### 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		REPORT FILED CANDIDATE	COMMITTEE 2, LOBBYIST 3.
NAME OF FILING COMMITTEE, CA	NDIDATE OR LOBBYIST		
HILLAR	YG. KWIATEK		•
STREET ADDRESS	S 00 C		-
USO	SPRING STREET		
BETHLE	HEM	STATE PA	POIF,—
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO. PARTY	DATE OF ELECTION MO. DAY YEAR
6th tuesday 1.			15 18 2021.
PRE-PRIMARY		MO. DAY YEAR	FOR OFFICE USE ONLY
2nd Friday Pre-Primary	DATES OF REPORTING 5 4 2021 TO	(e 7 Zozi	
30 DAY 3.			
6TH,TUESDAY 4.	CASH BALANCE AT END OF REPORTING PERIOD:	\$	
PRE-ELECTION	TOTAL AMOUNT OF FILER'S		
2ND FRIDAY PRE-ELECTION	OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD		
30 day. Post-election	AMENDMENT YES REPORT?	NO X	
7. ANNUAL REPORT	TERMINATION	No 8	
	<b>4-1-1</b>	VIT SECTION	

#### PARTI-

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 Cobbyist, the Lobbyist must sign here.

# Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Name of Filing Committee, Candidate or Lobbyist  Street Address  Gas Spring Street  Gity  Bethlehem  State: PA  Zip Code: 18018  Type of Report (Place x under report type)  1-6 <sup>th</sup> Tuesday: 2-2 <sup>nd</sup> Friday 3-30 Day Post 4-6 <sup>th</sup> Tuesday: 5-2 <sup>nd</sup> Friday Bection  Pre-Primary  Pre-Primary  Pre-Primary  Pre-Bection  Date Of Election  (MM/DDI YYYY)  Summary of Receipts and  From Date  To Date  To Date  For Office Use Only	
Gity Bethlehem State PA Zip Code 18018  Type of Report (Place x under report type)  1. 6 <sup>th</sup> Tuesday 2. 2 <sup>nd</sup> Friday 3. 30 Day Post 4. 6 <sup>th</sup> Tuesday 5. 2 <sup>nd</sup> Friday Bection Pre-Election Fost-Election (MM/DD/YYYY)  Summary of Receipts and From Date To Date For Office Use Only	
Type of Report (Place x under report type)  1. 6 <sup>th</sup> Tuesday 2. 2 <sup>rd</sup> Friday 3. 30 Day Post 4: 6 <sup>th</sup> Tuesday 5. 2 <sup>rd</sup> Friday 6- 30 Day Post 7- Annual Special 2 <sup>rd</sup> Friday Pre-Frimary Primary Primary Pre-Election Pre-Election Pre-Election Fre-Election Pre-Election Fre-Election F	
1-6 <sup>th</sup> Tuesday   2-2 <sup>rd</sup> Friday   3-30 Day Post   4-6 <sup>th</sup> Tuesday   5-2 <sup>rd</sup> Friday   6-30 Day Post   7-Annual   Special 2 <sup>rd</sup> Friday   Pre-Flection   Pre-Flection   Fre-Flection   Pre-Flection   Pre-F	
1-6" Tuesday 2-2" Friday 3-30 Day Post 4-6" Tuesday 3-2" Pre-Flection	
Date Of Election (MM/DD/YYY) 05182021 2021 Report Report Report  Summary of Receipts and From Date To Date For Office Use Only  Expenditures	
Date Of Election (MM/DD/YYYY) 05182021 2021 Report Report Report For Office Use Only  Summary of Receipts and From Date To Date For Office Use Only	
Summary of Receipts and From Date 10-Date  Expenditures	
5/4/2021 6/7/2021	
A. Amount Brought Forward From Last Report \$ 2205.51	,
B. Total Monetary Contributions and Receipts \$ 185.00	
C: Total Funds Available \$ 2390.51 (Sum of Lines A and B)	
D. Total Expenditures \$ 1944.71 (From Schedule III)	
E Ending Cash Balance \$  (Subtract Line D from Line C)	
F. Value of In-Kind Contributions Received \$ 0 (From Schedule II)	
G. Unpaid Debts and Obligations \$ 0 (From Schedule IV)	·····
Affidavit Section Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.	

#### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

The Till Berlinger of the Control of	waste a grani na tagatak kaling ta haga pangga, ana a	THE STREET
Filer Identification Number		
요리 경기를 보는 하고 있는 것이 없는 얼마를 받는다.		

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1	)   \$	25.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	160.00
Total for the reporting period (2	2) \$	
3. Contributions Over \$250.00 (From Part Cand Part D)		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	1
Total for the reporting period (3	3) \$	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
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, Repor Cover Page, Item B)	t   \$	

#### 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
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee				MATTER CONTRACTOR CONT	7 1997 1990
House #	Street Address			Date [MM/DD/YYYY]	
				The state of the s	
City		State	Zip Code	Doto (MAN (DD) 1999	
				Date [MM/DD/YYYY]	
Full Name of Co	ntributing	grants was		Date [MM/DD/YYYY]	- [ 改] - ( )
Committee				Date [WWI DDI TTTT]	<b>*</b>
			Name of the second seco		<u> </u>
House #	Street Address			Date [MM/DD/YYYY]	<b>\$</b>
					75 63 75 63 35 64
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing				Date [MM/DD/YYYY]	\$
Committee		•			
House #	Street Address			Date [MM/DD/YYYY]	
				<u>2 </u>	
City	MARTINE TO THE	State	Zip Code	Date [MM/DD/YYYY]	1000   1000
				Pare [mm/DD/YYYY]	<b>S</b>
Full Name of Co	intributing	ক্ প্রাক্রি		Date [MM/DD/YYYY]	(400 m)
Committee				Date [WWI DDI YYYY]	<b>3.3</b>
House #	Street Address			Date [MM/DD/YYYY]	1.5
TOWN I	是的大學是不是	Cinta	1/25 Called at 1	Para Farance Para Control Cont	\$25 5 5
City	[	State	Zip Code	Date [MM/DD/YYYY]	<b>  \$</b>
					1873 C 245 27
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					14 F) 1 5 7 7 1 5 7 7
House #	Street Address			Date [MM/DD/YYYY]	<b>(\$)</b>
City	E 1 4 \$ 14 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$ 5 \$	State	Zip Code	Date [MM/DD/YYYY]	
				furint cot 11111	
Full Name of Co	ntributing	. e	Participation Physics 1	Date [MM/DD/YYYY]	
Committee			,	furtil pat [11.1]	
House #	Street Address			Date [MM/DD/YYYY]	(3) (4)     <b>S</b> (4)
			•	funda sol (i)1]	
Giv. 1		Charles I.			langer
City	:	State	Zip Code	Date [MM/DD/YYYY]	<b>.</b>
进入时间					

#### 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.)

the first of the first of the control of the contro	and the second s				
Filer Identification Number:					
	•				
	The state of the s	11. VVNags gat W. v. 11. v. 11. 11. 11. 11.	Control of the Contro	The second se	

