | \$             |             |           | 84,0                        | 00.00    |                    |                |         |          |           |
| C. Total Funds                          | Available (Sum Of  | Lines A   | and B)               |         |              | \$             |             | :         | 144,6                       | 79.20    |                    |                |         |          |           |
| D. Total Expen                          | ditures (From Sche   | edule III | [)                   |         |              | \$             |             |           | 75,3                        | 33.72    |                    |                |         |          |           |
| E. Ending Cash                          | n Balance (Subtract  | Line D    | From Line            | C)      |              | \$             |             |           | 69,3                        | 45.48    |                    |                |         |          |           |
| F. Value Of In-                         | -Kind Contributions  | Receive   | ed (From S           | chedul  | e II)        | \$             |             |           | 9                           | 52.94    |                    |                |         |          |           |
| G. Unpaid Deb                           | ts And Obligations   | (From S   | chedule IV           | ()      |              | \$             |             |           |                             | 0.00     |                    |                |         |          |           |
|   |  |           |                      | AFF     | IDAVI        | T SE           | CTION       |           |                             |          |                    |                |         |          |           |
|   | is a Committee repo  | •         | -                    |         |              |                |             | • •       |                             | -        | -                  |                |         |          |           |
| I swear (or affirm<br>correct and compl | ) that this report, include the second se<br>I second | uding the | attached sc          | hedules | filed on     | paper          | or by elect | ronic me  | edium,                      | are to t | the best o         | f my knov      | vledge  | and beli | ef , true |
| Sworn to and sub                        | scribed before me this<br>day of   | •         | 20                   |         |              |                |             |           | S                           | ignature | e of Perso         | n Submitt      | ing Rep | oort     |           |
|   | Signatur   | re        |                      |         |              | _              |             |           |                             |          | Prin               | ted Name       |         |          |           |
| My Commission E                         | -  | -         |                      |         |              |                |             |           |                             |          | Ema                | il             |         |          |           |
|   | мо   | DA        | AY                   | YR      |              |                |             | Are       | ea Cod                      | e        | Daytin             | ne Teleph      | one Nu  | mber     |           |
| Part II- If this is                     | a report of a cand   | lidate's  | authorized           | Comm    | ittee, C     | andid          | ate shall   | sign he   | ere.                        |          |                    |                |         |          |           |
| I swear (or affirm<br>No 320) as amend  | ) that to the best of m<br>ed.   | ıy knowle | dge and beli         | ef this | political    | comm           | ittee has n | ot violat | ted an                      | y provis | ions of th         | e act of Ju    | ine 3,1 | 937 (P.I | 1333,     |
| Sworn to and subs                       | cribed before me this<br>day of  |           | 20                   |         |              |                |             |           |                             | s        | ignature           | of Candida     | ite     |          |           |
|   |  |           |                      |         |              |                |             |           |                             |          | Printe             | ed Name        |         |          |           |
| My Commission Ex                        | Signature<br>My Commission Expires   |           |                      |         |              |                |             |           |                             |          | Ema                | il             |         |          |           |
|   | мо   | DA        | AY                   | YR      |              | -              |             | Area      | Code                        |          | D                  | aytime Te      | elephon | e Numt   | er        |

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** CITIZENS FOR JOSHUA KAIL From: <u>3/28/2023</u> To: <u>5/1/2023</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 250.00 **Contributions Received From Political Committees (Part A)** 250.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 500.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 68,500.00 15,000.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 83,500.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 84,000.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, 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.

| Name of Filing Committee or Candi                                     | Re                 | porting l                 | Period | riod  |                |        |                 |            |  |
|---|--------------------|---------------------------|--------|-------|----------------|--------|-----------------|------------|--|
| CITIZENS FOR JOSHUA KAIL  |                    |                           |        |       | <u>3/28/20</u> | 1      | <u>5/1/2023</u> |            |  |
|   |                    |                           | DATE   |       |                | AMOUNT |                 |            |  |
| Full Name of Contributing Committee<br>CIVIL & amp; ENVIRONMENTAL CON |                    | PAC                       |        | мо    | DAY            | YEAR   |                 |            |  |
| Mailing Address   |                    |                           |        | 4     | 17             | 2023   | \$              | 250.00     |  |
| City MOON TWP   | <b>State</b><br>PA | Zip Code (Plus 4<br>15108 | 4)     |       | 17             | 2025   |                 |            |  |
|   |                    |                           |        |       |                |        |                 | PAGE TOTAL |  |
| Enter Grand Total of Part A on Sc                                     | hedule I, Deta     | iled Summary Page, S      | ectio  | on 2. |                |        | \$              | 250.00     |  |

| PART B<br>ALL OTHER CONTRIBUTIONS<br>\$50.01 TO \$250.00<br>Use this Part to itemize all other contributions with an aggregate value from<br>\$50.01 to \$250.00 in the reporting period.<br>(Exclude contributions from political committees reported in Part A) |       |                  |     |  |       |      |    |                 |  |  |
|---|-------|------------------|-----|--|-------|------|----|-----------------|--|--|
| Name of Filing Committee or Candida   | te    |                  | Rep | porting Po                             | eriod |      |    |                 |  |  |
| CITIZENS FOR JOSHUA KAIL  |       |                  | Fro | From: <u>3/28/2023</u> To: <u>5/1/</u> |       |      |    | <u>5/1/2023</u> |  |  |
|   |       |                  |     |  | DATE  |      |    | AMOUNT          |  |  |
| Full Name of Contributor<br>KERRY KRIDER & amp; JANET OSIECK  |       |                  |     | мо                                     | DAY   | YEAR |    |                 |  |  |
| Mailing Address   |       |                  |     |  |       |      | \$ | 250.00          |  |  |
| City WEST MIDDLETOWN  | State | Zip Code (Plus 4 | )   | 4                                      | 17    | 2023 |    |                 |  |  |
|   | PA    | 15379            |     |  |       |      |    |                 |  |  |
|   |       |                  |     |  |       |      |    | PAGE TOTAL      |  |  |
| Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 250.00  |       |                  |     |  |       |      |    |                 |  |  |

# 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 from Over \$250.00 in the reporting period.

| Name   | Name of Filing Committee or Candidate Repor                   |                    |                         |            |            |        |      |            |                |
|--------|---|--------------------|-------------------------|------------|------------|--------|------|------------|----------------|
| СІТІΖ  | ENS FOR JOSHUA KAIL   |                    |                         | From:      | <u>3/2</u> | 8/2023 | То:  | <u>5/1</u> | L <u>/2023</u> |
|        |   |                    |                         |            | DA         | TE     |      | AMO        | UNT            |
| Full N | ame of Contributing Committee                                 |                    |                         |            | мо         | DAY    | YEAR |            |                |
| WEST   | FERN PA BUILDING TRADES PAC FU                                | JNDS               |                         |            | -          |        |      | \$         | 1,000.00       |
| Mailir | ng Address  |                    |                         |            | 3          | 29     | 2023 |            |                |
| City   | BEAVER  | <b>State</b><br>PA | <b>Zip Cod</b><br>15009 | e (Plus 4) |            |        |      |            |                |
|        | ame of Contributing Committee<br>BERS LOCAL UNION NO 27       |                    | -                       |            | мо         | DAY    | YEAR | \$         | 5,000.00       |
| Mailir | ng Address  |                    |                         |            | 3          | 29     | 2023 |            | -,             |
| City   | CORAOPOLIS  | State              | Zip Cod                 | e (Plus 4) |            | 25     | 2025 |            |                |
|        |   | PA                 | 15108                   |            |            |        |      |            |                |
|        | lame of Contributing Committee<br>T METAL WORKERS LOCAL UNION | 12 POLITICAL ACTIO | )n fund                 |            | мо         | DAY    | YEAR | \$         | 2,000.00       |
| Mailir | ng Address  |                    |                         |            | 2          | 20     | 2022 | Ŧ          | 2,000.00       |
| City   | PITTSBURGH  | State              | Zip Cod                 | e (Plus 4) | 3          | 29     | 2023 |            |                |
|        |   | РА                 | 15238                   |            |            |        |      |            |                |
| Full N | ame of Contributing Committee                                 | •                  |                         |            | мо         | DAY    | YEAR |            |                |
| LOCA   | L UNION 712 IBEW COPE   |                    |                         |            | MO         | DAT    | TEAR | \$         | 2,500.00       |
| Mailir | ng Address  |                    |                         |            | 3          | 29     | 2023 |            | _,             |
| City   | BEAVER  | State              | Zip Cod                 | e (Plus 4) |            | 25     | 2025 |            |                |
|        |   | PA                 | 15009                   |            |            |        |      |            |                |
| Full N | ame of Contributing Committee                                 |                    |                         |            | мо         | DAY    | YEAR |            |                |
| PNC I  | PAC   |                    |                         |            |            |        |      | \$         | 1,500.00       |
| Mailir | ng Address  | 1                  | 1                       |            | 3          | 29     | 2023 |            |                |
| City   | WASHINGTON  | State              |                         | e (Plus 4) |            |        |      |            |                |
|        |   | DC                 | 20006                   |            |            |        |      |            |                |
| Full N | ame of Contributing Committee                                 |                    |                         |            | мо         | DAY    | YEAR |            |                |
|        | RNATIONAL BROTHERHOOD OF EL                                   | ECTRICAL WORKERS   | PAC                     |            |            |        |      | \$         | 10,000.00      |
|        | ng Address  | 1                  | 1                       |            | 3          | 29     | 2023 |            |                |
| City   | PITTSBURGH  | State              |                         | e (Plus 4) |            |        |      |            |                |
|        |   | PA                 | 15203                   |            |            |        |      |            |                |

