CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each <u>did not exceed \$250.00</u> during the reporting period.

| NAME OF FILING COMMITTEE, CANDI | | ON BEHALF OF | TE COMMITTEE LOBBYIST |
|--|---|--|--|
| | DATE OR LOBBYIST | Amana | |
| STREET ADDRESS 463 | Greenwood Ave | | |
| Bethly | gn | STATE PA | 2017 - |
| TYPE OF REPORT (CHECK ONE) | whe of office sought by candidate | DISTRICT NO. PARTY | MO. DAY YEAR S 20 2005 |
| 6TH TUESDAY 1. | | MO. DAY YEAR | FOR OFFICE USE ONLY |
| 2ND FRIDAY PRE-PRIMARY | DATES OF REPORTING PERIOD TO | C C 2 2 | |
| 30 DAY POST-PRIMARY | CASH BALANCE AT END | 70 | |
| 6TH TUESDAY 4. | OF REPORTING PERIOD: TOTAL AMOUNT OF FILER'S | \$ | |
| 2ND FRIDAY PRE-ELECTION | OUTSTANDING DEBTS OR LIABILI AT THE END OF REPORTING PER | | |
| 30 DAY POST-ELECTION | AMENDMENT YES REPORT? | NO | |
| ANNUAL REPORT | TERMINATION YES | NO X | |
| | AFFI | DAVIT SECTION | |
| statement is filed on t | pehalf of a <u>Political Committee <i>or</i> Committee or Commit</u> | ite must sign here. | |
| | | The state of the s | PORTING PERIOD INDICATED ABOVE DID NOT BELIEF, TRUE, CORRECT AND COMPLETE. |
| I SWEAR (OR AFFIRM) THAT TH | FTY DOLLARS (3)23U.UU) AND THIS REPORT IS. T | | |
| I SWEAR (OR AFFIRM) THAT THE EXCEED TWO HUNDRED AND FI SWORN TO AND SUBSCI | | 1 mul | |
| | | Links | PERSON SUBMITTING REPORT |
| SWORN TO AND SUBSC | RIBED BEFORE ME THIS | SIGNATURE OF S JUSH'N | PERSON SUBMITTING REPORT AMAN RINTED NAME |
| SWORN TO AND SUBSC | SIGNATURE | SIGNATURE OF S JUSHIN | PERSON SUBMITTING REPORT |
| SWORN TO AND SUBSCI | SIGNATURE | SIGNATURE OF B JUSHIN 484 P | PERSON SUBMITTING REPORT ANALO RINTED NAME SY7-8191 DAYTIME TELEPHONE NUMBER |
| MY COMMISSION EXPIRE ART II statement is filed on b | SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE | Signature of Such Policy Property Prope | PERSON SUBMITTING REPORT AMAN RINTED NAME SY7-8191 DAYTIME TELEPHONE NUMBER Just sign here. |
| SWORN TO AND SUBSCI | SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE AND. DAY YR. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE AND. DAY YR. SIGNATURE SIGNA | SIGNATURE OF E JUSTA P AREA CODE Committee, Candidate mu THIS POLITICAL COMMITTEE HAS NOT W | PERSON SUBMITTING REPORT AMAN CONTRINTED NAME SY7-8191 DAYTIME TELEPHONE NUMBER IST SIGN HERE. |
| MY COMMISSION EXPIRE ART II statement is filed on b I SWEAR (OR AFFIRM) TH. JUNE 3, 1937 (P.L. 13 | SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE AND. DAY YR. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE AND. DAY YR. SIGNATURE SIGNA | SIGNATURE OF E JUSTA P AREA CODE Committee, Candidate mu THIS POLITICAL COMMITTEE HAS NOT W | PERSON SUBMITTING REPORT AMAN RINTED NAME SY7-8191 DAYTIME TELEPHONE NUMBER Just sign here. |
| MY COMMISSION EXPIRE ART II statement is filed on b I SWEAR (OR AFFIRM) THU JUNE 3, 1937 (P.L. 13 SWORN TO AND SUBSCE | SIGNATURE | SIGNATURE OF E TUSH'S AREA CODE Committee, Candidate mu THIS POLITICAL COMMITTEE HAS NOT W | PERSON SUBMITTING REPORT AMADA RINTED NAME SY7-8191 DAYTIME TELEPHONE NUMBER IST SIGN HERE. |



