

Pennsylvania Department of State

Name of Filing Committee, Candidate, or Lobbyist

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.

Reporting Cycle Cycle 1	Name Cycle 2	Cycle 3		Cycle 4	☐ Cycle 5
6 th Tuesday Pre-Primary	2 nd Friday Pre-Primary	30 Day Post Primary		uesday Election	2 nd Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special	Election	_	cle 9 st-Special Election
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DSEB-502R Updated 1/5/2022

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.

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TYPE OF REPORT (CHECK ONE)	Before sou	OHT BY CANDIDATI	(cv)	DISTRICT I	NO. P	Dem		#0.	DAY JU	TEAR
6TH TUESDAY PRE-PRIMARY	(3 () () ()	NO. DAY	YEAR]				<u> </u>	FOR OF	FICE U	SE ONLY
2nd FRIDAY PRE-PRIMARY	DATES OF REPORTING PERIOD	constitution of the statement was	10	6 9 20	195					
30 DAY POST-PRIMARY		ANCE AT END		-0) —					
6TH TUESDAY A. PRE-ELECTION		TING PERIOD: OUNT OF FILE	R'S	\$						
2ND FRIDAY PRE-ELECTION	OUTSTAND	DING DEBTS OF	R LIABILIT	IES DD: \$						
30 DAY POST-ELECTION		AMENOMENT REPORT?	YES	NO						
ANNUAL 7.		TERMINATION					1			
REPORT		REPORT?	YES	ND						
REPORT				AVIT SECTION	N					
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Name of Filing Committee, Candidate, or Lobbyist

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	Fri	ends of Justin Ama	ann		and the state
Reporting Cycle	Name		* * * *		Lawrence Hotel Charles &
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 rd Friday Pre-Primary	30 Day Post Primary	6 th Tuesday 2 nd Frie		☐ Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special	l Election	1	cle 9 ost-Special Election
this form is submit is submitted with a declare under per that the accompan	report by a cont	tributing lobbyist, i under the law of th	ne Comr	nonwealth	ign nere.
			6-20-20	025	
Signature of Treasurer, Candidate, or Lobbyist		Date (MM/DD/YYYY)			
Cienna Hobbs			Bethlel	nem, PA	
Pr	inted Name	and a standard to the standard and the s	Loca	tion (City/	State/Country)
					DSFB-50

Updated 1/5/2022



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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.

	06/20/2025
Signature of Treasurer, Candidate, or Lobbyist	Date (MM/DD/YYYY)
Justin America	Bethlehem, PA
Printed Name	Location (City/State/Country)

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed) Lobbyist Committee Filer Identification Report Filed By Candidate -3480000 Number (Mark X) Name of Filing Committee, Candidate or Friends of Justin Lobbyist Street Address hrenwood City 18017 Zip Code Type of Report (Place x under report type) Special 2nd Friday Special 30 Day 1-6th Tuesday 5- 2nd Friday 6-30 Day Post 7- Annual 2- 2nd Friday 3-30 Day Post 4-6th Tuesday Pre-Election Post-Election Pre-Primary Election **Pre-Primary** Primary Pre- Election Pre-Election Termination **Date Of Election** Year Amendment 1625 Report (MM/DD/YYYY) Report For Office Use Only Summary of Receipts and To Date From Date **Expenditures** 5/6/2025 A. Amount Brought Forward From Last Report B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV) Affidavit Section Part 1- 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 Signature of Person Submitting report Clenna Hobbs **Printed Name** My Commission expires_ YR. DAY 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 Sworn to and subscribed before me this Signature of Candidate Signature **Printed Name** My Commission expires_ Daytime Telephone Number

SCHEDULE I

Contributions and Receipts Detailed Summary Page

Filer Identification Number		
33-3480000		SE S
37 390WVO	•	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
- The state of the			
Total for the reporting period	(1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	a verile	<u></u>	0-
Contributions Received from Political Committees (Part A)		17	
All Other Contributions (Part B)	•	\$	0-
		\$	200.00
Total for the reporting period	(2)	\$	200.00 -200.00
3. Contributions Over \$250,00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	2
All Other Contributions (Part D)		\$	300.00 2,350.00
Total facility			2,350,00
	(3)	\$	2650.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			- 1
Total for the reporting period	(4)	\$	
Total Monetary Contributions and Receipts during this reporting period (Add and		\$	0
enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Rep Cover Page, Item B)	ort		2,850,00