| Full N  |   |                                     |  |                               |   |   |          |           |
|---|---|-------------------------------------|--|-------------------------------|---|---|----------|-----------|
| BRIC  | Name of Contributing Committee<br>KLAYERS & ALLIED CRAFT  | 9 PAC                               | мо   | DAY                           | YEAR  | \$  | 5,000.00 |           |
| Maili   | ng Address  |                                     |  | 2                             | 20  | 2022  | 1 *      | 5,000.00  |
| City  | PITTSBURGH  | <b>State</b><br>PA                  | <b>Zip Code (Plus 4)</b><br>15235                        | 3                             | 29  | 2023  |          |           |
| Full N  | Name of Contributing Committee  |                                     |  |                               |   |   |          |           |
|   | AL 66 PAC CLUB  |                                     |  | мо                            | DAY   | YEAR  | \$       | 10,000.00 |
| Maili   | ng Address  |                                     |  |                               |   |   | 1 *      | 10,000.00 |
| City  | PITTSBURGH  | State                               | Zip Code (Plus 4)  | 3                             | 29  | 2023  |          |           |
|   |   | PA                                  | 15238  |                               |   |   |          |           |
|   | Name of Contributing Committee  | мо                                  | DAY  | YEAR                          |   |   |          |           |
|   | MFITTERS LOCAL UNION 449 PA   |                                     |  |                               | \$  | 5,000.00  |          |           |
|   | ng Address  | State                               | Zip Code (Plus 4)  | 3                             | 29  | 2023  |          |           |
| City  | HARMONY   |                                     |  |                               |   |   |          |           |
|   |   | PA                                  | 16037  |                               |   |   |          |           |
|   | Name of Contributing Committee  | мо                                  | DAY  | YEAR                          | \$  | 2,000.00  |          |           |
| Maili   | ng Address  |                                     |  |                               | _   |   | 1 *      | 2,000.00  |
| City  | MEDIA   | State                               | Zip Code (Plus 4)  | 4                             | 7   | 2023  |          |           |
|   |   | PA                                  | 19063  |                               |   |   |          |           |
| Full N  | lama of Contributing Committee  |                                     |  | 1                             |   |   |          |           |
|   | Name of Contributing Committee<br>ROE ENERGY, LLC FUELING THE   | CLIMB PAC                           |  | мо                            | DAY   | YEAR  |          | 2 000 00  |
| MON   | ROE ENERGY, LLC FUELING THE   | CLIMB PAC                           |  |                               |   |   | \$       | 2,000.00  |
| MON   |   | CLIMB PAC                           | Zip Code (Plus 4)  | <b>мо</b><br>4                | DAY<br>7  | <b>YEAR</b><br>2023   | \$       | 2,000.00  |
| MON<br>Mailii   | ROE ENERGY, LLC FUELING THE<br>ng Address   |                                     | <b>Zip Code (Plus 4)</b><br>19061                        |                               |   |   | \$       | 2,000.00  |
| MON<br>Mailin<br>City   | ROE ENERGY, LLC FUELING THE<br>ng Address<br>TRAINER<br>Name of Contributing Committee  | State                               |  |                               |   |   |          |           |
| MON<br>Mailin<br>City<br>Full N<br>SGA  | ROE ENERGY, LLC FUELING THE<br>ng Address<br>TRAINER<br>Name of Contributing Committee  | State                               |  | . 4<br>мо                     | 7<br>DAY  | 2023<br>YEAR  | \$       |           |
| MON<br>Mailin<br>City<br>Full N<br>SGA  | ROE ENERGY, LLC FUELING THE<br>ng Address<br>TRAINER<br>Name of Contributing Committee<br>PAC   | State                               |  | . 4                           | 7   | 2023  |          |           |
| MONI<br>Mailin<br>City<br>Full N<br>SGA<br>Mailin                                   | ROE ENERGY, LLC FUELING THE<br>ng Address<br>TRAINER<br>Name of Contributing Committee<br>PAC<br>ng Address   | State<br>PA                         | 19061  | . 4<br>мо                     | 7<br>DAY  | 2023<br>YEAR  |          | 2,000.00  |
| MONI<br>Mailin<br>City<br>Full N<br>SGA<br>Mailin<br>City                           | ROE ENERGY, LLC FUELING THE<br>ng Address<br>TRAINER<br>Name of Contributing Committee<br>PAC<br>ng Address   | State<br>PA<br>State                | 19061<br>Zip Code (Plus 4)                               | . 4<br>мо                     | 7           DAY           7   | 2023<br>YEAR  |          |           |
| MONI<br>Mailin<br>City<br>SGA<br>Mailin<br>City                                     | ROE ENERGY, LLC FUELING THE<br>ng Address<br>TRAINER<br>Name of Contributing Committee<br>PAC<br>ng Address<br>FAIRLESS HILLS   | State<br>PA<br>State                | 19061<br>Zip Code (Plus 4)                               | - 4<br>MO<br>- 4              | 7<br>DAY  | 2023<br><b>YEAR</b><br>2023   |          | 1,000.00  |
| MONI<br>Mailin<br>City<br>SGA<br>Mailin<br>City<br>Full N<br>ESSE                   | ROE ENERGY, LLC FUELING THE<br>ng Address<br>TRAINER<br>Name of Contributing Committee<br>PAC<br>ng Address<br>FAIRLESS HILLS<br>Name of Contributing Committee   | State<br>PA<br>State                | 19061<br>Zip Code (Plus 4)<br>19030                      | - 4<br>MO<br>- 4              | 7           DAY           7   | 2023<br><b>YEAR</b><br>2023   | \$       | 1,000.00  |
| MONI<br>Mailin<br>City<br>SGA<br>Mailin<br>City<br>Full N<br>ESSE                   | ROE ENERGY, LLC FUELING THE<br>ng Address<br>TRAINER<br>Name of Contributing Committee<br>PAC<br>ng Address<br>FAIRLESS HILLS<br>Name of Contributing Committee<br>ENTIAL UTILITIES INC PAC   | State<br>PA<br>State<br>PA<br>State | 19061<br>Zip Code (Plus 4)<br>19030<br>Zip Code (Plus 4) | 4<br>MO<br>4<br>MO            | 7           DAY           7   | 2023 2023 2023 2023 2023 2023   | \$       | 1,000.00  |
| MONI<br>Mailin<br>City<br>Full N<br>City<br>Full N<br>ESSE<br>Mailin                | ROE ENERGY, LLC FUELING THE<br>ng Address<br>TRAINER<br>Name of Contributing Committee<br>PAC<br>ng Address<br>FAIRLESS HILLS<br>Name of Contributing Committee<br>ENTIAL UTILITIES INC PAC<br>ng Address   | State<br>PA<br>State<br>PA          | 19061<br>Zip Code (Plus 4)<br>19030                      | 4<br>MO<br>4<br>MO            | 7           DAY           7   | 2023 2023 2023 2023 2023 2023   | \$       | 1,000.00  |
| MONI<br>Mailin<br>City<br>SGA<br>Mailin<br>City<br>Full N<br>ESSE<br>Mailin<br>City | ROE ENERGY, LLC FUELING THE<br>ng Address<br>TRAINER<br>Name of Contributing Committee<br>PAC<br>ng Address<br>FAIRLESS HILLS<br>Name of Contributing Committee<br>ENTIAL UTILITIES INC PAC<br>ng Address   | State<br>PA<br>State<br>PA<br>State | 19061<br>Zip Code (Plus 4)<br>19030<br>Zip Code (Plus 4) | 4<br>MO<br>4<br>MO<br>4       | 7       DAY       7       0AY       7       7                       | 2023       2023       2023       2023       2023       2023                       | \$       | 1,000.00  |
| MONI<br>Mailin<br>City<br>Full N<br>ESSE<br>Mailin<br>City<br>Full N                | ROE ENERGY, LLC FUELING THE<br>ng Address<br>TRAINER<br>Name of Contributing Committee<br>PAC<br>ng Address<br>FAIRLESS HILLS<br>Name of Contributing Committee<br>ENTIAL UTILITIES INC PAC<br>ng Address<br>BRYN MAWR  | State<br>PA<br>State<br>PA<br>State | 19061<br>Zip Code (Plus 4)<br>19030<br>Zip Code (Plus 4) | 4<br>MO<br>4<br>MO            | 7           DAY           7   | 2023 2023 2023 2023 2023 2023   | \$       | 1,000.00  |
| MONI<br>Mailin<br>City<br>SGA<br>Mailin<br>City<br>Full N<br>ESSE<br>Mailin<br>City | ROE ENERGY, LLC FUELING THE<br>ng Address<br>TRAINER<br>Name of Contributing Committee<br>PAC<br>ng Address<br>FAIRLESS HILLS<br>Name of Contributing Committee<br>ENTIAL UTILITIES INC PAC<br>ng Address<br>BRYN MAWR<br>Name of Contributing Committee                    | State<br>PA<br>State<br>PA<br>State | 19061<br>Zip Code (Plus 4)<br>19030<br>Zip Code (Plus 4) | 4<br>МО<br>4<br>МО<br>4<br>МО | DAY       DAY       7       DAY       7       DAY       0       DAY | 2023       2023       2023       2023       2023       2023       YEAR       2023 | \$       | 1,000.00  |
| MONI<br>Mailin<br>City<br>SGA<br>Mailin<br>City<br>Full N<br>City                   | ROE ENERGY, LLC FUELING THE<br>ng Address<br>TRAINER<br>Name of Contributing Committee<br>PAC<br>ng Address<br>FAIRLESS HILLS<br>Name of Contributing Committee<br>ENTIAL UTILITIES INC PAC<br>ng Address<br>BRYN MAWR<br>Name of Contributing Committee<br>EN O'CONNER PAC | State<br>PA<br>State<br>PA<br>State | 19061<br>Zip Code (Plus 4)<br>19030<br>Zip Code (Plus 4) | 4<br>MO<br>4<br>MO<br>4       | 7       DAY       7       0AY       7       7                       | 2023       2023       2023       2023       2023       2023                       | \$       |           |