Name of Filing Committee Candidate, or Lobbyist

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.

| | Fri | ends of Justin A | mann | | |
|--|--|---|-----------------------|---|---|
| Reporting Cycle | Name | | | | |
| ☐ Cycle 1 6 th Tuesday Pre-Primary | Cycle 2 2 nd Friday Pre-Primary | ☐ Cycle 3 30 Day Post Primary | 6 th 7 | Cycle 4 uesday Election | Cycle 5 2 nd Friday Pre-Election |
| ☐ Cycle 6 30 Day Post-Election | ☐ Cycle 7 Annual Report | Cycle 8 | cial Election | | cle 9 ost-Special Election |
| Part I - If this form his form is submitted with a declare under per | red with a Candid report by a con nalty of perjury | date report, the o tributing lobbyis | andidate in the lobby | must sign f yist must s nonwealth | nere. If this reportign here. |
| | | | 5/9/202 | 25 | |
| Signature of Trea | surer, Candidate | e, or Lobbyist | D | ate (MM/D | DD/YYYY) |
| Justin Ama | nn | | Bethleh | nem, PA, U | ISA |
| Dri | nted Name | * | Locat | ion (City/S | tate/Country) |



Pennsylvania Department of State

Bureau of Campaign Finance & Lobbying Disclosure 500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports.** This form must be signed by hand where a signature is required.

| Name of Filing C | Committee Can | didate, or Lobby | ist | | |
|--|------------------------------------|--|-------------------|--------------------------------|---|
| Mairie of Thing C | | ends of Justin Ama | | | |
| Reporting Cycle | Name | apadranti (Larabi asa Carabi | | | |
| ☐ Cycle 1 6 th Tuesday Pre-Primary | 2 nd Friday Pre-Primary | ☐ Cycle 3 30 Day Post Primary | 6 th T | Cycle 4 Juesday Election | Cycle 5 2 nd Friday Pre-Election |
| ☐ Cycle 6 30 Day Post-Election | ☐ Cycle 7 Annual Report | ☐ Cycle 8 2 nd Friday Pre-Specia | l Election | | cle 9 st-Special Election |

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

| | 5/9/2025 |
|--|-------------------------------|
| Signature of Treasurer, Candidate, or Lobbyist | Date (MM/DD/YYYY) |
| Cienna Hobbs | Bethlehem, PA, USA |
| Printed Name | Location (City/State/Country) |



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement 500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

| vu M | 5/9/2025 | | | | | |
|--|-------------------------------|--|--|--|--|--|
| Signature of Treasurer, Candidate, or Lobbyist | Date (MM/DD/YYYY) | | | | | |
| Justin Amann | Bethlehem, PA, USA | | | | | |
| Printed Name | Location (City/State/Country) | | | | | |

