Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By Candidat (Mark X)	e la Committ	ee Lobbyist
Name of Filing Committee, Candidate or		ara Grubb	1 January 1 Janu
Lobbyist Street Address	triends of D	ara Charles	
City RAIDI	10400 Hende	Zip Code	18017-4913
Type of Report (Place x under report type)		PA	× 18017-1115
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Po	st 4-6th Tuesday 5-2 nd Friday	6-30 Day Post 7- Annua	al Special 2 nd Friday Special 30 Day
Pre-Primary Pre-Primary Primary	Pre- Election Pre- Election	Election	Pre-Election Post-Election
	2 12 12 12 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	7,2,33=12(4-12/2-12/2-12/2-12/2-12/2-12/2-12/2-12/	
Date Of Election (MM/DD/YYYY)	Year	Amendment Report	Termination Report
Summary of Receipts and From Date Expenditures 06/07 ©	To Date 09/13/2021		For Office Use Only
A. Amount Brought Forward From Last Repo	s 3995.44		
B. Total Monetary Contributions and Receip (From Schedule I)	ts \$ 0		
C. Total Funds Available (Sum of Lines A and B)	3995,44		1
D. Total Expenditures (From Schedule III)	\$ 3995.44		
E. Ending Cash Balance (Subtract Line D from Line C)	\$ Ø		
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0		
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0		
Part 1- If this is a Committee report, treasurer sign	Affidavit Se	*****	
I swear (or affirm) that this report, including the at			lief true, correct and complete.
Sworn to and subscribed before me this	Y CAN EN P	shane Care	^

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	Armana Armana Armana Armana	
Total for the reporting period (1)	\$	Ø
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)	\$	(7)
Total for the reporting period (2)	\$	Y
3. Contributions Over \$250.00 (From Part C and Part D)		
[2] 교육생활활성화 [4] 하는 요리 그런 하는 문제부활활 등 5 분들으로 하다고 않는다고		
Contributions Received from Political Committees (Part C)	\$	7
Contributions Received from Political Committees (Part C) All Other Contributions (Part D)	\$	
	\$	
All Other Contributions (Part D)	\$	
All Other Contributions (Part D) Total for the reporting period (3)	\$	

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	Numbër	•	·	·	
					Amount
Full Name of Cor Committee				Date [MM/DD/YYYY]	Na C
House #	Street Address		Handard Congress of the Congre	Date [MM/DD/YYYY]	\$ / /
City	1388 838 2 2 2 4 4 4	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Cor Committee	stributing			Date [MM/DD/YYYY]	\$4. 30. \$6.
House #	Street Address			Date [MM/DD/YYYY]	\$
City	1333333 303333	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Cor Committee	itributing			Date [MM/DD/YYYY]	\$
House #	Street Address	and the second s		Date [MM/DD/YYYY]	\$
City		State	Zip Code		2 (1) (2) (3) (3) (3) (4) (4) (5) (4)
Full Name of Co Committee	ntributing		•	Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	\$ 1 20 20 20 20
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee				Date [MM/DD/YYYY]	\$:
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code		\$:
Full Name of Co Committee					\$
House #	Street Address				\$
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:	•				
					n ex (164 bissoréessense)	
Full Name of Co	neibutor			-Date (VIM/DD/YYY	YT \$	
						Ng D
House #	Street Address			Date (MIM/DD/YYY	YI S	1 /
			·			
City		State	ap-code	Date [MM/DD/VX	Y 5	
Full Name of Co	ntributor			abate (MM/DD/XX)	yj 5	
				44.5		
House #	Street Address			Date (MM/DD/YY)	YI S	-
City		\$121D	2b€ ade	Date (MM/DD/XYY	y) s	
Full Name of Co	ntributor			Date [MM/DD/YYY	71 \$	
House#	Street Address			Pate MM/DDAY		
City		State	ZAD CODE	Date [NIM/DD/:YY	YI Ş	
Full Name of Co	ntributor		:	Date [MM/DD/YY)	Y) \$	
	or as tops Aut Alberta Research of the Research of the Research of the Control			•		
House#	Street Address			-Date MM/PD/YX	Me \$	
		•				
City		State	SIP Code C	Date (MM/DD/YM	(N) \$	
Full Name of Co	intributor I			Date [MM/DD/YY	M S	1
House#	Street Address		A CONTRACTOR OF THE CONTRACTOR	Date [MW/DD/Y40	M \$	
			·			
City	©	State	ŹID Code	Date (MIX/DD/XY)	og s	
Full Name of Co	ntributor			Date [MM/DD/YY	M \$	
			15 South			
House#	Street Address	A PART OF THE PART		Date (MM/)DD/YY	ΫI \$	•
				·		
City		State	Zip Gode	Date (MM/DH/XX	(X) S	
150 150 150 150 150 150 150 150 150 150						

