

## CAMPAIGN FINANCE STATEMENT

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

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE	COMMITTEE	LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Justin Amann</i>						
STREET ADDRESS <i>463 Greenwood Ave</i>						
CITY <i>Bethlehem</i>		STATE <i>PA</i>		ZIP CODE <i>18017</i>		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT		<i>Bethlehem City Council</i>			<i>Dem</i>	MO. DAY YEAR <i>5 20 2025</i>
		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR <i>1 1 2025 TO 5 5 2025</i>		FOR OFFICE USE ONLY		
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>0</i> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0</i>				
		AMENDMENT REPORT? YES NO TERMINATION REPORT? YES NO <input checked="" type="checkbox"/>				

## AFFIDAVIT SECTION

## PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.

If statement is filed on behalf of a Candidate, the Candidate must sign here.

If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____ _____ SIGNATURE MY COMMISSION EXPIRES _____ MO. DAY YR.	SIGNATURE OF PERSON SUBMITTING REPORT <i>Justin Amann</i> PRINTED NAME <i>484 547-8191</i> AREA CODE DAYTIME TELEPHONE NUMBER

## PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____ _____ SIGNATURE MY COMMISSION EXPIRES _____ MO. DAY YR.	SIGNATURE OF CANDIDATE _____ PRINTED NAME _____ AREA CODE DAYTIME TELEPHONE NUMBER



**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](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto: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 Committee, Candidate, or Lobbyist				
Friends of Justin Amann				
Reporting Cycle Name				
<input type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input checked="" type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	<input type="checkbox"/> <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> <b>Cycle 6</b> 30 Day Post-Election	<input type="checkbox"/> <b>Cycle 7</b> Annual Report	<input type="checkbox"/> <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election		<input type="checkbox"/> <b>Cycle 9</b> 30 Day Post-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 above information on this Campaign Finance Report is true and correct.**

\_\_\_\_\_  
Signature of Treasurer, Candidate, or Lobbyist

Justin Amann

\_\_\_\_\_  
Printed Name

5/9/2025

\_\_\_\_\_  
Date (MM/DD/YYYY)

Bethlehem, PA, USA

\_\_\_\_\_  
Location (City/State/Country)





**Pennsylvania Department of State**

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Name of Filing Committee, Candidate, or Lobbyist				
Friends of Justin Amann				
Reporting Cycle Name				
<input type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input checked="" type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	<input type="checkbox"/> <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> <b>Cycle 6</b> 30 Day Post-Election	<input type="checkbox"/> <b>Cycle 7</b> Annual Report	<input type="checkbox"/> <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> <b>Cycle 9</b> 30 Day Post-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.**

\_\_\_\_\_  
Signature of Treasurer, Candidate, or Lobbyist

Cienna Hobbs

\_\_\_\_\_  
Printed Name

5/9/2025

\_\_\_\_\_  
Date (MM/DD/YYYY)

Bethlehem, PA, USA

\_\_\_\_\_  
Location (City/State/Country)



**Pennsylvania Department of State**

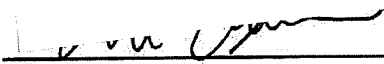
Bureau of Campaign Finance & Civic Engagement

500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

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***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.**

  
\_\_\_\_\_  
Signature of Treasurer, Candidate, or Lobbyist

5/9/2025

\_\_\_\_\_  
Date (MM/DD/YYYY)

Justin Amann

Bethlehem, PA, USA

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Location (City/State/Country)

Reset Form

Print Form

## Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	33-3480000	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Friends of Justin Amann								
Street Address	463 Greenwood Ave								
City	Bethlehem	State	PA	Zip Code	18017				

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> 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)	05/20/2025	Year	2025	Amendment Report	<input checked="" type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/2025	5/5/2025	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	9,855.00	
C. Total Funds Available (Sum of Lines A and B)	\$	9,855.00	
D. Total Expenditures (From Schedule III)	\$	4,084.12	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	5,770.88	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	437.50	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

## Affidavit Section

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

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

day of 20

Signature

My Commission expires

MO. DAY YR.

Signature of Person Submitting report

Cienna Hobbs

Printed Name

610

Area Code

515-4283

Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

day of 20

Signature

My Commission expires

MO. DAY YR.