|          | lame of Contributing Committe                 |                    | мо                                | DAY | YEAR |          |          |          |
|----------|---|--------------------|-----------------------------------|-----|------|----------|----------|----------|
|          | TS ASSN FOR BAY & amp; RIV                    | ER DE              |                                   |     |      |          | \$       | 2,000.00 |
|          | ng Address                                    |                    |                                   | 4   | 7    | 2023     |          |          |
| City     | PHILADELPHIA                                  | State              | Zip Code (Plus 4)                 |     |      |          |          |          |
|          |   | PA                 | 19147                             |     |      |          |          |          |
| Full N   | lame of Contributing Committe                 | ee                 |                                   | мо  | DAY  | YEAR     |          |          |
|          | UNION OF OPERATING ENGI                       | NEERS LOCAL 542 PA | AC                                |     |      |          | \$       | 1,000.00 |
| Mailir   | ng Address                                    |                    |                                   | 4   | 7    | 2023     |          |          |
| City     | FORT WASHINGOTN                               | State              | Zip Code (Plus 4)                 |     |      |          |          |          |
|          |   | PA                 | 19034                             |     |      |          |          |          |
| Full N   | lame of Contributing Committe                 | ee                 |                                   | мо  | DAY  | YEAR     |          |          |
| STRA     | DLEY RONON STEVENS & amp                      | 110                |                                   |     | \$   | 1,000.00 |          |          |
| Mailir   | ng Address                                    |                    |                                   | 4   | 7    | 2023     |          |          |
| City     | PHILADELPHIA                                  | State              | Zip Code (Plus 4)                 | ] ' | ,    | 2025     |          |          |
|          |   | PA                 | 19103                             |     |      |          |          |          |
| Full N   | lame of Contributing Committe                 | ee                 | •                                 |     |      |          |          |          |
| ENER     | GY TRANSFER PAC                               |                    |                                   | мо  | DAY  | YEAR     | \$       | 1,000.00 |
| Mailir   | ng Address                                    |                    |                                   | 4   | _    | 2022     | Ť        | 1,000.00 |
| City     | AUSTIN  | State              | Zip Code (Plus 4)                 | 4   | 7    | 2023     |          |          |
|          |   | ТХ                 | 78701                             |     |      |          |          |          |
| Full N   | lame of Contributing Committe                 | l                  |                                   |     |      |          |          |          |
|          | HINGTON COUNTY CHAMBER                        |                    |                                   | мо  | DAY  | YEAR     | <b>,</b> | F00.00   |
| Mailiı   | ng Address                                    |                    |                                   |     |      |          | \$       | 500.00   |
| City     | CANONSBURG                                    | State              | Zip Code (Plus 4)                 | 4   | 17   | 2023     |          |          |
|          |   | PA                 | 15317                             |     |      |          |          |          |
| Eull N   | lame of Contributing Committe                 |                    |                                   |     |      |          |          |          |
| KMI I    |   |                    |                                   | мо  | DAY  | YEAR     |          |          |
|          | ng Address                                    |                    |                                   |     |      |          | \$       | 1,000.00 |
| City     | MAHAFFEY                                      | State              | Zip Code (Plus 4)                 | 4   | 17   | 2023     |          |          |
| -        |   | PA                 | 15757                             |     |      |          |          |          |
| <b>E</b> | lama of Contributing Committe                 |                    |                                   |     |      |          |          |          |
|          | lame of Contributing Committe<br>PENDENCE PAC | ee                 |                                   | мо  | DAY  | YEAR     |          |          |
|          | ng Address                                    |                    |                                   |     |      |          | \$       | 1,000.00 |
| City     | PITTSBURGH                                    | State              | Zip Code (Plus 4)                 | - 4 | 17   | 2023     |          |          |
| ency.    | TTTSDORGH                                     | PA                 | 15222                             |     |      |          |          |          |
|          |   |                    |                                   |     |      |          |          |          |
|          |   | ee                 |                                   | мо  | DAY  | YEAR     |          |          |
|          | ENTERPRISE HOLDINGS INC PAC Mailing Address   |                    |                                   |     |      |          | \$       | 500.00   |
|          |   |                    |                                   | - 4 | 20   | 2023     |          |          |
| City     | ST LOUIS                                      | State<br>MO        | <b>Zip Code (Plus 4)</b><br>63105 |     |      |          |          |          |
|          |   | LMO                |                                   |     |      |          |          |          |

| Full Name of Contributing Comm | мо                    | DAY                    | YEAR |                 |      |                 |
|--------------------------------|-----------------------|------------------------|------|-----------------|------|-----------------|
| GREATER PA CARPENTERS PEC      |                       |                        |      | \$<br>10,000.00 |      |                 |
| Mailing Address                | 4                     | 20                     | 2023 | -,              |      |                 |
| City PHILADELPHIA              | State                 | Zip Code (Plus 4)      |      | 20              | 2025 |                 |
|                                | PA                    | 19130                  |      |                 |      |                 |
|                                |                       |                        | _    |                 |      | PAGE TOTAL      |
| Enter Grand Total of Part C o  | n Schedule I, Detaile | d Summary Page, Sectio | n 3. |                 |      | \$<br>68,500.00 |

# PART D ALL OTHER CONTRIBUTIONS

### OVER \$250.00

# Use this Part to itemize all other contributions with an aggregate value of

over \$250.00 in the reporting period.

