

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, Can	didate, or Lobby	ist		
, :		Celeste Dee			
Reporting Cycle	e Name				
☐ Cycle 1 6 th Tuesday Pre-Primary	☑ Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	6 th Tuesday		☐ 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 st-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.

	5/6/25			
Signature of Treasurer, Candidate, or Lobbyist	Date (MM/DD/YYYY)			
Celeste Dee	Bethlehem/PA/USA			
Printed Name	Location (City/State/Country)			



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
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Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

	3/17/25
Signature of Treasurer, Candidate, or Lobbyist	Date (MM/DD/YYYY)
Celeste L. Dee	Bethlehem/PA/USA
Printed Name	Location (City/State/Country)

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

FILER IDENTIFICATION	-		2		-	REPORT ON BEH			CANDIDATE	ї. Х	COMMITTEE	2	LOBBYIS	т 3.
Celeste Dec		ANDIDATE OR LOBBYIST		, (
TREET ADDRESS					-			-						
406 2nd Ave	е													
Bethlehem						STATE PA				ZIP CC	3018		-	
TYPE OF REPOR	RT	NAME OF OFFICE SOUGHT	BY CANDIDAT	E			STRICT NO At Large	1	PARTY Dem		MO.	DA		YEAR
6TH TUESDAY PRE-PRIMARY	1.	Oity Council	O. DAY	YEAR]		O, DA	Y YEAR			E	05 FOR	20 OFFICE	USE ONLY	202
2ND FRIDAY PRE-PRIMARY	2. ×	DATES OF REPORTING			то		5 202							
30 DAY POST-PRIMARY	3.	CASH BALAN			**************************************		0.00							
6TH TUESDAY PRE-ELECTION	4.	OF REPORTIN				\$	0.00							
2ND FRIDAY PRE-ELECTION	5.	OUTSTANDING AT THE END	G DEBTS O	R LIABI		\$_	0.00		_					
30 DAY POST-ELECTION	6.		AMENDMENT REPORT?	YES		vo ×								
ANNUAL REPORT	7.		ERMINATION REPORT?	YES		40 X								
				AFF	FIDAV	IT SE	CTION							
statement is f statement is f	iled c	n behalf of a <u>Polition</u> n behalf of a <u>Cand</u> n behalf of a <u>Contr</u>	idate, the ibuting Lo	Candic bbyist,	the L	nust sig obbyis	n here t must :	sigi	n here.					
SWEAR (OR AFFIRI	M) THAT	THE AGGREGATE RECEIPT D FIFTY DOLLARS (\$250.0	S OR DISBURS O) AND THIS R	EMENTS O	R LIABILI	BEST OF	MY KNOW	LEDG	THE REPOR	TING P	JE, CORRECT	AND C	OVE DID N OMPLETE.	ОТ
SWORN TO A	ND SU	SCRIBED BEFORE ME TH	IS			-5								
DA	Y OF _		2	20			SIGN	ATO			Dee	EPORT		
-		SIGNATURE							PRINT	ED NA	ME			
MY COMMISS	ION EX		AY YR.			-	A CODE	- ,e	251-9 DA		TELEPHONE	NUMB	ER .	-
RT II - statement is fi	iled o	n behalf of a <u>Candi</u>	date's Aut	thorized	d Com	nmittee	g, Cand	ida	te must	sign	here.			
		THAT TO THE BEST OF MY 1333, No. 320) AS AME		AND BELIE	F THIS P	OLITICAL	COMMITTE	E HA	S NOT VIOLA	TED A	NY PROVISION	NS OF T	HE ACT OF	
		SCRIBED BEFORE ME TH		0		i .	,		SIGNATURE	OF CA	NDIDATE			
DA'	Y OF _		2	20		==			PRINT	ED NA	ME			•
while the same		SIGNATURE												
MY COMMISSI	ION EX		AY YR.			ARE	A CODE	_	DA	YTIME	TELEPHONE	NUMB	ER	4 F



Pennsylvania Department of State

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Name of Filing	Committee, Can	didate, or Lobby	ist						
Dee For Bethlehem									
Reporting Cycle	e Name								
Cycle 1 6 th Tuesday Pre-Primary	Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	6 th T	Cycle 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	l Election	☐ 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.