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]	3	oh to
House # Street Address			Date [MM/DD/YYYY]	*	144
(City)	State	Zip Gode	Date [MM/DD/YYYY]	5	
Full Name of Contributing Committee	The Control of Control		Date [MM/DD/YYYY]	\$	
House # Street Address			Date [MM/DD/YYYY]	\$	
City	-State-	Zipcode	Date [MM/DD/YYYY]	\$	
Full Name of			Date [MM/DD/YYYY]	\$	
Contributing Committee House # Street Address			Date [MM/DD/YYYY]		
	No Straight I	Dissilation (Spaces		\$	
City :	State 1	Zip Gode.	Date [MM/DD/YYYY]	\$	
Full Name of Committee		·	Date [MM/DD/YYYY]	\$	
House # Street Address			Date [MM/DD/YYYY]	\$	
City # - iss - is	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$	
House # Street Address			Date [MM/DD/YYYY]	\$	
CILY	-State	Zip Code	Date [MM/DD/YYYY)	\$	
Full Name of Contributing Committee		x ./	Date [MM/DD/YYYY]	3	
House # Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	Ş	

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 Numbers		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Addi	71	Date [MM/DD/YYYY] \$
City.	StateZip.Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business	(1년 년 1년 전 1년 전 1월 1년	Kara ta
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Add	ress	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] - \$
Employer Name	Name of the Control o	Occupation
Employer Mailing Address / Principal Place of Business		Link in the Admira
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Add		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	7617 To 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Occupation
Employer Mailing Address / Principal Place of Business		B2 - (75 = 72 · 34
Full Name of Contributor		Date [MIM/DD/YYYY] \$
House # Street Add	ress	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation -
Egployer Mailing Address /	5 - 5 f m	The Control of the Co
Principal Place of Business	- 20版 - 人 - 分類 - 2所 - 1942 - 1	

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

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

dentification Nur	aber -			
lame :				
e#	Street Address		A	
		State	Zip Code	Date [MM/DD/YYYY] \$
ipt Description	TO SATE:			
	Temporary Committee Commit			
lame				
e #	Street Address			
		State	Zip: Code:	Date [MM/DD/AYY] \$
ipt Description		The state of the s	[2] 1. [
Vame.				
e#	Street Address	Hamilton and the second		
		State	Ζĺρ	Date [MM/DD/YYYY]\$
			Code	7.00
ipt Description			Treasure of	
Vame		al destrict and a second regard field region of its removal regard on the second region and		
e#	Street Address	***************************************		
E#		State	Zip	Date [MM/DD/YYYY] \$
ipt Description			Code	(\$7.5) (3.4) (3.4)
	社会等于Accident Control of Control			
Vame .				
ie#	Street Address			
ie#		State	Zip === Code ==	Date [MM/DD/YYYY] - '\$
ipt Description	1	1.1.1.4.0 205 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	· · · · · · · · · · · · · · · · · · ·	(A) (2)
Name ie#	Street Address			
	Succession	State	Zip	Date [MM/DD/YYYY] -\$
		State	Code	Date [MM/DD/YYYY] \$
ipt Descriptio				

