



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				
Celeste Dee				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input checked="" 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 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

Celeste Dee

Printed Name

5/6/25

Date (MM/DD/YYYY)

Bethlehem/PA/USA

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.

<hr/>	<hr/>
Signature of Treasurer, Candidate, or Lobbyist	Date (MM/DD/YYYY)
Celeste L. Dee	Bethlehem/PA/USA
<hr/>	<hr/>
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 Celeste Dee									
STREET ADDRESS 406 2nd Ave									
CITY Bethlehem				STATE PA		ZIP CODE 18018			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION			
6TH TUESDAY PRE-PRIMARY		City Council		At Large	Dem	MO.	DAY	YEAR	
<input checked="" type="checkbox"/>						05	20	2025	
2ND FRIDAY PRE-PRIMARY									
30 DAY POST-PRIMARY									
6TH TUESDAY PRE-ELECTION									
2ND FRIDAY PRE-ELECTION									
30 DAY POST-ELECTION									
ANNUAL REPORT									
		DATES OF REPORTING PERIOD		TO		FOR OFFICE USE ONLY			
		MO. DAY YEAR		MO. DAY YEAR					
		01 01 2025		5 5 2025					
		CASH BALANCE AT END OF REPORTING PERIOD:		\$ 0.00					
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 0.00					
		AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>			
		TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>			

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									
____ DAY OF _____ 20____					SIGNATURE OF PERSON SUBMITTING REPORT				
_____ SIGNATURE					Celeste Dee PRINTED NAME				
MY COMMISSION EXPIRES _____ MO. DAY YR.					917 AREA CODE		251-9696 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				
_____ SIGNATURE					_____ PRINTED NAME				
MY COMMISSION EXPIRES _____ MO. DAY YR.					_____ AREA CODE		_____ DAYTIME TELEPHONE NUMBER		



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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				
Dee For Bethlehem				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input checked="" 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 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

William Singhas

Printed Name

5/9/25

Date (MM/DD/YYYY)

Bethlehem/PA/USA

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

Celeste L. Dee

Printed Name

5/9/25

Date (MM/DD/YYYY)

Bethlehem/PA/USA

Location (City/State/Country)

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		Committee <input checked="" type="checkbox"/>	Lobbyist <input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Dee for Bethlehem					
Street Address		406 2nd Ave					
City	Bethlehem	State	PA	Zip Code	18018		

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/20/25	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
	1/1/25	5/5/25	
A. Amount Brought Forward From Last Report	\$	51.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	12,750.00	
C. Total Funds Available (Sum of Lines A and B)	\$	12,801.00	
D. Total Expenditures (From Schedule III)	\$	8,338.79	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	4,462.21	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

Affidavit Section

Part I- 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

Printed Name
William Singhas

917

Area Code

251-9696

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

Printed Name
Celeste Dee

917

Area Code

251-9696

Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	Doo for Bethlehem		
1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 250.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	200.00
All Other Contributions (Part B)		\$	750.00
Total for the reporting period		(2)	\$ 950.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	5250.00
All Other Contributions (Part D)		\$	6300.00
Total for the reporting period		(3)	\$ 11,550.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ 0.00
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$	12,750.00

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		Dec for Bethlehem									
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										Amount	
Full Name of Contributing Committee				Armstrong 4 Executive				Date [MM/DD/YYYY]		\$	100.00
								3/13/25			
House #	3154	Street Address		Brynwood Dr				Date [MM/DD/YYYY]		\$	
City	Whitpain		State	PA	Zip Code	18052		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee				Friends of Dan Hartzell				Date [MM/DD/YYYY]		\$	100.00
								4/15/25			
House #	4265	Street Address		Heather Ct				Date [MM/DD/YYYY]		\$	
City	Allentown		State	PA	Zip Code	18104		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: Dec for Bethlehem

Full Name of Contributor				Mitcho Nielson		Date [MM/DD/YYYY]	\$	100.00
						3/24/25		
House #	221	Street Address	Marron Dr			Date [MM/DD/YYYY]	\$	
City	Charlotte	State	NC	Zip Code	28079	Date [MM/DD/YYYY]	\$	
Full Name of Contributor				Melissa Shafer		Date [MM/DD/YYYY]	\$	100.00
						04/15/25		
House #	5025	Street Address	Drummond Cir			Date [MM/DD/YYYY]	\$	
City	Center Valley	State	PA	Zip Code	18034	Date [MM/DD/YYYY]	\$	
Full Name of Contributor				Michael Recchiuti		Date [MM/DD/YYYY]	\$	100.00
						04/15/2025		
House #	4209	Street Address	Gloria Lane			Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$	
Full Name of Contributor				Thomas Amico		Date [MM/DD/YYYY]	\$	75.00
						04/14/2025		
House #	934	Street Address	N 26th St			Date [MM/DD/YYYY]	\$	
City	Allentown	State	PA	Zip Code	18104	Date [MM/DD/YYYY]	\$	
Full Name of Contributor				Josh Wilson		Date [MM/DD/YYYY]	\$	100.00
						04/08/2025		
House #	30	Street Address	Turnout Ln			Date [MM/DD/YYYY]	\$	
City	Ebers	State	PA	Zip Code	17319	Date [MM/DD/YYYY]	\$	
Full Name of Contributor				Donna Fogel		Date [MM/DD/YYYY]	\$	75.00
						3/14/2025		
House #	1329	Street Address	Woodlawn St			Date [MM/DD/YYYY]	\$	
City	Whitehall	State	PA	Zip Code	18052	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:

Doe for Bethlehem

Full Name of Contributor		Jennifer Mann		Date [MM/DD/YYYY]	3/14/2025	\$	200.00
House #	285	Street Address	Parkway Blvd	Date [MM/DD/YYYY]		\$	
City	Allentown	State	PA	Zip Code	18104	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]	\$
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:	Dee for Bethlehem
-------------------------------------	-------------------

Full Name of Contributing Committee		Int'l Union of Operating Engineers Local 542 Political Action Fund		Date [MM/DD/YYYY]	\$	1500.00
House #	1375	Street Address	Virginia Dr STE 100	Date [MM/DD/YYYY]	\$	
City	Ft Washington	State	PA	Zip Code	18018	
Full Name of Contributing Committee		IBEW 375 Political Action		Date [MM/DD/YYYY]	\$	1500.00
House #	101	Street Address	S 7th St	Date [MM/DD/YYYY]	\$	
City	Allentown	State	PA	Zip Code	18101	
Full Name of Contributing Committee		Allentown Firefighters Local 302		Date [MM/DD/YYYY]	\$	750.00
House #	723	Street Address	Chew St	Date [MM/DD/YYYY]	\$	
City	Allentown	State	PA	Zip Code	18102	
Full Name of Contributing Committee		LV Assn of Realtors PAC		Date [MM/DD/YYYY]	\$	1500.00
House #	10	Street Address	S Commerce Way	Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		

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:	Doc for Bethlehem
------------------------------	-------------------

Full Name of Contributor		John Blankstein				Date [MM/DD/YYYY]	\$	1500.00
						03/24/2025		
House #	925	Street Address		W Market St		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$	
Employer Name		Self-Employed				Occupation	Consultant	
Employer Mailing Address / Principal Place of Business		Same as Above						
Full Name of Contributor		Murat Guzel				Date [MM/DD/YYYY]	\$	1500.00
						04/10/2025		
House #	1139	Street Address		Lehigh St		Date [MM/DD/YYYY]	\$	
City	Whitehall	State	PA	Zip Code	18052	Date [MM/DD/YYYY]	\$	
Employer Name		NFS				Occupation	President	
Employer Mailing Address / Principal Place of Business		1139 Lehigh St Whitehall, PA 18052						
Full Name of Contributor		Olivia Ronca				Date [MM/DD/YYYY]	\$	500.00
						03/28/2025		
House #	276	Street Address		E Macada Rd		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$	
Employer Name		LVHN				Occupation	Nurse	
Employer Mailing Address / Principal Place of Business		1200 S Cedar Crest Blvd , Allentown, PA 18103						
Full Name of Contributor		Naser Kodza				Date [MM/DD/YYYY]	\$	500.00
						04/08/2025		
House #	580	Street Address		W Macada Rd		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$	
Employer Name		Cassabella Painting				Occupation	Pres	
Employer Mailing Address / Principal Place of Business		Same as above						

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: Dee for Bethlehem

Full Name of Contributor		John Callahan		Date [MM/DD/YYYY]		\$	450.00
House #	329	Street Address	Bierys Bridge Rd		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$
Employer Name			Peron Dev		Occupation	Business Development	
Employer Mailing Address / Principal Place of Business			Broad St Bethlehem, PA 18015				
Full Name of Contributor		Thomas J. Duffy Esq.		Date [MM/DD/YYYY]		\$	1000.00
House #	1650	Street Address	Market St		Date [MM/DD/YYYY]	\$	
City	Philadelphia	State	PA	Zip Code	19103	Date [MM/DD/YYYY]	\$
Employer Name			The Duffy Firm		Occupation	Attorney	
Employer Mailing Address / Principal Place of Business			1650 Market St #55 Philadelphia, PA 19103				
Full Name of Contributor		Boarderline Restaurant/ Sole Proprietor		Date [MM/DD/YYYY]		\$	350.00
House #	2150	Street Address	W Union St		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$
Employer Name			Boarderline Restaurant/ Chris Valianatos		Occupation	Sole Proprietor	
Employer Mailing Address / Principal Place of Business			Same				
Full Name of Contributor		Patricia Graziano		Date [MM/DD/YYYY]		\$	500.00
House #	354	Street Address	Getz Ave, FDNY Capt John Graziano Way		Date [MM/DD/YYYY]	\$	
City	Staten Island	State	NY	Zip Code	10312	Date [MM/DD/YYYY]	\$
Employer Name			Retired		Occupation		
Employer Mailing Address / Principal Place of Business			None				