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

| Name of Filing Committee or Candidate                     | Name of Filing Committee or Candidate |     |            |        | orting Period           |                         |               |        |                 |  |
|---|---------------------------------------|-----|------------|--------|-------------------------|-------------------------|---------------|--------|-----------------|--|
| CITIZENS FOR JOSHUA KAIL                                  |                                       |     |            | Fron   | n:                      | <u>3/28/2</u>           | <u>023</u> To | :      | <u>5/1/2023</u> |  |
|   |                                       |     |            |        | DA                      | TE                      |               |        | AMOUNT          |  |
| Full Name of Contributor                                  |                                       |     |            |        | мо                      | DAY                     | YEAR          |        |                 |  |
| EMANUEL PARIS   |                                       |     |            |        | MO                      | DAY                     | TEAR          | \$     | 1,000.00        |  |
| Mailing Address   |                                       |     |            |        | 3                       | 29                      | 2023          |        |                 |  |
| City AVELLA   | State                                 | Zip | Code (Plus | 4)     | 5                       | 25                      |               |        |                 |  |
|   | PA                                    | 153 | 312        |        |                         |                         |               |        |                 |  |
| Employer Name ALEX E PARIS CONTRA                         | ACTING                                |     |            |        | Occupat                 | ion                     | OWNER         |        |                 |  |
| Employer Mailing Address/Principal Place of Business City |                                       |     |            |        |                         | State                   |               | Zip Co | ode (Plus 4)    |  |
| ATLASBURG   |                                       |     |            |        |                         | PA                      |               | 1500   | 4               |  |
| Full Name of Contributor                                  |                                       |     |            |        |                         | •                       |               |        |                 |  |
| AUSTIN MEEHAN   |                                       |     |            |        | мо                      | DAY                     | YEAR          | \$     | 2,000.00        |  |
| Mailing Address   |                                       |     |            |        | 4                       | 7                       | 2022          |        |                 |  |
| City FORT WASHINGTON                                      | State                                 | Zip | Code (Plus | 4)     | 4                       | 7                       | 2023          |        |                 |  |
|   | PA                                    | 190 | 034        |        |                         |                         |               |        |                 |  |
| Employer Name UTILITY LINE SERVICE                        | ES                                    |     |            |        | Occupat                 | ion                     | GENERA        | L SUP  | ERINTENDENT     |  |
| Employer Mailing Address/Principal Plac                   |                                       |     | City       |        |                         | State Zip Code (Plus 4) |               |        |                 |  |
|   |                                       |     | CONSHOP    | IOCKEN | N PA 19428              |                         |               |        | 8               |  |
| Full Name of Contributor                                  |                                       |     |            |        |                         |                         |               |        |                 |  |
| GREGORY VIETRI  |                                       |     |            |        | мо                      | DAY                     | YEAR          | \$     | 2,000.00        |  |
| Mailing Address   |                                       |     |            |        | 4                       | 7                       | 2023          |        |                 |  |
| City COATESVILLE  | State                                 | Zip | Code (Plus | 4)     | 4                       | /                       | 2025          |        |                 |  |
|   | PA                                    | 193 | 320        |        |                         |                         |               |        |                 |  |
| Employer Name GREG A VIETRI INC                           |                                       |     |            |        | Occupat                 | ion                     | OWNER         |        |                 |  |
| Employer Mailing Address/Principal Plac                   | e of Business                         |     | City       |        |                         | State                   |               | Zip Co | ode (Plus 4)    |  |
|   |                                       |     | COATESV    | LLE    |                         | PA                      |               | 1932   | 0               |  |
| Full Name of Contributor                                  |                                       |     |            |        |                         | •                       |               |        |                 |  |
| DAVID AND LISAMARIE RONCA                                 |                                       |     |            |        | мо                      | DAY                     | YEAR          | \$     | 1,000.00        |  |
| Mailing Address   |                                       |     |            |        |                         | _                       |               |        |                 |  |
| City BETHLEHEM  | State                                 | Zip | Code (Plus | 4)     | 4                       | 7                       | 2023          |        |                 |  |
|   | PA                                    | 180 | 017        |        |                         |                         |               |        |                 |  |
| Employer Name MICHAEL F RONCA AND SONS INC.               |                                       |     |            |        | Occupat                 | ion                     | CONTRA        | CTOR   |                 |  |
| Employer Mailing Address/Principal Place of Business City |                                       |     |            |        | State Zip Code (Plus 4) |                         |               |        |                 |  |
| BETHLEHEM   |                                       |     |            |        |                         | PA 18020                |               |        |                 |  |

