



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

Justin Amann

Printed Name

10/24/2025

Date (MM/DD/YYYY)

Bethlehem, PA

Location (City/State/Country)



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement

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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

Date (MM/DD/YYYY)

Printed Name

Location (City/State/Country)

COMMONWEALTH OF PENNSYLVANIA
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 <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>													
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Justin Amann																	
STREET ADDRESS 463 Greenwood Ave																	
CITY Bethlehem		STATE PA	ZIP CODE 18017														
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE Bethlehem City Council	DISTRICT NO.	PARTY DEM	DATE OF ELECTION													
				MO.	DAY	YEAR											
6TH TUESDAY PRE-PRIMARY	1.			November	4	2025											
2ND FRIDAY PRE-PRIMARY	2.			FOR OFFICE USE ONLY													
30 DAY POST-PRIMARY	3.																
6TH TUESDAY PRE-ELECTION	4.																
2ND FRIDAY PRE-ELECTION	5.																
30 DAY POST-ELECTION	6.																
ANNUAL REPORT	7.																
DATES OF REPORTING PERIOD		<table border="1" style="display: inline-table; margin-right: 10px;"> <tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr> <tr><td>06</td><td>9</td><td>2025</td></tr> </table> TO <table border="1" style="display: inline-table;"> <tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr> <tr><td>10</td><td>20</td><td>2025</td></tr> </table>		MO.	DAY	YEAR	06	9	2025	MO.	DAY	YEAR	10	20	2025		
MO.	DAY	YEAR															
06	9	2025															
MO.	DAY	YEAR															
10	20	2025															
CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>		AMENDMENT REPORT?		YES		NO											
		TERMINATION REPORT?		YES		NO											

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		SIGNATURE OF PERSON SUBMITTING REPORT	
_____ DAY OF _____ 20__		Justin Amann	
SIGNATURE		PRINTED NAME	
MY COMMISSION EXPIRES _____		484	547-8191
MO. DAY YR.		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		SIGNATURE OF CANDIDATE	
_____ DAY OF _____ 20__			
SIGNATURE		PRINTED NAME	
MY COMMISSION EXPIRES _____		AREA CODE	DAYTIME TELEPHONE NUMBER
MO. DAY YR.			

INSTRUCTIONS FOR FILING THE CAMPAIGN FINANCE STATEMENT

1. You may file this statement in lieu of a full report when the amount of contributions (including in-kind contributions) received, the amount of money expended and the liabilities incurred *each* did not exceed \$250.00 during the reporting period.
2. File this statement in the office where the nomination petitions, nomination certificate or nomination papers of the candidate(s) supported were filed.
3. **A candidate must file a statement or report that is separate from one filed by her/his authorized committee.**
4. Each statement shall be subscribed and sworn to by the candidate (if it is the candidate's personal report) or the treasurer of the political committee, acknowledging the accuracy of the report. In addition, those reports filed on behalf of a candidate's political committee, authorized by a candidate and created solely for the purpose of influencing an election on behalf of that candidate, shall be subscribed and sworn to by that candidate.
5. Reports must be filed according to the following schedule. For specific dates, consult the Election Calendar.

First report deadline: Cycle 1	Sixth Tuesday Pre-Primary. Reporting period closes 50 days prior to the election. (Required only by statewide candidates on the ballot and political committees supporting statewide candidates.)
Second report deadline: Cycle 2	Second Friday Pre-Primary. Reporting period closes 15 days prior to the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Third report deadline: Cycle 3	30 days Post-Primary. Reporting period closes 20 days after the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Fourth report deadline: Cycle 4	6 th Tuesday Pre-Election. Reporting period closes 50 days prior to the election. (Required only by statewide candidates on the ballot and political committees supporting statewide candidates.)
Fifth report deadline: Cycle 5	2 nd Friday Pre-Election. Reporting period closes 15 days prior to the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Sixth report deadline: Cycle 6	30 days Post-Election. Reporting period closes 20 days after the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Annual report deadline: Cycle 7	January 31 st of the following year. Statement must be complete as of December 31.
6. Political committees that are required to file pre-election reports are also required to file at all subsequent reporting deadlines for that election.
7. Retain copies of all records for a period of 3 years. Although no detailed campaign expense report is filed, you are required to keep a record of the names and addresses of each person from whom a contribution of over \$10.00 has been received and a record of all other information required to be reported pursuant to the Campaign Expense Reporting Law.

