### **Campaign Finance Report**

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

| Filer Identificati<br>Number :           | on 2022                         | 0025      |                        |         | Rep<br>File |             |                | CAND               | IDATE     |        | СОМ        | <b>4ITTEE</b>  | <b>✓</b>   | LOBE         | SYIST     |                |   |
|--|---------------------------------|-----------|------------------------|---------|-------------|-------------|----------------|--------------------|-----------|--------|------------|--|--|--------------|-----------|----------------|---|
| Name of Filing C                         | Committee, Candid               | ate or Lo | obbyist:               |         | PEO         | PLE         | FOR .          | ABIGAIL            | SALIS     | BUR    | <u> </u>   |  |  |              |           |                |   |
| Street Address:                          | 1903 COLUME                     | BIA AVE   | 1R                     |         |             |             |                |                    |           |        |            |  |  |              |           |                |   |
| City:                                    | PITTSBURGH                      |           |                        |         |             |             |                | State:             | PA        |        |            | Zip Cod  | de: 15   | 5218-1       | 804       |                |   |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY      | 1.        | 2ND FRIDAY<br>PRIMARY  | Y PRE   | - 2         | 2. <b>X</b> | 30 DA<br>PRIMA |                    | POST-     | 3.     |            |  |  | Yes          | No        | ~              |   |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION     | 4.        | 2ND FRIDAY<br>ELECTION | y pre   | ≣- 5        | 5.          | 30 DA          |                    | POST-     | 6.     |            |  |  | Yes          | No        | ~              |   |
| report type)                             | ANNUAL REPORT                   | 7.        | <b>Year</b> 2025       |         |             |             |                | NG METH<br>CHECK O |           |        |            | PAPER  |  | $\checkmark$ | DISKE     | TTE            |   |
| Name of Office S                         | Sought by Candida               | te:       | -                      |         |             |             |                | DATE (             | )F ELE    | CTIC   | )N         | District   | Office   | Part         | ty Code   | County<br>Code |   |
|  | ,                               |           |                        |         |             |             |                | МО                 | DAY       | YI     | EAR        | Number   | code   | DEM          | 1         | Code           | _ |
|  |                                 |           |                        |         |             |             |                | 11                 |           | 4      | 2025       |  | (SEE IN  | STRUCTIO     | ONS FOR C | ODES)          |   |
| Summary of                               | Receipts and                    | МО        | DAY                    | YEAR    | ł           |             |                | мо                 | DAY       | Y      | EAR        | FO   | R OFFI   | CE USE       | ONLY      |                |   |
| Expenditures                             | from:                           |           | 1 1                    | 2       | 025         | Т           | 0              | 5                  | 5         | 5      | 2025       |  |  |              |           |                |   |
| A. Amount Bro                            | ught Forward Fron               | n Last R  | eport                  |         |             |             | \$             |                    |           | 4,0    | 085.94     |  |  |              |           |                |   |
| B. Total Monet                           | ary Contributions               | And Rec   | eipts (From            | Sche    | dule        | I)          | \$             |                    |           | 4,     | 445.00     |  |  |              |           |                |   |
| C. Total Funds                           | Available (Sum Of               | Lines A   | and B)                 |         |             |             | \$             |                    |           | 8,     | 530.94     |  |  |              |           |                |   |
| D. Total Expen                           | ditures (From Sch               | edule II  | I)                     |         |             |             | \$             |                    |           | 6,6    | 525.04     |  |  |              |           |                |   |
| E. Ending Cash                           | Balance (Subtract               | Line D    | From Line (            | C)      |             |             | \$             |                    |           | 1,9    | 905.90     | ]  |  |              |           |                |   |
| F. Value Of In-                          | Kind Contributions              | Receive   | ed (From So            | chedu   | le II       | )           | \$             |                    |           |        | 0.00       |  |  |              |           |                |   |
| G. Unpaid Debt                           | s And Obligations               | (From S   | Schedule IV            | )       |             |             | \$             |                    |           |        | 0.00       |  |  | •            |           |                |   |
|  |                                 |           |                        | AFF     | IDA         | VI          | T SE           | CTION              |           |        |            |  |  |              |           |                |   |