| Full Name of Contributor   |   |                     |  | мо                 | DAY   | YEAR  |   |  |  |
|--|---|---------------------|--|--------------------|---|---|---|--|--|
| JOEL FRANK   |   |                     |  | MO                 | DAT   | TEAK  | \$  | 1,000.00   |  |
| Mailing Address  |   |                     |  | 4                  | 7   | 2023  |   |  |  |
| City WEST CHESTER  | State   | Zij                 | p Code (Plus 4)  |                    | ,   | 2025  |   |  |  |
|  | PA  | 19                  | 381  |                    |   |   |   |  |  |
| Employer Name LAMB MCERLANE PC,  | ATTORNEYS AT LAW  | V                   |  | Occupat            |   | OWNER<br>MANAGI   |   | CHAIRMAN &<br>I  |  |
| Employer Mailing Address/Principal Plac  | e of Business   |                     | City   |                    | State   |   | Zip Co  | de (Plus 4)  |  |
|  |   |                     | NEWTOWN SQU  | ARE                | PA  |   | 19073   |  |  |
| Full Name of Contributor   |   |                     |  |                    |   |   |   |  |  |
| DENNIS MOSTELLER   |   |                     |  | мо                 | DAY   | YEAR  | \$  | 1,000.00   |  |
| Mailing Address  |   |                     |  |                    | -   | 2022  |   |  |  |
| City MEDIA   | State   | Zij                 | p Code (Plus 4)  | 4                  | 7   | 2023  |   |  |  |
|  | PA  | 19                  | 063  |                    |   |   |   |  |  |
| Employer Name DELMONT UTILITIES :  |   |                     |  | Occupat            | ion   | SECRET  | ARY   |  |  |
| Employer Mailing Address/Principal Plac  |   |                     | City   |                    | State   |   |   | de (Plus 4)  |  |
|  |   |                     | NEWTOWN SQ   |                    | PA  |   | 19073   | . ,  |  |
|  |   |                     | NEWTOWN SQ   |                    | 112   |   | 19075   |  |  |
| Full Name of Contributor   |   |                     |  | мо                 | DAY   | YEAR  | \$  | 500.00   |  |
| JEFFREY WALENTOSKY   |   |                     |  |                    |   |   |   |  |  |
| Mailing Address  |   |                     |  | 4                  | 7   | 2023  |   |  |  |
| City MCKEES ROCKS  | State   |                     | p Code (Plus 4)  |                    |   |   |   |  |  |
|  | I PA  | 15                  | 5136   |                    |   |   |   |  |  |
| Employer Name MOODY AND ASSOCIA  | ATES INC  |                     |  | Occupat            | ion   | PRESID  |   |  |  |
| Employer Mailing Address/Principal Plac  | e of Business   |                     | City   |                    | State   |   | Zip Co  | de (Plus 4)  |  |
|  |   |                     | NUM CLUTNICTON   |                    |   |   | 15301   |  |  |
|  |   |                     | WASHINGTON   |                    | PA  |   | 15201   |  |  |
| Full Name of Contributor   |   |                     | WASHINGTON   | мо                 | 1   | VEAD  |   |  |  |
| Full Name of Contributor<br>KEVIN AND MARISA LEE   |   |                     | WASHINGTON   | мо                 | DAY   | YEAR  | \$  | 500.00   |  |
|  |   |                     | WASHINGTON   |                    | DAY   |   | \$  |  |  |
| KEVIN AND MARISA LEE   | State   | Zij                 | p Code (Plus 4)  | <b>мо</b><br>4     | 1   | <b>YEAR</b><br>2023                                     | \$  |  |  |
| KEVIN AND MARISA LEE<br>Mailing Address  | <b>State</b><br>PA  |                     |  |                    | DAY   |   | \$  |  |  |
| KEVIN AND MARISA LEE<br>Mailing Address  | PA  |                     | p Code (Plus 4)  |                    | <b>DAY</b> 7  |   | \$  |  |  |
| KEVIN AND MARISA LEE<br>Mailing Address<br>City CHARLEROI  | PA<br>Y, INC  |                     | p Code (Plus 4)  | 4                  | <b>DAY</b> 7  | 2023  | \$  |  |  |
| KEVIN AND MARISA LEE<br>Mailing Address<br>City CHARLEROI<br>Employer Name LEE SUPPLY COMPANY  | PA<br>Y, INC  |                     | <b>p Code (Plus 4)</b><br>0022   | 4                  | DAY<br>7  | 2023  | \$  | 500.00<br>de (Plus 4)  |  |
| KEVIN AND MARISA LEE<br>Mailing Address<br>City CHARLEROI<br>Employer Name LEE SUPPLY COMPANY<br>Employer Mailing Address/Principal Place  | PA<br>Y, INC  |                     | p Code (Plus 4)<br>5022<br>City  | 4                  | DAY<br>7<br>ion<br>State  | 2023  | \$<br>Zip Co  | 500.00<br>de (Plus 4)  |  |
| KEVIN AND MARISA LEE         Mailing Address         City       CHARLEROI         Employer Name       LEE SUPPLY COMPANY         Employer Mailing Address/Principal Place         Full Name of Contributor   | PA<br>Y, INC  |                     | p Code (Plus 4)<br>5022<br>City  | 4                  | DAY<br>7<br>ion<br>State  | 2023  | \$<br>Zip Co  | 500.00<br>de (Plus 4)  |  |
| KEVIN AND MARISA LEE         Mailing Address         City       CHARLEROI         Employer Name       LEE SUPPLY COMPANY         Employer Mailing Address/Principal Place         Full Name of Contributor         JOSEPH MURZYN   | PA<br>Y, INC  |                     | p Code (Plus 4)<br>5022<br>City  | 4<br>Occupat       | DAY<br>7<br>ion<br>State<br>PA<br>DAY   | 2023<br>OWNER<br>YEAR                                   | \$<br><b>Zip Co</b><br>15022<br>\$  | 500.00<br>de (Plus 4)  |  |
| KEVIN AND MARISA LEE         Mailing Address         City       CHARLEROI         Employer Name       LEE SUPPLY COMPANY         Employer Mailing Address/Principal Place         Full Name of Contributor         JOSEPH MURZYN         Mailing Address   | PA<br>Y, INC<br>ce of Business  | 15                  | <b>p Code (Plus 4)</b><br>5022<br><b>City</b><br>CHARLEROI   | - 4<br>Occupat     | DAY<br>7<br>ion<br>State<br>PA  | 2023<br>OWNER   | \$<br><b>Zip Co</b><br>15022<br>\$  | 500.00<br>de (Plus 4)  |  |
| KEVIN AND MARISA LEE         Mailing Address         City       CHARLEROI         Employer Name       LEE SUPPLY COMPANY         Employer Mailing Address/Principal Place         Full Name of Contributor         JOSEPH MURZYN   | PA<br>Y, INC<br>ce of Business  | 15                  | p Code (Plus 4)<br>5022<br>City<br>CHARLEROI   | 4<br>Occupat       | DAY<br>7<br>ion<br>State<br>PA<br>DAY   | 2023<br>OWNER<br>YEAR                                   | \$<br><b>Zip Co</b><br>15022<br>\$  | 500.00<br>de (Plus 4)  |  |
| KEVIN AND MARISA LEE         Mailing Address         City       CHARLEROI         Employer Name       LEE SUPPLY COMPANY         Employer Mailing Address/Principal Place         Full Name of Contributor         JOSEPH MURZYN         Mailing Address         City       HUMMELSTOWN  | PA<br>Y, INC<br>ce of Business  | 15                  | <b>p Code (Plus 4)</b><br>5022<br><b>City</b><br>CHARLEROI   | MO<br>4            | DAY<br>7<br>ion<br>State<br>PA<br>DAY<br>7  | 2023<br>OWNER<br><b>YEAR</b><br>2023                    | \$<br><b>Zip Co</b><br>15022<br>\$  | 500.00<br>de (Plus 4)<br>500.00                                  |  |
| KEVIN AND MARISA LEE         Mailing Address         City       CHARLEROI         Employer Name       LEE SUPPLY COMPANY         Employer Mailing Address/Principal Place         Full Name of Contributor         JOSEPH MURZYN         Mailing Address         City       HUMMELSTOWN         Employer Name       ONE+STRATEGIES   | PA<br>Y, INC<br>e of Business<br>State<br>PA  | 15                  | p Code (Plus 4)<br>5022<br>City<br>CHARLEROI<br>p Code (Plus 4)<br>7036  | 4<br>Occupat       | DAY<br>7<br>ion 7<br>State<br>PA<br>DAY<br>7  | 2023<br>OWNER<br><b>YEAR</b><br>2023                    | \$ 2ip Cod 15022 \$ MENT  | 500.00<br>de (Plus 4)<br>500.00<br>RELATIONS PROF                |  |
| KEVIN AND MARISA LEE         Mailing Address         City       CHARLEROI         Employer Name       LEE SUPPLY COMPANY         Employer Mailing Address/Principal Place         Full Name of Contributor         JOSEPH MURZYN         Mailing Address         City       HUMMELSTOWN  | PA<br>Y, INC<br>e of Business<br>State<br>PA  | 15                  | p Code (Plus 4)<br>i022<br>City<br>CHARLEROI<br>p Code (Plus 4)<br>7036<br>City  | MO<br>4            | DAY<br>7<br>ion 7<br>PA<br>DAY<br>7<br>ion 7  | 2023<br>OWNER<br><b>YEAR</b><br>2023                    | <b>Zip Co</b><br>15022<br>\$<br>MENT<br><b>Zip Co</b>   | 500.00<br>de (Plus 4)<br>500.00<br>RELATIONS PROF<br>de (Plus 4) |  |
| KEVIN AND MARISA LEE         Mailing Address         City       CHARLEROI         Employer Name       LEE SUPPLY COMPANY         Employer Mailing Address/Principal Place         Full Name of Contributor         JOSEPH MURZYN         Mailing Address         City       HUMMELSTOWN         Employer Name       ONE+STRATEGIES   | PA<br>Y, INC<br>e of Business<br>State<br>PA  | 15                  | p Code (Plus 4)<br>5022<br>City<br>CHARLEROI<br>p Code (Plus 4)<br>7036  | MO<br>4            | DAY<br>7<br>ion 7<br>State<br>PA<br>DAY<br>7  | 2023<br>OWNER<br><b>YEAR</b><br>2023                    | \$ 2ip Cod 15022 \$ MENT  | 500.00<br>de (Plus 4)<br>500.00<br>RELATIONS PROF<br>de (Plus 4) |  |
| KEVIN AND MARISA LEE         Mailing Address         City       CHARLEROI         Employer Name       LEE SUPPLY COMPANY         Employer Mailing Address/Principal Place         Full Name of Contributor         JOSEPH MURZYN         Mailing Address         City       HUMMELSTOWN         Employer Name       ONE+STRATEGIES         Employer Mailing Address/Principal Place         Full Name of Contributor   | PA<br>Y, INC<br>e of Business<br>State<br>PA  | 15                  | <b>Code (Plus 4)</b><br>5022<br><b>City</b><br>CHARLEROI<br><b>D Code (Plus 4)</b><br>7036<br><b>City</b>                  | MO<br>4            | DAY<br>7<br>ion 7<br>PA<br>DAY<br>7<br>ion 7  | 2023<br>OWNER<br><b>YEAR</b><br>2023                    | \$<br>Zip Co.<br>15022<br>\$<br>MENT<br>Zip Co.<br>17102  | 500.00<br>de (Plus 4)<br>500.00<br>RELATIONS PROF<br>de (Plus 4) |  |
| KEVIN AND MARISA LEE         Mailing Address         City       CHARLEROI         Employer Name       LEE SUPPLY COMPANY         Employer Mailing Address/Principal Place         Full Name of Contributor         JOSEPH MURZYN         Mailing Address         City       HUMMELSTOWN         Employer Mailing Address/Principal Place         Full Name of Contributor         Full Name of Contributor         Performed Contributor | PA<br>Y, INC<br>e of Business<br>State<br>PA  | 15                  | <b>Code (Plus 4)</b><br>5022<br><b>City</b><br>CHARLEROI<br><b>D Code (Plus 4)</b><br>7036<br><b>City</b>                  | MO<br>4<br>Occupat | DAY 7 ion PA DAY 7 ion State PA State PA State PA   | 2023<br>OWNER<br>YEAR<br>2023<br>GOVERN                 | <b>Zip Co</b><br>15022<br>\$<br>MENT<br><b>Zip Co</b>   | 500.00<br>de (Plus 4)<br>500.00<br>RELATIONS PROF<br>de (Plus 4) |  |
| KEVIN AND MARISA LEE         Mailing Address         City       CHARLEROI         Employer Name       LEE SUPPLY COMPANY         Employer Mailing Address/Principal Place         Full Name of Contributor         JOSEPH MURZYN         Mailing Address         City       HUMMELSTOWN         Employer Mailing Address/Principal Place         Full Name of Contributor         Full Name of Contributor         PETER AND ELIZABETH MAGNOTTA         Mailing Address  | PA<br>Y, INC<br>e of Business<br>State<br>PA<br>e of Business                                 | zi<br>17            | Code (Plus 4)<br>5022          City         CHARLEROI         P Code (Plus 4)         7036         City         HARRISBURG | MO<br>4<br>Occupat | DAY 7 ion PA DAY 7 ion State PA State PA State PA   | 2023<br>OWNER<br>YEAR<br>2023<br>GOVERN                 | \$<br>Zip Co<br>15022<br>\$<br>MENT<br>Zip Co<br>17102<br>\$  | 500.00<br>de (Plus 4)<br>500.00<br>RELATIONS PROF<br>de (Plus 4) |  |
| KEVIN AND MARISA LEE         Mailing Address         City       CHARLEROI         Employer Name       LEE SUPPLY COMPANY         Employer Mailing Address/Principal Place         Full Name of Contributor         JOSEPH MURZYN         Mailing Address         City       HUMMELSTOWN         Employer Mailing Address/Principal Place         Full Name of Contributor         Full Name of Contributor         Performed Contributor | PA<br>Y, INC<br>e of Business<br>State<br>PA  | zi<br>17            | <b>Code (Plus 4)</b><br>5022<br><b>City</b><br>CHARLEROI<br><b>D Code (Plus 4)</b><br>7036<br><b>City</b>                  | MO<br>Occupat      | DAY 7 ion PA DAY 7 ion State PA State PA  | 2023<br>OWNER<br>YEAR<br>2023<br>GOVERI                 | \$<br>Zip Co<br>15022<br>\$<br>MENT<br>Zip Co<br>17102<br>\$  | 500.00<br>de (Plus 4)<br>500.00<br>RELATIONS PROF<br>de (Plus 4) |  |
| KEVIN AND MARISA LEE         Mailing Address         City       CHARLEROI         Employer Name       LEE SUPPLY COMPANY         Employer Mailing Address/Principal Place         Full Name of Contributor         JOSEPH MURZYN         Mailing Address         City       HUMMELSTOWN         Employer Mailing Address/Principal Place         Full Name of Contributor         Full Name of Contributor         PETER AND ELIZABETH MAGNOTTA         Mailing Address  | PA<br>Y, INC<br>e of Business<br>State<br>PA<br>e of Business                                 | <b>Z</b> il<br>27il | Code (Plus 4)<br>5022          City         CHARLEROI         P Code (Plus 4)         7036         City         HARRISBURG | MO<br>Occupat      | DAY 7 ion PA DAY 7 ion State PA State PA  | 2023<br>OWNER<br>YEAR<br>2023<br>GOVERI                 | \$<br>Zip Co<br>15022<br>\$<br>MENT<br>Zip Co<br>17102<br>\$  | 500.00<br>de (Plus 4)<br>500.00<br>RELATIONS PROF<br>de (Plus 4) |  |
| KEVIN AND MARISA LEE         Mailing Address         City       CHARLEROI         Employer Name       LEE SUPPLY COMPANY         Employer Mailing Address/Principal Place         Full Name of Contributor         JOSEPH MURZYN         Mailing Address         City       HUMMELSTOWN         Employer Mailing Address/Principal Place         Full Name of Contributor         Full Name of Contributor         PETER AND ELIZABETH MAGNOTTA         Mailing Address  | PA<br>Y, INC<br>re of Business<br>State<br>PA<br>re of Business<br>State<br>State             | <b>Z</b> il<br>27il | p Code (Plus 4)<br>5022<br>City<br>CHARLEROI<br>p Code (Plus 4)<br>7036<br>City<br>HARRISBURG                              | MO<br>Occupat      | DAY       ion       State       PA       DAY       7       ion       State       PA       DAY       1000       State       PA | 2023<br>OWNER<br>YEAR<br>2023<br>GOVERI                 | \$<br>Zip Co.<br>15022<br>\$<br>MENT<br>Zip Co.<br>17102<br>\$  | 500.00<br>de (Plus 4)<br>500.00<br>RELATIONS PROF<br>de (Plus 4) |  |
| KEVIN AND MARISA LEE         Mailing Address         City       CHARLEROI         Employer Name       LEE SUPPLY COMPANY         Employer Mailing Address/Principal Place         Full Name of Contributor         JOSEPH MURZYN         Mailing Address         City       HUMMELSTOWN         Employer Mailing Address/Principal Place         Full Name of Contributor         Performed Contributor         Full Name of Contributor         PETER AND ELIZABETH MAGNOTTA         Mailing Address         City       EIGHTY FOUR   | PA<br>Y, INC<br>re of Business<br>State<br>PA<br>re of Business<br>State<br>PA<br>State<br>PA | <b>Z</b> il<br>27il | p Code (Plus 4)<br>5022<br>City<br>CHARLEROI<br>p Code (Plus 4)<br>7036<br>City<br>HARRISBURG                              | MO<br>4<br>Occupat | DAY       ion       State       PA       DAY       7       ion       State       PA       DAY       1000       State       PA | 2023<br>OWNER<br>YEAR<br>2023<br>GOVER!<br>YEAR<br>2023 | \$         Zip Co.         15022         \$         MENT         Zip Co.         17102         \$         ENT | 500.00<br>de (Plus 4)<br>500.00<br>RELATIONS PROF<br>de (Plus 4) |  |