Signature of Candidate

Justin Amann

Printed Name

484

Area Code

547-8191

Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor</b>			
Total for the reporting period (1)		\$	670.00
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</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
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	3,000.00
All Other Contributions (Part D)		\$	2,250.00
Total for the reporting period (3)		\$	5,250.00
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
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 Cover Page, Item B)		\$	9,855.00

## 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					Date [MM/DD/YYYY]		\$	
Joan Howe					3/15/2025		\$	60
House #	3396	Street Address			Date [MM/DD/YYYY]		\$	
		Michigan Court						
City	Bethlehem	State	PA	Zip Code	18020	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Barbara Fraust					5/4/2025		\$	75
House #	405	Street Address			Date [MM/DD/YYYY]		\$	
		405 Bierys Bridge Rd						
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Sharon Mygemore					2/23/2025		\$	100
House #	3071	Street Address			Date [MM/DD/YYYY]		\$	
		Kenwick Circle						
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Eileen Truscott					3/9/2025		\$	100
House #	4385	Street Address			Date [MM/DD/YYYY]		\$	
		Hilltop Circle						
City	Bethlehem	State	PA	Zip Code	18020	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Nancy Chmielewski					3/4/2025		\$	100
House #	6720	Street Address			Date [MM/DD/YYYY]		\$	
		Ridge Estates Court						
City	Arlington	State	TX	Zip Code	76001	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Kedin Pederman					3/26/2025		\$	100
House #	450	Street Address			Date [MM/DD/YYYY]		\$	
		Massachusetts Ave NW			5/2/2025		\$	100
City	Washington	State	DC	Zip Code	20001	Date [MM/DD/YYYY]	\$	

## 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					Jagun Groci		Date (MM/DD/YYYY)	4/16/2025	\$	100
House #	1723	Street Address		Shinner Ave Apt 10		Date (MM/DD/YYYY)		\$		
City	Bethlehem	State	PA	Zip Code	18018	Date (MM/DD/YYYY)		\$		
Full Name of Contributor					Michelle Rohf		Date (MM/DD/YYYY)	4/15/2025	\$	100
House #	1785	Street Address		Falcon Dr.		Date (MM/DD/YYYY)		\$		
City	Bethlehem	State	PA	Zip Code	18020	Date (MM/DD/YYYY)		\$		
Full Name of Contributor					Sandra Mejias		Date (MM/DD/YYYY)	4/17/2025	\$	100
House #	1507	Street Address		Stefore Dr.		Date (MM/DD/YYYY)		\$		
City	Bethlehem	State	PA	Zip Code	18017	Date (MM/DD/YYYY)		\$		
Full Name of Contributor					Allison Rahn		Date (MM/DD/YYYY)	4/18/2025	\$	100
House #	3831	Street Address		Cannon Ave		Date (MM/DD/YYYY)		\$		
City	Bethlehem	State	PA	Zip Code	18015	Date (MM/DD/YYYY)		\$		
Full Name of Contributor					Michael Frccinetto		Date (MM/DD/YYYY)	4/4/2025	\$	100
House #	3222	Street Address		Merchant Dr.		Date (MM/DD/YYYY)		\$		
City	Bethlehem	State	PA	Zip Code	18017	Date (MM/DD/YYYY)		\$		
Full Name of Contributor					Edward Brozowski		Date (MM/DD/YYYY)	4/25/2025	\$	100
House #	3413	Street Address		Shelton Ave		Date (MM/DD/YYYY)		\$		
City	Bethlehem	State	PA	Zip Code	18020	Date (MM/DD/YYYY)		\$		