| PART I - If this is                      | s a Committee rep               | ort, trea | surer sign l           | here.   | If thi      | is is       | a Car          | ndidate r          | eport,    | candi  | date sig   | jn here.   |  |              |           |                | ı |
| I swear (or affirm) correct and complete |                                 | uding the | attached sch           | nedule  | s filed     | l on        | paper          | or by elec         | tronic m  | edium  | , are to t | the best o   | f my kno   | wledge a     | and belie | ef , true      | l |
| Sworn to and subs                        | cribed before me this<br>day of | •         | 20                     |         |             |             |                |                    |           | 5      | Signature  | gn here. the best of my know e of Person Submi Printed Nam Email Daytime Telep   |  | ting Rep     | ort       |                |   |
|  | - ——                            |           | _                      |         |             |             | -<br>-         |                    |           |        |            | AMENDMENT REPORT?  TERMINATION REPORT?  PAPER  District Number  Office Number  (SEE II  FOR OFFI  Tender  Office Number  Offic |  | e            |           |                | l |
| My Commission Ex                         | Signatu<br>pires                | re        |                        |         |             |             |                |                    |           |        |            | AMENDMENT REPORT?  TERMINATION REPORT?  PAPER  District Number  (SEE II  FOR OFFI  In here.  The best of my known of Person Submit  Printed Name  Email  Daytime Telep  Sons of the act of a gnature of Candid  Printed Name  Email  |  |              |           |                |   |
|  | МО                              | D         | AY                     | YR      |             |             | -              |                    | Ar        | ea Co  | de         | Daytim   | e Teleph   | none Nui     | mber      |                |   |
| Part II- If this is                      | a report of a cand              | lidate's  | authorized             | Comn    | nitte       | e, C        | andid          | ate shall          | sign h    | ere.   |            |  |  |              |           |                | 1 |
| I swear (or affirm)<br>No 320) as amende |                                 | ny knowle | edge and beli          | ef this | polit       | ical        | comm           | ittee has ı        | not viola | ted ar | ny provis  | ions of th   | e act of J   | une 3,19     | 937 (P.L. | 1333,          | l |
| Sworn to and subsc                       | ribed before me this            |           |                        |         |             |             |                |                    |           |        | s          | ignature o   | of Candid  | ate          |           |                |   |
|  | day of                          |           | _ 20                   |         |             |             | _              |                    |           |        |            | Duinte   | MENDMENT EPORT?  ERMINATION Yes EPORT?  APER  District Office Code  OFFICE USE OFFICE US |              |           |                | I |
|  | Signature                       |           |                        |         |             |             | -              |                    |           |        |            | Printe   | u Name   |              |           |                |   |
| My Commission Exp                        | <del>-</del>                    |           |                        |         |             |             |                |                    |           |        |            | Ema  | il   |              |           |                |   |
|  | МО                              | D         | AY                     | YR      | ł           |             | -              |                    | Area      | Code   |            | Da   | aytime T   | elephon      | e Numbe   | er             |   |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period |              |                 |
|--|-----------|----------|--------------|-----------------|
| PEOPLE FOR ABIGAIL SALISBURY   | From:     | 1/1/202  | <u>5</u> To: | <u>5/5/2025</u> |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |          |              |                 |
| TOTAL for the Reporting  | ) Period  | (1)      | \$           | 0.00            |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)  |           |          |              |                 |
| Contributions Received From Political Committees (Part A)  |           |          | \$           | 500.00          |
| All Other Contributions (Part B)   |           |          | \$           | 445.00          |
| TOTAL for the Reporting  | Period    | (2)      | \$           | 945.00          |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |           |          |              |                 |
| Contributions Received From Political Committees (Part C)  |           |          | \$           | 3,500.00        |
| All Other Contributions (Part D)   |           |          | \$           | 0.00            |
| TOTAL for the Reporting  | Period    | (3)      | \$           | 3,500.00        |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |          |              |                 |
| TOTAL for the Reporting  | ) Period  | (4)      | \$           | 0.00            |
| Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa |           |          | \$           | 4,445.00        |