| | Print Form |
|-----------|------------|
| | |
| eset Form | |
| | |
| | |



| Filer Identificat Number | 33-34 | | | ort Filed E irk X) | By Candid | ale | | Committee | | X | Lobbyist | |
|--|--|---------------------------|------------|-----------------------|--|--|---------|------------------|---|------------|---|----------|
| Name of Filing Lobbyist | Committee, Ca | ndidate or | Frie | nds of | Justin Ama | nn | | | | | | |
| Street Address | | | 463 | Green | wood Ave | | | | | | | |
| City | Bethle | hem | | , | State | State PA Zip Code 18017 | | | | | | : |
| Type of Report | (Place x under i | report type) | | | | | | | | | | |
| 1-8 th Tuesday Pre-Primary | 2- 2 rd Friday Pre-Primary | 3- 30 Day Post Primary | | Tuesday Jection | 5- 2 nd Friday Pre- Election | A CONTRACTOR OF THE PROPERTY O | Post | 7- Annual | Special 2 th Pre-Election | | Special 30 Post-Elec | |
| | X | | Γ | | | | | | | | | |
| Date Of Election (MM/DD/YYYY) | | 05/20/2025 | Year | | 2025 | Amendm Report | ent | X | Termination Report | on . | | |
| Summary of Re Expenditures | ceipts and | From Date | | To Date | 2625 | | | For | Office Use C | inly | | |
| A. Arnount Bro | | | | 0- | | | | | | | | |
| B. Total Moneta (From Schedule | J) | ns and Receipts | | 1 | 55.00 | | | | | | | |
| C. Total Funds A (Sum of Lines A | | | \$ | 9.89 | S.00 | | | | | | | |
| D. Total Expend (From Schedule | itures | | 1 | 4,0 | 84.12 | | | | | | | |
| E. Ending Cash I (Subtract Line D | from Line C) | | \$ | 12,11 | 10.88 | | | | | | | |
| F. Value of In-Ki (From Schedule | 11) | | * | 77 | 7.50 | | | | | | | |
| G. Unpaid Debt (From Schedule | | | \$ | 0 - | Affidavit Se | stion | | | | | | |
| Part 1- If this is a (| committee repor | t, treasurer sign he | ere. If t | his is a Can | didate report, c | andidate sign | here. | | | | *************************************** | |
| I swear (or affirm) | that this report, | including the attai | hed sc | hedules or | paper, is to the | best of my kn | nowled | ge and belief tr | ue, correct an | d complet | te. | |
| Sworn to and subs | cribed before me | e this | | | | # \$ | | | | | | |
| day of_ | | 20 | •• | Ĺ | <u></u> | | ature o | of Person Subm | itting report | | ***** | |
| | Signature | HEALTH CO. | - | , [| .Ci | enna Hobbs | | Printed Name | 10 - | U 2.0 | >2 | |
| My Commission ex | φires MO. | DAY YR. | - | | | Area Code | • | Day | ime Telepho | ne Numbe | r | |
| Part II- II this is a r | eport of a Candid | ate's Authorized | Commi | ttee, candi | date shall sign h | ere. | | | | | | |
| i swear (or affirm) amended. | that to the best of | of my knowledge a | nd beli | ef this poli | tical committee | has not violat | ed any | provisions of ti | e Act of June | 3, 1937 (1 | P.L. 1333, NO | .320) as |
| Sworn to and subs | cribed before me | this | | | | ų. | | () | | | | |
| day of_ | | 20 | - | 1. | ; | _C Tur | 2 Signa | ature of Candid | ate | | | |
| • | Signature | | • | . | ******* | 484 | F | Printed Name | 47.8 | 191 | | |
| My Commission ex | pires | DAY YR. | - · | | - | rea Code | | Dayti | me Telephon | | · | |
| | | | | | | | | | | | | |

SCHEDULE I Contributions and Receipts

Detailed Summary Page

| 1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor | | |
|---|----------|----------------------------------|
| Total for the reporting period (| (1) \$ | 670.00 |
| 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) | \$ | 3935.00 |
| Total for the reporting period (| 2) \$ | 3,935.00 |
| 3. Contributions Over \$250.00 (From Part C and Part D) | | |
| Contributions Received from Political Committees (Part C) | \$ | 3,000.00 |
| All Other Contributions (Part D) | \$ | 3,000.00 2,250.00 5,250.00 |
| Total for the reporting period (| 3) \$ | 5 250,00 |

(4)

9,855.00

Total for the reporting period

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

Cover Page, Item B)