	5/9/25
Signature of Treasurer, Candidate, or Lobbyist	Date (MM/DD/YYYY)
William Singhas	Bethlehem/PA/USA
Printed Name	Location (City/State/Country)



Pennsylvania Department of State

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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.

· · · · · · · · · · · · · · · · · · ·	5/9/25
Signature of Treasurer, Candidate, or Lobbyist	Date (MM/DD/YYYY)
Celeste L. Dee	Bethlehem/PA/USA
Printed Name	Location (City/State/Country)

COCL	UINI	ACCUPATION L	

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

Filer Identification Number				ort Filed I irk X)	rt Filed By Candidat rk X)			Committee			Lobbyis	231.6
Name of Filing Con Lobbyist	imittee, Ca	ndidate or	Dee	for Bethle	hem				9			
Street Address			406	2nd Ave								
City	Bethlehe	em			State	PA	** \ \ . **	Zip Code	18018			20.00
Type of Report (Pla	ce x under	report type)										
	2 nd Friday Primary	3- 30 Day Pos Primary		Tuesday lection	5- 2 rd Friday Pre- Election	6-30 Da Election		7- Annua	Special Pre-Ele	2 Friday ection	Special 3 Post-Ele	STATE OF THE PARTY
	X											
Date Of Election (MM/DD/YYYY)		05/20/25	Year		2025	Amenda Report	nent		Termin Report			
Summary of Receip	ts and	From Date		To Date				F	or Office U	se Only		
Expenditures		1/1/25			5/5/25							
A. Amount Brought	Forward F	rom Last Repor	1 1		51.00		Pout (purple pout	n A.A. Maroust and Est groups to No.	Children and the State of the S			
B. Total Monetary ((From Schedule I)	Contributio	ns and Receipt	8	12	2,750.00							
C. Total Funds Avail			1	12	2,801.00							
(Sum of Lines A and D. Total Expenditur			3		,338.79							
(From Schedule III) E. Ending Cash Bala	nce		3									
(Subtract Line D fro		ns Received	8	4	,462.21							
(From Schedule II)			L									
G. Unpaid Debts and (From Schedule IV)	d Obligatio	ns	2		0.00							
			18.00		Affidavit So							
Part 1- if this is a Commits a Commits (or affirm) that								ge and belief	true, correc	t and comple	le.	
Sworn to and subscribe	d before me			re-		•	^					
day of		20	-	1	_	Sig	nature	of Person Sul	insitting repo	ort	instance	
Signs	dure		-			· · · · · · · · · · · · · · · · · · ·		Printed Na	me	55.	- 11	
My Commission expire				4.50%		917		William Sin	ghas 251-969	96		
	MO.	DAY YR.	-		9.00	Area Code	. 3	D		phone Numbe	r	
Part II- II this is a report I swear (or affirm) that							ated any	provisions o	I the Act of a	une 3, 1937 (i	P.L. 1333, N).320) as
amended.		The second second	100	THE PARTY NAMED IN	The state of the s					10 - 11 - 12 - 12 - 13 M		CONTRACTOR OF THE STREET
Sworn to and subscribe	d before me	this										
day of		20	7	1.			Sign	ature of Canx	idate		-	
Signa	ture		-	1	36.4		e e e e e e e e e e e e e e e e e e e	Printed Name			- any	
My Commission expires					9	17		Celeste De		696		
m, commission experses	MO.	DAY YR.			1	rea Code		Da	ytime Teleph	one Number		
a 27		- X			7.50							

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
	Dos for Sethlehem

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)	20. 10. 100	\$	200.00
All Other Contributions (Part B)		:	750 00
Total for the reporting period	(2)	1	950.00
3. Contributions Over \$ 250.00 (From Part C and Part D)			
Contributions Received from Postical Committees (Part C)		7	1
All Other Contributions (Part D)		3	5250.00
			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, Repo Cover Page, Item B)	ort	3	12,750.00

