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 NUMBER	—						PORT FI		CANDIDATE	ı.×	COMMITTEE	2	LOBBYIST	3.
		ANDIDATE OR LOBBYIST								!!	<u>*</u>	<u></u>	I	
Celeste De	e		·											
406 2nd Av	1 0													
CITY	-		***			STA	re			ZIP CC	DE			
Bethlehem						F	PA			18	3018		_	
TYPE OF REPO	RT	NAME OF OFFICE SOU	IGHT BY CANDIDATI	E			DIST	RICT NO.	PARTY		PA	E OF	ELECTION	l
(CHECK ONE)		City Counci		A	t Large	Dem	١	MO.	DAY 20		EAR			
6TH TUESDAY	11.		-							05		USE ONLY	2025	
PRE-PRIMARI	1		MO. DAY	YEAR		MO.	DAY	YEAR]	-	roke	FFICE	GSE CIVET	
2ND FRIDAY PRE-PRIMARY	2. X	DATES OF REPORTING			то	_	_							
	3.	PERIOD	01 01 2	2025	l	_5	5	2025	J					
30 day Post-Primary	"													
	4.		ANCE AT END TING PERIOD:			\$	0	.00						
6TH TUESDAY PRE-ELECTION	\			_,_,					1	1				
2ND FRIDAY	5.		IOUNT OF FILE DING DEBTS O		BILITIE		Λ	.00						
PRE-ELECTION		AT THE EN	ND OF REPORT	ING F	PERIOD): \$.00		Ī				
30 DAY	6.			T	T	Т								
POST-ELECTION			AMENDMENT REPORT?	YES		NO	×							
ANNUAL	7.		TERMINATION	YES		1.0								
REPORT			REPORT?	150		NO	×							
				Α	FFID/	AVIT	SEC	TION		1-1-1-1-1				
ART I - statement is statement is	filed o	n behalf of a <u>Po</u> n behalf of a <u>Ca</u>	olitical Commi	ttee Cano	or Car lidate	ndida must	tes's	Comm	<u>nittee</u> , the	Trea	surer mu	st sig	n here.	
		n behalf of a Co							gn here.					
		THE AGGREGATE REC												T
		SSCRIBED BEFORE ME	•	LFORT	13, 10 1	ne beo	i Or ivi	KNOWEL	DGE AND BEEN	LI, 111C	- CONNECT	AIID CC	JIVIII CETE.	
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	w.————	SIGNATURE				-				rED NA				
MY COMMISS	SION EXI						91	7	251-	9696				
		MO.	DAY YR.				AREA	CODE	DA	YTIME	TELEPHONE	NUMB	ER	
ART II -														
	filed o	n behalf of a <u>Ca</u>	ndidate's Aut	horiz	ed Co	ommi	ttee,	Candio	date must	sign l	nere.			
		THAT TO THE BEST OF 1333, No. 320) AS		AND BEI	JEF THIS	S POLITI	CAL CO	MMITTEE	HAS NOT VIOL	ATED AN	NY PROVISION	S OF TI	HE ACT OF	
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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

6th 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.)

sta

Fifth report deadline: Cycle 5 2nd 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 31st 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.



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											
☐ 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	Election	•	cle 9 est-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.

and the second second	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
500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

	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)				



Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

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											
☐ 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 Juesday Election	☐ Cycle 5 2 nd Friday Pre-Election						
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 ☐ Cycle 9 2 nd Friday Pre-Special Election 30 Day Post-Special Elec									

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.