#### **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 Ca                             | andidate           |                                   | Reporting | Period |                       |                  |
|--|--------------------|-----------------------------------|-----------|--------|-----------------------|------------------|
| PEOPLE FOR ABIGAIL SALISBU                                 | JRY                |                                   | From:     | 1/1/20 | ) <u>25</u> <b>To</b> | <u>5/5/2025</u>  |
|  |                    | <b>'</b>                          |           | DATE   |                       | AMOUNT           |
| Full Name of Contributing Comm PA Horsebreeders Assco. Inc | ittee              |                                   | МО        | DAY    | YEAR                  |                  |
| Mailing Address 701 D Bal                                  | timore PK Suite E  |                                   | 4         | 1      | 2025                  | <b>\$</b> 250.00 |
| City Kennett Square  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19348 |           | _      | 2023                  |                  |
| Full Name of Contributing Comm C & G PAC                   | ittee              |                                   | МО        | DAY    | YEAR                  |                  |
| Mailing Address 215 PINE                                   | ST. STE. 200       |                                   | 3         | 24     | 2025                  | <b>\$</b> 250.00 |
| <b>City</b> HARRSIBURG                                     | State              | Zip Code (Plus 4)                 | 7         |        |                       | ļ                |

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 500.00

17101

PΑ

7/4/2025 8:05:39 AM

### ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

| Name of Filing Co      | mmittee or Candida | te     |                  | Rep  | orting P | eriod |                 |    |                 |
|------------------------|--------------------|--------|------------------|------|----------|-------|-----------------|----|-----------------|
| PEOPLE FOR ABIO        | GAIL SALISBURY     |        |                  | Froi | m:       | 1/1/2 | 2025 <b>T</b> o | ): | <u>5/5/2025</u> |
|                        |                    |        |                  |      |          | DATE  |                 |    | AMOUNT          |
| Full Name of Contrib   | outor              |        |                  |      | МО       | DAY   | YEAR            |    |                 |
| Mailing Address        | 1410 Poconno St    |        |                  |      |          |       |                 | \$ | 95.00           |
| <b>City</b> Pittsburgh |                    | State  | Zip Code (Plus 4 | )    | 5        | 2     | 2025            |    |                 |
|                        |                    | PA     | 15218            |      |          |       |                 |    |                 |
| Full Name of Contrib   | outor              |        |                  |      | МО       | DAY   | YEAR            |    |                 |
| Mailing Address        | 2432 Beechwood E   | Blvd   |                  |      |          |       |                 | \$ | 250.00          |
| City Pittsburgh        |                    | State  | Zip Code (Plus 4 | )    | 3        | 25    | 2025            |    |                 |
|                        |                    | PA     | 15217            |      |          |       |                 |    |                 |
| Full Name of Contrib   | outor              |        |                  |      | МО       | DAY   | YEAR            |    |                 |
| Mailing Address        | 2484 Sweet Gum (   | Circle |                  |      |          |       |                 | \$ | 100.00          |
| City York              |                    | State  | Zip Code (Plus 4 | )    | 3        | 25    | 2025            |    |                 |
|                        |                    | PA     | 17406            |      |          |       |                 |    |                 |

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL \$** 445.00

#### **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 of Filing Committee or Candidate                                   |                    |                         | Reporting  | Period |        |      |                    |
|---|--------------------|-------------------------|------------|--------|--------|------|--------------------|
| PEOPLE FOR ABIGAIL SALISBURY  |                    |                         | From:      | 1/     | 1/2025 | То:  | <u>5/5/2025</u>    |
|   |                    |                         |            | DA     | TE     |      | AMOUNT             |
| <b>Full Name of Contributing Committee</b> AFCME Council                |                    |                         |            | МО     | DAY    | YEAR | \$ 500.00          |
| Mailing Address 150 South 43rd St S                                     | uite 3             |                         |            | 3      | 20     | 2025 |                    |
| <b>City</b> Harrrisburg   | State<br>PA        | <b>Zip Code</b> 17111   | e (Plus 4) | -      |        |      |                    |
| <b>Full Name of Contributing Committee</b> Certified Public Accountants |                    |                         |            | МО     | DAY    | YEAR | \$ 500.00          |
| Mailing Address 500 N 3rd St Suit 20                                    | 0A                 |                         |            | 3      | 20     | 2025 |                    |
| <b>City</b> Harrrisburg   | State<br>PA        | <b>Zip Cod</b><br>17101 | e (Plus 4) |        |        |      |                    |
| Full Name of Contributing Committee Bigley & Blikle                     |                    |                         |            | МО     | DAY    | YEAR | \$ 500.00          |
| Mailing Address 24 Aqueduct Rd  |                    |                         |            | 3      | 24     | 2025 | , 300.00           |
| City Duncannon  | State<br>PA        | <b>Zip Code</b> 17020   | e (Plus 4) |        |        | 2023 |                    |
| Full Name of Contributing Committee  LAWPAC                             |                    |                         |            | МО     | DAY    | YEAR | <b>\$</b> 1,000.00 |
| Mailing Address 212 North Third ST S                                    | Suit 101           |                         |            | 3      | 21     | 2025 | 1,000.00           |
| <b>City</b> Harrrisburg   | State<br>PA        | <b>Zip Cod</b><br>17101 | e (Plus 4) | J      |        |      |                    |
| <b>Full Name of Contributing Committee</b> Duane Morris LLP             |                    |                         |            | МО     | DAY    | YEAR | <b>\$</b> 500.00   |
| Mailing Address 30 South 17 St  |                    |                         |            | 3      | 25     | 2025 |                    |
| <b>City</b> Phildelphia   | State<br>PA        | <b>Zip Code</b> 19103   | e (Plus 4) |        |        |      |                    |
| Full Name of Contributing Committee HIGHMARK PAC OF HIGHMARK INC        |                    |                         |            | мо     | DAY    | YEAR | <b>\$</b> 500.00   |
| Mailing Address 1800 CENTER ST  |                    |                         |            | 3      | 13     | 2025 | 500.00             |
| City CAMP HILL  | <b>State</b><br>PA | <b>Zip Cod</b><br>17089 | e (Plus 4) |        |        | 2023 |                    |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