| Full Na   | ame of Contributor       |                          |        |                  | мо      | DAY                     | YEAR     |                    |          |  |
|---|--------------------------|--------------------------|--------|------------------|---------|-------------------------|----------|--------------------|----------|--|
| тном  | AS AND BETH LANGSTO      | N                        |        |                  | MO      | DAT                     | TEAR     | \$                 | 1,000.00 |  |
| Mailin  | g Address                |                          |        |                  | 4       | 17                      | 2023     |                    |          |  |
| City  | PITTSBURGH               | State                    | Zij    | p Code (Plus 4)  | -       | 17                      | 2025     |                    |          |  |
|   |                          | PA                       | 15     | 228              |         |                         |          |                    |          |  |
| Emplo   | yer Name OIL SERVICE     |                          |        |                  | Occupat | tion                    | FINANC   | E EXECUTI          | VE       |  |
| Emplo   | yer Mailing Address/Prin | cipal Place of Business  |        | City             |         | State                   | (Plus 4) |                    |          |  |
|   |                          |                          |        | PITTSBURGH       |         | PA                      |          | 15225              |          |  |
| Full Na   | ame of Contributor       |                          |        |                  |         | -                       |          |                    |          |  |
| DAVID   | AND JANICE SMITH         |                          |        |                  | мо      | DAY                     | YEAR     | \$                 | 1,500.00 |  |
|   | g Address                |                          |        |                  |         |                         |          | 1                  |          |  |
| City  | MCMURRAY                 | State                    | Zi     | p Code (Plus 4)  | - 4     | 17                      | 2023     |                    |          |  |
|   |                          | PA                       |        | 5317             |         |                         |          |                    |          |  |
| Employer Name VESUVIUS                                    |                          |                          |        |                  |         | tion                    | SENIOR   | LEVELOPMENT ENGINE |          |  |
| Employer Mailing Address/Principal Place of Business City |                          |                          |        |                  | 1       | State                   |          | Zip Code (Plus 4)  |          |  |
| PITTSBURGH  |                          |                          |        |                  |         | PA                      |          | 15275              | ,        |  |
| E.II N  | ame of Contributor       |                          |        |                  |         | 1                       |          |                    |          |  |
|   | MASER                    |                          |        |                  | мо      | DAY                     | YEAR     | \$                 | 1,000.00 |  |
|   | g Address                |                          |        |                  |         |                         |          |                    |          |  |
| City  | PHILADELPHIA             | State                    | 71     | o Code (Plus 4)  | - 4     | 6                       | 2023     |                    |          |  |
| City  | FIILADEEFIIA             | PA                       |        | )106             |         |                         |          |                    |          |  |
| Emplo   |                          |                          | 1 19   | 100              | Occupat | lan                     |          |                    |          |  |
|   | yer Name COHEN MILL      |                          |        | 0.1              |         | 1                       | ATTORN   |                    |          |  |
| Emplo   | yer Mailing Address/Prin | icipal Place of Business |        | City             |         | State Zip Code (Plus 4) |          |                    | (Plus 4) |  |
|   |                          |                          |        | PHILADELPHIA     |         | PA                      |          | 19106              |          |  |
| Full Na   | ame of Contributor       |                          |        |                  | мо      | DAY                     | YEAR     | \$                 | 1,000.00 |  |
| EDWA  | RD HAZZOURI              |                          |        |                  |         |                         |          | _ Ť                | 1,000.00 |  |
|   | g Address                |                          |        |                  | 4       | 6                       | 2023     |                    |          |  |
| City  | NEWTOWN                  | State                    | Zi     | p Code (Plus 4)  |         |                         |          |                    |          |  |
|   |                          | I PA                     | 18     | 940              |         |                         |          |                    |          |  |
| Emplo   | yer Name HAZZOURI A      | AND ASSOCIATES           |        |                  | Occupat | tion (                  | CONSUL   | TANT               |          |  |
| Emplo   | yer Mailing Address/Prin | cipal Place of Business  |        | City             |         | State                   |          | Zip Code           | (Plus 4) |  |
|   |                          |                          |        | NEWTON           |         | PA                      |          | 18940              |          |  |
|   |                          |                          |        |                  |         |                         |          | PAG                | E TOTAL  |  |
| Enter   | Grand Total of Part C    | on Schedule I, Detaile   | d Sumn | nary Page, Secti | ion 3.  |                         |          | FAC                |          |  |
|   |                          |                          |        |                  |         |                         |          |                    |          |  |