					201	
Full Name of Co		,		Date [MM/DD/YYYY]	\$	
	Robert Ho	upkins		5/11/2021	,   5l	0.00
House #	Street Addres			Date [MM/DD/YYY]	\$	, , , , , , , , , , , , , , , , , , , ,
726		W Market Street		5/21/2021	35	5.00
City	Indiana series	State	Zip Code	Date [MM/DD/YYYY]	\$	
Bethleho	em	PA	18018			
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
	Clyde Th	omas		5/4/2021	75	5.00
House #	Street Addre	58		Date [MM / DD/ YYYY]	\$	
315		Hamilton Avenue				•
City		State	Zip Code:	Date [MM/DD/YYYY]	<b>S</b>	
Bethleh	em	PA	18017			
Full Name of Co	ntributor	2 245 24725		Date [MM/DD/YYYY]	\$	-
House#			W	Date [MM/DD/YYYY]	\$	
nouse#	Street Addre	!ss		Date [mm/DD/1111]	7	
1000						
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
				·		
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
House #	Street Addre	SS		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
House #	Street Addre	S		Date [MM/DD/YYYY]	\$	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
				or in recommendation with the most of the control o		
Full Name of Co	ntributor	- The second desired and the second desired and the second desired and the second desired desired and the second desired desired and the second desired desire	A CONTRACTOR OF THE PROPERTY O	Date [MM/DD/YYYY]	\$	3
House #	Street Addre	eria SS		Date [MM/DD/YYYY]	\$	
		8484				
City		State	Žip Code	Date [MM/DD/YYYY]	\$	
Miy		Sale	Ap Coue	Date [mm1 DDI 1111]	•	
- 14					100	

#### 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.

Mer Identification	rumut:				·
Full Name of				Date [MM/DD/YYYY]	
Contributing Con	nmittee				
House #	Street Address			Date [MM/DD/YYYY]	<b>5</b>
City		State	Zip Code	Date [MM/DD/YYYY]	<b>S</b>
Full Name of Contributing Con	nmittee			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	<b>5</b> .
City		State	Zip Code	Date [MM/DD/YYYY]	<b>.</b>
Pull Name of Contributing Con	nmittee			Date [MM/DD/YYYY]	<b>3</b>
House #	Street Address			Date [MM/DD/YYYY]	<b>.</b>
City		/State	Zip Code	Date [MM/DD/YYYY]	<b>3</b>
Full Name of Contributing Cor	nmittee			Date [MM/DD/YYYY]	<b>.</b>
House #	Street Address			Date [MM/DD/YYYY]	
City	HT .	State	Zip Code	Date [MM/DD/YYYY]	<b>S</b>
Full Name of Contributing Cor	nmittee			Date [MM/DD/YYYY]	*
House #	Street Address			Date [MM/DD/YYYY]	_ <b>S</b> .
City		State	Zíp Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Cor	nmittee		And a second	Date [MM/DD/YYYY]	<b>3</b>
House #	Street Address			Date [MM/DD/YYYY]	<b>S</b>
City		State	Žip 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				· ·
1.				
Full Name of Co	ontributor,			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	The control of the co	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Maili Principal Place				
Full Name of Co	ontributor.			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] - \$
City	Toganisa and an analysis and an analysis and	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nami				Occupation
Employer Maili Principal Place				
Pull Name of Co				Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Maili Principal Place				
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] S
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation

Employer Mailing Address /
Principal Place of Business

#### **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 Numi	per:			
Full Name				
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	7 17 17 17 17 17 17 17 17 17 17 17 17 17			
Pull Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Pull Name		<u> </u>		
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			A CONTROL OF THE CONT	I PROCESS
Full Name				·
House #	Street Address			
City	101. 31. 32. 33.	State	Zp Code	Date [MM/DD/YYYY] \$
Receipt Description		Technology and the second	Panas Agricological Address	Living I
Full Name		i de la composición de la grada de la composición de la grada de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela composici		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Process person Policy	Francisco I	I Cameril
Full Name				
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				

#### SCHEDULEII

### IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUM MARY PAGE

Filer Identification Number:				
1. UNITEMIZED IN-KIND CONTRIB	AUTIONS RECEIVED-VAL	UEOF\$50,00 (	ORI	LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0	
2. IN-KIND CONTRIBUTIONS REC	EVED-VALUE OF \$50.0	1 TO \$250.00 (	FRC	OM PARTE)
TOTAL for the reporting period	(2)	\$	0	)
3. IN-KIND CONTRIBUTION RECE		0.00 (FROM PA	सा (	<b>6</b>
TOTAL for the reporting period	(3)	\$		0
			_	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from the control of the		i i		
on Page 1, Report Cover Page, Item F)	OIII DUXES I, Z, and o, a	ISO EIRE	0	)

#### SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer identification Number:				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House# Street /	Address		Date [MM/DD/YYYY] \$	
Caty	State	Zip Code	Date [MM/DD/YYYY] \$	1
Description of Contribution				
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street /	Address		Date [MM/DD/YYYY] \$	
		No Opening and address		
City	Sate	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street /	Address		Date [MM/DD/YYYY] \$	V
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	Mary Market	Process of the second s		
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street	Address		Date [MM/DD/YYYY] \$	70-3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution			The state of the s	

### SCHEDULE II

#### Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

Filer identification Number:			
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 / Prin Place of Business		Description of Contribution	
Full Name of Contributor		Date [MM/DD/YYYY] \$	
House # Street Add	iress	Date [MM/DD/YYYY] \$	
City	State Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		Occupation	
Employer Mailing Address / Prin Place of Business	cipal	Description of Contribution	
Full Name of Contributor		Date [MM/DD/YYYY] \$	
House# Street Add		Date [MM/DD/YYYY] \$	
City	State Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		Occupation	
Employer Mailing Address / Prin Place of Business	cipal	Description of Contribution	
Full Name of Contributor		Date [MM/DD/YYYY] \$	
House# Street Add		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:	n

To Whom Paid ActBlue			Date [MM/DD/YYYY] \$ 4.96	
House # Street Addr		6/1/2021		
	Address PO Box 44146		Description of Expenditure	
Somerville	merville State MA Zip 02144		fundraising fee	
To Whom Paid  LV Print Center/Harkin's Signs			Date [MM/DD/YYYY] \$ 1785.17	
House # 1701 Street Addr	Union Boulevard		Description of Expenditure	
Allentown	State PA Zip Code 18109		printing and mailing	
To Whom Paid  Community Labor Administrative Services			Date [MM/DD/YYYY] \$ 5/19/2021 154.58	
House # 77 Street Addre	Sands Street, 6th Flo	por	Description of Expenditure	
City Brooklyn	State	Zip Code 11201	textbanking tool	
To Whom Paid			Date [MM/DD/YYYY] \$	
House # Street Addr	P.S.S.		Description of Expenditure	
City	State	Zip Code		
To Whom Pald			Date [MM/DD/YYYY] .\$	
House # Street Addr	ess		Description of Expenditure	
City	State	Zip Code		
To Whom Paid			Date [MM/DD/YYYY] \$	
House # Street Addr	ess		Description of Expenditure	
City	State	Zip Code		
To Whom Paid			Date [MM/DD/YYYY] \$	
House # Street Addr	ess		Description of Expenditure	
City	State	Zip Code		
To Whom Paid			Date [MM/DD/YYYY] \$	
House # Street Addr			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.

Number:		
or .		Outstanding Balance of Debt
Street Address	DATE DEST INCUR	
	אן איניגרוטטוא אן <u>איניגרוטטוא אן איני</u>	
	State Zip Code	
)ebt		
or		Outstanding Balance of Debt
	DATE DEBT INCUR	
	[MM/DD/YYYY	
	State Zip	35.0
Debt	Code	
		Outstanding Balance of Debt
Street Address	DATE DEST INCUR [MM/DD/YYYY	
	State Zp Code	
ebt		
or.		Outstanding Balance of Debt
	DATE DEST INCUR [MM/DD/YYYY	
	State 2p Code	
<b>lebt</b>		
or		Outstanding Balance of Debt
Street Address	DATE DEBT INCUR	RED \$
100	·	
	State Zip Code	
Debt		
or ,		Outstanding Balance of Debt
Street Address	DATE DEBT INCUR	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	iwwi shreta	
	State Zip.	
Debt ,		<b>                                    </b>
	Street Address  Street Address	Street Address    State   Zip   Code