3,500.00

\$

### 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   |                     |     |            | Rep     | orting Pe | riod  |      |            |               |
|---|---------------------|-----|------------|---------|-----------|-------|------|------------|---------------|
|   |                     |     |            | Fron    | n:        |       | Te   | <b>)</b> : |               |
|   |                     |     |            |         | D         | ATE   |      |            | AMOUNT        |
| Full Name of Contributor                |                     |     |            |         | МО        | DAY   | YEAR | \$         | 0.00          |
| Mailing Address                         |                     |     |            |         |           |       |      |            |               |
| City                                    | State               | Zip | Code (Plus | s 4)    |           |       |      |            |               |
| Employer Name                           |                     |     |            |         | Occupa    | tion  |      |            |               |
| Employer Mailing Address/Principal Plac | e of Business       |     | City       |         |           | State |      | Zip (      | Code (Plus 4) |
| Enter Grand Total of Part C on Sche     | dule I, Detailed Su | umm | ary Page,  | Section | on 3.     |       |      |            | PAGE TOTAL    |
|   |                     |     |            |         |           |       |      | \$         | 0.00          |

## 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              |                | Report  | ing Peri | od  |      |            |
|---------------------------|---------------------------|----------------|---------|----------|-----|------|------------|
|                           |                           |                | From:   |          |     | To:  |            |
|                           |                           |                |         | D        | ATE |      | AMOUNT     |
| Full Name                 |                           |                |         | мо       | DAY | YEAR | \$<br>0.00 |
| Mailing Address           |                           |                |         |          |     |      |            |
| City                      | State                     | Zip Code (I    | Plus 4) |          |     |      |            |
| Receipt Description       | •                         | •              |         |          | •   |      |            |
| Futor Count Total of Boot | Fan Cabadula I Batailad   | Commence Dance | Castian | 4        |     |      | PAGE TOTAL |
| Enter Grand Total of Part | c on schedule 1, Detailed | Summary Page,  | Section | 4.       |     |      | \$<br>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 |                            |                 |
|--|------------------|----------------------------|-----------------|
| PEOPLE FOR ABIGAIL SALISBURY   | From:            | <u>1/1/2025</u> <b>To:</b> | <u>5/5/2025</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTOR   |                            |                 |
| TOTAL for the Reporting Pe   | eriod (1)        | \$                         | 0.00            |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR   | T F)             |                            |                 |
| TOTAL for the Reporting Pe   | eriod (2)        | \$                         | 0.00            |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)   |                  |                            |                 |
| TOTAL for the Reporting Pe   | eriod (3)        | \$                         | 0.00            |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1 |                  | \$                         | 0.00            |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Candi | date               |                         | Reporting | Period   |      |            |           |      |
|-----------------------------------|--------------------|-------------------------|-----------|----------|------|------------|-----------|------|
|                                   |                    |                         | From:     |          |      | To:        |           |      |
|                                   |                    | •                       |           | DATE     |      |            | AMOUNT    |      |
| Full Name of Contributor          |                    |                         | МО        | DAY      | YEAR |            |           |      |
| Mailing Address                   |                    |                         |           |          |      | <b></b> \$ |           | 0.00 |
| City                              | State              | Zip Code (Plus 4)       |           |          |      |            |           |      |
| Description of Contribution:      | •                  |                         | •         |          |      | •          |           |      |
|                                   |                    |                         |           |          |      |            |           |      |
| Enter Grand Total of Part F on S  | Schedule II, In-Ki | nd Contributions Detail | led Sum   | mary Pag | je,  |            | PAGE TOTA | AL   |
| Section 2.                        |                    |                         |           |          |      | \$         |           | 0.00 |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate   |                  |      |                  | Rep    | porting | Period         |        |      |                   |
|---|------------------|------|------------------|--------|---------|----------------|--------|------|-------------------|
|   |                  |      |                  | Fro    | m:      |                | То:    |      |                   |
|   |                  |      |                  |        |         | DATE           |        |      | AMOUNT            |
| Full Name of Contributor                |                  |      |                  |        | мо      | DAY            | YEAR   |      |                   |
| Mailing Address                         |                  |      |                  | -      |         |                |        | \$   | 0.00              |
| City                                    | State            |      | Zip Code(Plus 4) |        |         |                |        |      |                   |
| Employer of Contributor                 |                  |      |                  |        | Occup   | ation          |        |      |                   |
| Employer Mailing Address/Principal Plac | ce of Business   | Cit  | ty               | State  | e Zij   | o Code(Plus 4) | Descri | ptio | n of Contribution |
| Enter Grand Total of Part G on Sch      | edule II, In-Kir | nd ( | Contributions D  | etaile | ed      |                |        |      | PAGE TOTAL        |
| Summary Page, Section 3.                |                  |      |                  |        |         |                |        |      | 0.00              |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Per | riod     |     |                 |
|---------------------------------------|---------------|----------|-----|-----------------|
| PEOPLE FOR ABIGAIL SALISBURY          | From          | 1/1/2025 | То: | <u>5/5/2025</u> |