\$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:

| | | ` |
|--|--|----------|
| | Date [MM/DD/YYYY] | \$1 |
| Full Name of Contributor Joan Howe | 3 15/2625 | 160 |
| House # 22 G L Street Address AA | | 5 |
| House # 3396 Street Address Michigan Court | | |
| | Date [MM/DD/YYYY] | \$ |
| Giv Bethlehin State PB 24 Code 18020 | | |
| Full Name of Contributor | Designation of the control of the co | 5 70 |
| Barbara Fraust | 5/4/2025 | // |
| House # Un (Street Address The Control of the Cont | Date [MM/DD/YYYY] | \$ |
| House # 405 Street Address Bierys Bridge Rd | | |
| City Byhlelm State PS Zip Code 18017 | Date [MM/DD/YYYY] | |
| Full Name of Contributor | Date [MM/DD/YYYY] | \$ 110 |
| Full Name of Contributor Shern Mymore | 2/23/2025 | 100 |
| MOUSE TO THE CANADA A CANADA A CANADA A CANADA CANA | Date [MM/DD/YYYY] | 5 |
| House# 3071 Street Address Kewill Gall | | |
| City Bothleten State of Zip Code 18017 | Date [MM/DD/YYYY] | \$ |
| Bethleten Bethleten 18017 | | |
| Full Name of Contributor Eilen Tosutt | 3 19 2025 | \$ 100 |
| | | 5 |
| House # 4585 Street Address Hillup Cicule | | |
| City Rethlehen State PA Zip Code 18020 | Date [MM/DD/YYYY] | \$ |
| Coll Name of Contributor | Date (MM/DD/YYYY) | \$ 1.5.4 |
| Mancy Chmielpuski | 3/4/2025 | 3 100 |
| | | \$ |
| House # 6720 Street Address Ricke Eskely Court | | |
| City IA II State - Zip Code 7/A/I | Date [MM/DD/YYYY] | 5 |
| 1)1 (1.1) | | |
| Full Name of Contributor | Date [MM/DD/YYYY] | 5 /00 |
| revin reourges | 7/26/2025 | |
| House # 450 Street Address Massachusetts Ave Nov | Date [MM/DD/YYYY] | s 180 |
| City : | | 5 |
| Washington DC 20001 |) is | |

\$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.

| | | | į |
|---|-------------------|----|-----|
| | | | |
| Full Name of Contributor | Date [MM/DD/YYYY] | \$ | /00 |
| UGSON (0/0() | 41Wh025 | | 100 |
| | Date [MM/DD/YYYY] | \$ | |
| House # 1723 Street Address Shinner AN Ast 10 | | | |
| City De la State A Zip Code | Date [MM/DD/YYYY] | \$ | |
| Bethlehin PM 1018 | | | |
| Full Name of Contributor | T-01-01-01-01 | \$ | 100 |
| Michille Ruht | 1/15/2025 | | 100 |
| House # Street Address | Date [MM/DD/YYYY] | \$ | |
| House" (7) Street Address Folian Dr. | | | |
| City Residence State Of Zip Code 18620 | Date [MM/DD/YYYY] | \$ | |
| Bettle her 18020 | | | |
| Full Name of Contributor | Date [MM/DD/YYYY] | \$ | 100 |
| Sandra Mejics | 410/2025 | | (00 |
| House # . Street Address | Date [MM/DD/YYYY] | \$ | |
| House # ISON Street Address SKAN PC. | | | |
| City State Of Zip Code | Date [MM/DD/YYYY] | \$ | |
| aty Bolhem State PA Zip Code 1807 | 1 | | |
| Full Name of Contributor | Date [MM/DD/YYYY] | \$ | 100 |
| Allon Rahs | 14/18/20251 | | ίω |
| | Date [MM/DD/YYYY] | \$ | |
| House # 3831 Street Address (Sonor Ave | | | |
| State A Tip Code (Ch A . (| Date [MM/DD/YYYY] | \$ | |
| City Rothlehm State A Zip Code (8015 | | | |
| Full Name of Contributor | Date [MM/DD/YYYY] | \$ | 100 |
| Michael Faccinetto | 414/2025 | | 100 |
| House # Street Address A / 1 O | Date [MM/DD/YYYY] | \$ | |
| House # 32) Street Address Michael Dr. | | | |
| City State OA Zip Code (V/) | Date [MM/DD/YYYY] | \$ | |
| Kethillun 1/4 1801 | | | |
| Full Name of Contributor | Date [MM/DD/YYYY] | \$ | 100 |
| Edward Bruzkowski | 4/25/2025 | | 100 |
| University / Street Address | | \$ | |
| 13413 Succession (help Ave | | | |
| City State 24 Zip Code (C/c) A | Date [MM/DD/YYYY] | \$ | |
| City R. Lhum State A Zip Code 18020 | | | |