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 identificati	on Number	Dee for 8	ethlehem	0,000					
					144				Amount
Full Name of Contributing Committee Armstrong 4 Executive				Date [MM/DD/YYYY]] 1				
			g 4 Execu	trve			3/13/25		100.00
House # 316	Street	Address Bi	ynwood ()r			Date [MM/DD/YYYY]	┦*	
Aty White	ıall		State	PA	Zip Code	18052	Date [MM/DD/YYYY]	3	
ull Name of C	ontributing		Parametrical Co.				Date (MM/DD/YYYY)	1 3	
Committee		Friends of	Dan Han	zell			4/15/25		100.00
louse # 426		Address He	ather Ct				Date [MM/DD/YYYY]		98896iikkapa — waxay ya y
ity Allento	vm		State	PA	Zip Code	18104	Date [MM/DD/YYYY]	1	
uil Name of Co ommittee	ontributing						Date [MM/DO/YYYY]	8	
ouse 3	Street /	Address	Total Company of the				Date [MM/DD/YYYY]		
ty	**************************************		State		Zip Code		Date [MM/DD/YYYY]	3	Minimum and a second se
all Name of Co ommittee	ntributing				KEEKERAARA		Date [MM/DD/YYYY]	3	
ouse #	Street A	ddress			Service de la companya del la companya de la compan		Date [MM/DD/YYYY]	3	
y	all and the second seco		State		Zip Code		Date [MM/DD/YYY]		
II Name of Co mmittee	ntributing						Oate (MM/DD/YYYY)	\$=	
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	Territorialis		State	Mandriago d ia periodi del espe	Zip Code	2	Date [MM/DD/YYYY]	•	***Collingual Collingual Collingu
I Name of Con mmittee	rtributing (Date [MM/DD/YYYY]	8	
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y			State		Zip Code		Date [MM/DD/YYYY]	3	

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.)

	A STATE	Lee for i	Bethiehem			Web in the continues of			THE SECOND STATE OF THE SE
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	Charlotte		Sta	NC NC	Zip Code	28079	Date (MM/DD/YYYY)	4	*
uli Marn	e of Contri	butor					Date [MM/DD/YYYY	+	<u> </u>
		Meāssa S	ihafer				04/15/25	ᅱ	100.00
Ouse #	T	Street Addres					Date (MM/DD/YYYY)	+	
	5025		Crummo	nd Cir				7	
y [Center Vase	y	Stat	e PA	Zip Code	18034	Date (MM/DD/YYYY)]1	
il Nam	e of Contrit	utor					Date [MM/DD/YYYY]	1	
		Michael R	ecchiuni				04/15/2025	- •	100.00
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ν Τ <u>΄</u>			State	APIG	Zip Gode		Date [MM/DD/YYYY]	+	
	Bethlehem			PA		18017		1	
Name	e of Contrib	utor Thomas A					Date [MM/DD/YYYY]	3	
-	Control of the Contro						04/14/2025	1	75.00
iso #	934	Street Address	N 26th St				Date [MM/DD/YYY]	8	
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	lentown		State	PA	Zip Code	18104	Date [MM/DD/YYY]	1	
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		Josh Wilso	n				Date [MM/DD/YYYY]	1	100.00
19 #	-	Street Address		**************************************			04/08/2025	L	
	30		Turnout Ln				Date [MM/DD/YYYY]	ı	
兀		11	State	T	Zip Code	1	Date [MM/DD/YYYY]	1	
	ters			PA		17319	Jun (Main DD) (1(1)		
lame (of Contribu		_				Date [MM/DD/YYYY]	7	
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-1-	***************************************		State	· · · · · · · · · · · · · · · · · · ·	Zip Code		Date DAY (No or		
Wh	* schall			PA	-4-4000	18052	Date [MM/DO/YYYY]	T	