|   |                       |                   |             | DATE          |                  |          | AMOUNT   |
|---|-----------------------|-------------------|-------------|---------------|------------------|----------|----------|
| To Whom Paid                                      |                       |                   | МО          | DAY           | YEAR             |          |          |
| Word Press  |                       |                   | 1-10        |               | 1 = 1 \          |          |          |
| Mailing Address 60 29th S                         | t, Suit 343           |                   | 5           | 2             | 2025             | \$       | 176.55   |
| City San Francisco                                | State                 | Zip Code (Plus 4) | Descrip     | tion of Exp   | enditure         |          |          |
|   | CA                    | 94110             | Website     | Exp           |                  |          |          |
| To Whom Paid                                      |                       |                   | мо          | DAY           | YEAR             |          |          |
| MailChimp   |                       |                   | HO          |               | ILAK             |          |          |
| Mailing Address 675 Ponce                         | e De Leon Ave.        |                   | 4           | 18            | 2025             | \$       | 111.58   |
| <b>City</b> Atlanta                               | State                 | Zip Code (Plus 4) | Descrip     | tion of Exp   | enditure         | l        |          |
|   | GA                    | 30308             | Website     | e Exp         |                  |          |          |
| To Whom Paid                                      |                       |                   | МО          | DAY           | YEAR             |          |          |
| Action Housing                                    |                       |                   | HO          |               | ILAK             |          |          |
| Mailing Address 611 Willia                        | m Penn Place Suit 800 |                   | 1           | 22            | 2025             | \$       | 250.00   |
| <b>City</b> Pittsburgh                            | State                 | Zip Code (Plus 4) | Descrip     | tion of Exp   | enditure         | L        |          |
|   | PA                    | 15219             | Victory     | Party         |                  |          |          |
| To Whom Paid                                      |                       |                   | МО          | DAY           | YEAR             |          |          |
| Woodland Hills Foundation                         |                       |                   | МО          | DAT           | ILAK             |          |          |
| Mailing Address P.O. Box                          | 321                   |                   | 3           | 12            | 2025             | \$       | 1,500.00 |
| City Turtle Creek                                 | State                 | Zip Code (Plus 4) | Descrip     | tion of Exp   | enditure         |          |          |
|   | PA                    | 15145             | Sponso      | rship         |                  |          |          |
| To Whom Paid                                      |                       |                   | МО          | DAY           | YEAR             |          |          |
| Anna Rose Bakery & Coffy Sh                       | юр                    |                   | МО          | DAT           | TEAK             |          |          |
| Mailing Address 100 N 2nd                         | d St                  |                   | 3           | 26            | 2025             | \$       | 47.68    |
| <b>City</b> Harrrisburg                           | State                 | Zip Code (Plus 4) | Descrip     | tion of Exp   | enditure         | <u>I</u> |          |
|   | PA                    | 17101             | Fundrai     | ser -Food     |                  |          |          |
|   |                       |                   |             |               |                  |          |          |
| To Whom Paid                                      |                       |                   | МО          | DAV           | VEAD             |          |          |
|   |                       |                   | МО          | DAY           | YEAR             |          |          |
| To Whom Paid Jenna Colby Mailing Address 7618 Ros | yn St                 |                   | <b>MO</b> 4 | <b>DAY</b> 18 | <b>YEAR</b> 2025 | \$<br>\$ | 292.00   |
| Jenna Colby                                       | lyn St<br>State       | Zip Code (Plus 4) | 4           |               | 2025             | \$       | 292.00   |