	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

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

Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

	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)

UCSC	14.	ŧ	U4	
		7	. •	

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)			Candid	Candidate		Committee				X	Lobi	ry is t				
Name of Filing C Lobbyist	Committee, Ca	ndidate or	Dee for Bethlehem															
Street Address			400	405 2nd Ave														
City	Bethlehe	\$m					State	PA			Zip Code 18018							
Type of Report (Place x under	report type)																
1-6 th Tuesday Pre-Primary			1		5-2 rd Friday Pre-Election		1	1		7- Annusi		Special 2 nd Friday Pre-Election		Special 30 Day Post-Election				
	X																wegalaki (Malijaki ci	
Date Of Election (MM/DD/YYYY)		05/20/25	Yea	ľ		2	025		nendr port	ment			Rep	minat ort	ion			
Summary of Rec	eipts and	From Date		Te) Date	}		Π				For	Office	Use	Only			
Expenditures		1/1/25		-		5/5/25												
A. Amount Brou	ght Forward F	rom Last Report		*		51.00		1			un de de Malemada socia e			***************************************			****	
B. Total Monetary Contributions and Receip (From Schedule I)				\$	12	2,750.0	X 0											
C. Total Funds Available				\$	12	2,801.0	00	1										
(Sum of Lines A: D. Total Expendi	No. of the second secon	+	<u>\$</u>				1											
(From Schedule	IB)				8,338.79													
E. Ending Cash B (Subtract Line D			distance of the second	\$	4,462.21								•					
F. Value of In-Kir (From Schedule	nd Contributio	ns Received	1	\$				1										
G. Unpaid Debts (From Schedule	and Obligatio	ns .	1	4	0,00													
							libdavit S											
Part 1- If this is a C I swear (or affirm)	ommittee repor that this recort.	t, treasurer sign he Including the attac	ere. If	this is chec	i z Can	didate	report, o	andid best	ate sig	on here. knowled	ne and	belief t	rue, co	rrect a	and complet	ic.		
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day of_		20	-	•	1				<u></u>	gnature	-100		. د داداند			Scanned-		
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	Signature				1			917			Print Willian	ed Nam n Sing	has	000				
My Commission ex	pires MO.	DAY YR	-				****	Area (ode			Dar		9696 eleph	one Numbe	ninum I		
Part II- II this is a re						data -												
I swear (or affirm)							mmittee	has n	ct via	lated am	/ provis	ons of	the Act	0! À#	10 3, 1937 (P.L. 133	3, NO.	.320) as
							F-223	Sirva										
Sworn to and subs	eribed before mi	e this																
day of		20	esh	•	1		No. of Manage	<u> </u>	دمدم	Son	nature c	t Candi	date		**************************************	Backing-		
	Signature		-		1		· * <u>*</u>	•			Printed	Name		······································	ilin magajinapin dalah dilaggal kandan dama s			
My Commission ex					ī		!	917			Celest	e Dee	25	1-96	96			
my Containeason 6A	MO.	DAY YR.	-				_	Area C	ode			Oayı	time Te	lepho	ne Number	ericani river		
									`								and we do not be	

SCHEDULE I **Contributions and Receipts**

Detailed Summary Page

Filer Identification Number		
Dec for Bethlehem		
1. Uniternized Contributions and Receipts-150.00 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)	3	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 id	entif	ification Num	ber	Dee fo	or Bethlehem	n					
				<u></u>							Amount
		of Contribu	uting						Date [MM/DD/YYYY]	TI	
Comm	itte	8		Armstr	rong 4 Exec	utive			3/13/25		100,00
House	#	3154	Street /	Address	1	H	and the state of t	4.	Date [MM/DD/YYYY]	\$	
		3154	All designs	1	Brynwood	Dr				7	
City	W	Vhitorall		Acerdone desperado de la como en	State	PA	Zip Code	18052	Date [MM/DD/YYYY]	1	· Proceedings Acubes
		of Contribu	ating						Date [MM/00/YYYY]	3	
Commi	tter	*	,	Friends	is of Dan Hai	ırtzeli			4/15/25	1	100.00
House	#	4265	Street /	Address	Heather Cr	4		Section 2.	Date [MM/DD/YYYY]	\$	
City	AI	Hentovn	<u>.</u>	1000000	State	PA	Zip Code	18104	Date [MM/DD/YYYY]	3	
Fiell Na	The same	of Contribu	ding					14.4	7-1- F2454100 00000	- A	
Commi	ittee	e							Date [MM/DO/YYYY]	3	
House :	Street Address								Date [MM/DD/YYYY]	8	
City	Marie Control		<u> </u>		State		Zip Code		Date [MM/DD/YYYY]	3	
Full Nar Commit		of Contribut	ting			1	1		Date [MM/DD/YYYY]	3	
House ±			Street A	ddre s s			A 1977 - 1 Start our annual construction and a second construction of the construction	and the second s	Date (MM/DD/YYYY)	\$	
City	_	Marke on	The of the following of the constraint and		State		Zip Code		Date [MM/DD/YYY]	1	
		-		<u> </u>							ı
Full Nan Commit		of Contribut	ting						Date [MM/DD/YYYY]	\$	
House #	FT	make them is the second manufactured	Street A	ddress	Annual An		and the same and t		Date [MM/DD/YYYY]	\$	
City			. The second contract of the second contract		State	· .	Zip Code		Date [MM/DD/YYYY]	\$	
Full Nam Commit		of Contributi	ling	-					Date [MM/DD/YYYY]	\$	
House #			Street Ad	ddress					Date [MM/DD/YYYY]	8	V-C
City			<u></u>		State		Zip Code		Date [MM/DD/YYYY]	\$	
ļ					'		ļ				

