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

Number			1	ort Filed B Irk X)	y C	andida	te	X	Committee		Lobbyist
Name of Filing Com Lobbyist	imittee, Ca	ndidate or	Will	Carpenter							
Street Address			224	E Wall St.							
City	Bethlehe	em	<u> </u>	·	S	tate	PA		Zip Code	18018	
Type of Report (Pla	ce x under i	report type)									
	2 nd Friday	and the second second second	A. 6th	Tuesday	5-2 nd	Friday	6- 30 D	av Post	7- Annual	Special 2 nd Friday	Special 30 Day
1	2 Friday e-Primary	3- 30 Day Post Primary	Pre- I	Election	Pre- El			-		Pre-Election	Post-Election
		X]			
Date Of Election		11/05/2019	Year	r i i	20:	19	Amend			Termination	
(MM/DD/YYYY)		4 - -					Report			Report	
Summary of Receip	ats and	From Date		To Date	2		1		For	Office Use Only	
Expenditures	563 0110	05/07/2019			/10/2019	9					
A. Amount Brough	t Forward F	rom Last Repor	t	5 .	4652.73						
B. Total Monetary (From Schedule I)	Contributio	ons and Receipt	5 4	5	0		1				
C. Total Funds Ava (Sum of Lines A an			Ş	\$.	4652.73		1				
D. Total Expenditu (From Schedule III)	res		1	\$	2911.05		1				
E. Ending Cash Bala		<u> </u>		\$	-7563.78		1				
(Subtract Line D fro F. Value of In-Kind	om Line C)	ons Received		\$	0						
	nd Obligativ	ons		\$	-7563.78						
(From Schedule II) G. Unpaid Debts at	na Anugaria										
			in the second second								
G. Unpaid Debts an (From Schedule IV) Part 1- If this is a Com	mittee repo	rt, treasurer sign l	iere. If	this is a Ca	ndidate r	idavit Se eport, c	andidate s	ign here.			
G. Unpaid Debts an (From Schedule IV) Part 1- If this is a Com	mittee repo	rt, treasurer sign h , including the att	nere. If ached s	this is a Ca chedules o	ndidate r	eport, c	andidate s	ign here. y knowle	dge and belief t	rue, correct and comp	ete.

SCHEDULE III Statement of Expenditures

Filer Identification Number:

and the second second			520 + 1500 - 250	1		the second second second			
To W	nom Paid	Xpressdocs					Date [MM/DD/YYYY]	\$	2911.05
							05/08/2019		
House	# 4901	Street Address	I. Beach St.				Description of Expend	iture	
City	Fort Worth		State	TX	Zip Code	76112	Campaign Mailing		
To Wh	nom Paid		and the second second				Date [MM/DD/YYYY]	\$	
House	#	Street Address					Description of Expendi	ture	
		Street Address					Description of Expendi	uie	
City			State		Zip Code				
To Wh	iom Paid						Date [MM/DD/YYYY]	\$	
House	#	Street Address					Description of Expendi	ture	
City			State		Zip				
					Code				
To Wh	iom Paid						Date [MM/DD/YYYY]	\$	
House	#	Street Address					Description of Expendi	ture	
			·		•				
City			State		Zip				
			1		Code				1
To Wh	om Paid						Date [MM/DD/YYYY]	\$	
House	#	Street Address				·	Description of Expendit	ture	
City			State		Zip				
					Code				
To Wh	om Paid						Date [MM/DD/YYYY]	\$	
House	#	Street Address					Description of Expendit	ure	
City			State		Zip				·····
					Code				
To Wh	om Paid						Date [MM/DD/YYYY]	\$	
House	#	Street Address					Description of Expendit	ure	
City	<u> </u>		State		Zip				
					Code				
To Who	om Paid						Date [MM/DD/YYYY]	\$	
House	#	Street Address					Dogenination of many fr		
		Jueer Address					Description of Expendit	ure	
City			State		Zip				
					Code				
The second second		the second s	All states and the state of the	in the second	and the second second		1		