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;		
	Dee for Bathlehem	

Full Name of				Date (MM/DD/YYYY)	
We also have a second	Jenniter	Mann	3/14/2025	200.00	
House #	Street Addre			Date [MM/DD/YYYY]	
285		Parkway Blvd			
Dity Allento	Taben	State	Zip Code	Date [MM/DD/YYYY]	
	waiti	PA	18104		
full Name of C	Contributor			Date [MM/DD/YYYY]	
louse #	Street Addres			Date [MM/DD/YYYY]	1
			- Annual Company Compa		·
ity		State	Zip Code	Date [MM/DD/YYYY]	3
uli Name of C	ក្រៅលើវិសាស <u>-</u>				
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	Street Addres			Date [MM/DD/YYY]	3
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ull Name of Co	antelbules				
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ouse F.	Street Address				
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by T		State (Zip Code		
) Jan.	Zip code	Date [MM/DD/YYYY]	4 1
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a Name of Co	nthouter				10034
II Name of Co	ATRIBUTOR			•	•
	Street Address			Date (MM/DD/YYYY)	
		gi Manifesti da con en		Date [MM/DD/YYYY]	
idas #		State	Zio Code		
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y I Hame of Cor	Street Address		Zip Code	Date [MM/DD/YYYY]	
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y y li Harne of Cor	Street Address		Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY]	A NO.
Name of Co	Street Address		Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	

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 Bo	ethiotem				
Full Name of				-	
	of Operating Engineers	Date [MM/DD/YYYY]	3	1500.00	
House # Street Address	Virginia Dr STE 1	A Maria	Date (MM/DD/YYYY)	3	
City	State	Zip Code	Date [MM/DD/YYYY]	1.	
Ft Washington	PA	18018			
Full Name of Contributing Committee IBEW 375	Politial Action		Date [MM/DD/YYYY] 3/21/25	1	1500.00
House # Street Address	S 7th St	The second secon	0ate [MM/DD/YYYY]	*	
Gly	State	Zip Code	Date [MM/DD/YYYY]		
Allentown	PA	18101			
Full Name of Contributing Committee Allentown F	Firefighters Local 30	In2	Date [MM/DD/YYYY]	1,	750.00
House # Street Address			3.G1/2G25 Date [MM/DD/YYYY]	1	1 Danier
City	Chew St				
Allentown	State	Zip Code 18102	Date (MM/DD/YYYY)	3	
Full Name of Contributing Committee LV Assn of	Peakors PAC	Por annual control of the control of	Oate [MM/DD/YYYY]	3	1500.00
House # Street Address		feld Election (A) - pos-	3/28/2025 Date [MM/DD/YYYY]	1	·
City	S Commerce Way			ال	
Bethlehem	State PA	Zip Code 18017	Date [MM/DD/YYYY]	3	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	8	
House # Street Address			Date [MM/DD/YYYY]	3	
Sity	State	Zip Code	Date [MM/DD/YYYY]	8	
Full Name of					
Contributing Committee			Date (MM/DD/YYYY)	5	
louise # Street Address		MONARIZATION CONTRACTOR CONTRACTO	Date [MM/DD/YYYY]	*	Marie de la constante de la co
Ny	State	Zip Code	Date [MM/DD/YYYY]	•	All the second s