### 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.

| Name of Filing Committee or Candidate |                         |               |          | rting Period |     |      |    |          |      |
|---------------------------------------|-------------------------|---------------|----------|--------------|-----|------|----|----------|------|
|                                       |                         |               |          | то:          |     |      |    |          |      |
|                                       |                         |               |          | D            | ATE |      |    | AMOUNT   |      |
| Full Name                             |                         |               |          | мо           | DAY | YEAR | \$ |          | 0.00 |
| Mailing Address                       |                         |               |          |              |     |      |    |          |      |
| City                                  | State                   | Zip Code (    | Plus 4)  |              |     |      |    |          |      |
| Receipt Description                   |                         |               |          |              |     | 1    | 1  |          |      |
|                                       |                         |               | <b>.</b> |              |     |      |    | PAGE TOT | AL   |
| Enter Grand Total of Part E           | on Schedule I, Detailed | Summary Page, | Section  | 4.           |     |      | \$ |          | 0.00 |

# 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** 

| Name of Filing Committee or Candidate   | Reporting Period |                             |                 |
|---|------------------|-----------------------------|-----------------|
| CITIZENS FOR JOSHUA KAIL  | From:            | <u>3/28/2023</u> <b>То:</b> | <u>5/1/2023</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P   | ER CONTRIBUTOR   |                             |                 |
| TOTAL for the Reporting Pe  | riod (1)         | \$                          | 0.00            |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR  | ΓF)              |                             |                 |
| TOTAL for the Reporting Pe  | riod (2)         | \$                          | 0.00            |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)  |                  |                             |                 |
| TOTAL for the Reporting Pe  | riod (3)         | \$                          | 952.94          |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (<br>amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1 |                  | \$                          | 952.94          |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

### VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate  |       |                   | Reporting Period |        |      |             |           |      |
|--|-------|-------------------|------------------|--------|------|-------------|-----------|------|
| F  |       |                   | From:            |        |      | То:         |           |      |
|  | DATE  |                   |                  | AMOUNT |      |             |           |      |
| Full Name of Contributor   |       |                   |                  | DAY    | YEAR |             |           |      |
| Mailing Address  |       |                   |                  |        |      | <b> </b> \$ |           | 0.00 |
| City   | State | Zip Code (Plus 4) |                  |        |      |             |           |      |
| Description of Contribution:   |       | 1                 | -                |        |      |             |           |      |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page,<br>Section 2. |       |                   |                  |        |      |             | PAGE TOTA | L    |
|  |       |                   |                  |        |      |             |           | 0.00 |

### PAGE 15

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

| Name of Filing Committee or Candidate                                      |       |     |                  | Reporting Period |            |                 |                             |    |                       |  |
|--|-------|-----|------------------|------------------|------------|-----------------|-----------------------------|----|-----------------------|--|
| CITIZENS FOR JOSHUA KAIL   |       |     |                  | Fro              | om:        | <u>3/28/202</u> | 2 <u>3</u> To:              |    | <u>5/1/2023</u>       |  |
|  |       |     |                  |                  |            | DATE            |                             |    | AMOUNT                |  |
| Full Name of Contributor<br>BUILDING TOGETHER PAC                          |       |     |                  |                  | мо         | DAY             | YEAR                        |    |                       |  |
| Mailing Address  |       |     |                  |                  | 4          | 6               | 2023                        | \$ | 952.94                |  |
| City LANGHORNE   | State |     | Zip Code(Plus 4) |                  |            |                 |                             |    |                       |  |
|  | ΡΑ    |     | 19047            |                  |            |                 |                             |    |                       |  |
| Employer of Contributor N/A  |       |     |                  |                  | Occupa     | ation N         | /A                          |    |                       |  |
| Employer Mailing Address/Principal Place of Business                       |       | Cit | ty               | State            |            | Code(Plus 4)    | Description of Contribution |    |                       |  |
|  |       |     |                  |                  |            |                 |                             |    | TS TAVERN<br>DR EVENT |  |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed |       |     |                  |                  | PAGE TOTAL |                 |                             |    |                       |  |
| Summary Page, Section 3.   |       |     |                  |                  |            |                 |                             |    | 952.94                |  |

# SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate |                 |               | Reporting Period           |                                  |               |          |                 |            |  |
|---------------------------------------|-----------------|---------------|----------------------------|----------------------------------|---------------|----------|-----------------|------------|--|
| CITIZENS FOR JOSHUA KAIL              |                 |               | From                       | <u>3/2</u>                       | <u>8/2023</u> | То:      | <u>5/1/2023</u> |            |  |
|                                       |                 |               |                            |                                  | DATE          |          |                 | AMOUNT     |  |
| To Whom Paid                          |                 |               |                            | мо                               | DAY           | YEAR     |                 |            |  |
| USPS                                  |                 |               |                            |                                  |               |          |                 |            |  |
| Mailing Address                       |                 |               |                            | 4 10 2023 <b>\$</b> 257.0        |               |          |                 |            |  |
| City BEAVER                           | State           | Zip Code (Plu | ıs 4)                      | Descrip                          | tion of Exp   | enditure |                 |            |  |
|                                       | PA              | 15009         |                            | STAMPS/RENEWAL ON PO BOX         |               |          |                 |            |  |
| To Whom Paid                          |                 |               |                            | мо                               | DAY           | YEAR     |                 |            |  |
| FORT MCINTOSH FOUNDATION              |                 |               |                            |                                  |               |          |                 |            |  |
| Mailing Address                       |                 |               | 4                          | 13                               | 2023          | \$       | 1,555.50        |            |  |
| City BEAVER                           | State           | Zip Code (Plu | ıs 4)                      | Descrip                          |               |          |                 |            |  |
|                                       | PA              | 15009         |                            | SPONS                            | ORSHIP        |          |                 |            |  |
| To Whom Paid                          |                 |               |                            | мо                               | DAY           | YEAR     |                 |            |  |
| ATHENS FAMILY RESTAURANT              |                 |               |                            |                                  |               |          |                 | 36.51      |  |
| Mailing Address                       |                 |               |                            | 4                                | 14            | 2023     | \$              | 30.31      |  |
| City BEAVER FALLS                     | State           | Zip Code (Plu | ıs 4)                      | Descrip                          | tion of Exp   | enditure |                 |            |  |
|                                       | PA              | 15010         |                            | CAMPAI                           | GN MEETI      | NG WITH  | I CAMP/         | AIGN CHAIR |  |
| To Whom Paid                          |                 |               |                            | мо                               | DAY           | YEAR     |                 |            |  |
| CENTRAL DINER & amp; GRILLS           |                 |               |                            |                                  |               |          |                 |            |  |
| Mailing Address                       |                 |               |                            | 4                                | 19            | 2023     | \$              | 46.70      |  |
| City PITTSBURGH                       | State           | Zip Code (Plu | ıs 4)                      | Description of Expenditure       |               |          |                 |            |  |
|                                       | PA              | 15205         |                            | MEETING WITH DONOR               |               |          |                 |            |  |
| To Whom Paid                          |                 |               |                            | мо                               | DAY           | YEAR     |                 |            |  |
| FEDERAL POINTE INN                    |                 |               |                            |                                  |               |          |                 |            |  |
| Mailing Address                       |                 |               |                            | 4                                | 20            | 2023     | \$              | 199.80     |  |
| City GETTYSBURG                       | State           | Zip Code (Plu | ıs 4)                      | Descrip                          | tion of Exp   | enditure |                 |            |  |
| PA 17325                              |                 |               | OVERNIGHT STAY FOR RETREAT |                                  |               |          |                 |            |  |
| To Whom Paid                          |                 |               |                            | мо                               | DAY           | YEAR     |                 |            |  |
| CHICKIES AND PETES                    |                 |               |                            |                                  |               |          |                 |            |  |
| Mailing Address                       | Mailing Address |               |                            | 5                                | 1             | 2023     | \$              | 79.61      |  |
| City DREXEL HILL                      | State           | Zip Code (Plu | ıs 4)                      | Descrip                          | tion of Exp   | enditure | •               |            |  |
|                                       | PA              | 19026         |                            | MEETING WITH POTENTIAL CANDIDATE |               |          |                 | IDATE      |  |

