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

	nte to	1		-	Name and Address of the Owner, which the Owner, where the Owner, which the Owner, where the Owner, which the	-	Committee		Lobbyist			
Filer Identification	-		1100		y Candida	te X	Committee		Loudyist			
Number			<u> </u>	rk X)								
Name of Filing Commi	ittee, Car	ndidate or	₩ill	Will Carpenter								
Lobbyist												
Street Address			224	224 E Wall St.								
City					State	PA	Zip Code	18018				
City Bethlehem					Jidle	FA		10010				
Type of Report (Place >	x under r	eport type)										
1-6 th Tuesday 2- 2 nd	^{id} Friday	3- 30 Day Post	4- 6th	Tuesday	5- 2 nd Friday	6- 30 Day Post	7- Annual	Special 2 nd Frie				
	Primary			Election	Pre- Election	Election		Pre-Election	Post-Election			
	X		Γ									
			V		2010	Amendment		Termination				
Date Of Election		11/05/2019	Year		2019			Report				
(MM/DD/YYYY)						Report		Heboit				
Summary of Receipts and From Date			-		The state of the s							
I Summary of Receipts :	and '	From Date		To Date	a l		For	Office Use Only				
	and						For	Office Use Only				
Expenditures	and	02/26/2019			6/06/2019		For	Office Use Only				
Expenditures		02/26/2019	Ş	05			For	Office Use Only				
Expenditures A. Amount Brought Fo	orward F	02/26/2019 rom Last Report		05	5/06/2019		For	Office Use Only				
Expenditures A. Amount Brought Fo B. Total Monetary Cor	orward F	02/26/2019 rom Last Report		05	5/06/2019		For	Office Use Only				
Expenditures A. Amount Brought Form B. Total Monetary Core (From Schedule I)	orward F	02/26/2019 rom Last Report	Ç	05	0		For	Office Use Only				
A. Amount Brought For B. Total Monetary Cor (From Schedule I) C. Total Funds Availab	orward F ntributio	02/26/2019 rom Last Report	Ç	05	0		For	Office Use Only				
A. Amount Brought For B. Total Monetary Cor (From Schedule I) C. Total Funds Availab (Sum of Lines A and B	orward F intribution ble	02/26/2019 rom Last Report	Ç	05	0 0		For	Office Use Only				
A. Amount Brought For B. Total Monetary Cor (From Schedule I) C. Total Funds Availab (Sum of Lines A and B D. Total Expenditures	orward F intribution ble	02/26/2019 rom Last Report	Ç	05	0		For	Office Use Only				
A. Amount Brought Forms. B. Total Monetary Core (From Schedule I) C. Total Funds Availabe (Sum of Lines A and B.) D. Total Expenditures (From Schedule III)	orward F intribution ble 3)	02/26/2019 rom Last Report	4	05	0 0 0 4652.73		For	Office Use Only				
Expenditures A. Amount Brought Form B. Total Monetary Core (From Schedule I) C. Total Funds Availabe (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance	orward F intribution ble 3)	02/26/2019 rom Last Report	4	05	0 0		For	Office Use Only				
Expenditures A. Amount Brought Form B. Total Monetary Core (From Schedule I) C. Total Funds Availabe (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from	orward F intribution ble 3) 5 ce 1 Line C)	02/26/2019 From Last Report ons and Receipts	Ç	05	0 0 0 0 4652.73		For	Office Use Only				
Expenditures A. Amount Brought Form B. Total Monetary Core (From Schedule I) C. Total Funds Availabe (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from F. Value of In-Kind Core	orward F intribution ble 3) 5 ce 1 Line C)	02/26/2019 From Last Report ons and Receipts	Ç	05	0 0 0 4652.73		For	Office Use Only				
A. Amount Brought Form B. Total Monetary Core (From Schedule I) C. Total Funds Availabe (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from F. Value of In-Kind Core (From Schedule III)	orward F entribution ble 3) 5 ce Line C)	02/26/2019 From Last Report ons and Receipts ons Received	C .	05	0 0 0 0 4652.73 -4652.73		For	Office Use Only				
A. Amount Brought Form B. Total Monetary Core (From Schedule I) C. Total Funds Availabe (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from F. Value of In-Kind Core (From Schedule II) G. Unpaid Debts and Core	orward F entribution ble 3) 5 ce Line C)	02/26/2019 From Last Report ons and Receipts ons Received	C .	05	0 0 0 0 4652.73		For	Office Use Only				
A. Amount Brought Form B. Total Monetary Core (From Schedule I) C. Total Funds Availabe (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from F. Value of In-Kind Core (From Schedule III)	orward F entribution ble 3) 5 ce Line C)	02/26/2019 From Last Report ons and Receipts ons Received	C .	05	0 0 0 0 4652.73 -4652.73		For	Office Use Only				
A. Amount Brought Form B. Total Monetary Core (From Schedule I) C. Total Funds Availabe (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from F. Value of In-Kind Core (From Schedule II) G. Unpaid Debts and Core	orward F intribution ble 3) 5 5 6 Line C) ontribution	02/26/2019 From Last Report ons and Receipts ons Received	C	05	0 0 0 4652.73 -4652.73 0 -4652.73			Office Use Only				

