Donat	Form
Reset	LOHIII

**Print Form** 



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

Name of Filing Committee, Candidate or Jobylist  Strete Address  616 Ontarion Street  State PA  Zip Code 18015  Type of Report (Place x under report type)  1.6th Tuesday Pre-Primary Primary Primary Pre-Election Pr	iler Identification		-	Repor ( Marl	t Filed By k X)	Candidat	e		Committee		Lobbyist
State   PA   Zip Code   18015   Type of Report (Place x under report type)	lame of Filing Comr	nittee, Can	didate or	Devin	Brunges						
Type of Report (Place x under report type)  1-6th Tuesday   2-2nd Friday   3-30 Day Post   4-6th Tuesday   Pre-Primary   Pre-Primary   Pre-Primary   Pre-Primary   Pre-Election   Pre-Elec				616 O	ntarion St	reet			- A - I -		
1-6th Tuesday 2-2nd Friday Pre-Primary Primary Primary Pre-Election Pr	City	Bethlehe	m			State	PA		Zip Code	18015	
1-6th Tuesday 2-2nd Friday Pre-Primary Primary Primary Pre-Election Pr	Type of Report (Plac	e x under r	eport type)							1 Consist and Eriday	Special 30 Day
Date Of Election (MM/DD/YYYY)  Summary of Receipts and Expenditures  May 1, 2023  A. Amount Brought Forward From Last Report  B. Total Monetary Contributions and Receipts (From Schedule I)  C. Total Funds Available (Sum of Lines A and B)  D. Total Expenditures (From Schedule III)  E. Ending Cash Balance (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received (From Schedule II)  G. Unpaid Debts and Obligations (From Schedule IV)  Affidavit Section	1-6 <sup>th</sup> Tuesday 2-	2 <sup>nd</sup> Friday	3-30 Day Post	4-6 <sup>th</sup> Pre-E				ost	7- Annual		
Date Of Election (MM/DD/YYYY)  Summary of Receipts and Expenditures    May 1, 2023   To Date			$\times$							Tormination	
Summary of Receipts and Expenditures    From Date   June 5, 2023			11/07	Year		2023		nt			2.
Expenditures  May 1, 2023  A. Amount Brought Forward From Last Report  B. Total Monetary Contributions and Receipts (From Schedule I)  C. Total Funds Available (Sum of Lines A and B)  D. Total Expenditures (From Schedule III)  E. Ending Cash Balance (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received (From Schedule II)  G. Unpaid Debts and Obligations (From Schedule IV)  Afficiavit Section		ts and	1		To Date	)			For	Office Use Only	
A. Amount Brought Forward From Last Report  B. Total Monetary Contributions and Receipts (From Schedule I)  C. Total Funds Available (Sum of Lines A and B)  D. Total Expenditures (From Schedule III)  E. Ending Cash Balance (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received (From Schedule II)  G. Unpaid Debts and Obligations (From Schedule IV)  Afficiavit Section				3	Jur	ne 5, 2023					
(From Schedule I)  C. Total Funds Available (Sum of Lines A and B)  D. Total Expenditures (From Schedule III)  E. Ending Cash Balance (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received (From Schedule II)  G. Unpaid Debts and Obligations (From Schedule IV)  Affidavit Section			From Last Repo	rt \$	5	0					
C. Total Funds Available (Sum of Lines A and B)  D. Total Expenditures (From Schedule III)  E. Ending Cash Balance (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received (From Schedule II)  G. Unpaid Debts and Obligations (From Schedule IV)  Affidavit Section	B. Total Monetary (From Schedule I)	Contribution	ons and Receipt	122		350.00					
D. Total Expenditures (From Schedule III)  E. Ending Cash Balance (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received (From Schedule II)  G. Unpaid Debts and Obligations (From Schedule IV)  Affidavit Section	C. Total Funds Ava	ilable d B)			\$	350.00					
E. Ending Cash Balance (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received (From Schedule II)  G. Unpaid Debts and Obligations (From Schedule IV)  Affidavit Section	D. Total Expenditu	res				315.00	1				
F. Value of In-Kind Contributions Received (From Schedule II)  G. Unpaid Debts and Obligations (From Schedule IV)  Affidavit Section	E. Ending Cash Bal (Subtract Line D fr	ance om Line C)				44.18					
G. Unpaid Debts and Obligations (From Schedule IV)  Affidavit Section	F. Value of In-Kind	Contribut	ions Received			0					
Affidavit Section	G. Unpaid Debts a	nd Obligat	ions		\$						
Part 1- 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 fattacked ad schedules on papers is too the best of my knowledge and belief true, correct and complete.							andidata sign	n her	Δ		