|   |                                      |             |                            |  | 1                          | 1        | 1      |           |  |  |
|---|--------------------------------------|-------------|----------------------------|--|----------------------------|----------|--------|-----------|--|--|
| To Wh   | om Paid                              |             |                            | мо   | DAY                        | YEAR     |        |           |  |  |
| CVMA 22-13  |                                      |             |                            |  |                            |          |        |           |  |  |
| Mailing Address   |                                      |             | 3                          | 19   | 2023                       | \$       | 500.00 |           |  |  |
| City MIDWAY State Zip Code (Plus 4)                             |                                      |             |                            | Description of Expenditure                                 |                            |          |        |           |  |  |
|   |                                      |             |                            | GOLD SPONSOR   |                            |          |        |           |  |  |
| To Whom Paid  |                                      |             |                            |  |                            |          |        |           |  |  |
|   | SVILLE AREA BUSINESS ASSOCIA         | TION (CABA) |                            | мо   | DAY                        | YEAR     |        |           |  |  |
| Mailing   | g Address                            |             |                            | 3  | 19                         | 2023     | \$     | 150.00    |  |  |
| City         CLAYSVILLE         State         Zip Code (Plus 4) |                                      |             |                            |  | Description of Expenditure |          |        |           |  |  |
| PA 15323  |                                      |             |                            | NEW BANNER (ADVERTISING)                                   |                            |          |        |           |  |  |
| To Wh   | om Paid                              |             |                            |  |                            |          |        |           |  |  |
| FRIENDS OF DAVID J. GABAUER                                     |                                      |             |                            |  | DAY                        | YEAR     |        |           |  |  |
| Mailin  | g Address                            |             |                            | 3  | 19                         | 2023     | \$     | 250.00    |  |  |
| City  | BEAVER FALLS                         | State       | Zip Code (Plus 4)          | Descript   | tion of Exp                | enditure |        |           |  |  |
|   |                                      | РА          | 15010                      | CONTRI   | BUTION                     |          |        |           |  |  |
|   | om Paid                              |             |                            | мо   | DAY                        | YEAR     |        |           |  |  |
| HELEN   | V'S HEROES                           |             |                            |  |                            |          |        |           |  |  |
| Mailing Address   |                                      |             |                            | 4  | 12                         | 2023     | \$     | 500.00    |  |  |
| City  | PITTSBURGH                           | State       | Zip Code (Plus 4)          | Description of Expenditure                                 |                            |          |        |           |  |  |
|   |                                      | PA          | 15205                      | GOLF O   | UTING- TE                  | E/HOLE S | SPONSC | RSHIP     |  |  |
| To Wh   | om Paid                              |             |                            |  |                            | VEAD     |        |           |  |  |
| HRCC  |                                      |             |                            | мо   | DAY                        | YEAR     |        |           |  |  |
| Mailin  | g Address                            |             |                            | 4  | 12                         | 2023     | \$     | 50,000.00 |  |  |
| City  | HARRISBURG                           | State       | Zip Code (Plus 4)          | Descript   | tion of Exp                | enditure |        |           |  |  |
|   |                                      | PA          | 17101                      | CONTRI   | BUTION                     |          |        |           |  |  |
| To Wh   | om Paid                              |             |                            | мо   | DAY                        | YEAR     |        |           |  |  |
| CAPRI   | I                                    |             |                            | MO   |                            | TEAR     |        |           |  |  |
| Mailin  | g Address                            |             |                            | 4  | 12                         | 2023     | \$     | 500.00    |  |  |
| City  | CLAYSVVILLE                          | State       | Zip Code (Plus 4)          | Descript   | tion of Exp                | enditure |        |           |  |  |
|   |                                      | PA          | 15323                      | PIKE FESTIVAL- WILLIAM HOLMES MCGUFFEY<br>EDUCATOR SPONSOR |                            |          |        |           |  |  |
|   | om Paid                              |             |                            |  |                            |          |        |           |  |  |
|   | I-GREENE COUNTY CHAPTER OF F         | PA HOF      |                            | мо   | DAY                        | YEAR     |        |           |  |  |
| Mailin  | Mailing Address                      |             |                            | 4  | 12                         | 2023     | \$     | 200.00    |  |  |
| City  | City OAKDALE State Zip Code (Plus 4) |             |                            | Description of Expenditure                                 |                            |          |        |           |  |  |
| PA 15071  |                                      |             |                            | 6/19/23 GOLF OUTING- HOLE SIGN SPONSOR                     |                            |          |        |           |  |  |
| To Wh   | om Paid                              |             |                            | мо   |                            |          |        |           |  |  |
| HRCC  | HRCC                                 |             |                            |  | DAY                        | YEAR     |        |           |  |  |
|   | g Address                            |             |                            | 4  | 21                         | 2023     | \$     | 5,000.00  |  |  |
| City HARRISBURG State Zip Code (Plus 4)                         |                                      |             | Description of Expenditure |  |                            |          |        |           |  |  |
|   |                                      | PA          | 17101                      | CONTRIBUTION   |                            |          |        |           |  |  |

| To Whom Paid   |                            |                   |         |                            |          |    |            |  |  |
|--|----------------------------|-------------------|---------|----------------------------|----------|----|------------|--|--|
|  | мо                         | DAY               | YEAR    |                            |          |    |            |  |  |
| I ВАСК ЈАСК РАС  |                            |                   |         |                            |          |    |            |  |  |
| Mailing Address  | 4                          | 21                | 2023    | \$                         | 1,000.00 |    |            |  |  |
| City MONACA  | Description of Expenditure |                   |         |                            |          |    |            |  |  |
| PA 15061   |                            |                   |         | CONTRIBUTION- HOST SPONSOR |          |    |            |  |  |
| To Whom Paid   |                            |                   | мо      | DAY                        | YEAR     |    |            |  |  |
| HRCC   |                            |                   | 110     |                            | TEAR     |    |            |  |  |
| Mailing Address  |                            |                   |         | 25                         | 2023     | \$ | 15,000.00  |  |  |
| City         HARRISBURG         State         Zip Code (Plus 4)         Description of Expenditure |                            |                   |         |                            |          |    |            |  |  |
|  | PA                         | 17101             | CONTRI  | BUTION                     |          |    |            |  |  |
| To Whom Paid   |                            |                   | мо      | DAY                        | YEAR     |    |            |  |  |
| STRIPE   |                            |                   | MO      | DAT                        | TEAR     |    |            |  |  |
| Mailing Address  |                            |                   | 4       | 10                         | 2023     | \$ | 58.60      |  |  |
| City SAN FRANCISCO   | State                      | Zip Code (Plus 4) | Descrip | tion of Exp                | enditure |    |            |  |  |
| CA 94107 ONLINE TRANSACTION FE   |                            |                   |         |                            | -        |    |            |  |  |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.                            |                            |                   |         |                            |          |    | PAGE TOTAL |  |  |
|  |                            |                   |         |                            |          | \$ | 75,333.72  |  |  |