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.)

		Dee for Bethic	:hem						4
Full Name of	Contributor						Date [MM/DD/YYYY]] 3	
		Miticho Nietso	n				3/24/25		100.00
House #		it Address Mi	arron Dr	***************************************			Date [MM/DD/YYYY]	- 1	
City	lotte		State	NC	Zip Code	28079	Date (MM/DD/YYYY)	†	
Full Name of	Contributor		Date [MM/DD/YYYY]	1 5					
	Melissa Shafe	r				04/15/25	1	100 00	
House # 50	Stree 25	t Address Cr	ummone) Cir			Date [MM/DD/YYYY]		Miles (Miles) and a second control of the s
City	er Valley		State	PA	Zip Gode	18034	Date [MM/DD/YYYY]	15	
Full Name of	얼마로 모래를 걸음하지 않는	Michael Recch	i di		arionali de rife		Date [MM/DD/YYYY]	3	
House #							04/15/2025		100.00
421)9 Stree	t Address Glo	Date [MM/DD/YYYY]	*					
City Betha			State	РА	Zip Gode	18017	Date [MM/DD/YYYY]	1	
Full Name of (homas Amico					Date [MM/DD/YYYY] 04/14/2025	3	75.00
House # 93/		Address N2	6th St				Date (MM/DD/YYYY)	*	
City Alient	OWN		State	PA	Zip Code	18104	Date [MM/DD/YYYY]	3	
ull Name of C		osh Wilson					Date [MM/DD/YYYY]	8	100.00
Nouse # 30	Street	Address Turr	iout Ln				Date [MM/DD/YYYY]	•	
ity Etters			State	PA	Zip Code	17319	Date [MM/DD/YYYY]		
ull Name of C	ontributor	f					Date [MM/DD/YYYY]	3	
		onna Fogel		normalismo, de ligación como como	Managas and 175 calls the "Managas and construction" of 17 and 1		3/14/2025		75.00
louse # 1325		Address Woo	dlawn S	t '			Date [MM/DD/YYYY]	3	
ity Whateh	ଥା		State	PA	Zip Code	18052	Date [MM/DO/YYYY]	1	- And the color

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.)

Flier Identification Number:	
	7
Dec for Bathlehem	7
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	1

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PARTC

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.