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:

| Full Name of Contributor | Date,[MM/DD/YYYY] | \$ | 1 \ \ \ |
|---|-------------------|----|---------|
| May Rochenbuck | 4/26/2025 | | 100 |
| | Date [MM/DD/YYYY] | \$ | |
| House # 1249 Street Address Muffit Avenue | ; ; | | |
| City Reflicher State PA Zip Code 18018 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | Date [MM/DD/YYYY] | \$ | 1 |
| buy Amena | 46112025 | | 100 |
| House# 319 Street Address E LOCULT C | Date [MM/DD/YYYY] | \$ | · |
| | | | |
| City Behlin State PA Zip Code 18018 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor / 70 | Date [MM/DD/YYYY] | \$ | / N A |
| Full Name of Contributor LIG AMAN | 4/28/2011 | | 100 |
| | Date [MM/DD/YYYY] | \$ | |
| House # 719 Street Address E Lough St | | | |
| City State 21 Zip Code CA | Date [MM/DD/YYYY] | \$ | |
| City Royalling State A7 Zip Code 18018 | | | |
| Full Name of Contributor | Date [MM/DD/YYYY] | \$ | |
| Shappon Frickst | 4/29/2825 | | (00 |
| House # Street Address | Date [MM/DD/YYYY] | \$ | |
| 121 V. Friwiew St | | | |
| City Reminer State A Zip Code Will | Date [MM/DD/YYYY] | \$ | |
| | Date [MM/PD/YYYY] | \$ | / |
| Full Name of Contributor Michael Rechive | 4/25/2025 | | (00 |
| Hause # 1 Street Address o / | Date [MM/DD/YYYY] | \$ | |
| Gloria Ln | | | |
| City Rethlehen State of Zip Code (8017) | Date [MM/DD/YYYY] | 5 | |
| | Date [MM/DD/YYYY] | \$ | / \ \ |
| Full Name of Contributor OPO/SC Wacker | 4/29/2028 | i. | 600 |
| | Date [MM/DD/YYYY] | \$ | |
| 130 Street Address Goopy Circle | | | |
| City State M Zip Code | Date [MM/DD/YYYY] | \$ | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |

\$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.

| Full Name of Contributor (LUC4 COLLA) | Date [MM/DD/YYYY] | Ş | 100 |
|---|-------------------|----|-------|
| | Date [MM/DD/YYYY] | \$ | 1 |
| House # 77 Street Address W. Menuich St | | | |
| City Be Julian State A Zip Code 8018 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | Date [MM/DD/YYYY] | \$ | / > . |
| Elliut Tacey | 4130/095 | | (00 |
| House # 4970 Street Address McHS Or. | Date [MM/DD/YYYY] | \$ | |
| City Dehuben State 14 Zip Code 1801) | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | Date [MM/DD/YYYY] | \$ | |
| William Leiner | Sh /2025 | | 100 |
| House # 199 Street Address Files AM | Date [MM/DD/YYYY] | \$ | |
| Secol Za Code | Date [MM/DD/YYYY] | \$ | |
| Bethlehm 1801) | | | |
| Full Name of Contributor | Date [MM/DD/YYYY] | \$ | 100 |
| Kete Hwag | 5/3/2025 | | 100 |
| House # 7450 Street Address Athun Ocks Lv | Date [MM/DD/YYYY] | \$ | |
| City (ing way) State FL Zip Code 32)79 | Date [MM/DD/YYYY] | \$ | |
| Section 1997 Control of the Control | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor Lee Gilman | 4/30/2005 | • | 100 |
| House # 1846 Street Address Apple Tree LA | Date [MM/DD/YYYY] | \$ | |
| | Date [MM/DD/YYYY] | \$ | |
| City Bethung State NA Zip Code 18015 | | | |
| Full Name of Contributor Mathew Malozi | Date [MM/DD/YYYY] | \$ | 100 |
| | Date [MM/DD/YYYY] | \$ | 100 |
| House # (820) Street Address (av Av | | | |
| City Religion State PA Zip Code [8017 | Date [MM/DD/YYYY] | \$ | |