### 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.

					Amount
ull Name of Co	ntributing			Date [MM/DD/YYYY]	\$
ommittee	A. A				
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		L PART	Park Press		
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$ .
City		State	Zip Code	Date [MM/DD/YYYY]	\$
			V Hartin	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [IAIM\DD\\\\]	<b>  *</b>
Astronomic Control				Dote TRANSIDE MANAGE	<b>\$</b>
House #	Street Address			Date [MM/DD/YYYY]	<b>\$</b>
				D-40 FREEE IDM MOODM	<u> </u>
City		State	Zip Code	Date [MM/DD/YYYY]	\$
P. II N	nnépihaséan - I	19,433		Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Page francisco (1991)	1
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of C	ontributing			Date [MM/DD/YYYY]	\$
Committee					V.
House #	Street Address			Date [MM/DD/YYYY]	\$
**************************************	A Chiege Addiess				
City	V 1 41	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of C	ontributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
			1 1 1 1 1 1 1		

### 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:

Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
House #	Street Addre	ss		Date [MM/DD/YYYY]	\$	
		500 1000 1000				
City	50 - 60 sept \$20 50 - 40 50 50	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	<b>  \$</b>	
House #	Street Addre	.no		Date [MM/DD/YYYY]		
110430 77	Street Addre	33		× 2000 (1000 2000 1000 1000 1000 1000 100		
City			Zip Code	Date [MM/DD/YYYY]	\$	
,						
Full Name of Co	ontributor	Discontinues of the state of	**************************************	Date [MM/DD/YYYY]	\$	
House #	Street Addre	essi		Date [MM/DD/YYYY]	\$	
City	100000000000000000000000000000000000000	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributor	positive traying contri		Date [MM/DD/YYYY]	\$	,
House #	Street Addre	ess		Date [MM/DD/YYYY]	<b>s</b>	<u> </u>
City	1 1235-200 201-20-201 201-20-20	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
House #	Street Addre	ess		Date [MM/DD/YYYY]	\$	
City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	Zip Code	Date [MM/DD/YYYY]	\$	
Tull Name of C				Data (MM/DD/VVVVI		
Full Name of Co	JIILIDUTOF			Date [MM/DD/YYYY]	_   \$	
House #	Street Addre	ess		Date [MM/DD/YYYY]	<b>S</b>	
		AA I		**************************************		
City		State	Zip Code	Date [MM/DD/YYYY]	<b>  \$</b>	· · · · · ·
					1 1	

### PART C

## **Contributions Received From Political Committees**

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	<b>\$</b>
House #	Street Addres	SS		Date [MM/DD/YYYY]	\$
City	Name of the second seco		Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
Full Name of Contributing Co	mmittee	1:00:0000000000000000000000000000000000	The state of the s	Date [MM/DD/YYYY]	\$
House#	Street Addres	SS		Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
Full Name of Contributing Co	mmittee	145000000000000000000000000000000000000	A CONTRACTOR OF THE STATE OF TH	Date [MM/DD/YYYY]	\$
House #	Street Addres	SS		Date [MM/DD/YYYY]	<b>S</b>
City			Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ımmittee	esperations		Date [MM/DD/YYYY]	<b>.</b>
House #	Street Addres	SS		Date [MM/DD/YYYY]	*
City	THE SECTION SECTION	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee	proceduralizati	• The state of the	Date [MM/DD/YYYY]	\$
House #	Street Addres	SS		Date [MM/DD/YYYY]	\$
City	January 1995	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	)mmittee	en personalités	- 1800 (PANAS (PASS)	Date [MM/DD/YYYY]	\$
House #	Street Addre	SS		Date [MM/DD/YYYY]	- S
City	Taraka kananan	State	Zip Code	Date [MM/DD/YYYY]	\$
en politik kiloka bil∎		1,74000400700001	* ***********************************	1	1 20 ( 3.)