Statement of Expenditures

Filer Identification Number:	
Luct identification unimer.	
经 。	

To Wh	om Paid	Friends of Will Carpe	enter			Date [MM/DD/YYYY]	\$	500,00		
		Tricinas or Trin Gorpe					02/26/2019			
House	# 224	Street Address E	Wall St.		-		Description of Expend	iture		
City	Bethlehem	TARCAS ECONOMICS AT	State	PA	Zip Code	18018	Campaign Loan			
To Wh	om Paid	Friends of Will Carpe	enter				Date [MM/DD/YYYY] 04/08/2019	\$	4000.00	
House	# 224	Street Address E	Wall St.				Description of Expendi	ture		
City	Bethlehem		State	PA	Zip Code	18018	Campaign Loan			
To Wh	om Paid	PostNet		Marity and the con-			Date [MM/DD/YYYY]	\$	18.69	
							02/20/2019			
House	# 1	Street Address E	Broad St St	e 130		74744	Description of Expendi	ture		
City	Bethlehem		State	PA	Zip Code	18018	Press Release Fliers		Principal Co. De Application	
To Wh	nom Paid	Northampton Count	у				Date [MM/DD/YYYY] 03/11/2019	\$	25.00	
House	House # 669 Street Address Washington St						Description of Expendi	ture		
City	Easton		State	PA	Zip Code	18042	Petitiion Filing Fee			
To Wh	nom Paid	Staples					Date [MM/DD/YYYY] 05/03/2019	\$	44.04	
House	# 2138	Street Address V	V. Union Blv	d.			Description of Expenditure			
City	Bethlehem		State	PA	Zip Code	18018	Name tags			
To Wh	om Paid	Ed O'Brien Legislativ	e Dinner				Date [MM/DD/YYYY] 05/04/2019	\$	65.00	
House	# 53	Street Address E	Lehigh St.				Description of Expendi	ture		
City	Bethlehem		State	PA	Zip Code	18018	Campaign Dinner			
To Wh	om Paid						Date [MM/DD/YYYY]	\$		
House	#	Street Address					Description of Expendi	ture		
City			State		Zip Code					
To Wh	om Paid						Date [MM/DD/YYYY]	\$		
House	#	Street Address					Description of Expendi	ture		
City			State	-	Zip Code				200000000000000000000000000000000000000	

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

The second secon	
Filer Identification Number:	2 MARCH 1992 AND 1993 A 1993 C 1993 A 1993 C 1993 A 1993 C 19
The identification transport	

Name of	Creditor		Friends of 1	Will Carpenter			Sheet place with		Ot	itstanding Balance of Debt	
House #	224	Stree	et Address	E Wall St.		AND SHOP IN A SECOND SE	TE DEBT INC MM/DD/Y 02/26/201	YYY]	\$		
City		74	Bethlehem		State	PA	Zip	18018		500.00	
Descripti	on of Debt		Campaign	Loan Reimbursement	17575-200		code				
Name of	Creditor		Friends of	Will Carpenter	MANUAL SECTION		432		Oi	itstanding Balance of Debt	
			et Address	E Wall St.	DATE DEBT INCURRED [MM/DD/YYYY]						
			04/08/2019						4000.00		
City			Bethlehem		State	PA	Zip Code	18018		4000.00	
Descripti	on of Debt		Campaign	Loan Reimbursement							
Name of Creditor Friends of Will Carpenter							OL	itstanding Balance of Debt			
House #	224	Stree	et Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]					
							02/20/201	.9		18.69	
City			Bethlehem		State	PA	Zip Code	18018		1	
Description	on of Debt		Press Relea	se Fliers Reimbursement							
Name of	Creditor		Friends of	Will Carpenter		100			Ot	itstanding Balance of Debt	
House #	224	Stre	et Address E Wall St.				DATE DEBT INCURRED [MM/DD/YYYY]				
					03/11/2019				25.00		
City			Bethlehem		State	PA	Zip Code	18018		25,00	
Description	on of Debt		Petition Fili	ing Fee Reimbursement							
Name of	Creditor		Friends of	Will Carpenter				Walter Control	Ot	itstanding Balance of Debt	
House #	224	Stree	et Address	E Wall St.		THE RESIDENCE OF	E DEBT INC		\$		
		1/8					05/03/201	.9		44.04	
City			Bethlehem		State	PA	Zip Code	18018			
Description	on of Debt		Name Tags	Reimbursement							
Name of	Creditor		Friends of \	Will Carpenter					Ou	itstanding Balance of Debt	
House #	224	Stree	et Address	E Wall St.	DATE DEBT INCURRED [MM/DD/YYYY]			\$			
Cit	- 10 Line -						05/04/2019			65.00	
City		4.	Bethlehem		State	PA	Zip Code	18018			
Description	on of Debt		Campaign I	Dinner Reimbursement							