Filer Iden	tification Nun	nber:								
			the second second							
Name of	Creditor		Friends of	Will Carpenter					00	itstanding Balance of Debt
House #	224	Stre	et Address	E Wall St.		1	E DEBT IN MM/DD/Y	YYY]	\$	
City			Bethlehem		State	PA	02/26/20: Zip	19 18018	_	500.00
Description	to to be	_					Code			
Descripti	ion of Debt		Campaign	Loan Reimbursement						
Name of	Creditor		Friends of	Will Carpenter			_		Ou	tstanding Balance of Debt
House # 224 Stre			et Address	E Wall St.		1	E DEBT IN MM/DD/Y	YYY]	\$	
City		1	Bethlehem		State	PA	04/08/20: Zip	19	-	4000.00
	- inite						Code			
Descripti	on of Debt		Campaign	Loan Reimbursement						
Name of	Creditor		Friends of 1	Will Carpenter					Ou	tstanding Balance of Debt
House #	224	Stree	et Address	E Wall St.			E DEBT INC MM/DD/Y		\$	
			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				02/20/201	19		18.69
City			Bethlehem		State	PA	Zip Code	13018		
Descripti	on of Debt		Press Relea	se Fliers Reimbursement						
Name of	Creditor		Friends of \	Will Carpenter			1. I		Ou	tstanding Balance of Debt
House #	224	Stree	et Address	E Wall St.			E DEBT INC MM/DD/Y	YYY]	\$	
City		1			State		03/11/201	1	_	25.00
			Bethlehem		State	PA	Zip Code	18018		
Description	on of Debt		Petition Fili	ng Fee Reimbursement						
Name of	Creditor		Friends of V	Vill Carpenter					Our	tstanding Balance of Debt
House #	224	Stree	et Address	E Wall St.			E DEBT INC MM/DD/Y 05/03/201	YYY]	\$	
City			Bethlehem		State	PA	Zip	18018	-	44.04
Descriptio	on of Debt		Name Tags	Reimbursement			Code			
Name of	Creditor		Friends of V	Vill Carpenter					Out	standing Balance of Debt
House #	224	Stree	t Address	E Wall St.			E DEBT INC		\$	
City		L .					05/04/201	9		65.00
City			Bethlehem		State	PA	Zip Code	18018		
Descriptio	on of Debt		Campaign D	linner Reimbursement			<u> </u>		·	

Filer Ider	ntification Number	2						
Name o	f Creditor	Friands of	Will Carpenter				1.01	utstanding Balance of Debt
House #		reet Address	E Wall St.	5	MM/DD/		\$	
City		Bethlehem	State	PA	05/08/20 Zip Code	18018		2911.05
Descript	ion of Debt	Campaign	Mailing Reimbursement		coue	1		I
Name o	f Creditor						Ou	itstanding Balance of Debt
House #	Sti	reet Address			DEBT IN	KURRED YYYY]	\$	
City			State		Zip Code			
Descript	ion of Debt				<u></u>			<u></u>
Name of	f Creditor						Ou	tstanding Balance of Debt
House #	Sti	eet Address			DEBT IN	CURRED (YYY]	\$	
City			State		Zip Code		-	
Descript	ion of Debt							
	Creditor							tstanding Balance of Debt
House #	Str	eet Address			DEBT IN IM/DD/\		\$	
City	·····		State		Zip Code			
Descript	ion of Debt							
Name of	Creditor						Our	tstanding Balance of Debt
House #	Str	eet Address			DEBT IN IM/DD/Y		\$	
City	<u> </u>		State		Zip Code			
Descripti	on of Debt							
	Creditor				11-11-	ter to do a station of	Out	tstanding Balance of Debt
House #	Str	eet Address			DEBT IN IM/DD/Y		\$	
City			State		Zip Code			
Descripti	on of Debt							