LATE FILING PENALTY

A penalty of \$10.00 for each day or part of the day (excluding Saturdays, Sundays and holidays) that the statement is overdue, plus an **additional fee** of \$10.00 for each of the first six days that a statement is overdue, will be assessed.

In addition, any candidate or treasurer of a political committee, or person acting as such treasurer, who shall fail to file an account of primary or election expenses, as required by the Law, shall be guilty of a misdemeanor and, upon conviction thereof, shall be sentenced to pay a fine not exceeding \$5,000 (five thousand dollars) or to undergo an imprisonment of not less than one (1) month nor more than two (2) years, or both, in the discretion of the court.

Further penalties are provided by law.

Postmarks are acceptable as proof of timely filing where report is sent by first class mail and postmarked by the United States Postal Service, no later than the day prior to the filing deadline.



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

10/24/2025

Date (MM/DD/YYYY)

Bethlehem, PA

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		Report Filed By (Mark X)	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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/04/2025	Year	2025	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	June 9, 2025	October 20, 2025	
A. Amount Brought Forward From Last Report	\$	2,264.90	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	900.00	
C. Total Funds Available (Sum of Lines A and B)	\$	3164.90	
D. Total Expenditures (From Schedule III)	\$	100	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	3064.90	
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

_____ day of _____ 20____

SignatureMy Commission expires _____
MO. DAY YR._____
Signature of Person Submitting report
Cienna Hobbs_____
Printed Name484 515-4283
Area Code Daytime Telephone NumberPart 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____

SignatureMy Commission expires _____
MO. DAY YR._____
Signature of CandidateJustin Amann
Printed Name484 5478191
Area Code Daytime Telephone Number

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)	\$	0
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)		\$	0
Total for the reporting period	(2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	500
All Other Contributions (Part D)		\$	400
Total for the reporting period	(3)	\$	900
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>		\$	0

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number	
-----------------------------	--

							Amount
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	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]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	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]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	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]	\$	

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]	\$	
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]	\$
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]	\$

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of Contributing Committee		Lehigh Valley Association of Realtors				Date [MM/DD/YYYY]	\$	500	
						9/15/2025			
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						Date [MM/DD/YYYY]	\$		
House #		Street Address					Date [MM/DD/YYYY]	\$	
City		State		Zip Code		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]	\$		
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$		
House #		Street Address					Date [MM/DD/YYYY]	\$	
City		State		Zip Code		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]	\$		
Full Name of Contributing Committee						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:	
-------------------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Kevin Peterman					06/26/2025		100	
House #	450	Street Address			Date [MM/DD/YYYY]		\$	
		Massachussetts Ave NW			07/26/2025		100	
City	Washington		State	DC	Zip Code	20001		Date [MM/DD/YYYY]
						08/26/2025		100
Employer Name				Nineteenth Street Baptist Church			Occupation	
							Reverend	
Employer Mailing Address / Principal Place of Business				4606 16th St NW, Washington, DC 20011				
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
SEE ABOVE- ADDING ADDITIONAL GIFT					09/26/2026		100	
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								

PART E

Other Receipts**REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.**

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

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 CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

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)		\$
---	--	----

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:

Full Name of Contributor

Date [MM/DD/YYYY]

\$

House #

Street Address

Date [MM/DD/YYYY]

\$

City

State

Zip Code

Date [MM/DD/YYYY]

\$

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]

\$

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]

\$

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]

\$

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]

\$

Description of Contribution

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:

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		

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:	
------------------------------	--

To Whom Paid		FHS Boys' Basketball Booster Club				Date [MM/DD/YYYY]		\$		100	
		08/18/2025									
House #	2136	Street Address	Vista Drive			Description of Expenditure					
City	Bethlehem	State	PA	Zip Code	18018	Advertisment/Hole Sponsorship					
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							

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:

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							



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.



Signature of Treasurer, Candidate, or Lobbyist

10/24/2025

Date (MM/DD/YYYY)

Justin Amann

Bethlehem, PA

Printed Name

Location (City/State/Country)