|                                       |                         |                         |  |             |          | PA             | GE 13     |
|---------------------------------------|-------------------------|-------------------------|--|-------------|----------|----------------|-----------|
| To Whom Paid                          |                         |                         |  | DAY         | YEAR     |                |           |
| Swissvale Orioles                     |                         |                         | МО   |             | 12/110   |                |           |
| Mailing Address 7207 Schley Ct        |                         |                         | 4  | 14          | 2025     | \$             | 250.00    |
| <b>City</b> Swissvale                 | State                   | Zip Code (Plus 4)       | Descrip                                      | tion of Exp | enditure | •              |           |
|                                       | PA                      | 15218                   | Sponsorship                                  |             |          |                |           |
| To Whom Paid                          |                         |                         | мо   | DAY         | YEAR     |                |           |
| Billy Jo                              |                         |                         | 1-10   |             |          |                |           |
| Mailing Address 13 Hillcrest Dr Apt 6 |                         |                         | 4  | 22          | 2025     | \$             | 150.00    |
| <b>City</b> Pittsburgh                | State                   | Zip Code (Plus 4)       | Descrip                                      | tion of Exp | enditure | •              |           |
|                                       | PA                      | 15202                   | Graphic Design                               |             |          |                |           |
| To Whom Paid                          |                         |                         | мо   | DAY         | YEAR     |                |           |
| House Democratic Campaign Committee   |                         |                         |  |             |          |                |           |
| Mailing Address P.O. Box              | 35                      |                         | 4  | 22          | 2025     | \$             | 2,500.00  |
| <b>City</b> Harrrisburg               | State                   | Zip Code (Plus 4)       | Description of Expenditure                   |             |          |                |           |
|                                       | PA                      | 17108                   | Assesment                                    |             |          |                |           |
| To Whom Paid                          |                         |                         | мо   | DAY         | YEAR     |                |           |
| Costco                                |                         |                         | 140  |             | ILAK     |                |           |
| Mailing Address 501 E Waterfront Dr   |                         |                         | 5  | 2           | 2025     | \$             | 146.38    |
| <b>City</b> Homestead                 | State                   | Zip Code (Plus 4)       | Description of Expenditure                   |             |          |                |           |
|                                       | PA                      | 15120                   | Dinner for Poeple without Power due to Storm |             |          |                |           |
| To Whom Paid                          |                         |                         | МО   | DAY         | YEAR     |                |           |
| ActBlue                               |                         |                         | 1-10   |             | ILAK     |                |           |
| Mailing Address 366 Summer St,        |                         |                         | 4  | 28          | 2025     | \$             | 13.93     |
| <b>City</b> Somerville                | State                   | Zip Code (Plus 4)       | Description of Expenditure                   |             |          |                |           |
|                                       | MA                      | 02144                   | ActBlue Fees                                 |             |          |                |           |
| To Whom Paid                          |                         |                         | мо   | DAY         | YEAR     |                |           |
| Bombay to Burgh Resturant             |                         |                         | 140  |             | IZAK     |                |           |
| Mailing Address 1814 S Braddock Ave   |                         |                         | 5  | 2           | 2025     | \$             | 1,186.92  |
| City PITTSBURGH                       | State                   | Zip Code (Plus 4)       | Descrip                                      | tion of Exp | enditure |                |           |
|                                       | PA                      | 15218                   | Dinner for Poeple without Power due to Storm |             |          |                |           |
|                                       |                         |                         |  |             |          | P              | AGE TOTAL |
| Enter Grand Total of Expe             | enditures on Page 1, Re | port Cover Page, Item D | ).   |             |          | \$             | 6,625.04  |
|                                       |                         |                         |  |             |          | l <sup>'</sup> | 0,023.04  |