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:		
EDITIONS AND ADMINISTRATION OF THE PARTY OF		
Ter-unitemized in-kind contri	BUTIONS RECEIVED VALUE	OF \$50.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	s n/a P
2. IN-KIND CONTRIBUTIONS REC	EIVED-VAIUE OF \$50.01 TO	O \$250.00 (FROM PART F)
TOTAL for the reporting period	(2)	1 Na Z
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.00	0 (FROM PART G)
TOTAL for the reporting period	(3)	1
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)		1 1

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Numbers				
Full Name of Contributor.			-Date [MM/DD/YYYY] \$	nla O
House # Street Address			Date [MM/DD/YYYY] \$	170
City	State	Zip-Code	Date [MM/DD/YYYY]	
Description of Contribution	(PATE A SULLEY S	J 3 1/3 2/3 2	
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		<u> </u>	I Meno	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
		· .	1975 1975 1975	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] -\$	
Description of Contribution			- Little	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address	***************************************	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	·
Gity :	State	Zip Code	*Date [MM/DD/YYYY] 5	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
		-		
House # Street Address			Date [MM/DD/YYYY] S	
City	State	Zip Eode	Date [MM/DD/YYYY] \$	
Description of Contribution	Extra Contra	N. 41 TERRITORIANIS	- 1 製造物	

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	rederig menoritativa on 2000 mellemente despetation to the transport of the content of the content of the cont	
Full Name of Contributor		Date [MM/DD/YYY]
		IndQ
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
		and the section of the property of the section of t
Employer Name	er Constant To	Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/XYYY]
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	The state of the s	Description : : of
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

