COMMONWEALTH OF PENNSYLVANIA **CAMPAIGN FINANCE STATEMENT**

Commonwealth of Pennsylvania county of NN+hampton

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.

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HAME OF FILING COMMUTTEE, CAM		rubh	
STREET ADDRESS	ciencls of Dana Gil 1420 Henderson F	lace	
Be	>thlehem	Fràre PA	18017 — 493 ₁
THE OF REPORT	naue of ortille sought by candillate Mayor-Bethlohem Cit	OSTRECT NO. PARTY	DATE OF ELECTION AND LODGE SYMPTOM OS 202
PRE-PRIMARY 2. AND THE PRIMARY RE-PRIMARY 8.	DATES OF PERIOD TO TO	"MO," "OAT" TEAR!	rocorresusseoux
POST-PRIGARY. 501811850AE 761-11104 502-11104 503-1	Cash Balance at End Of Reporting Period: Total Amount of Filer's	\$	
5. 200 000 000 100 000 000 100 000 000 000	OUTSTANDING DEBTS OR LIABILITY AT THE END OF REPORTING PERIO		
POST-ELECTION 7.	MERCHETT TES	RO	
REPORT	AFEID	AVIT SECTION	

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Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Unsworn Statement 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), 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, Can	didate, or Lobbyi	st	•	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Reporting Cycle	Name			Section 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
☐ Cycle 1 ,6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	6 th T	C ycle 4 uesday Election	Cycle 5 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 ost-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 lobby st must sign here.



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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.

Commonwealth of Pennsylvania

Commonwealth of Pennsylvania - Campaign Finance Reports Nithmyton

(Note: This report must be clear and legible. It should be typed) Lobbyist Committee Candidate Report Filed By Filer Identification (Mark X) Number Name of Filing Committee, Candidate or Lobbyist Street Address 18017-4931 Bothlehem City Type of Report (Place x under report type) Special 30 Day Special 2nd Friday 7-Annual 1-6th Tuesday 2-2th Friday 3-30 Day Post 4-6th Tuesday 5-2th Friday 6-30 Day Post Post-Election Pre-Election Election Pre-Election Pre-Election Pre-Primary Primary Pre-Primary Termination Amendment Year Report Date Of Election Report (MM/DD/YYYY) For Office Use Only To Date Summary of Receipts and From Date Expenditures 12/31/2020 A. Amount Brought Forward From Last Report 200.00 B_Total Monetary Contributions and Receipts 2600.00 (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) 3 Affidavit Section Part 1- If this is a Committee report, tressurer sign here. If this is a Committee report, candidate sign here.

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

Support to and cohercified before me this.

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			·			-	
				·			Amount
Full Name of Cor	ntributing	•			Date [MM/DD/YYYY]	\$	· reik
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PARTE

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.)

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Bethlehi	em 18018	Date MID (OD (NEB)	No.
eul Name of Contributor	Michael Palos	Date [MM]/DD/YYY] S 11 17 2020	100.00
	Colony Dr.	Date(bu)(nDD/SeAA) S	
Bothleher	n PA 1807	Pale MN/DD/YAME	
Full Name of Contributor	Stephen Melnick	Date Multipolystyle S	250.00
House #	Easton Ave	19-/11/9299	250.00
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Full Name of Constitutor		Date (MM/JDD/MW) S. 02/24/2020	<i>\$50,0</i> 0
House # Sto	Buckingham Dr.	Date (MayDD), MMC	
BeYhleho	m A 18017	addresnus (address) (i	
Pull Name of Contributor	Thomas Marshall	11/17/2620	<i>350.00</i>
House# 5202	Milford Ln	Date (MM/DD/Phy) 5	
City 6.	Sale On the large	Date (MM/DD/TYPE) S	

PARTE

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.)

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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.

Aler Identification Number:			
		·	·
Full Name of Contributing Committee	ffrey Zettlemager	01/31/2020	50000
House # 1304 Street Addres	Frey Zettlemager E. 64hSt.	Date (MM/DD/SV34) S	
Bothlehem	PA 2000 18015	Seate (MM/DD/AVA)	
Full Name of Contributing Contributing Contributing	thia 3 Richard Gebs	10-111/2020	50.00
House #1 2015 Street Addres		Date [MM/DD/Y/TY] \$	
Bethlehem	Page 18017	Date MM/DD/ATRY, 5	
Full Name of Contributing Committee	Processing Programmers	Date (MM/DD/YTY) = 5	
Rouse # Street Addres		Date MUDIUM AT S	
Etty	State Zip out	Data MM/DD/MY49= 35	
Full Name of Contributing Committee	25 Additional Section Extrapolation Extrapolation	Date IMW/DD//XXX	
House# Street Addres		Date (MM/DD/AAA)	
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Full Name of Contributing Committee		Date (MM/DD/YYY) 3:	
House # Street Address		Dais MMDOASTE	
G)	Spic AD Follow	Date IMM/DD/X0741	

