



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				
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 type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input checked="" 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.

2/2/2026

Signature of Treasurer, Candidate, or Lobbyist

Justin Amann

Printed Name

Date (MM/DD/YYYY)

Bethlehem, PA

Location (City/State/Country)



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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)



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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 type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input checked="" 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.

2/2/2026

Signature of Treasurer, Candidate, or Lobbyist

Date (MM/DD/YYYY)

Cienna Hobbs

Bethlehem, PA, Northampton

Printed Name

Location (City/State/Country)



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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.

2/2/2026

Signature of Treasurer, Candidate, or Lobbyist

Justin Amann

Date (MM/DD/YYYY)

Printed Name

Bethlehem, PA, Northampton

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"/> 1.	<input type="checkbox"/> 2. COMMITTEE	<input type="checkbox"/> 3. LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST		Justin Amann						
STREET ADDRESS		463 Greenwood Ave						
CITY		STATE		ZIP CODE		18017		
Bethlehem		PA						
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			PARTY		DATE OF ELECTION	
		City Council			DEM		MO.	DAY
6TH TUESDAY PRE-PRIMARY		1.						
2ND FRIDAY PRE-PRIMARY		2.						
30 DAY POST-PRIMARY		3.						
6TH TUESDAY PRE-ELECTION		4.						
2ND FRIDAY PRE-ELECTION		5.						
30 DAY POST-ELECTION		6.						
ANNUAL REPORT		7.		<input checked="" type="checkbox"/> X				
DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	MO.	DAY	YEAR
		11	25	2025		12	31	2025
FOR OFFICE USE ONLY								
CASH BALANCE AT END OF REPORTING PERIOD: \$ 0								
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0								
AMENDMENT REPORT?		YES		NO				
TERMINATION REPORT?		YES		NO				

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidate'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____

Justin Amann
SIGNATURE OF PERSON SUBMITTING REPORT

Justin Amann

PRINTED NAME

SIGNATURE

MY COMMISSION EXPIRES _____

MO. DAY YR.

484 AREA CODE

547-8191 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 OF CANDIDATE

PRINTED NAME

SIGNATURE

MY COMMISSION EXPIRES _____

MO. DAY YR.

AREA CODE

DAYTIME TELEPHONE NUMBER

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.

[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 type="checkbox"/>	Lobbyist <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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)			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
	11/25/2025	12/31/2025	
A. Amount Brought Forward From Last Report	\$	3164.90	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	200	
C. Total Funds Available (Sum of Lines A and B)	\$	3364.90	
D. Total Expenditures (From Schedule III)	\$	253	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	3111.90	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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_____

Signature

My Commission expires _____

MO. DAY YR.

Signature of Person Submitting report
Cienna Hobbs

Printed Name

484

5154283

Area Code

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

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) \$		
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	200
Total for the reporting period (2)	\$	200
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
Total for the reporting period (3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	253
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>	\$	-53

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		Kevin Peterman					Date [MM/DD/YYYY]	\$	
							12/5/2025	100	
House #		450		Street Address			Date [MM/DD/YYYY]	\$	
							12/25/2025	100	
City	Washington			State	DC	Zip Code	20001	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:																																																																																																																																																																																																																																																																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Full Name of Contributor</td> <td colspan="4"></td> <td>Date [MM/DD/YYYY]</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td colspan="4"></td> <td></td> <td></td> </tr> <tr> <td colspan="2">House #</td> <td colspan="2">Street Address</td> <td colspan="4"></td> <td>Date [MM/DD/YYYY]</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="4"></td> <td></td> <td></td> </tr> <tr> <td colspan="2">City</td> <td colspan="2"></td> <td>State</td> <td></td> <td>Zip Code</td> <td></td> <td>Date [MM/DD/YYYY]</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Full Name of Contributor</td> <td colspan="6"></td> <td>Date [MM/DD/YYYY]</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td colspan="6"></td> <td></td> <td></td> </tr> <tr> <td colspan="2">House #</td> <td colspan="2">Street Address</td> <td colspan="4"></td> <td>Date [MM/DD/YYYY]</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="4"></td> <td></td> <td></td> </tr> <tr> <td colspan="2">City</td> <td colspan="2"></td> <td>State</td> <td></td> <td>Zip Code</td> <td></td> <td>Date [MM/DD/YYYY]</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Full Name of Contributor</td> <td colspan="6"></td> <td>Date [MM/DD/YYYY]</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td colspan="6"></td> <td></td> <td></td> </tr> <tr> <td colspan="2">House #</td> <td colspan="2">Street Address</td> <td colspan="4"></td> <td>Date [MM/DD/YYYY]</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="4"></td> <td></td> <td></td> </tr> <tr> <td colspan="2">City</td> <td colspan="2"></td> <td>State</td> <td></td> <td>Zip Code</td> <td></td> <td>Date [MM/DD/YYYY]</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Full Name of Contributor</td> <td colspan="6"></td> <td>Date [MM/DD/YYYY]</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td colspan="6"></td> <td></td> <td></td> </tr> <tr> <td colspan="2">House #</td> <td colspan="2">Street Address</td> <td colspan="4"></td> <td>Date [MM/DD/YYYY]</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="4"></td> <td></td> <td></td> </tr> <tr> <td colspan="2">City</td> <td colspan="2"></td> <td>State</td> <td></td> <td>Zip Code</td> <td></td> <td>Date [MM/DD/YYYY]</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Full Name of Contributor</td> <td colspan="6"></td> <td>Date [MM/DD/YYYY]</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td colspan="6"></td> <td></td> <td></td> </tr> <tr> <td colspan="2">House #</td> <td colspan="2">Street Address</td> <td colspan="4"></td> <td>Date [MM/DD/YYYY]</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="4"></td> <td></td> <td></td> </tr> <tr> <td colspan="2">City</td> <td colspan="2"></td> <td>State</td> <td></td> <td>Zip Code</td> <td></td> <td>Date [MM/DD/YYYY]</td> <td>\$</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>								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]	\$										
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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								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]	\$	
House #		Street Address						Date [MM/DD/YYYY]	\$	
City				State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name								Occupation		
Employer Mailing Address / Principal Place of Business										
Full Name of Contributor								Date [MM/DD/YYYY]	\$	
House #		Street Address						Date [MM/DD/YYYY]	\$	
City				State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name								Occupation		
Employer Mailing Address / Principal Place of Business										
Full Name of Contributor								Date [MM/DD/YYYY]	\$	
House #		Street Address						Date [MM/DD/YYYY]	\$	
City				State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name								Occupation		
Employer Mailing Address / Principal Place of Business										
Full Name of Contributor								Date [MM/DD/YYYY]	\$	
House #		Street Address						Date [MM/DD/YYYY]	\$	
City				State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name								Occupation		
Employer Mailing Address / Principal Place of Business										