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 Mumber:	
Oee for Bethlehem	

rui Nan	he of Contributo	nkstein	Date [MM/DD/YYYY] 1				
	1				03/24	2025	1500.00
House #	925 S1	reat Addres	W Market St		Date (MM/C	ommj	3
City	<u> </u>		L State	Zip Code	Date (MM/D	KANNON	
	Bethlehem		PA	18018	rate (www.)	ווווועש	
Employe	nployer Name Self-Employed				Occupation	Consultant	1
Employer Principal	r Mailing Addres Place of Busines	is /	Same as Above		1	Consumen	490 militaks i i umbana na <mark>situanaka kapana ka</mark> ka ara 1400 militaksi ilikula (ilikula ilikula kapana).
The second secon	e of Contributor	of Dissiliate defents a september of all of			Date [MM/D	0/9990	
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City							
_ \ \	M hitehall		State PA	Zip Code 18052	Date (MM/DI	D/MM)	
Employer			NFS		Occupation	President	
Employer Principal F	Mailing Address Place of Business	s/ :	1139 Lehigh St Whe	ehall, PA 18052			
Full Name	of Contributor				Date (MM/D)	mm I	
		Olivia Ron	Ca .		03/28/2	025	500.00
House #	276 Stn	eet Address	E Macada Fld		Date [MM/DC	/ YYYY) 1	
Sity B	ethlehem		State PA	Zip Code	Date (MM/DD	/mmj i	
mployer i				18017			
	Mailing Address		LVIAN		Occupation	Nurse	
rincipal P	lace of Business		1200 S Gedar Crest t	Blvd., Altentown, PA 18103			
ull Name	of Contributor				Date [MM/DD	mmj i	
		Naser Kod	28		04/08/2025 500.00		
louse #	580 Stre	et Address	W Macada Rd		Date (MM/DD)	mmj i	(in the state of t
ity /			State	Zip Code	Date (MM/DD/	mm i	
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икара (М	ace of Business		reserve did QUEZET				

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 #	Т	Street Ad	72421				and the second second second second second	1	15/2025		
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City	Bethichem			State F	'A	Zip Gode	18017	Date [MM	/00/YYY	1	
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			nas J. Outty	Ext				03/3	1/2025	1	1000.000
House #	1650	treet Add	Mark	et St	and the second s			Date (MM)	DO/YYYY	3	449000000000000000000000000000000000000
City P	hiladelphia			State P/	٠	Zip Code	19103	Date [MM/	DD/YYYJ	3	
Employer			The 6	The Duffy Firm				Occupation	Occupation Attorney		
Employer Principal P	Mailing Addre	ts /	1650	Market St	#55 Phila	delphia, PA 1	910a			Phin State of Business State of the State of	
	of Contributo		<u>i</u>		***************************************			Date (MM/	00.0000	T	
		Board	crline (Yest)	isurant/Soli	e Propriet	or			/2025	•	350.00
louse #	2150	reet Adda	'ess W Umi	on St	Section .			Date (MM/			
Any Be	shiehem	-		State PA	7	ip Code	.18018	Date [MM/]	20/mmg	\$	
mployer N	lane							Occupation			
	Mailing Addres		Same	ermo Hest	aurant/Ci	nris Valianato	5	Cacapanon	Sole Proprie	tor	and the state of t
	ace of Busines of Contributor	San Good Stiffs and Adv. Career Street								-	
Patricia Graziano							Date (MM/C	O/YYYYJ	•	500.00	
louse # Street Address					a called decrease and a second of the second	04/28/			500.00		
	54 P	aet Woolf		ve, FDNY (Capt John	Graziano W	зу	Date (MM/D	D/MMY]	8	
ty Star	nen Island		S	ate NY	23	p Code	10312	Date [MM/D	0/9999	7	
nplayer N:	ime										
	ailing Address		Retired	Retired			Occupation			- management and a committed desired	
	ce of Business		None							00000000000000000000000000000000000000	

PART E

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

Use this Part to report r	efunds received, interest earned, returned checks and prior expenditures that were returned to the filer.	
Filer Identification Number:		ĺ
	Dee For Bethlehem	ĺ

		1			
Full Name		None		:	
House #	Str	Bet Address			
City	Ш.		State	Zip	D.A. DALLAND DANNE
			State	Code	Date [MM/DD/YYYY] 3
Acceipt Description	n i				
Full Name					
House #	Stre	et Address		riturani dinen annandan melijan-sila kerala e kirin et e amalain-se miladan dalah masal dalah meliliki dilajir	300 manual de la companya de la comp
City			State	7/p	Date [MM/DD/YYYY]
State Bender of the Control of the C				Code	
Receipt Description	L		***************************************		20020000000000000000000000000000000000
Full Name					
House #	Stre	et Address	Salle and comment of the sale		
City		<u> </u>	State	Zip	Date [MM/DD/YYYY] 1
				Code	
Receipt Description		And the state of t			
Full Name	1				
House #	Stree	et Address			
Žity			State	Zip	Date [MM/DD/YYYY] ‡
				Code	
Receipt Description					
ull Hame					
iouse #	Stree	t Address	**************************************		and the second s
ally.	17		State	Zip	Date [MM/DD/YYYY] \$
				Code	
lecalpt Description					Acceptable of the second of th
uli Name					
ouse#	Street	Address			endendride and a second a second and a second a second and a second a second and a second and a second and a
ily	\Box	CONTROL (1994)	State	Zip	Date [MM/DD/YYYY] \$
ecelpt Description				Code	NOTICE AND ADDRESS OF THE PARTY