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				
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House #	Street Address			obitica (1 S
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Full Name of Contribu			Date (MIV/	
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PARTE

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			
Füll Name		, ,	
House#	gear Andress		
eny.	State	Code.	Date Mid/DD/MC38
Receipt_Description_		·	
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Gity	Sigle	Egg Code	
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

File: identification: Number:						
1. UNITEMIZED IN KIND CONTRIBUTIONS	RECEIVEDSVALUE OF \$50.	00.0	N LESS PER CONTRIBU	IOR 4		
TOTAL for the reporting period (1)	\$			•	
E NEGINITION RECEIVED SAN	medering to the control of the contr	O/(ER	OMPANIE - 1			
	2)	\$				
3 IN-KIND CONTRIBUTION RECEIVED VAL	Delovier \$250.00 (EROM	PARI	(G)			
TOTAL for the reporting period ((3)	\$	320.12			
TOTAL VALUE OF IN VIND CONTRIBUTIONS DUBI	NC THE PERCENTING	÷ 1				
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURI PERIOD (Add and enter amount totals from boxe on Page 1, Report Cover Page, Item F)		\$	320.12			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

File: Identification Number:			·	
Full Name of Contributors			PORT (MANIPONETY) - S	Ø.
House # Street Address			pate MW/po/xxMi \$	
City Description of Contrations:	Afate	Zip Code	Date MM/DD/ATTY	·
				·
Full Name of Contributor			Date IMM/OD/YAY	
House # Street Address	Formal		Date (MM/DD/V/Y) S	
City Description of Contribution	Sale	ap code	Date (MM/DD/ECR)	
Full Name of Contributor			Date [MM/DU/YYYI] \$	
House# Street Address			Date MM/DD/AYSY	
Sity Description of Contribution		Ap Code	Date (MM/DD/4444)	
The most of the second				
Full Name of Contributor			Date [MM/DD/YYYY] - 5	
Nouse # Street Address			Date [MN/DD/14/4]	,
City Description of Contribution			bate MINIOU/Y/Y/	
Full Name of Contributor	•		Date (MM/DD/YYY) S	
House # Street Address	100 Table 100 B	:	Date (Min/DD/YAM) 5	
City Description of Contribution	State		的高级(1.1.3/p.1)/43.19(18.5克 	

SCHEDULE II Part G

In-Kind Contributions Received

	VALUE OVER \$250	
Her blenbication number:		
	·	
	rah Courville	04/29/200 320-12
	Doolittle Hill Road	Date (mv/pb/) 1766/
Laceyville	PA 18623	Date (MM/DD/XXXX) \$
Employer Name	Solf	anthor
Employer Mailing Address / Principal Place of Business		occupation Campaish Contribution Pensimasks
Full Name of Contributor		Date IMM/DD/MYY] \$
House # Street Address		Date MM/DDAY(B)
TCI()	Sale Zip Gode	Date New (OD) 12 NV
Employer Name		Occupation .
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date IMM/DD/MYY
House # Street Address		Par MUDDAYM S
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Full Name of Contributor		Date IMM/DD/YYYI
House # Street Address	Transport Transport	EDAGE (MM/DDJ/RYY) \$
Chy	State Zit onde	Date (MM/DU) YeV(5.

Employer Name

Employer Mailing Address / Principal
Place of Business

Occupation

Description of Contribution

Statement of Expenditures

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Filer Identification Number:			•	•

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House# 300	Sizza Artines 7	Palmer St	Broad Office)	Description of Eppenditure	
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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 Dabt
	PANENDO/AVAYE	
City	Scale 40 Coole	
Description of Debt		
Name of Creditor House # Sue	- PATE PENGLING URBED	Outstanding Balance of Debt.
	MW/DD/PXXY	
City	State 40 Code	
Description of Debt		'
Name of Creditor		Outstanding Balance of Den
	et Attiress DATE DEBT INCURRED [MM/DD/XYYY]	
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Description of Debt Name of Creditor		
经验证据的	et Address DATE DEBT INCURRED	Outstanding Balance of Debt
City	DAM/DOX.CVI	
Description of Debt	L Vote	
Name of Creditor		Outstanding Galance of Deb
	et Aridress DATE DEBT (NGURRED	
City Description of Debt	-State Code	
		Particular was a second of shareholds
Name of Creditor House # Street	er Address	Outstanding Balance of Debt
	[MIN/DD/XVVV	
Gity	State 16	1975 F-30 1970 1970 1970 1970
Description of Debt		