

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filed By (Mark X)		<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Will Carpenter						
Street Address		224 E Wall St.						
City	Bethlehem	State	PA	Zip Code	18018			

Type of Report (Place x under report type)								
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/05/2019	Year	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
		02/26/2019	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	4652.73	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-4652.73	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	-4652.73	

Affidavit Section

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Friends of Will Carpenter				Date [MM/DD/YYYY]	\$	500.00
						02/26/2019		
House #	224	Street Address	E Wall St.			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Campaign Loan		
To Whom Paid		Friends of Will Carpenter				Date [MM/DD/YYYY]	\$	4000.00
						04/08/2019		
House #	224	Street Address	E Wall St.			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Campaign Loan		
To Whom Paid		PostNet				Date [MM/DD/YYYY]	\$	18.69
						02/20/2019		
House #	1	Street Address	E Broad St Ste 130			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Press Release Fliers		
To Whom Paid		Northampton County				Date [MM/DD/YYYY]	\$	25.00
						03/11/2019		
House #	669	Street Address	Washington St			Description of Expenditure		
City	Easton	State	PA	Zip Code	18042	Petition Filing Fee		
To Whom Paid		Staples				Date [MM/DD/YYYY]	\$	44.04
						05/03/2019		
House #	2138	Street Address	W. Union Blvd.			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Name tags		
To Whom Paid		Ed O'Brien Legislative Dinner				Date [MM/DD/YYYY]	\$	65.00
						05/04/2019		
House #	53	Street Address	E Lehigh St.			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Campaign Dinner		
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		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 Identification Number:	
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Name of Creditor		Friends of Will Carpenter					Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$	500.00
					02/26/2019			
City	Bethlehem		State	PA	Zip Code	18018		
Description of Debt		Campaign Loan Reimbursement						
Name of Creditor		Friends of Will Carpenter					Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$	4000.00
					04/08/2019			
City	Bethlehem		State	PA	Zip Code	18018		
Description of Debt		Campaign Loan Reimbursement						
Name of Creditor		Friends of Will Carpenter					Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$	18.69
					02/20/2019			
City	Bethlehem		State	PA	Zip Code	18018		
Description of Debt		Press Release Fliers Reimbursement						
Name of Creditor		Friends of Will Carpenter					Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$	25.00
					03/11/2019			
City	Bethlehem		State	PA	Zip Code	18018		
Description of Debt		Petition Filing Fee Reimbursement						
Name of Creditor		Friends of Will Carpenter					Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$	44.04
					05/03/2019			
City	Bethlehem		State	PA	Zip Code	18018		
Description of Debt		Name Tags Reimbursement						
Name of Creditor		Friends of Will Carpenter					Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$	65.00
					05/04/2019			
City	Bethlehem		State	PA	Zip Code	18018		
Description of Debt		Campaign Dinner Reimbursement						

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filed By (Mark X)		Candidate		Committee	<input checked="" type="checkbox"/>	Lobbyist	
Name of Filing Committee, Candidate or Lobbyist		Friends of Will Carpenter							
Street Address		224 E Wall St.							
City	Bethelern	State	PA	Zip Code	18018				

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/05/2019	Year	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	02/26/2019	05/06/2019	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2275.00	
C. Total Funds Available (Sum of Lines A and B)	\$	2275.00	
D. Total Expenditures (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)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	-4652.73	

Affidavit Section

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)		\$ 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)		\$ 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 <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$ 2275.00

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:	
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Full Name of Contributor		Frank Boyer				Date [MM/DD/YYYY]	\$	250.00
						04/23/2019		
House #	234	Street Address	E. Market St.			Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	

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:	
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Full Name of Contributor		Steve Diamond			Date [MM/DD/YYYY]	\$	2000.00
					04/23/2019		
House #	425	Street Address	Center St.		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$
Employer Name		Mid-Atlantic Medical Examiners			Occupation	Medical Examiner	
Employer Mailing Address / Principal Place of Business		425 Center St., Bethlehem, PA 18018					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Kennedy Printing Company				Date [MM/DD/YYYY]	\$	2430.00
						04/15/2019		
House #	5534	Street Address	Baltimore Ave			Description of Expenditure		
City	Philadelphia	State	PA	Zip Code	19143	yard signs		
To Whom Paid		Kennedy Printing Company				Date [MM/DD/YYYY]	\$	280.80
						04/18/2019		
House #	5534	Street Address	Baltimore Ave			Description of Expenditure		
City	Philadelphia	State	PA	Zip Code	19143	sign shipping		
To Whom Paid		Kennedy Printing Company				Date [MM/DD/YYYY]	\$	296.24
						04/23/2019		
House #	5534	Street Address	Baltimore Ave			Description of Expenditure		
City	Philadelphia	State	PA	Zip Code	19143	palm cards		
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State	PA	Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		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 Identification Number:	
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Name of Creditor		Will Carpenter				Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 500.00
City		Bethlehem	State	PA	Zip Code	18018	
Description of Debt		Campaign Loan					

Name of Creditor		Will Carpenter				Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 4000.00
City		Bethlehem	State	PA	Zip Code	18018	
Description of Debt		Campaign Loan					

Name of Creditor		Will Carpenter				Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 18.69
City		Bethlehem	State	PA	Zip Code	18018	
Description of Debt							

Name of Creditor		Will Carpenter				Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 25.00
City		Bethlehem	State	PA	Zip Code	18018	
Description of Debt							

Name of Creditor		Will Carpenter				Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 44.04
City		Bethlehem	State	PA	Zip Code	18018	
Description of Debt							

Name of Creditor		Will Carpenter				Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 65.00
City		Bethlehem	State	PA	Zip Code	18018	
Description of Debt							