

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
2ND FRIDAY PRE-PRIMARY						05	20
30 DAY POST-PRIMARY						YEAR	
6TH TUESDAY PRE-ELECTION						2025	
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		
		TERMINATION REPORT?		YES	NO		

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

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	6 th 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.)
Fifth report deadline: Cycle 5	2 nd 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 31 st 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.



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)



Pennsylvania Department of State

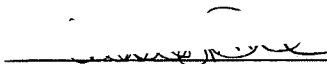
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***Part II** - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.*

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



Signature of Treasurer, Candidate, or Lobbyist

Celeste L. Dee

Printed Name

3/17/25

Date (MM/DD/YYYY)

Bethlehem/PA/USA

Location (City/State/Country)



Pennsylvania Department of State

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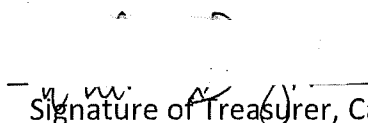
Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

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				
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)



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.

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 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 Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	Deo 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 <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>			\$ 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] 3/13/25		\$	100.00		
House # 3154		Street Address Brynwood Dr				Date [MM/DD/YYYY]		\$			
City Whitchell		State PA		Zip Code 18052		Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee Friends of Dan Hartzell						Date [MM/DD/YYYY] 4/15/25		\$	100.00		
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]		\$			
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

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.)

File Identification Number:

Doc 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		Crummond 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 #	904	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	Elters	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:	Dec for Bethlehem
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Full Name of Contributor					Jennifer Mann		Date [MM/DD/YYYY]		\$	200.00						
							3/14/2025									
House #					285		Street Address		Parkway Blvd							
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]		\$	

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
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Full Name of Contributing Committee		Intl Union of Operating Engineers Local 542 Political Action Fund				Date (MM/DD/YYYY)	\$	1500.00
						3/18/25		
House #	1375	Street Address		Virginia Dr STE 100		Date (MM/DD/YYYY)	\$	
City	Ft Washington	State	PA	Zip Code	18018	Date (MM/DD/YYYY)	\$	
Full Name of Contributing Committee		IBEW 375 Political Action				Date (MM/DD/YYYY)	\$	1500.00
						3/21/25		
House #	101	Street Address		S 7th St		Date (MM/DD/YYYY)	\$	
City	Allentown	State	PA	Zip Code	18101	Date (MM/DD/YYYY)	\$	
Full Name of Contributing Committee		Allentown Firefighters Local 302				Date (MM/DD/YYYY)	\$	750.00
						3/31/2025		
House #	723	Street Address		Chew St		Date (MM/DD/YYYY)	\$	
City	Allentown	State	PA	Zip Code	18102	Date (MM/DD/YYYY)	\$	
Full Name of Contributing Committee		LV Assn of Realtors PAC				Date (MM/DD/YYYY)	\$	1500.00
						3/28/2025		
House #	10	Street Address		S Commerce Way		Date (MM/DD/YYYY)	\$	
City	Bethlehem	State	PA	Zip Code	18017	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 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
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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 Printing				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
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Full Name of Contributor		John Callahan		Date (MM/DD/YYYY)		\$	450.00
				04/15/2025			
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. Cuffy Esq		Date (MM/DD/YYYY)		\$	1000.00
				03/31/2025			
House #	1650	Street Address	Market St		Date (MM/DD/YYYY)	\$	
City	Philadelphia	State	PA	Zip Code	19103	Date (MM/DD/YYYY)	\$
Employer Name		The Cuffy 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
				4/13/2025			
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
				04/28/2025			
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
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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: Dea 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 6
In-Kind Contributions Received
VALUE OVER \$ 250

Filer Identification Number: Doe 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]		\$	
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

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						