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:	Dee For Bethlehem
------------------------------	-------------------

Full Name	None									
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 H

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:	Doe For Bethlehem
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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)		\$
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	Dee for Bethlehem
-------------------------------------	-------------------

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:	Doe for Bethlehem
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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: Dec For Bethlehem

To Whom Paid		Wawa			Date [MM/DD/YYYY]		\$	66.63
					03/24/2025			
House #		Street Address	8th Ave		Description of Expenditure			
City	Bethlehem	State	PA	Zip Code	18018	Gas for Campaign Travel (Carvass, Events, et al)		
To Whom Paid		Applebees			Date [MM/DD/YYYY]		\$	59.69
					03/24/2025			
House #		Street Address	Motel Dr		Description of Expenditure			
City	Bethlehem	State	PA	Zip Code	18018	Campaign Meeting		
To Whom Paid		Party City			Date [MM/DD/YYYY]		\$	44.81
					03/24/2025			
House #		Street Address	Catasauqua Rd		Description of Expenditure			
City	Bethlehem	State	PA	Zip Code	18018	Fundraiser Decorations/Paperware		
To Whom Paid		Bethlehem Parking Authority			Date [MM/DD/YYYY]		\$	9.00
					03/26/2025			
House #		Street Address	North St		Description of Expenditure			
City	Bethlehem	State	PA	Zip Code	18015	Parking		
To Whom Paid		Liberty Place Parking			Date [MM/DD/YYYY]		\$	46.00
					03/27/2025			
House #		Street Address	One Liberty Place		Description of Expenditure			
City	Philadelphia	State	PA	Zip Code	19103	Parking for Donor Meeting		
To Whom Paid		LV Print Center			Date [MM/DD/YYYY]		\$	13.25
					04/2/2025			
House #	1701	Street Address	Union Blvd		Description of Expenditure			
City	Allentown	State	PA	Zip Code	18109	Printing		
To Whom Paid		Dollar Tree			Date [MM/DD/YYYY]		\$	35.63
					04/14/2025			
House #		Street Address	Union blvd		Description of Expenditure			
City	Bethlehem	State	PA	Zip Code	18018	Event supplies		
To Whom Paid		Staples			Date [MM/DD/YYYY]		\$	83.49
					04/14/2025			
House #		Street Address	Union Blvd		Description of Expenditure			
City	Bethlehem	State	PA	Zip Code	18018	Office Supplies (Toner/Paper/Pens/Paperclips)		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	Dee For Bethlehem
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To Whom Paid		Wegman's		Date [MM/DD/YYYY]		\$	190.21
House #	5000	Street Address	Wegman's Dr		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18017	Fundraiser Food	
To Whom Paid		Sam's Club		Date [MM/DD/YYYY]		\$	33.09
House #		Street Address	Airport Rd		Description of Expenditure		
City	Allentown	State	PA	Zip Code	18104	Fundraiser food and plates	
To Whom Paid		Walmart		Date [MM/DD/YYYY]		\$	43.37
House #		Street Address	Linden St		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18017	Papergoods & Balloon Helium	
To Whom Paid		Speedway		Date [MM/DD/YYYY]		\$	55.13
House #		Street Address	Linden St		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18015	Gas for Campaign Business	
To Whom Paid		Grover Cleveland Democratic Association		Date [MM/DD/YYYY]		\$	119.02
House #	904	Street Address	Main St		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18015	Beverages at Fundraiser	
To Whom Paid		LV Print Center		Date [MM/DD/YYYY]		\$	7,129.81
House #	1701	Street Address	Union Blvd		Description of Expenditure		
City	Allentown	State	PA	Zip Code	18109	Printing, Palm Cards, Mail, Yard Signs	
To Whom Paid		ULINE		Date [MM/DD/YYYY]		\$	49.29
House #	700	Street Address	ULINE WAY		Description of Expenditure		
City	Allentown	State		Zip Code	18106	Doorknob Bags	
To Whom Paid		LV Labor Council		Date [MM/DD/YYYY]		\$	160.00
House #		Street Address	Lehigh St		Description of Expenditure		
City	Whitehall	State	PA	Zip Code	18052	Awards Dinner Tix	

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	Dee For Bethlehem
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To Whom Paid		ActBlue			Date [MM/DD/YYYY]	\$	32.25
House #		Street Address	PO BOX 441146		Description of Expenditure		
City	Somerville	State	MA	Zip Code	March Fees		
To Whom Paid		ActBlue			Date [MM/DD/YYYY]	\$	37.13
House #		Street Address	PO BOX 441146		Description of Expenditure		
City	Somerville	State	MA	Zip Code	April Fees		
To Whom Paid		Canva			Date [MM/DD/YYYY]	\$	130.00
House #	440	Street Address	Pacific Ave		Description of Expenditure		
City	San Francisco	State	CA	Zip Code	Jan-May Canva subscription		
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:	Dee for Bethlehem
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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						