Rier Identification Number: Dee for Bet	hletem				
Full Name of Contributing Committee Int Union of	Operating Engineers (Local 542 Political Action Fund	Date [MM/DD/YYYY]		1500.00
	0		3/18/25		TOWN
	Virginia Dr STE 100	o	Date [MM/DD/YYYY]	1*	
City Ft Washington	State PA	Zip Code 18018	Date [MM/DD/YYYY]	1	
Full Name of	- Balling to		Date [MM/DD/YYYY]	1	<u>.</u>
	Politial Action		3/21/25	1	1500.00
House # Street Address	S 7th St	** A water of the Conference o	Date [MM/DD/YYYY]	3	
City Alkentown	State PA	Zip Code 18101	Date [MM/DD/YYYY]	1	The state of the s
Full Hame of	A THE STREET	Date [MM/DD/YYYY]	8		
Contributing Committee Allentown Fi	irefighters Local 303	2	3.031/2025	1	750.00
House # Street Address	Chew St	and the state of t	Date [MM/DD/YYYY]	3	
City Allentown	State PA	Zip Code 18102	Date [MM/DD/YYYY]	3	
full Name of	I sweller a		Date [MM/DD/YYYY]	3	
Contributing Committee LV Assn of P	leators PAC		3/28/2025		1500.00
iouse # Street Address	9 Commerce Way	SSEASCH-	Date (MM/DD/YYYY)	1	
Bethlehem	State PA	Zip Code 18017	Date [MM/DD/YYYY]		- Anne Salancia
full Name of contributing Committee		ers meaning meeting	Date [MM/DD/YYYY]	3	
iouse # Street Address			Date [MM/DD/YYYY]	3	
**	State	Zip Code	Date [MM/DD/YYYY]	3	644600000000000000000000000000000000000
ull Name of contributing Committee	E 1988 A 19		Date [MM/DD/YYYY]	3	
Ouse # Street Address		TRATINGS The land of the land	Date [MM/DD/YYYY]	3	99004

PART D All Other Contributions

Over 1 250.00

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 Cont	ributor			Date [MM/DD/YYYY]	41, -27,00 (a- 4 ,00)		
	John Ba	ınkstein			1500.	.00	
House # 1				03/24/2025			
925	Street Address	W Market St		Date (MM/DD/YYYY)		American in a second feet of Andrew	
Gity Bethlehem	1	State PA	Zip Code 18018	Date [MM/DD/YYYY]			
Employer Name		Self-Employed		Occupation Consult	Occupation Consultant		
Employer Mailing / Principal Place of B	Business	Same as Above			- spangery		
Full Name of Contr	Sida da Sala			Date [MM/DD/YYYY]	3		
Mutat Gu		izel		04/10/2025	1500.0	00	
House # Street Address		Lehigh St	2000 2000	Date [MM/DD/YYYY]			
Whitehall		State PA	Zip Code 18052	Date (MM/DD/YYYY)			
Imployer Harne		NFS		Occupation Presiden	<u> </u>	lei	
Employer Mailing A Principal Place of Bo	(rainess	1139 Lehigh St White	ehall, PA 18052			gandilikandan (j.) 1990. s kenad	
rull Name of Contri	butor	<u> </u>		Date [MM/DD/YYYY]	1	-	
	Olivia Ron			03/28/2025	500.00	ļ	
276	Street Address	E Macada Fld	The Mark State Control of the Contro	Date [MM/OD/YYYY]		17 m	
Gity Bethlehem State PA Zip Code 180				Oate [MM/DD/YYYY]	- 3		
mployer Name		LVHN	The state of the s	Occupation Nurse			
mployer Mailing Ac rincipal Place of Bu		1200 S Cedar Crest E	3lvd , Altentoven, PA 18103				
ull Name of Contrib	iutor			Date [MM/DD/YYYY]			