### 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:

MIKE OHARE						8-2-1
House # Street Address   Street Address   Street Address   Street Address   ATH AVENUE   ATH AVE	Full Name of Cor	ntributor		<del></del>	Date [MM/DD/YYYY]	] \$
Both		MIKE OHA	ARE		May 23, 2023	300.00
City Bethlehem State PA Zip Code 18018 Date [MM/DD/YYYY] \$  Employer Name MORAVIAN UNISERSITY Occupation OPERATIONS MANAGER  MORAVIAN UNISERSITY Date [MM/DD/YYYY] \$  Limployer Mailing Address / 1200 MAIN S.T., BETHLEHEM, PA 18018  Full Name of Contributor Date [MM/DD/YYYY] \$  Lity State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Full Name of Contributor Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Full Name of Contributor Date [MM/DD/YYYY] \$  Employer Name Occupation Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Full Name of Contributor Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Full Name of Contributor Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Full Name of Contributor Date [MM/DD/YYYY] \$  Lock MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Lock MM/DD/YYYY] \$	House #	All the state of t				\$
City BETHLEHEM State PA Zip Code 18018 Date [MM/DD/YYYY] \$  Employer Name MORAVIAN UNISERSITY Occupation OPERATIONS MANAGER  MORAVIAN UNISERSITY Date [MM/DD/YYYY] \$  Late [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation Date [MM/DD/YYYY] \$  Employer Name Occupation Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Full Name of Contributor Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Full Name of Contributor Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Full Name of Contributor Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$	632		ATH AVENUE			
BETHLEHEM   PA				Zip Code	Date [MM/DD/YYYY]	
Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  City State Zip Code Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  Employer Name  City Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$		HEM				
Employer Mailing Address / Principal Place of Business   1200 MAIN ST., BETHLEHEM, PA 18018   Date [MM/DD/YYYY]   \$	of a contract of the same			moves someway program	Occupation	(AA)(A)
Principal Place of Business   1200 MAIN ST., BETHLEHEM, PA 18018	Employer Mailin	us Address /	MORAVIAN UNISI	ERSITY	OPERATIO	NS MANAGER
Full Name of Contributor    Date [MM/DD/YYYY]   \$			1200 MAIN ST., B	ETHLEHEM, PA 18018		
City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Mailing Address / Principal Place of Business  Full Name of Contributor Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Mailing Address / Principal Place of Business  Full Name of Contributor Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Full Name of Contributor Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$			1		Date [MM/DD/YYYY]	\$
City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Mailing Address / Principal Place of Business  Full Name of Contributor Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Mailing Address / Principal Place of Business  Full Name of Contributor Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Full Name of Contributor Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$						
City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Mailing Address / Principal Place of Business  Full Name of Contributor Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Mailing Address / Principal Place of Business  Full Name of Contributor Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Full Name of Contributor Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$	House #	Street Address			Date [MM/DD/YYYY]	S
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$		0.000			Angelland Water & Carlot Carlo	
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$	City.		Ctoto	7in Codo	Date (MM/DD/VVVVI	
Employer Mailing Address / Principal Place of Business  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  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY] \$  House # Street Address  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$	City		State	Zip code	Date [MM/DD/1111]	
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Address  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Employer Mailing Address / Principal Place of Business  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	
Principal Place of Business  Full Name of Contributor    Date [MM/DD/YYYY]   \$						
Full Name of Contributor    Date [MM/DD/YYYY]   \$	Employer Mailir	ng Address /				
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  Full Name of Contributor Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$			প্ৰ		Date [MM/DD/YYYY]	\$
City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Mailing Address / Principal Place of Business  Full Name of Contributor Date [MM/DD/YYYY] \$  House # Street Address Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$					Significant ( Total Control of Co	
City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Mailing Address / Principal Place of Business  Full Name of Contributor Date [MM/DD/YYYY] \$  House # Street Address Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$	Dayos #	Otrest Address			Data (MM/DD/VVVVI	-   -   -   -   -   -   -   -   -   -
Employer Name  City  Cocupation  Occupation  Date [MM/DD/YYYY]  State  Zip Code  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State	nouse #	Street Address			(Date (many 2) are an ear	<b>-                                     </b>
Employer Name  City  Cocupation  Occupation  Date [MM/DD/YYYY]  State  Zip Code  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  State  Date [MM/DD/YYYY]  State						
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY] \$  House # Street Address  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$	City		State	Zip Code	Date [MM/DD/YYYY]	
Employer Mailing Address / Principal Place of Business  Full Name of Contributor  Date [MM/DD/YYYY] \$  House # Street Address  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$	Feed laws Nove				Occupation	
Principal Place of Business  Full Name of Contributor    Date [MM/DD/YYYY]   \$	Employer warne				Occupation	
Full Name of Contributor    Date [MM/DD/YYYY]   \$	Employer Mailin	ng Address / of Business				
City State Zip Code Date [MM/DD/YYYY] \$		H-10-10-10-10-10-10-10-10-10-10-10-10-10-			Date [MM/DD/YYYY]	\$
City State Zip Code Date [MM/DD/YYYY] \$						
City State Zip Code Date [MM/DD/YYYY] \$	House #	Stroot Addross			Date [MM/DD/YYYY]	S
	I louse #	Street Address				
			0.0444.501	[852:486.50] =8888881	Data (ARRI /DD )/0/0/2	
Employer Name Occupation	City		State	Zip Gode	Date [IAIM\DD\\\\\\]	4 1
Employer Name Occupation						
	Employer Name	)			Occupation	
Employer Mailing Address /	Employer Maili	ng Address /			- wheel responsible	

