

PA STATE ATHLETIC COMMISSION NAME			
ADDRESS	Harrisburg	PA	ZIP
P: [] [] []	F: [] [] []	e-mail address	
EXECUTIVE DIRECTOR: GREG SIRB			
SUPPORTING OFFICIALS:			
NAME:	[] [] [] []	TITLE:	[] [] [] []
NAME:	[] [] [] []	TITLE:	[] [] [] []
NAME:	[] [] [] []	TITLE:	[] [] [] []
NAME:	[] [] [] []	TITLE:	[] [] [] []
NAME:	[] [] [] []	TITLE:	[] [] [] []
NAME:	[] [] [] []	TITLE:	[] [] [] []

CITY:	Broadheadsville	DATE:	2/10/23
STATE/PROVINCE:	PA	VENUE:	Sig Arena
EVENT NAME:	USKA	PROMOTER:	G GRANT
JUDGE(s):	1. BCOLFLESH	2. G MONSKIE	3. D BROGAN
	4. [] [] [] []	5. [] [] [] []	6. [] [] [] []
	7. [] [] [] []	8. [] [] [] []	9. [] [] [] []
REFEREE(s):	1. J SHIP{EY	2. [] [] [] []	3. [] [] [] []
	4. [] [] [] []	5. [] [] [] []	6. [] [] [] []
RINGSIDE DOCTOR(s):	1. DrFROMASCAVAGE	2. [] [] [] []	3. [] [] [] []
ANNOUNCER:	[] [] [] [] [] [] [] [] [] []		
TIMEKEEPER:	R NARDONE		
MATCHMAKER:	[] [] [] [] [] [] [] [] [] []		

BOUT #	RDS.	STATUS	FIGHTER NAME	MMA ID# ^{and/or} DOB	WEIGHT	WINNER	RD.	TIME	METHOD	SUSPENSIONS
[]	3	<input type="radio"/> Pro <input checked="" type="radio"/> Am	Donato TRINKLE	[] [] [] [] 6 30 99	150.6	<input checked="" type="radio"/>	3	[]	UNA DEC	[] [] [] [] [] [] [] [] [] []
			Anthony LABOY	[] [] [] [] 4 8 98	148.9	<input type="radio"/>			REFEREE [] [] [] []	[] [] [] [] [] [] [] [] [] []
[]	[]	<input type="radio"/> Pro <input checked="" type="radio"/> Am	Michael HIBBERT	[] [] [] [] 7 26 00	160.2	<input checked="" type="radio"/>	[]	[]	UNA DEC	[] [] [] [] [] [] [] [] [] []
			Mathew ERHARDT	[] [] [] [] 8 21 02	157.6	<input type="radio"/>			REFEREE [] [] [] []	[] [] [] [] [] [] [] [] [] []
[]	[]	<input type="radio"/> Pro <input checked="" type="radio"/> Am	James SILFIES	[] [] [] [] 8 29 04	151.6	<input type="radio"/>	1	1:21	TKO	30 [] [] Silfies-30 day susp
			Flynn FAFFERTY	[] [] [] [] 10 14 03	153	<input checked="" type="radio"/>			REFEREE [] [] [] []	[] [] [] [] [] [] [] [] [] []
[]	[]	<input type="radio"/> Pro <input checked="" type="radio"/> Am	Ralph IKONA	[] [] [] [] 5 19 80	172.8	<input type="radio"/>	2	:10	KO	60 [] [] Ikona-60 day susp-needs Phys before next bou
			Brody HARRIS	[] [] [] [] 6 5 02	175.8	<input checked="" type="radio"/>			REFEREE [] [] [] []	[] [] [] [] [] [] [] [] [] []

BOUT #	RDS.	STATUS	FIGHTER NAME	MMA ID# ^{and/or} DOB	WEIGHT	WINNER	RD.	TIME	METHOD	SUSPENSIONS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Pro <input checked="" type="radio"/> Am	Jasmit SIDHU Mathew BUONFORTE	<input type="text"/> 10 1 91 <input type="text"/> 12 4 98	136.2 137.2	<input checked="" type="radio"/> <input type="radio"/>	2 3	<input type="text"/> 1:45	TKO REFEREE <input type="text"/>	<input type="text"/> <input type="text"/> 45 <input type="text"/> Bounforte-30 day suspo <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Pro <input checked="" type="radio"/> Am	Trey THOMPSON Josh DONEHUE	<input type="text"/> 2 28 99 <input type="text"/> 3 21 91	178.8 180.2	<input type="radio"/> <input checked="" type="radio"/>	2	<input type="text"/> 1:24	TKO REFEREE <input type="text"/>	30 <input type="text"/> Thompson -30 day susp[<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Pro <input checked="" type="radio"/> Am	Ricardo-Jean-PIERRE Dillion BRAY	<input type="text"/> 12 28 80 <input type="text"/> 8 7 96	150.2 151.2	<input type="radio"/> <input checked="" type="radio"/>	3	<input type="text"/>	UNA DEC REFEREE <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Pro <input type="radio"/> Am	<input type="text"/> <input type="text"/>	<input type="text"/> MM DD YYYY <input type="text"/> MM DD YYYY	<input type="text"/> <input type="text"/>	<input type="radio"/> <input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> REFEREE <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Pro <input type="radio"/> Am	<input type="text"/> <input type="text"/>	<input type="text"/> MM DD YYYY <input type="text"/> MM DD YYYY	<input type="text"/> <input type="text"/>	<input type="radio"/> <input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> REFEREE <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Pro <input type="radio"/> Am	<input type="text"/> <input type="text"/>	<input type="text"/> MM DD YYYY <input type="text"/> MM DD YYYY	<input type="text"/> <input type="text"/>	<input type="radio"/> <input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> REFEREE <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Pro <input type="radio"/> Am	<input type="text"/> <input type="text"/>	<input type="text"/> MM DD YYYY <input type="text"/> MM DD YYYY	<input type="text"/> <input type="text"/>	<input type="radio"/> <input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> REFEREE <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>