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:	ee For Bathlehem		
1. UNITEMIZED IN-KIND CO	INTRIBUTIONS RECEIVED VALUE OF I	150.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)		
2. IN-KIND CONTRIBUTION	S RECEIVED-VALUE OF \$50.01 TO \$25	50.00 (FROM PART F)	
TOTAL for the reporting period	(2)	Control and Control of the Control o	
3. IN-KIND CONTRIBUTION	RECEIVED-VALUE OVER \$250,00 (FRC	OM PART S)	
TOTAL for the reporting period	(3)		
TOTAL VALUE OF IN-KIND CONTRIB	UTIONS DURING THIS REPORTING		
on Page 1, Report Cover Page, Item	als from boxes 1, 2, and 3; also enter	•	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification	on Number: Dee for Be	shlehem			
Full Name of C	ontributor			Date (MM/DD/YYYY)	4
House ≱	Street Address		National Annual	Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of (Contribution				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	.
House #	Street Address			Date [MM/DD/YYYY]	•
Gity		State	Zip Code	Date [MM/DD/YYYY]	3
Description of C	Contribution				
Full Name of Co	atributor			Date [MM/DD/YYYY]	
House #	Street Address	Makandanga manana pengapakan mangandahan menghidahan menghidahan	ner (1924-la), o dan anaman'ny avo <mark>na mpikambananana amin'ny fivondrona kao dia mpikambanana amin'ny fivondrona dia mpikambana amin'ny fivondrona </mark>	Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DB/YYYY]	
Description of C	ontribution				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	
House #	Street Address		and the second section of the section of t	Date [MM/DD/YYYY]	
dity		State	Zip Code	Oate [MM/DD/YYYY]	
Description of Co	ontribution				
Full Name of Con	itributor			Date [MM/DD/YYYY]	*
fouse #	Street Address		- CONTRACTOR OF THE STATE OF TH	Date [MM/DD/YYYY]	3
Aty		State	Zip Code	Date [MM/DD/YYYY]	1
escription of Co	atribution				

SCHEDULE II Part G

In-Kind Contributions Received

F=-7			VALUE OVER \$ 250	0	
Fäer Identifical	tion Number; Dee for 8e	ethlehem			*124 *124
Full Name of	Contributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 3	
Employer Nan	ne			Occupation	Million Salara de Caracteria
Place of Busin				Description of Contribution	
Full Name of C	Contributor			Date (MM/DD/YYYY) 4	
House #	Street Address	The state of the s	kina a samana a para a samana	Date [MM/DD/YYYY] 8	
City		State	Zip Code	Date [MM/DO/YYYY] \$	
Employer Nam	ne			Occupation	memoral middle midge-midd ethiologic by a best by by a
Employer Mail Place of Busine	iling Address / Principal ess		Description of Contribution		
full Name of C	ontributor			Date [MM/DO/YYYY] \$	
House #	Street Address	**************************************		Date (MM/DD/YYYY) 8	Significant consumer a decremental description of the second
Caty	esterenante,	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Mam				Occupation	proportion for the control of the co
Employer Maili Place of Busine	ling Address / Principal cos		Managaran (1994) - Managaran (1994)	Description of Contribution	
Full Name of Co	ontributor	<u> </u>		Date [MM/DD/YYYY] \$,
House #	Street Address			Date [MM/DD/YYYY] 1	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	0			Occupation	
Employer Maili Place of Busines	ing Address / Principal ss		William and the second	Description of Contribution	Miller School State State Annual Contraction Contracti