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Pit-std-satifi-st	ion 1		Line		-	-	-	COLUMN TWO IS NOT	-	indida			1	Comm	and the second second		1	51	Lobb	wiet	1
Filer Identificat Number					Report Filed By Candida (Mark X)				re.							X	LUDL	.1.21			
Number Name of Filing (Committe		ndidato a		· · · · · · · · · · · · · · · · · · ·		if Will (1							1
Lobbyist		ee, ca		1				Carpe	enter												
Street Address					224	E Wa	all St.														
City	В	ethlehe	em						Sta	ate	PA		Zip Code		18018						
Type of Report (e)																				
1-6 th Tuesday	v Post	4- 6 th Tuesday			5- 2 nd Friday		6- 30 Day Post		7- Annual		Spec	ial 2 nd	' Friday	Spec	Special 30 Day						
Pre-Primary	Pre-Prir	-	Primary		Pre- I			Pre	e- Ele	ction	Elect	tion				Pre-I	Electio	on	Post	-Electi	on
]	X																		
Date Of Election	<u>,</u> J		11/05/2	2019	Year				2019	<u>→</u>	Ame	ndme	nt			Tern	ninatio	on			
(MM/DD/YYYY))						12				Repo	ort				Repo	ort				
		4	From Da			T	o Date								Ford	Office	Lico C	nly	1		
Summary of Re Expenditures	celpts an	u	From Da	a (e											FUE	GINCE	036.0				
and a second and a second a se			05/01	7/2019			06,	/10/2	2019												
A. Amount Brought Forward From Last Repo					ę	5		-732.	04												
B. Total Moneta (From Schedule		ibutio	ins and Re	eceipts	Ş	5		290.0	00												
C. Total Funds A					ç	;		-442.	04												
(Sum of Lines A																					
D. Total Expend					Ş	\$ 213.75															
(From Schedule E. Ending Cash E						\$ -655.79															
(Subtract Line D		ne C)				-055.75															
F. Value of In-Ki			ons Receiv	red	Ę	\$ 0															
(From Schedule																					
G. Unpaid Debt		ligatic	ons		Ş		-	-7563.78													
(From Schedule	IV)						-	Assessment and	1 CC: 1	1.0	<u> </u>										
Part 1- If this is a C	ommitter	renor	t treasure	r sign he	ra If	this is	s a Can			avit Se		e sien h	ere.								
I swear (or affirm)	that this i	eport,	including t	he attac	hed s	ched	ules or	n pap	er, is	to the	bestof	my kno	owled	ige and be	elief tr	ue, cor	rect ar	nd compl	ete		
Swara to oad out		F				-		in the second				2.	H.								
																				9	
			Tard of The State	111-721-7 W	1171417	1757			animi	and the	in dett	STRUCT	v = 12	a Covicio	of of t	he Act	of lune	3. 1937	(P.L. 133	13. NO.	320) as
My Commis	ssion Ex	o. pires	August 2	4,202	2			111 - 5		7	rea co	de			Dayt	ime rei	repriori	e Numbe	ar		
Liny Commu				.,																	

1

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)	\$ 40
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ 0
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)	\$ 0
Total for the reporting period (3)	\$ 0
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	\$ 290.00

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:

Toll M	10 M								
Full Na	me of Contributo	F Ed Gallagher					Date [MM/DD/YYYY]	\$	100.00
							05/07/2019		
House	# 49 S1	treet Address _W	Greenwig	ch			Date [MM/DD/YYYY]	\$	
]	
City	Bethlehem		State	PA	Zip Code	18019	Date [MM/DD/YYYY]	\$	
								1	
Full Na	me of Contributo	Peg and Daniel	Church		and a second	No. of Concession, Special Street, Special Str	Date [MM/DD/YYYY]	\$	150.00
		regand parties	Charten				05/21/2019		130.00
House	# 435 St	treet Address	ghton St.,	D			Date [MM/DD/YYYY]	\$	
		DI	gnon st.,	, near					
City	Bethlehem	L	State	PA	Zip Code	18015	Date [MM/DD/YYYY]	\$	
								1.	
Full Na	me of Contributor	-				and the second se	Date [MM/DD/YYYY]	\$	
House	# St	reet Address					Date [MM/DD/YYYY]	\$	
City			State		Zip Code	1	Date [MM/DD/YYYY]	\$	
Full Na	me of Contributor						Date [MM/DD/YYYY]	\$	2 The Real Provide State
House	‡ St	reet Address					Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Na	ne of Contributor						Date [MM/DD/YYYY]	\$	
House #	l Sti	reet Address					Date [MM/DD/YYYY]	\$	
City	ii		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Nar	ne of Contributor						Date [MM/DD/YYYY]	\$	
House #	Str	eet Address					Date [MM/DD/YYYY]	\$	
City			State		Zip Code	<u> </u>	Date [MM/DD/YYYY]	\$	
1									1