*			
*			

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

Filer Identification Number			Repo (Mai	rt Filed E k X)	Sy Candida	te		Committee	X	Lobbyist
Name of Filing Com Lobbyist	mittee, Ca	ndidate or	Frien	Friends of Will Carpenter						
Street Address			224 E	224 E Wall St.						
City Bethelem					State	PA		Zip Code	18018	
Type of Report (Place	e x under i	report type)								
1- 6 th Tuesday 2- Pre-Primary Pre	2 nd Friday -Primary			Tuesday ection	5- 2 nd Friday Pre- Election	6- 30 Day Election	/ Post	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
	X									
Date Of Election 11/05/2019 (MM/DD/YYYY)			Year		2019	Amendm Report	ent		Termination Report	
Summary of Receip	ts and	From Date		To Date	2			For	Office Use Only	
Expenditures		02/26/2019	05/0		/06/2019					
A. Amount Brought	Forward F	rom Last Report	\$		0					
B. Total Monetary ((From Schedule I)	Contributio	ns and Receipts	\$		2275.00					
C. Total Funds Avail (Sum of Lines A and			\$:	2275.00					
D. Total Expenditure (From Schedule III)		····	\$		3007.04					
E. Ending Cash Balance (Subtract Line D from Line C)			\$		-732.04					
F. Value of In-Kind Contributions Received (From Schedule II)					D					
G. Unpaid Debts and (From Schedule IV)	- 54	TARREST SIG	\$	HARRIN TITL LAS	4652 73	-	s -		G 44 00 1	
			A distribut	harata e	- Affidavit Se	ction		Markey		

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number								
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor								
Total for the reporting period (1)	\$	25.00						
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)								
Contributions Received from Political Committees (Part A)	\$	O						
All Other Contributions (Part B)	\$	250.00						
Total for the reporting period (2)	\$	250.00						
3. Contributions Over \$250.00 (From Part C and Part D)								
Contributions Received from Political Committees (Part C)	\$	0						
All Other Contributions (Part D)	\$	2000.00						
Total for the reporting period (3)	\$	2000.00						
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)								
Total for the reporting period (4)	\$	0						
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report	\$	2275.00						

Cover Page, Item B)

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

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

Filer Identification Number:

	Co Inches						
Full Name of Co	ontributor Frank Boyer	r	, AVA 345		Date [MM/DD/YYYY]	\$	250.00
					04/23/2019		
House # 234	Street Address	E. Market St.			Date [MM/DD/YYYY]	\$	2.002
City Bethleh	nem	State PA	Zip Code	19019	Date [MM/DD/YYYY]	\$	
Salkiese							
Full Name of Co	ontributor				Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
					17,000,000		
Full Name of Co	ontributor		Date [MM/DD/YYYY]	\$			
House #	Street Address				Date [MM/DD/YYYY]	\$	
City Bethleh	nem	State PA	Zip Code	18018	Date [MM/DD/YYYY]	\$	
						0.58	
Full Name of Co	ontributor				Date [MM/DD/YYYY]	\$	
							5
House #	Street Address		91-19-5		Date [MM/DD/YYYY]	\$	
2							1
City		State	Zip Code	T	Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributor			The second second	Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Ut Hill							
Full Name of Co	ontributor				Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
						1	

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:

an manie of con	tributor Steve Diamo	ond		****	Date [MM/DD/YYYY]	\$	2000.00
					04/23/2019		
House # 425	Street Address	C 4 C			Date [MM/DD/YYYY]	\$	
		Center St.				455 553	
City Bethleher	m	State PA	Zip Code	18018	Date [MM/DD/YYYY]	\$	-
mployer Name		Mid-Atlantic Medi	cal Examiners		Occupation Medica	l Examine	r
mployer Mailing		425 Center St., Bet	thlehem, PA 18018		P seed to the seed of the seed		
ull Name of Cont	Street, Street				Date [MM/DD/YYYY]	\$	
						1416	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	1-22-900-90-0-0-0	State	Zip Code		Date [MM/DD/YYYY]	\$	
imployer Name					Occupation		
Employer Mailing Principal Place of					No. 10 and the control of the contro		
uil Name of Cont					Date [MM/DD/YYYY]	\$	
louse #	Street Address				Date [MM/DD/YYYY]	\$	
City	No Competed	State	Zip Code		Date [MM/DD/YYYY]	\$	
mployer Name					Occupation		
Employer Mailing Principal Place of		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
ull Name of Cont	AND REAL PROPERTY AND ADDRESS OF THE PARTY AND	a Marie Wood In child publich			Date [MM/DD/YYYY]	\$	
louse #	Street Address				Date [MM/DD/YYYY]	\$	
ALL PROPERTY OF THE PARTY OF TH	manufacture transact	State	Zip Code		Date [MM/DD/YYYY]	\$	
lity						183	
ity mployer Name			7000		1	11.53	