500.00

04/08/2025

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Pres

Occupation

Naser Kodza

W Macada Rd

State

Cassabella Painting

Same as above

PA

Zip Code

18017

Street Address

House #

City

580

Bethlehem

Employer Mailing Address / Principal Place of Business

Employer Name

PART D **All Other Contributions**

Over 1250.00

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 Bethiehem

Full Name of Contributor	alahan		Date [MM/DD/YYYY]			
			04/15/2025	450.00		
House # Street Address	Bierys Bridge Rd		Date (MM/DD/YYYY)	3		
City Bethichem	State PA Zi	p Code 18017	Date [MM/DD/YYYY]			
Employer Name	Peron Day		Occupation			
Employer Mailing Address / Principal Place of Business	Broad St Bothlehern, PA 18	V15	Business	Developement		
Full Name of Contributor			Date [MM/DD/YYYY]			
	J. Outly Esq.		03/31/2025	1000.00		
House ≢ Street Addre	Market St		Date [MM/DO/YYYY]			
Philadelphia	State PA Zip	19103	Date [MM/DD/YYYY]			
Employer Name	The Cutty Firm		Occupation Attorney	Para Milana		
Employer Mailing Address / Principal Place of Business	1650 Market St #55 Philadel	lphia, PA 19103		Section (Control of the Control of t		
Full Name of Contributor			Date [MM/00/YYYY]			
	ine Restaurant/ Sole Proprietor		4/13/2025	350.00		
House # Street Address	W Union St		Date [MM/DD/YYYY]			
City Bethlehem	State PA Zip	Code 18018	Date [MM/DD/YYYY]			
imployer Name	Boarderine Restaurant/ Chris	s Valianatos	Occupation Sole Propri	etor		
Employer Mailing Address / Principal Place of Business	Same					
ull Name of Contributor			Date [MM/DD/YYYY]	U		
Patricia (araziano.		04/28/2025	500.00		
touse # Street Address	Getz Ave, FDNY Capt John G	Date [MM/DD/YYYY]				
Staten Island	State Zip (Code 10312	Date [MM/DD/YYYY]			
mployer Name	Resired		Occupation			
mployer Mailing Address / rincipal 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

Clas Mantification W	3-3-25	7,010,000,000	Sy 181501 trate trace strong	ICIOI HOU CHOOLS ON	io prior expenditures that were returned to the file
Filer Identification No	imoer.	Dee For Bethlehei	em		
File Control (Section 1997)	32,332	4			
Full Name		None	(4)		
House #	Str	reet Address			
Gly			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	n T	00000			
Full Name					
House #	Str	reel Address	brief the state of		
City		Wangawa ang	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	1				in the second se
Full Name					
House #	Stre	eel Address	Solution and the second	A CONTROL OF THE PROPERTY OF T	200000000000000000000000000000000000000
City			State	Zip Code	Date [MM/DD/YYYY] 3
Receipt Description	•			ANAMA N	
Full Name					
House #	Stre	cet Address		71-00-01-07	
City			State	Zip Code	Date [MM/DD/YYY] \$
Receipt Description			Name of the second	LESSES AND AND ADDRESS OF THE PROPERTY OF THE	The state of the s
Full Name					
House #	Stre	et Address	4600000		
City		<u> </u>	State	Zíp Code	Date [MM/DD/YYYY] \$
Receipt Description				And the second of the second o	hater the second
Full Name					
House #	104	at Address		Amendment of Colores to resource the second of the second	

Zip Code Date [MM/DD/YYYY]

State

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

Filer identification Number: Cee For Bo	ethlehem		
1. UNITEMIZEO IN-KIND CONTRIBU	FIONS RECEIVED V	ALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	3	
2. IN KIND CONTRIBUTIONS RECEIVE	ED-VALUE OF \$50.0	01 TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	**	
3. IN-KIND CONTRIBUTION RECEIVE)-VALUE OVER \$25	50.00 (FROM PART G)	
TOTAL for the reporting period	(3)		
TOTAL VALUE OF IN-KIND CONTRIBUTIONS PERIOD (Add and enter amount totals from on Page 1, Report Cover Page, Item F)	DURING THIS REPO boxes 1, 2, and 3; a	ORTING S also enter	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
Dee for Be	

House ≢ Street Ad	dress			
	3		Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	
Description of Contribution				
Full Name of Contributor			Oate [MM/DD/YYYY]	
House # Street Add	Iress		Date [MM/DD/YYYY]	
Lay	State	Zip Code	Date [MM/DD/YYYY]	
Description of Contribution			And the state of t	
Full Hame of Contributor	nini kata kata ka		Date [MM/DD/YYYY]	
House # Street Add	(ea)		Date [MM/DD/YYYY]	•
City	State	Zip Code	Date [MM/DD/YYYY]	
Description of Contribution			And the second s	
Full Name of Contributor		·	Date [MM/DD/YYYY]	
House # Street Add			Date [MM/DD/YYYY]	
City	State	Zip Gode	Date [MM/DD/YYYY]	
Description of Contribution				Anna de la companya d
Full Name of Contributor			Date [MM/DD/YYY]	
House # Street Adda	Control of the contro		Date [MM/DD/YYYY]	
aly	State	Zip Code	Date [MM/DD/YYYY]	
Description of Contribution		Karina sentra seguina seri		