SCHEDULE III Statement of Expenditures

Filer lo	dentification I	lumber:									
			A 45.00								
To WI	hom Paid	Marisa Lucy Design					Date [MM/DD/YYYY] 05/28/2019	\$ 213.75			
House	2 # 2	Street Address V	Vestbrock F	\d.			Description of Expend	liture			
City	Newton		State	LN .	Zip Code	07860	Mailer Campaign Design				
To W	hom Paid			<u> </u>			Date [MM/DD/YYYY]	\$			
House	2#	Street Address					Description of Expenditure				
City			State		Zlp Code	T					
To Wh	nóm Paid		and the second	•			Date [MM/DD/YYYY]	\$			
House	2 #	Street Address					Description of Expendi	iture			
City			State		Zip Code						
To Wh	nom Paid						Date [MM/DD/YYYY]	\$			
House	#	Street Address					Description of Expendi	iture			
City			State		Zip Code						
To Wh	iom Paid						Date [MM/DD/YYYY]	\$			
House	#	Street Address					Description of Expendit	ture			
City			State		Zip Code						
To Wh	iom Paid						Date [MM/DD/YYYY]	\$			
House	#	Street Address					Description of Expendit	ture			
City		sa anna - Castala na chaona sha an a	State		Zip Code						
To Wh	om Paid						Date [MM/DD/YYYY]	\$			
House	#	Street Address					Description of Expendit	ture			
City			State		Zip Code						
To Wh	om Paid						Date [MM/DD/YYYY]	\$			
House	#	Street Address					Description of Expendit	ure			
City			State		Zip Code						

Name of Creditor Will Carpenter			Outstanding Balance of Debt
House # 224 Street Address E Wal	l St. DA	TE DEBT INCURRED [MM/DD/YYYY]	\$
		02/26/2019	500.00
City Bethlehem	State PA	Zip 18018 Code	
Description of Debt Campaign Loan			
Name of Creditor Will Carpenter			Outstanding Balance of Debt
House # 224 Street Address E Wat	l St. DA	TE DEBT INCURRED [MM/DD/YYYY] 04/08/2019	\$
City Bethlehem	State PA	Zip 18018 Code	- 4000.00
Description of Debt Campaign Loan		<u>}</u>	
Name of Creditor Will Carpenter			Outstanding Balance of Debt
House # 224 Street Address E Wall	1	TE DEBT INCURRED [MM/DD/YYYY]	\$
City Bethlehem	State PA	02/20/2019 Zip 18018	18.69
Description of Debt		Code	
Name of Creditor Will Carpenter			Outstanding Balance of Debt
House # 224 Street Address E Wall	5T	TE DEBT INCURRED [MM/DD/YYYY] 03/11/2019	\$
City Bethlehem	State PA	Zip 18018 Code	25.00
Description of Debt		ii	
Name of Creditor Will Carpenter			Outstanding Balance of Debt
House # 224 Street Address E Wall	31.	TE DEBT INCURRED [MM/DD/YYYY] 05/03/2019	\$
	State PA	Zip 18018 Code 19018	44 64
City Bethlehem			
City Bethlehem Description of Debt	II	1	1
Description of Debt			Outstanding Balance of Debt
Description of Debt	31, 1	TE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
Description of Debt Name of Creditor Will Carpenter United the sector of	31, 1	TE DEBT INCURRED	

Filer Identificat	tion Number:			
Name of Cred				Outstanding Balance of Debt
House # 224	4 Street Address E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]	\$
			05/08/2019	
City	Bethlehem	State	PA Zip 18018	2911.05
,	Betheneth		Code	
Description o	f Debt Campaign Mailing	<u> </u>		
Name of Cred	litor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
			[MM/DD/YYYY]	
- City				
City		State	Zip Code	
Description of	f Debt			
Name of Cred	litor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
	Street Address	-	[MM/DD/YYYY]	
City		State	Zip	
City		Jiale	Code	
Description of	f Debt			
Name of Cred	litor	and the second		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
			[MM/DD/YYYY]	
City		State	Zip	
City		State	Code	
Description of	f Debt			
		20		
Name of Credi	itor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
		-	[MM/DD/YYYY]	
City		State	Zip	
ary		Didle	Code	
Description of	Debt	·		
Name of Credi	itor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip	
-			Code	
Description of	Debt			
			1847 - Mary Mary Strategic Stra	