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:																																																																																																																																																																																																																																
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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												

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:						
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To Whom Paid		Maxwell James Oskam Foundation				Date [MM/DD/YYYY]	\$	150	
House #		Street Address	PO Box 850804				Description of Expenditure		
City	Braintree		State	MA	Zip Code	02185	Fundraising Sponsorship		
To Whom Paid		Bethlehem City Democratic Committee				Date [MM/DD/YYYY]	\$	100	
House #		Street Address	PO Box 1792				Description of Expenditure		
City	Bethlehem		State	PA	Zip Code	18016	Sponsorship		
To Whom Paid		Act Blue				Date [MM/DD/YYYY]	\$	3	
House #		Street Address	PO Box 44114				Description of Expenditure		
City	Somerville		State	MA	Zip Code	02144	Fundraising 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				

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:																																																																																																																																																																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="width: 10%;">Name of Creditor</td> <td colspan="5"></td> <td style="width: 10%;">Outstanding Balance of Debt</td> </tr> <tr> <td rowspan="2">House #</td> <td rowspan="2"></td> <td colspan="2" rowspan="2">Street Address</td> <td colspan="2" rowspan="2"></td> <td colspan="2" style="text-align: center;">DATE DEBT INCURRED [MM/DD/YYYY]</td> <td rowspan="2">\$</td> </tr> <tr> <td colspan="2"></td> </tr> <tr> <td colspan="2">City</td> <td colspan="2"></td> <td style="text-align: center;">State</td> <td style="text-align: center;">Zip Code</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Description of Debt</td> <td colspan="6"></td> </tr> <tr> <td colspan="2">Name of Creditor</td> <td colspan="5"></td> <td style="text-align: center;">Outstanding Balance of Debt</td> </tr> <tr> <td rowspan="2">House #</td> <td rowspan="2"></td> <td colspan="2" rowspan="2">Street Address</td> <td colspan="2" rowspan="2"></td> <td colspan="2" style="text-align: center;">DATE DEBT INCURRED [MM/DD/YYYY]</td> <td rowspan="2">\$</td> </tr> <tr> <td colspan="2"></td> </tr> <tr> <td colspan="2">City</td> <td colspan="2"></td> <td style="text-align: center;">State</td> <td style="text-align: center;">Zip Code</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Description of Debt</td> <td colspan="6"></td> </tr> <tr> <td colspan="2">Name of Creditor</td> <td colspan="5"></td> <td style="text-align: center;">Outstanding Balance of Debt</td> </tr> <tr> <td rowspan="2">House #</td> <td rowspan="2"></td> <td colspan="2" rowspan="2">Street Address</td> <td colspan="2" rowspan="2"></td> <td colspan="2" style="text-align: center;">DATE DEBT INCURRED [MM/DD/YYYY]</td> <td rowspan="2">\$</td> </tr> <tr> <td colspan="2"></td> </tr> <tr> <td colspan="2">City</td> <td colspan="2"></td> <td style="text-align: center;">State</td> <td style="text-align: center;">Zip Code</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Description of Debt</td> <td colspan="6"></td> </tr> <tr> <td colspan="2">Name of Creditor</td> <td colspan="5"></td> <td style="text-align: center;">Outstanding Balance of Debt</td> </tr> <tr> <td rowspan="2">House #</td> <td rowspan="2"></td> <td colspan="2" rowspan="2">Street Address</td> <td colspan="2" rowspan="2"></td> <td colspan="2" style="text-align: center;">DATE DEBT INCURRED [MM/DD/YYYY]</td> <td rowspan="2">\$</td> </tr> <tr> <td colspan="2"></td> </tr> <tr> <td colspan="2">City</td> <td colspan="2"></td> <td style="text-align: center;">State</td> <td style="text-align: center;">Zip Code</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Description of Debt</td> <td colspan="6"></td> </tr> <tr> <td colspan="2">Name of Creditor</td> <td colspan="5"></td> <td style="text-align: center;">Outstanding Balance of Debt</td> </tr> <tr> <td rowspan="2">House #</td> <td rowspan="2"></td> <td colspan="2" rowspan="2">Street Address</td> <td colspan="2" rowspan="2"></td> <td colspan="2" style="text-align: center;">DATE DEBT INCURRED [MM/DD/YYYY]</td> <td rowspan="2">\$</td> </tr> <tr> <td colspan="2"></td> </tr> <tr> <td colspan="2">City</td> <td colspan="2"></td> <td style="text-align: center;">State</td> <td style="text-align: center;">Zip Code</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Description of Debt</td> <td colspan="6"></td> </tr> </table>								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							
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