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$ 250

Filer Identification Number: Dee for 8	Bethlehem			
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address		·	Date [MM/DD/YYYY] 3	to poor (
Gity	State	Zip Code	Date [MM/DD/YYYY] 3	- 1994
Employer Name			Occupation	····
Employer Mailing Address / Principa Place of Business			Description of Contribution	
Full Name of Contributor			Date (MM/DD/YYYY) ‡	
House # Street Address			Date [MM/DD/YYYY] 8	
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] 1	
House # Street Address	- Section (Section)	Anneal Negration (Com-	Date [MM/DD/YYYY] 1	
City	State	Zip Code	Date [MM/DD/YYYY] \$	V-100
Employer Name		1 145, 14, 14, 14, 14, 14, 14, 14, 14, 14, 14	Occupation	
Employer Mailing Address / Principal Place of Business		0.000 300000000000000000000000000000000	Description of Contribution	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address	- Additional Section Control of the	and the second s	Date [MM/DD/YYYY] 3	
Ely	State	ZIp Code	Date [MM/DD/YYYY] \$	
Employer Name		1	Occupation	
Employer Mailing Address / Principal Place of Business			Description of Contribution	

schedule III Statement of Expenditures

200.00							
300		Identification Nu					
	100	MORDING THE RE	STREET !			The state of the s	
20.00	Section 1		WITH THE REAL PROPERTY.				
1.0			and the second second second	l 			
				Dec For Bethlehem			
4.0			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	LCC FUI COMMINANT			

TOW	/hom Paid	XI					Date [MM/DD/YYYY] 1		
		Wava					03/24/2025 66.63		
Hous	ne #	Street Address	8th Ave				Description of Expenditure		
City	8cthlehen		State	PA	Zīp.	18018	Gas for Campuign Travel (Canvass, Events, et al)		
To W	hom Paid				Code	10010			
	illorn i ass	Applebees					Date (MM/DD/YYYY) \$ 59 69		
House	e#	Street Address	····	Marie Company of the State of the Company of the Co		entralistic community of the community o	03/24/2025 Description of Expenditure		
			Motel Dr						
Cîty	Bethlehem		State	PA	Zip Code	18018	Campaign Meeting		
To W	hom Paid						Date [MM/DD/YYYY] \$		
		Party City					03/24/2025 44.81		
House	8.4	Street Address	csessoqua	Rd			Description of Expenditure		
City	Bethlehem		State	F)A	Zip Code	18018	Fundraiser Decorations/Paperwere		
To W	hora Paid	5 611 6			1	21	Date [MM/DO/YYYY] 1		
		Bethlehem Parlang	Authority				03/26/2025 9.00		
House	*	Street Address N	lorth St				Description of Expanditure		
City Bethlehem		State	PA	Zip Gode	18015	Parlong .			
To Wi	om Paid	Liberty Place Parkir	ng				Date [MM/DD/YYY] \$ 46.00		
House # Street Address O		ne Liberty 8	Place	**************************************		Description of Expenditure			
City Philadelphia		State	PA PA	Zip Code	19103	Parking for Donor Meeting			
To Whom Paid						Date [MM/DD/YYYY] 1			
		LV Print Center					04/-2/2025 13.25		
House # 1701 Street Address U		nion Blvd	<u> </u>		***************************************	Description of Expenditure			
ity	Allentovn	en SP andressen i verificio de la granda de l	State	PA	Zip Code	18109	Printing		
To Whom Paid Collar Tree						Date [MM/DD/YYYY] \$			
							04/14/2025 35.63		
iouse		Street Address	Inion bivd			and the second of the second o	Description of Expenditure		
Bethlehem State PA			РА	Zip Code	18018	Event supplies			
o Wh	om Paid	Staples					Date [MM/DD/YYYY] \$		
lourse :	<u></u> ≱1	Street Address	imejik sokraja, <u>i </u>			unit munit	04/14/2025 83.49		
		V	nion Blvd				Description of Expenditure		
Bethlehem			State	PA	Zip Code	18018	Office Supplies (Toner/Paper/Pens/Paperdips)		