### 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 Nun	nber:			
Full Name				
	Otrock Addison	Negative		
House #	Street Address	In X 2000		Det. PRESS IND DODGE 1
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			44
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		BESTERNES		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	1.			
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	1	<u> </u>	[ See (1999) ]	HARF
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	1	1 may reconstitute		1 [88]

## SCHEDULE I Contributions and Receipts Detailed Summary Page

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 50,00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$ 0
Total for the reporting period (2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$ 300.00
Total for the reporting period (3)	\$ 300.00
4. Other Receipts-Refunds, interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ 0
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)	\$ 350.00

### 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:			
UNITEMIZED IN-KIND CONTRIB	BUTIONS RECEIVED-VA	UE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	[ \$ ]	
2. IN-KIND CONTRIBUTIONS RECE	IVED-VALUE OF \$50.0	1 TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECEN	VED-VALUE OVER \$250	D.00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from the page 1, Report Cover Page, Item F)			

### SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification	Number:				
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
01 001	•				
House #	Street Address	)		Date [MM/DD/YYYY]	- <b>\$</b> -
		1 4	- Sico Variation of		
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution				
Full Name of Con	itributor	· common (gg)		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution		· Company of the Comp		
Full Name of Cor	ntributor	en etsejeki/		Date [MM/DD/YYYY]	\$
House #	Street Address	<b>S</b>		Date [MM/DD/YYYY]	\$
City	Transport of the Control of the Cont	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution				(A)
Full Name of Co				Date [MM/DD/YYYY]	<b>  \$</b>
				And the second s	
House #	Street Addres	is		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C					
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Addres	is		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	ontribution				

### SCHEDULE II Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification				
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	1 *************************************	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	7			Occupation
	ing Address / Principal			Description of Contribution
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	9			Occupation
	ing Address / Principal			Description of Contribution
Full Name of Co	ontributor	.0.1		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	6			Occupation
	ling Address / Principal			Description of Contribution
Full Name of Co	ontributor	_4		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	e			Occupation
	ling Address / Principal			Description
Place of Busine				of Contribution

# Statement of Expenditures

Filer Identification Number:	

To Whom Paid	11/05		Date [MM/DD/YYYY] \$ 3/5. 80		
USPS					06/05/2023 3/5. 80 Description of Expenditure
House # 131 Street Address W. 4th STREET  City Both Lehem State PD Zip Code 18015					Description of expenditure
city Bo.	th lehem	State	PA	Zip Code 18015	70870ge
To Whom Paid					Date [MM/DD/YYYY] \$
House #	Street Address				Description of Expenditure
City	Francisco de via via via con con la constanta de la constanta della constanta de la constanta de la constanta de la constanta	State		Zip Code	
To Whom Paid					Date [MM/DD/YYYY] \$
House#	Street Address				Description of Expenditure
City		State		Zip Code	and the computation of the compu
To Whom Paid					Date [MM/DD/YYYY] \$
House #	Street Address				Description of Expenditure
City	Participation Science of Control	State		Zip Code	
To Whom Paid		<b>)</b>			Date [MM/DD/YYYY] \$
House #	Street Address	<del></del>			Description of Expenditure
City		State		Zip Code	
To Whom Paid					Date [MM/DD/YYYY] \$
House #	Street Address			4	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		1			Date [MM/DD/YYYY] \$
House # Street Address					Description of Expenditure
City	Programme and Control of Con-	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.

				Comment of the second of the s		
Name of Credito				Outstanding Balance of Debt		
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]			
City		State	Zip Code			
Description of D	ebt	1 200 200 201		<u>L</u>		
Name of Credito	)T			Outstanding Balance of Debt		
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City		State	Zip Code			
Description of D	ebt					
Name of Credito	)r	Outstanding Balance of Debt				
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$		
City		State	Zip Code			
Description of D				Outstanding Balance of Debt		
Name of Credito						
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				
City  Description of D		State	Zip Code			
Name of Credito	OT.			Outstanding Balance of Debt		
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$		
City	TO MARKET SET	State	Zip Code			
Description of D	lebt					
Name of Credito	זר	Outstanding Balance of Debt				
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$		
SAME SERVICES	1996   1996	State	Zip	<b>→</b> (8)		