Statement of Expenditures

Nestuncation N	33	3480000		
House # 861	Street Address	Business 4th Ave		Date [MM/DD/YYY] \$ 6,345.85 Description of Expenditure
To Whom Paid		State PA	Zip Code 18018	Mail 195
House #		luc .		10,13
City Some		State NA A	Zip ANYU	Description of Expenditure May Jun Fee
To Whom Paid	VIII.	PIA	Code Oal ((Date [MM/DD/YYYY] \$
House #	Street Address	V:	17. ·	Description of Expenditure
City		State .	Zip Code	
To Whom Paid		THE EXPLANATION .		Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	Date [MM/DD/YYYY] \$
To Whom Paid				
House #	Street Address			Description of Expenditure
City		State	Zip Code	Date [MM/DD/YYYY] \$
To Whom Paid				
House #	Street Address			Description of Expenditure
City		State	Zip Code	Date [MM/DD/YYYY] \$
To Whom Paid				Description of Expenditure
House #	Street Address			Description of expenditure
City		State	Zip Cade	Date [MM/DD/YYYY] \$
To Whom Pald				
House #	Street Address			Description of Expenditure
City		State	Zíp Code	

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: 33 - 348aw		
	Date [MM/DD/YYYY]	100
Full Name of Contributor LUIN Paranta	5/30/2075	100
House # 450 Street Address Massachusetts Ave NW	Date [MM/DD/YYYY]	
House # 450 Street Address Massachusetts Ave NW	Date [MM/DD/YYYY]	
City Washington State P.C. Zip Code 2001	Date [MM/DD/YYYY] 5	
Full Name of Contributor William SS Franck House # 1548 Street Address Famesulla Raad	5/19/2025	100
House # 1610 Street Address	Date [MM/DD/YYYY] \$	•
House # 1548 Street Address Formerulla Read	Date [MM/DD/YYYY] \$	
City Rephleten State PA Zip Code 18080	THE REPORT OF THE PERSON OF TH	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
	Date [MM/DD/YYYY] \$	
House # Street Address	Date [MM/DD/YYYY] \$	
City State Zip Code	Date (Mini/OD) 17.11	
Full Name of Contributor	Date (MM/DD/YYYY) \$	
	Date [MM/DD/YYYY] \$	
House # Street Address		
City State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] . \$	
	Date [MM/DD/YYYY] \$	
House # Street Address	**************************************	
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:	33-3480000			
		Consequent	Conde 6/4/2025	300
House # 70 Street	Dune Mores Address Asoph	17th st	Date [MM/DD/YYYY]	\$
City Philadelphia		J Zip Code 19	(03) Date [MM/DD/TTT]	.
Full Name of Contributing Committee			Date [MM/DD/YYYY] Date [MM/DD/YYYY]	5
1 2 2 2	Address	Zip Code	Date [MM/DD/YYYY]	
Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee House # Street	Address		Date [MM/DD/YYYY]	5
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$
House # Street	Address	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee House # Street /	Address		Date [MM/DD/YYYY]	\$
City	Statė	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street A	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY]	
	M. W. W.			

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)

33-348000	
Full Name of Contributor Lais Table	S/16/2025 45 QOO
House # 1902 Street Address Skibu Rund	Date [MM/DD/YYYY] \$
City Holleson State PA Zip Code 18055	Date [MM/DD/YYYY] \$
Employer Name (th Street Cyte Pertres	Occupation
Employer Mailing Address / 422 Thomas St Bithleham Principal Place of Business	PH 18015
Full Name of Contributor Christian Perrucia	SIGHOUS 450.00
House # 5050 Street Address Olde Reddelin Pike	Date [MM/DD/YYYY] \$
City Byllillin State PA Zip Code 18015	Date [MM/DD/YYYY] \$
Employer Name Puro Perrycci	Occupation
	whn, PA 18042
Full Name of Contributor RUSCO De Beer	S/19/2025 450.00
House # 1535 Street Address Beffe Ch	Date [MM/DD/YYYY] \$
City Helle Jun State 18 Zip Code 18015	Date [MM/DD/YYYY] \$
Employer Name A Requested	Occupation
Employer Mailing Address / Principal Place of Business	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$

State

City

Employer Name

Employer Mailing Address / Principal Place of Business Zip Code

Date [MM/DD/YYYY]

Occupation