Statement of Expenditures

Filer Identis	tration Number:			
		Dec For Bethlehem		

Wegman's					Date [MM/DD/YYYY] 3		
Duse # 5000 Street Address Wegman's Dr				04/14/2025 190.21			
				Description of Expenditure			
	State	PA	Zip Code	18017	Fundraiser Food		
Sam's Club					Date [MM/DD/YYYY] 1		
					04/14/2025 33.09		
Street Address	Airport Rd				Description of Expenditure		
	State	PA	Zp	18104	Fundraiser food and plates		
		:-	youa				
Walmart					Date [MM/DD/YYY] \$ 43.37		
Street Address	inden St				04/14/2025 Pascription of Expenditure		
				-			
	State	PA	Zîp Code	18017	Papergoods & Balloon Helium		
Speedway					Date [MM/DD/YYYY] 1		
		×			03/31/2025 55.13		
Olicel Moures	nden St				Description of Expenditure		
BetHehem State PA Zip Code 18015					Gas for Campaign Business		
Prover Cleveland D	emocratic	Association	1-		Date [MM/DD/YYYY] \$		
Street Address					4/15/2025 119 02		
M	ain Sa				Description of Expenditure		
Bothlehem Whom Paid			Zip Code	18015	Boverages at Fundraiser		
V Print Center					Date [MM/DD/YYYY] 1		
					5/4/25 7,129.81		
					Description of Expenditure		
Allensown Whom Paid			Zip Code	18109	Printing, Palm Cards, Mail, Yard Signs		
LINE					Date [MM/DD/YYYY] #		
		- SAMO		the same and	4/18/2025 49.29		
UL VI					Description of Expenditure		
Alentown			Zip Code	18106	Doorknob Bags		
Whom Pald LV Labor Counc≆					0ate [MM/DD/YYYY]		
Street Address					Description of Expenditure		
Leh	igh St State _				neacupoon or Exheuditure		
	Street Address Street Address Walmart Street Address L Speedway Street Address Ma Well Center Street Address Ma Well Center Street Address Ma Well Center Street Address UL	Street Address State Sam's Club Street Address Walmart Street Address Linden St State State State Street Address Linden St State State State State Under St State State Under St State	Street Address Street Address Street Address Airport Rd State PA Walmart Street Address Linden St State PA Speedway Street Address Linden St State PA Grover Cleveland Democratic Association Street Address Main St State PA V Print Center Street Address Union Blvd State PA Linke State PA Union Blvd State PA	Street Address State PA Zip Code Sam's Club State PA Zip Code Walmart Street Address Linden St Zip Code Speedway State PA Zip Code Speedway State PA Zip Code Speedway State PA Zip Code State PA Zip Code State PA Zip Code Street Address Linden St Zip Code Street Address Main St Zip Code Main St State PA Zip Code Main St State PA Zip Code Main St State PA Zip Code Main State PA Zip Code LINE State DA Zip Code LINE State DA Zip Code LINE State DA Code LINE State Zip Code LINE State Zip Code LINE State Zip Code LINE State Zip Code LINE Code Code	Street Address State PA Zip Code 18017 Sam's Club Street Address Airport Rd State PA Zip Code 18104 Warmart Street Address Lindon St State PA Zip Code 18017 Street Address Lindon St State PA Zip Code 18017 Street Address Lindon St State PA Zip Code 18015 State PA Zip Code 18015 Grover Cleveland Democratic Association Street Address Main St State PA Zip Code 18015 Grover Cleveland Democratic PASSOCIATION Street Address Main St V Print Center Street Address Union Blvd State PA Zip Code 18015 LINE State PA Zip Code 18109 LINE State PA Zip Code 18109 LINE State PA Zip Code 18109		