Statement of Expenditures

MARCHAN LAND		
	ntification Number:	
		Dee For Bethiehem

To Whom Paid						Date [MM/DD/YYYY] \$	
TA CANADA	Wava	- Address and policy constraints			03/24/2025 66.63		
House # Street Address 8th Ave		Description of Expenditure					
City Bethlehe	n	State	PA	Zip Code 18	018	Gas for Campaign Travel (Canvass, Events, et al.)	
To Whom Paid	Applebees					Date [MM/DD/YYYY] 1	
						03/24/2025 59.69	
House #	Street Address	Motel Dr	and the second s	он от на цина нашиване на посто на въздане в в на выборен в на	And a second	Description of Expenditure	
City Beshleher	m	State	PA	Zip Code 180	018	Campaign Meeting	
To Whom Paid						Date [MM/DD/YYYY] 1 (
	Party City					03/24/2025 44.81	
House #	Street Address	Catasauqua	Rd			Description of Expenditure	
City Bethleher	m	State	PA PA	Zip Code 180)1 8	Fundraiser Decorations/Papervere	
To Whom Pald		■ Per G P ((T) A) C C C C C C C C C C		1 Sec. 18.		Date [MM/DO/YYYY] 1	
	Bethlehem Parking	g Authority				03/26/2025 9.00	
House #	Street Address	North St			****	Description of Expanditure	
City Bethlehen	1	State	PA .	Zip Code 180)15	Parking	
To Whom Paid						Date [MM/DD/YYYY] \$	
Liberty Place Parki		ing				03/27/2025 46.00	
House /	Street Address	One Liberty	Place			Description of Expanditure	
City Philadelph	City Philadelphia S		PA	Zip Code 191	03	Parking for Donor Meeting	
To Whom Paid	LV Print Center	Section of the Control of the Contro				Date [MM/DD/YYYY] 3	
						04/-2/2025	
House # 1701	Street Address	Inton Blvd				Description of Expenditure	
Allentown		State	PA	Zip Code 1810	09	Printing	
To Whom Paid	Collar Tree			government of the second secon		Date [MM/DD/YYYY] \$	
						04/14/2025 35.63	
Street Address Union blvd				Description of Expenditure			
Bethishern State PA Zip Code 18018				Event supplies			
o Whom Paid	Staples					Date [MM/DD/YYYY] 1	
						04/14/2025 83-49	nekoko parasida
Young #	Street Address	Inion Blvd				Description of Expanditure	
Bethlehem		State	PA	Zip Code 1801	8	Office Supplies (Toner/Paper/Pens/Paperdips)	

Statement of Expenditures

Filer Identification Number:	
	Dee For Bathlehern

To W	hom Paid	Wegman's				Date [MM/DD/YYYY] 1		
House		Street Addres				04/14/2025 190.21		
A 0.	5000		Wegman			Description of Expenditure		
City	Bethlehe	wn	Sta	Fundraiser Food				
To W	om Paid	Sam's Club				Date [MM/DD/YYYY] 1		
House	.	<u> </u>	Spiriture springs	46-10-10-10-10-10-10-10-10-10-10-10-10-10-		04/14/2025 33.09		
		Street Address	Airport R	d	And the Control of th	Description of Expenditure		
City	Alterstown)	Stat	e PA	Zip Code 18104	Fundraiser food and plates		
To Wh	ore Paid				VOU8			
0.0		Walmart				04/14/2025 43.37		
House	*	Street Address	Linden St			Description of Expenditure		
City	<u> </u>	-1	State		177-			
	Bethleher	n	"	PA	Zip Code 18017	Papergoods & Balloon Helium		
io wa	om Paid	Speedway				Date [MM/DD/YYYY] 1		
louse	П	Street Address				03/31/2025 55.13		
	- American	SILEEL AMPLES	Linden St			Description of Expanditure		
Gity Bestvietnern State FA				FA	Zip 18015	Gas for Campaign Business		
lo Who	m Paid	Grover Clauster				Date [MM/DD/YYYY] \$		
		Grover Cleveland	Democrati	C Association	n	4/15/2025 119.02		
louse #	904	Street Address	Main St		- Modes	Description of Expenditure		
ity	kethlehem		State	PA	Zip			
	m Paid			PM	Code 18015	Boverages at Fundraiser		
o wrod	m raxo	LV Print Center				Date (MM/DD/YYYY) \$		
ouse /	T	Street Address				5/4/25 7,129.81		
	1701		Union Blvd			Description of Expenditure		
	lentown		State	PA	Zip Code 18109	Printing, Pairn Cards, Mail, Yard Signs		
Whon	n Paid	ULINE				Date [MM/DD/YYYY] 3		
use #					A Children and A Chil	4/18/2025 49.29		
	700	Street Address	ULINE WA	Y		Description of Expenditure		
y Akentown State Zip Gode 18106					Operknob Bags			
Whon	Paid	LV Labor Councă				Date [MM/DD/YYYY] 2		
ute f						4/19/25 160.00		
	Lethig				:	Description of Expenditure		
W	nitehall		State	PA PA	Zip Code 15052	Awards Dinner Tix		