\$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.

| PREF ROCIUMANON VOINNOS. | | التسعد | |
|---|--------------------------------------|--------|-----|
| Full Name of Contributor Rob Melasky | Date [MM/DP/YYYY] | \$ | 100 |
| House # 475 Street Address Pine top Toll | Date [MM/DD/YYYY] | \$ | |
| City RAFILLWA State Of Zip Code 18017 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor ROSS Maken | 4292005 | \$ | 160 |
| House # 688 Street Address Wansvill Road | Date [MM/DD/YYYY] | \$ | |
| City Northappen State (A Zip Code 806) | Date (MM/DD/YYYY) | \$ | |
| Full Name of Contributor Bric Changes | Unte [MM/DD/YYYY] | \$ | 100 |
| House # SS Street Address Billy Bridge Road | Date [MM/DD/YYYY] Date [MM/DD/YYYY] | \$ | |
| City Bethlem State /A Zip Code 1800 | | | |
| Full Name of Contributor SVSG9 LGWLS(| SIIDOS | \$ | 200 |
| House # 1160 Street Address York Shire Road | Date [MM/DD/YYYY] | \$ | |
| City Be When State PA Zip Code 1800 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor (ader (Jennings) | Date [MM/DD/YYYY] | 5 | 250 |
| House # 2626 Street Address Stru Road 57 | Date [MM/DD/YYYY] | \$ | |
| City State State Discode 0886 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor Terrica Hyghes | Date [MM/DD/YYYY] | \$ | 250 |
| House # 5120 Street Address Meddwill Dr. | Date [MM/DD/YYYY] | \$ | |
| City Macungix State OA Zip Code 18062 | Date [MM/DD/YYYY] | \$ | |

\$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.

| FRET ROBINITICALS | on radiace: | | | | | |
|-------------------|---------------|--|--|----------------------------|----|-----|
| Full Name of C | Contributor | 1 1 2 | Ĵ΄-, | Date [MM/DD/YYYY] | \$ | 7(0 |
| House# | Street Addre | seph L | Nigna er Place | S/4/2025 Date [MM/DD/YYYY] | \$ | 03- |
| 27 33 Z | e Thehen | State P | . 7In Code | Date [MM/DD/YYYY] | \$ | |
| Full Name of C | YV. * | Partition (Partition | I GENERAL CONTROL OF THE CONTROL OF | Date [MM/pD/YYYY] | \$ | 250 |
| House# | Street Addre | ss Shilban | . Fenselew ne Dr. | Date [MM/DD/YYYY] | \$ | ··· |
| | Phillen | State // | | Date [MM/DD/YYYY] | \$ | |
| Full Name of C | | · (如是指定的) | | Date [MM/DD/YYYY] | \$ | |
| House# | Street Addre | SS | en e | Date [MM/DD/YYYY] | \$ | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | |
| Full Name of C | ontributor | | A Committee of the Comm | Date [MM/DD/YYYY] | \$ | , |
| House # | Street Addre | | <u> </u> | Date [MM/DD/YYYY] | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | | |
| Full Name of Co | ontributor | | Levelanders (2) September 19 | Date [MM/DD/YYYY] | \$ | |
| House # | Street Addre | SS . | | Date [MM/DD/YYYY] | \$ | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | |
| Full Name of Co | ontributor | - Communication of the Communi | First Section 1 | Date [MM/DD/YYYY] | \$ | |
| House # | Street Addres | X | | Date [MM/DD/YYYY] | \$ | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ | |

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 over \$250.00 in the reporting period.

| FIRE REGISTRATION PURPORT | | | | | |
|--|--|--------------------------|--|----|------|
| Full Name of Contributing Committee | Signific all | Bob Donch | Date [MM/DD/YYYY] | \$ | Soo |
| House # O > Street Addr | | | Date [MM/DD/YYYY] | \$ | 0.0 |
| [37] | Devongh | in De | Charles and S. W. C. Life and C. C. Connection (1) | | |
| Bethlin | State (| A Zip Code / (20) | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributing Committee | ierds of | J. William Re | Date [MM/DD/YYYY] | \$ | SOO |
| House # 1718 Street Addre | | , (| Date [MM/DD/YYYY] | \$ | |
| City By Hula | State / | I me a constant | (B Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributing Committee | | 1 A Section and Colorada | Date [MM/DD/YYYY] | \$ | 1500 |
| House # Street Addre | ace ^ | mmere Way | Date [MM/DD/YYY] | \$ | |
| City Bolilen | State // | 7in Code | Date [MM/DD/YYYY] | \$ | |
| Full Name of | 1 11/1 10 | 1 1 1 1 AG | Date [MM/DD/YYYY) | \$ | CAA |
| House # Street Addre | | of Concerns | Date [MM/DD/YYYY] | 5 | 300 |
| Tity 111 | State // | Zip Code CV | Date [MM/DD/YYYY] | \$ | |
| Allenoom | | | | | |
| ull Name of Contributing Committee | IBEW Local U | nion #375 PAC | Date (MM/DD/YYYY) | \$ | 500 |
| louse# Street Addre | S 7th Street | | Date [MM/DD/YYYY] | \$ | |
| Allentown | State PA | Zip Code 180 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributing Committee | | | Date [MM/DD/YYYY] | \$ | |
| louse # Street Addre | ************************************** | | Date [MM/DD/YYYY] | \$ | |
| City | State | Zip Code | Date [MM/DD/YYYY] | \$ | |

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:

| • | |
|--|--------------------------|
| Full Name of Contributor Paul Shucet 2 | Unghods 300 |
| House # 190 Street Address Warsaw Road | Date [MM/DD/YYYY] \$ |
| City French Jun State NJ Zip Code 08825 | Date [MM/DD/YYYY] \$ |
| Employer Name USA Architcuts | Occupation |
| Employer Mailing Address / Principal Place of Business 15 300 St. 7th Flour Fig. | |
| Full Name of Contributor John Gallahan | 3/3/2025 \$ 450 |
| House # 329 Street Address Bicrys Bridge Road | Date [MM/DD/YYYY] \$ |
| City Bullion State PA Zip Code (NOT) | Date [MM/DD/YYYY] \$ |
| Employer Name PWON Develyment | Occupation |
| Employer Mailing Address / GO W: Broad Broad It Butte | len, PA 18018 |
| Full Name of Contributor Arif Fazil | Date [MM/DD/YYYY] \$ SOO |
| House # 1940 Street Address ROSCWWD DC. City O 144 State O Zip Code 1 2017 | Date [MM/DD/YYYY] \$ |
| Chy By Juchen State PA Zip Code 18017 | Date [MM/DD/YYYY] \$ |
| Employer Name CHA Consultary | Occupation |
| Employer Mailing Address / Principal Place of Business / E. Broad St., Suite 210 | Bethen Of 18018 |
| Full Name of Contributor Randy Galiatto | Unghos (000 |
| House# 84) Street Address Heather Cn. | Date [MM/DD/YYYY] \$ |
| Egylon State 14 Zip Code 1842 | Date [MM/DD/YYYY] \$ |
| Employer Name Alluy 5 | Occupation |
| Employer Mailing Address / 530 V. Brock St. Bethick | in PA 18018 |