## 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)		\$	100
Mary Roehrenbeck					4/26/2025			
House #	1244	Street Address			Date (MM/DD/YYYY)		\$	
		Moffitt Avenue						
City	Bethlehem	State	PA	Zip Code	18018	Date (MM/DD/YYYY)	\$	
Full Name of Contributor					Date (MM/DD/YYYY)		\$	100
Guy Amann					4/28/2025			
House #	319	Street Address			Date (MM/DD/YYYY)		\$	
		E Locust St						
City	Bethlehem	State	PA	Zip Code	18018	Date (MM/DD/YYYY)	\$	
Full Name of Contributor					Date (MM/DD/YYYY)		\$	100
Lisa Amann					4/28/2025			
House #	319	Street Address			Date (MM/DD/YYYY)		\$	
		E Locust St						
City	Bethlehem	State	PA	Zip Code	18018	Date (MM/DD/YYYY)	\$	
Full Name of Contributor					Date (MM/DD/YYYY)		\$	100
Sharon Frystak					4/29/2025			
House #	121	Street Address			Date (MM/DD/YYYY)		\$	
		W. Fairview St						
City	Bethlehem	State	PA	Zip Code	18018	Date (MM/DD/YYYY)	\$	
Full Name of Contributor					Date (MM/DD/YYYY)		\$	100
Michael Recchiuti					4/29/2025			
House #	4209	Street Address			Date (MM/DD/YYYY)		\$	
		Gloria Ln						
City	Bethlehem	State	PA	Zip Code	18017	Date (MM/DD/YYYY)	\$	
Full Name of Contributor					Date (MM/DD/YYYY)		\$	100
George Wacker					4/29/2025			
House #	530	Street Address			Date (MM/DD/YYYY)		\$	
		Groep Circle						
City	Bethlehem	State	PA	Zip Code	18018	Date (MM/DD/YYYY)	\$	

**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					Laura Collins		Date [MM/DD/YYYY]	4/29/2025	\$	100
House #	77	Street Address		W. Greenwich St		Date [MM/DD/YYYY]		\$		
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]		\$		
Full Name of Contributor					Elliot Tracey		Date [MM/DD/YYYY]	4/30/2025	\$	100
House #	4930	Street Address		Matts Dr.		Date [MM/DD/YYYY]		\$		
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]		\$		
Full Name of Contributor					William Leiner		Date [MM/DD/YYYY]	5/2/2025	\$	100
House #	1849	Street Address		Eggen Ave		Date [MM/DD/YYYY]		\$		
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]		\$		
Full Name of Contributor					Kate Hwang		Date [MM/DD/YYYY]	5/3/2025	\$	100
House #	3450	Street Address		Ashton Oaks Ln		Date [MM/DD/YYYY]		\$		
City	Longwood	State	FL	Zip Code	32779	Date [MM/DD/YYYY]		\$		
Full Name of Contributor					Lee Gilman		Date [MM/DD/YYYY]	4/30/2025	\$	100
House #	1846	Street Address		Apple Tree Ln		Date [MM/DD/YYYY]		\$		
City	Bethlehem	State	PA	Zip Code	18015	Date [MM/DD/YYYY]		\$		
Full Name of Contributor					Matthew Malozi		Date [MM/DD/YYYY]	4/20/2025	\$	100
House #	1820	Street Address		Paul Ave		Date [MM/DD/YYYY]		\$		
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]		\$		

## 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]	\$	100
Rob Melosky					4/29/2025		
House #	475	Street Address	Pine Top Trail		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	100
Ross Makary					4/29/2025		
House #	6888	Street Address	Weaversville Road		Date [MM/DD/YYYY]	\$	
City	Northampton	State	PA	Zip Code	18067	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	100
Brie Chambers					4/26/2025		
House #	555	Street Address	Bierys Bridge Road		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	200
Susan Lawless					5/1/2025		
House #	1160	Street Address	Yorkshire Road		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	250
Caden Jennings					4/15/2025		
House #	2626	Street Address	Stark Road S7		Date [MM/DD/YYYY]	\$	
City	Stewartville	State	NJ	Zip Code	08886	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	250
Jessica Hughes					4/23/2025		
House #	5120	Street Address	Meadowview Dr.		Date [MM/DD/YYYY]	\$	
City	Macungie	State	PA	Zip Code	18062	Date [MM/DD/YYYY]	\$

## 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					Joseph Wiana		Date [MM/DD/YYYY]	5/4/2025	\$	250
House #	2733	Street Address		Walker Place		Date [MM/DD/YYYY]		\$		
City	Bellevue	State	PA	Zip Code	18017	Date [MM/DD/YYYY]		\$		
Full Name of Contributor					Frederick J. Fenselau		Date [MM/DD/YYYY]	4/1/2025	\$	250
House #	1413	Street Address		Shelburne Dr.		Date [MM/DD/YYYY]		\$		
City	Bellevue	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]		\$		
Full Name of Contributor							Date [MM/DD/YYYY]	\$		
House #		Street Address				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.