Statement of Expenditures

Ĭ.,	Fil	er lo	lenti	ficat	ioπ	Nur	nber:	1
	. * *	3	: ,	35.75	4,79	 	4	١

To Whom Paid	Date [MM/DD/XYYY] 5
Arumal Health 3 Wellings	07/12/2021 3 1252.89
House # 1165 Street Address Island Paric Rd	Description of Expenditure
Easton State PA Code 18042	Donation to close acct
To Whom Paid	Date [MM/DD/YYYY] - \$
Hrond of Bethlehom Mounted touce	07/12/2021 3/252.89
House # 615 Street Address E. Langhorne Ave	Description of Expenditure
Bethlehem State A Code 18017.	Dination to close acct
To Whom Paid By the Lom Buys & Garls Club	Date MM/DD/YYYY \$ O+ 2 202 □ Q52.90
House # 1430 Street Address Frik Drive	Description of Expenditure
Bathlehom PA Code 18017	Donation teclose acct
TO Whom Paid ACTBURE - WORLD Pay HC	Date [MM/DD/YYYY] \$ 2.63
House# 8520 Street Address Governors Holl Drive	Description of Expenditure
Symmes Two State OH Code 45249	snuce tee
The second secon	A CONTRACTOR OF THE PROPERTY O
To Whom Paid Vantiv LLC	Date [MM/DD/XYYY] \$ 4.22
House # 8550 Street Address GNEY LUC	
House # 8550 Street Address GNEY LUC	6/30/201 4.22
House # 8550 Street Address GNEY LUS HIDY. City Symma Two State 014 Code 45049 To Whom Paid ESSA Bank	Description of Expenditure
House # 8550 Street Address GNEY KUNS HIDY. City Symmas Two State OIH Code 45049 To Whom Paid ESSA Bank House # 200 Street Address Polyney St.	6/30/00/1 4.22 Description of Expenditure Service fee Date [MM/DD/YYY] 5
House # 8550 Street Address GNEY LUS HIDY. City Symma Two State 014 Code 45049 To Whom Paid ESSA Bank	6/30/00/1 4.22 Description of Expenditure Service fee Date [MM/DD/YYYY] \$- 08/31/2021 2:00
House # 8550 Street Address GNEY LUNS HILDY. State OIH Code 45049 To Whom Paid ESSA Bank Rouse # 20 Street Address Polyner St. City State PA Code 18360 To Whom Paid	Description of Expenditure Service fee Date [MIM/DD/YYY] \$- DB/31/DU2 3:00 Description of Expenditure Service fee - 2 mas Date [MIM/DD/YYYY] \$
House # 8550 Street Address GNEY LUNS HILDY. State OIH Code 45049 To Whom Paid ESSA Bank Rouse # 20 Street Address Polyner St. City State PA Code 18360	Description of Expenditure Service fee Date [MM/DD/YYY] \$- Description of Expenditure Service fee - 2 mas Date [MM/DD/YYYY] \$ C8/31/2021 227.91 Description of Expenditure
House # 8550 Street Address GNEY LUS HILDY. City Symmos Two State OIH Code 45049 To Whom Paid ESSA Bank House # 20 Street Address Polymer St. City State Duk State PA Code 18360	Description of Expenditure Service fee Date [MIM/DD/YYY] \$-08/31/2021 2:00 Description of Expenditure Service fee - 2 mas Date [MIM/DD/YYYY] \$-227.91 Description of Expenditure
House # 8550 Street Address GNEY KUNS HILDY. City Symmas Two State OIH Code 45049 To Whom Paid City Street Address Polymer St. City Street Address Street Addr	Description of Expenditure Service fee Date [MM/DD/YYY] \$ 3:00 Description of Expenditure Service fee - 2 mas Date [MM/DD/YYY] \$ 227.91 Description of Expenditure
House # 8550 Street Address GIVEY LOW HILDY. City Symmos Twp State OIH Code 45049 To Whom Paid ESSA Sank Rouse # 200 Street Address Polling State PA Code 18360 To Whom Paid a C Counting adjustment House # Street Address City Street Address	Description of Expenditure Service fee Date [MIM/DD/YYY] \$ 3:00 Description of Expenditure Service fee - 2 mas Date [MIM/DD/YYYY] \$ 227.91 Description of Expenditure Correct accounting appropriate [MIM/DD/YYYY] \$ 22707
House # 8550 Street Address GWEYKONS HILDY. City Symmos Two State OIH Code 45349 To Whom Paid ESSA Bank House # 200 Street Address Polyney St. City State PA Code 18360 To Whom Paid City Street Address Street Address Street Address Street Address Street Address State Zip Code To Whom Paid	Description of Expenditure Date [MIM/DD/YYY] \$ 3:00 Description of Expenditure Description of Expenditure Description of Expenditure Correct accounting and Date [MIM/DD/YYYY] \$ 3:00 Description of Expenditure
House # 8550 Street Address GIVEY LOW HILDY. City Symmus Twp State OIH Code 45049 Towns I was Folker St. City Street Address Polker St. City Street Address Stree	Description of Expenditure Service fee Date [MIM/DD/YYYY] \$- 08/31/2021 2:00 Description of Expenditure Service fee - 2 mas Date [MIM/DD/YYYY] \$ 08/31/2021 2-27.91 Description of Expenditure Correct accounting any approximately app

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 Nu	mber:		
Name of Creditor			Outstanding Balance of Debt
House#	Street Address	DATÉ DEBT INCURRED	* Na (1)
City Description of Deb		State; Zip. Gode	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	
Gity = Description of Deb		State Zip Code	
Name of Creditor			Outstanding Balance of Debt
House:#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	が表しています。 は、これでは、 ないでは、 ないできない。 ないでもない。
City Description of Deb		State Zip - Code	The state of the s
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of Deb		State Zip Code	- 1997 (1997) - 1997 (1997) - 1997 (1997) - 1997 (1997)
Name of Creditor			S TO SECULAR MATERIAL CONTRACTOR OF THE SECULAR SECURITION OF THE SECULAR SECURITION OF THE SECURITION
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt
City		State Zip Code	
Description of Deb		Tableshie and Ta	167-0-3
Name of Creditor House #	Street Address	DATE DEBT INCURRED	Outstanding Balance of Debt
City		[MM/DD/YYYY] State Zip	
Description of Deb		Code	(京海 京本) 京立(