Statement of Expenditures

Filer Identification Number:		
	Dee For Bethlehem	

d ActRise				Date [MM/DD/YYYY] [3		
			No color	04/01/2025 32:25		
Street Address PC		11146		Description of Expenditure		
álle	State	NA	Zíp Gode	March Fees		
AdBlue				Date [MM/DD/YYYY]		
	A			05/01/2025 37.13		
Street Address	O 80X 44	1145		Description of Expenditure		
ā¢.	State	МА	Zip Cocie	April Fees		
Canus				Date [MM/DD/YYYY] \$		
	-			01/03/2025 130.00		
Street Address	acific Ave			Description of Expenditure		
1cisco	State	СА	Zip Code	Jan-May Canva subscription		
				Date [MM/DD/YYYY] 1		
Street Address			1,00,000,000	Description of Expenditure		
And the United Angles of	State	***	Zip			
				Date [MM/DD/YYYY] \$		
Street Address		W		Description of Expenditure		
	State	***************************************	200			
			Code			
				Date [MM/DD/YYYY] 1		
Street Address				Description of Expenditure		
- Institution	State		Zip Code			
				Date [MM/DD/YYYY] 1		
Street Address	Ato	The second discount of the second of the sec	Company (1971) 11 Company (197	Description of Expenditure		
	State		Zip Code			
				Oate [MM/DD/YYYY] \$		
Street Address	N	Mary Spine and the spine and t		Description of Expenditure		
	State		Zip Code			
	ActBlue Street Address File Canva Street Address Street Address Street Address Street Address Street Address	Street Address Street Address FO BOX 44 State ACIBILIE ACIBILIE Street Address Canva Street Address State Street Address State Street Address State Street Address State State Street Address State State Street Address State State State	Street Address Street Address FO BOX 441146 ActBlue Street Address FO BOX 441145 File Street Address Fo BOX 441145 File Street Address Street Address Street Address Street Address Street Address Street Address State State Street Address State State Street Address State State Street Address State State Street Address State	Street Address Street Address FO BOX 441146 State MA Zip Gode ActBlue Street Address FO BOX 441145 Street Address FO BOX 441145 State MA Dode Canva Street Address State CA Zip Code Street Address State Zip Code		

SCHEDULE IV

Dee for Bethlehem

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 Credit				Outstanding Balance of Del
House #	Street Address		DATE DEBT INCURRED	Solution (Section 1)
		!	[MM/DD/YYYY]	
Caty		940		
		State	Zip	
Description of C	Jebt		Code	
Marne of Gredito				Outstanding Balance of Deb
House #	Street Address		DATE DEBT INCURRED	The state of the s
			[MM/DD/YYYY]	
ity				
		State	Zip Code	
Description of D	ebi	The second of th	Code	
				,
lame of Credito				
louse #				Outstanding Balance of Deb
Nu-	Street Ackiress	;; ;;	DATE DEBT INCURRED [MM/DD/YYYY]	
		i i i i i i i i i i i i i i i i i i i	[MM/LU/111]	43
ity		State	Zip	4
			Code	
escription of De	and the state of t	Total Control of the		
ame of Creditor				
ouse #				Outstanding Balance of Debt
	Street Address	k	DATE DEBT INCURRED	
		· Protection	(MM/DD/YYYY)	-[
v '		State	Zp	
escription of De	11		Code	
ACI PROTEOLOGIC				A ANGELOS CONTROL CONT
ame of Creditor				
		malation of the state of the st		Outstanding Balance of Debt
ouse #	Street Address		DATE DEBT INCURRED	•
			[MM/DO/YYYY]	
y , ,		State	Zip	
			Code	
scription of Del	A .	Annatura de la companione		
me of Creditor				Outstanding Balance of Debt
USD #	Street Address		DATE DEBT INCURRED	
		000 000 000	[MM/DO/YYYY]	
7. (1. (1. (1. (1. (1. (1. (1. (1. (1. (1				
		State	Zap	[]
	7	<u>ASERTAGE</u>	Code	