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

| Filer Identification Number: | | | | |
|--|-----------------------|--------------------|----------------------|--|
| | | | | |
| 1. UNITEMIZED IN-KIND CONTRI | BUTIONS RECEIVED-VA | LUE OF \$50.00 OR | LESS PER CONTRIBUTOR | |
| TOTAL for the reporting period | (1) | \$ | | |
| 2. IN-KIND CONTRIBUTIONS REC | EIVED-VALUE OF \$50.0 | 1 TO \$250.00 (FRO | M PART F) | |
| TOTAL for the reporting period | (2) | \$ | | |
| 3. IN-KIND CONTRIBUTION RECE | IVED-VALUE OVER \$25 | 0.00 (FROM PART (| 5) | |
| TOTAL for the reporting period | (3) | \$ | 437.50 | |
| TOTAL VALUE OF IN-KIND CONTRIBUTION (Add and enter amount totals from Page 1, Report Cover Page, Item F) | | | 437.50 | |

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

| | | - |
|--|--|---|
| | | |
| Full Name of Contributor | Λ. Δ. | Date [MM/DD/YYYY] \$ 437.50 |
| | uny DeRs | 9(1)(1003 |
| House # House # Street Address | Wesser St | Date [MM/DD/YYYY] \$ |
| | | Cr.d.1 C Date [MM/DD/YYYY] \$ |
| Bethleben | 18 | 7015 |
| Employer Name | BCI Corporate Renet | GLS Occupation |
| Employer Mailing Address / Principal Place of Business | BSI Corporate Renef | npa of Food for Fundraiser 1945 Contribution |
| Full Name of Contributor | 77289 | 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 | | Description |
| Place of Business | | of Contribution |
| Full Name of Contributor | | Date [MM/DD/YYYY] \$ |
| | | Date [MM/DD/YYYY] \$ |
| House # Street Address | | Date (mm/vv/) (111) |
| City | State Zip Code | Date [MM/DD/YYYY] \$ |
| - I | | |
| Employer Name | | Occupation |
| Employer Mailing Address / Principal | <u>*************************************</u> | Description |
| Place of Business | | of Contribution |
| Full Name of Contributor | <u></u> | 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 | | Description |
| Place of Business | | of Contribution |

SCHEDULE III Statement of Expenditures

| Filer Identificat | tion Number: | | | |
|-------------------|------------------|---|---------------------------------------|--|
| To Whom Pai | Bethleh | en Pusine | ss Forms | Date [MM/DD/YYYY] \$ 4,030.99 Description of Expenditure |
| City 0 | Thichen | State Of | zip 01 | 018 Mail, Yerd signs, Pala Cods |
| To Whom Pai | , V | | Code 1 3 | |
| | Act ' | Blue | | Date [MM/DD/YYYY] \$ 53.23 |
| House# | Street Address | PO BOX L | 191146 | Description of Expenditure |
| City Som | exille | State MA | 3 Zip OA | 144 Fed, Mar, Aznl, May 2021 F |
| To Whom Pai | | 400000000000000000000000000000000000000 | | Date [MM/DD/YYYY] \$ |
| House # | Street Address | | | Description of Expenditure |
| City City | | State | Zip Code | |
| To Whom Pal | d | | COUR | Date [MM/DD/YYYY] \$ |
| House# | Street Address | | | Description of Expenditure |
| City | | State | Zip Code | |
| To Whom Pale | a | | | Date [MM/DD/YYYY] \$ |
| House # | Street Address | • | | Description of Expenditure |
| City | | State | Zip Code | Standard Standard Construction of Standard Construction Construction |
| To Whom Pale | | | | 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 Palc | | - ANDERSON SE | Assemble of the Park Company | Date [MM/DD/YYYY] \$ |
| House # | # Street Address | | | Description of Expenditure |
| City | | State | Zip Code | |