Statement of Expenditures

Filer Identification Number:	
Dee For Bethiehe	

To Whom Pa	id ActBlue				Date [MM/DD/YYYY] \$	
House #					04/01/2025 32.25	
	Street Address PO BOX 441146				Description of Expenditure	
City Some		State	ass.	Zíp Gode	March Fees	
To Whom Pa	id AdBlue		Date [MM/DD/YYYY] 1			
House #		**************************************	· · · · · · · · · · · · · · · · · · ·		05/01/2025	
	Street Address	PO BOX 44	11145		Description of Expenditure	
City Some		State	MA	Zip Code	April Fers	
To Whom Pa	d Canva				Date [MM/DD/YYYY] \$	
House #		*			01/03/2025	
440	Street Address	Pacific Ave			Description of Expenditure	
City San Fr	ancisco	State	СА	Zip Code	Jan-May Canva subscription	
To Whom Pai				Parameter Control of the Control of	Date [MM/DD/YYYY] 1	
House #	Street Address			Washington and the state of the	Description of Expenditure	•
Caty		State	in the second se	Zip Code		=0 (0 (<u>)</u>
To Whom Paid					Date [MM/DD/YYYY] \$	
louse #	Street Address	Street Address		Description of Expenditure		
Sity		State		Zip Code		
o Whom Paid					Date [MM/DD/YYYY] \$	
louse #	Street Address				Description of Expenditure	
Aty Control		State		Zip Gode		
o Whom Paid					Date [MM/DD/YYYY] 1	
louse 3	Street Address		Description of Expenditure			
ity		State		Zíp Code		
) Whom Paid					Date [MM/DD/YYYY] 1	
Street Address			Description of Expenditure			
ty /		State	and the state of t	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

		the sun or denotes when are constanding at the sun of the tebolding belo	Λſ
Filer Identification Number:			uu.
I tilef identification kombor-	43		
	 Dee for Bethleh; 	am.	
	I Decidion of the control of		

Name of Cred				Outstanding Balance of Debi
House #	Street Address	i i	DATE DEBT INCURRED [MM/DD/YYYY]	
ity		State	Zip Code	
escription of	Debt		Gae	
ame of Gred	itor			Outstanding Balance of Debt
ouse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
ty and a		State	Zip Code	
ecription of	Debt			A SECTION AND ADMINISTRATION OF THE PROPERTY O
ime of Credi	lor			Outstanding Balance of Debt
ouse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	3
y		State	Zip Code	
scription of				
me of Credit				Outstanding Balance of Debt
Use #	Street Address		DATE DEST INCURRED [MM/DD/YYYY]	
у '		State	Zip Code	
scription of (Debt			and the state of t
me of Gredit	or			Outstanding Balance of Debt
ise #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
		State	Zip Gode	
cription of D	1851			
ne of Credito	or Control			Outstanding Balance of Debt
se#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
		State	Zip Code	
cription of D	ebt			