SCHEDULE III

Statement of Expenditures

Filer Identification Number:		

We last	D. L.I.			Carlo a Sunta un	The state of		Date INSEA IND MODOL	Te		
lo Wh	om Paid	Kennedy Printing Co	mpany				Date [MM/DD/YYYY]	\$	2430.00	
							04/15/2019		<u> </u>	
House	# 5534	Street Address B	Saltimore Av	е			Description of Expend	iture		
City	Philadelphia	1	State	PA	Zip Code	19143	yard signs	yard signs		
To Wh	om Paid	Kennedy Printing Co	mpany				Date [MM/DD/YYYY]	\$	280.80	
81.4	a la A						04/18/2019			
House	# 5534	Street Address E	Baltimore Av	e			Description of Expendi	ture		
City	Philadelphia	1	State	PA	Zip Code	19143	sign shipping			
To Wh	om Paid	Kennedy Printing Co	mpany				Date [MM/DD/YYYY]	\$	296.24	
							04/23/2019			
House	# 5534	Street Address B	altimore Ave	9		25 25 III-200 - 1	Description of Expendi	ture		
City	Philadelphia	1	State	PA	Zip Code	19143	palm cards			
To Wh	om Paid						Date [MM/DD/YYYY]	\$		
								60		
House	#	Street Address					Description of Expendit	ure		
City			State		Zip Code					
To Wh	om Paid						Date [MM/DD/YYYY]	\$		
House	#	Street Address				<u> </u>	Description of Expendit	ure		
City			State		Zip Code					
To Wh	om Paid						Date [MM/DD/YYYY]	\$		
House	#	Street Address				***************************************	Description of Expendit	ure	L	
City			State		Zip Code					
To Wh	om Paid					The state of the s	Date [MM/DD/YYYY]	\$		
House	#	Street Address				32,000	Description of Expenditure			
City			State	PA	Zip Code					
To Who	om Paid			Development of Supervisors			Date [MM/DD/YYYY]	\$		
House	#	Street Address					Description of Expendit	ure		
City	1		State		Zip Code					

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Iden	tification Nu	mber:									
Name of	Creditor		Will Carpe	pter					O	utstanding Balance of Debt	
		Stre	eet Address E Wall St.			DATE DEBT INCURRED [MM/DD/YYYY]			\$		
City			Bethlehen	State		02/26/2019 PA Zip 18018			500.00		
		Bethlehem		State	PA Zip Code		18018				
Descript	ion of Debt		Campaign	Loan							
Name of	Creditor		Will Carpenter						Outstanding Balance of Debt		
House #	House # 224 Stre		et Address E Wall St.			DATE DEBT INCURRED [MM/DD/YYYY]			\$		
City	La construction	148	I partition		State		04/08/20 Zip			4000.00	
City		Bethlehem State			PA	Code	18018				
Descript	ion of Debt		Campaign	Loan							
Name of	Creditor		Will Carpenter						Outstanding Balance of Debt		
House #	224	Stre	et Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$			
							02/20/20	19		18.69	
City			Bethlehem		State	PA	Zip Code	18018			
Descripti	on of Debt									A	
Name of Creditor			Will Carpenter						Outstanding Balance of Debt		
House #	louse # 224 Stre			et Address E Wall St.			DATE DEBT INCURRED [MM/DD/YYYY]				
City			Bethlehem	State		03/11/2019 PA Zip 18018		- 3	25.00		
Descripti	on of Debt						Code				
Descripti	on or pear										
Name of Creditor			Will Carpenter							Outstanding Balance of Debt	
House #	House # 224 \$		et Address	E Wall St.		CONTRACTOR TOTAL	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City			Bethlehem		State	PA	05/03/20:	18018		44.04	
Descripti	on of Debt		(1000)		\$480.000 B		Code	ăl			
Name of	Creditor		Will Carpenter						Ou	Outstanding Balance of Debt	
House # 224 Stree		et Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	REPORTS A HISTORY AND THE CONTRACT OF STREET				
						05/04/2019			65.00		
City			Bethlehem		State	PA	Zip Code	18018			
Description	on of Debt										