Filer Identification Number:

Full Name of Contributing Committee		Friends of Bob Donchez			Date [MM/DD/YYYY]	\$	500
House #	377	Street Address		Devonshire Dr	Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		Friends of J. William Reynolds			Date [MM/DD/YYYY]	\$	500
House #	1718	Street Address		N. New St	Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		Greeter Lehigh Valley Red Cross Association			Date [MM/DD/YYYY]	\$	1500
House #	10	Street Address		S. Commerce Way	Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		<del>Lehigh Valley Labor Council AFL-CIO</del>			Date [MM/DD/YYYY]	\$	<del>500</del>
House #	<del>101</del>	Street Address		<del>S. 7th Street</del>	Date [MM/DD/YYYY]	\$	
City	<del>Allentown</del>	State	<del>PA</del>	Zip Code	<del>18101</del>	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		IBEW Local Union #375 PAC			Date [MM/DD/YYYY]	\$	500
House #	101	Street Address		S 7th Street	Date [MM/DD/YYYY]	\$	
City	Allentown	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

JA  
JA



## 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:

Full Name of Contributor		Paul Shwertz				Date [MM/DD/YYYY]	\$	300
House #	190	Street Address		Warsaw Road		Date [MM/DD/YYYY]	\$	
City	Frenchtown	State	NT	Zip Code	08825	Date [MM/DD/YYYY]	\$	
Employer Name		USA Architects				Occupation		
Employer Mailing Address / Principal Place of Business		15 300 St. 7 <sup>th</sup> Floor, Easton, PA 18042						
Full Name of Contributor		John Callahan				Date [MM/DD/YYYY]	\$	450
House #	329	Street Address		Bierys Bridge Road		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$	
Employer Name		Peron Development				Occupation		
Employer Mailing Address / Principal Place of Business		60 W. Broad St, Bethlehem, PA 18018						
Full Name of Contributor		Arif Fazil				Date [MM/DD/YYYY]	\$	500
House #	1940	Street Address		Rosewood Dr.		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$	
Employer Name		CHA Consulting				Occupation		
Employer Mailing Address / Principal Place of Business		1 E. Broad St, suite 310, Bethlehem PA 18018						
Full Name of Contributor		Randy Galiotto				Date [MM/DD/YYYY]	\$	1000
House #	842	Street Address		Heather Ln.		Date [MM/DD/YYYY]	\$	
City	Easton	State	PA	Zip Code	18042	Date [MM/DD/YYYY]	\$	
Employer Name		Alloy J				Occupation		
Employer Mailing Address / Principal Place of Business		530 W. Broad St, Bethlehem 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:	
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$ <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>

<b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the reporting period	(2)	\$ <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span>

<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the reporting period	(3)	\$ <span style="border-bottom: 1px solid black; display: inline-block; width: 150px; text-align: center;">437.50</span>

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$	<span style="border-bottom: 1px solid black; display: inline-block; width: 150px;">437.50</span>
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SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	437.50
Anthony Dera					4/29/2025			
House #	205	Street Address			Webster St		Date [MM/DD/YYYY]	\$
City	Bethlehem		State	PA	Zip Code	18015		Date [MM/DD/YYYY]
								\$
Employer Name					BST Corporate Benefits		Occupation	
Employer Mailing Address / Principal Place of Business					205 Webster St, Bethlehem PA 18015		Description of Contribution	
							Food for Fundraiser	
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							Description of Contribution	
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							Description of Contribution	
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							Description of Contribution	

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Bethlehem Business Forms			Date (MM/DD/YYYY)	\$	4,030.89
House #	861	Street Address	14th Ave		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Mail, Yard signs, Palm Cords	

To Whom Paid		Act Blue			Date (MM/DD/YYYY)	\$	53.23
House #		Street Address	PO Box 441146		Description of Expenditure		
City	Somerville	State	MA	Zip Code	02144	Feb, Mar, April, May 2021 Fees	

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		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		Zip Code			

To Whom Paid					Date (MM/DD/YYYY)	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			