COMMONWEALTH OF PENNSYLVANIA

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 ON BEHALF OF	GANDIDATE	1	COMMITTEE	2.	LOBBYIST	3.
NAME OF FILING COMMITTEE, CA	NOIDATE OR LOBBYISY YG. KWIATEK							
STREET ADDRESS U3	3 SPRING STR	EL7						·
BE7 the	HEM	STATE		ZIP GO	8018			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE CLTY of BETITLEHEM COUNCIL MEM/3	DISTRICT NO.	PARTY		Mo.	DA'		AR
6TH TUESDAY PRE-PRIMARY	MO. DAY YEAR	MO. DAY YEAR			FOR C	DEFICE	_ 20 USE ONLY	<u> 21 </u>
2ND FRIDAY PRE-PRIMARY	DATES OF REPORTING 1 2021 TO PERIOD	12 31 202						
30 day - 3, post-primary	CASH BALANCE AT END		_]					
6TH TUESDAY PRE-ELECTION	OF REPORTING PERIOD: TOTAL AMOUNT OF FILER'S	\$,					
2nd FRIDAY PRE-ELECTION	OUTSTANDING DEBTS OR LIABILITIE AT THE END OF REPORTING PERIOD							
30 day Post-election	AMENDMENT YES REPORT?	NO X						
ANNUAL 7.	TERMINATION REPORT?	но						
	AFFID	AVIT SECTION						

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



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

Filer Identification Number 26-42 91120	Report Filed By (Mark X)	Candidate	Committee	Lobbyjst
Name of Filing Committee, Candidate or Lobbyist	HILLARY	KWIATCK, F		-
Street Address	(038 SI	PRING STR	EET	
BETHLE t	EM	State PA	Zip Code \ \ \ \ \ \	3018.
Type of Report (Place x under report type)				Law Tables Connected 20 Day 52
1-6 th Tuesday 2-2 nd Friday 3-30 Day P Pre-Primary Pre-Primary Primary	st 4-6th Tuesday 5-2 Pre-Election Pre-	Friday 6-30 Day Post Election Election	7- Annual Specia Pre-Ele	1 2 ⁶⁹ Friday Special 30 Day ection Post-Election
Date Of Election (MM/DD/YYYY)	Year	Amendment Report	Repor	
Summary of Receipts and From Date Expenditures			For Office U	se Only
A. Amount Brought Forward From Last Re	iort 8 -6			
B. Total Monetary Contributions and Rec (From Schedule I)	pts \$ 5,245	.00.		
C. Total Funds Available (Sum of Lines A and B)	\$ 5,245	00.		
D. Total Expenditures (From Schedule III)	4,840			
E. Ending Cash Balance (Subtract Line D from Line C)	8 404	.75		•
F. Value of In-Kind Contributions Receive (From Schedule II)	8			
G. Unpaid Debts and Obligations (From Schedule IV)	A STATE OF			
	an have II this is a Candida	Affidavit Section		
Part 1- If this is a Committee report, treasurer I swear (or affirm) that this report, including the	gn nere, ir this is a Gandida atlached schedules on par	1817 IS to the nost of my known	Man the poure, man and	

SCHEDULE 1 Contributions and Receipts

Detailed Summary Page

1.Uniternized Contributions and Receipts 4 50.00 or Less per Contributor	Series 13 i	Čity Trans	
Total for the reporting period (1)	8	2,290.00
2. Contributions of \$ 50.01 to \$ 250.00 (From Part A and Part B)		9945 4054	
Contributions Received from Political Committees (Part A)		\$	450.00
All Other Contributions (Part B)		8	2,505 ,00
Total for the reporting period	(2)	8	2,955.00
3. Contributions Over \$ 250.00 (From Part C and Part D)	. 1.238 . 1.338		
and the second s		8	
Contributions Received from Political Committees (Part C)			-60
Contributions Received from Political Committees (Part C) All Other Contributions (Part D)		\$	-G
All Other Contributions (Part D)	(3)	8	9
All Other Contributions (Part D)	(3)		-0 -0 -0
All Other Contributions (Part D) Total for the reporting period	(3)		-0 -0 -0

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		•		
				Amount
and the state of t			Date [MM/DD/YYYY] 8	_
Full Name of Contributing Committee	McNeill for	P.A.	3/21/2081	200.00
House# Street A	ddress		Date [MM/DD/YYYY] \$	
3163	FRONT '	STREET.	Date Mark (Pin MOOV)	
City WHITEHALL	State	ZIp Code \8052	Date [MM/DD/YYYY] 8	
Full Name of Contributing		WILLIAM OCLUMED DC	TOUVOU THE PROPERTY OF THE PRO	00
Committee		WILLIAM REYNOLDS	3 (8 202.1 Bate [MM/DD/YYYY] \$	250.00
House # 34 Street	Address W. ELIZA	367H AVE.		
BET HEHEL	State	Zip Code	Date [MM/DD/YYYY] 8	
	N. Marie		Date [MM/DD/YYYY] 8	
Full Name of Contributing Committee				
	Address		Date [MM/DD/YYYY] 8	
House # Street	Audiosa			
	State	Zip Code	Date [MM/DD/YYYY] 8	
City			W. W.	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee			Date [MM/DD/YYYY] 8	
House # Street	Address		Paris Francisco	
		Zin Code	Date [MM/DD/YYYY] 8	
City	State	Zip Code	100 100 100 100 100 100 100 100 100 100	
	25.53	1.00 33.63.00	Date [MM/DD/YYYY] 8	
Full Name of Contributing Committee				
	1.0.11		Date [MM/DD/YYYY] 8	
	t Address			(-) (-)
	State	Zip Code :::	Date [MM/DD/YYYY] 8	
City	diato	100 100 100 100 100 100 100 100 100 100		
Ful) Name of Contributing			Date [MM/DD/YYYY] * 8	
Committee				
House # : Stree	et Address		Date [MM/DD/YYYY] 8	70
		The Code	Date [MM/DD/YYYY] \$	·
City	State	Zip Code		A) A)
	1970 C			

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.)

Flex Identification Number:		
HOUSE # Street Address SPRING STREET	Date [MM/DD/YYYY] 8 1 25 2021 Date [MM/DD/YYYY] 8	100.00
City BETHEHEM State PA Zip. Gode 18018.	Date [MM/DD/YYYYY] 4 Date [MM/DD/YYYYY] 21	
Full Name of Contributor Donald Flad. House # 231 Street Address E. MARKET STREET	3/7/2024 Date [MM/DD/YYYY] 1 4/15/2021	100.00.
Gity BETHLEHEM State PA- ZIP Golde 18018 FULL Name of Contributor LAWRENCE. GLATT	Date [MM/DD/YYYY] 1 Date [MM/DD/YYYYY] 1	100.00
HOUSE # 3344 Street Address ethswick Ct. #1-B City Silver Spring State MD Zip Gode Zogola.	Date [MM/DD/YYYYY] 8 3 2.7 2021 Date [MM/DD/XYYYY] 8	100.00
Full Name of Contributor Angelia Zanelli House # Street Address D	Date [MM/DD/YYYY] 1	100.00
802 Dodson Street City Fantain Hill State PA ZIDICOIDE 18015	Date (MM/DD/YYYYY) 3	
Celena Ribault House# 730 Street Address Varymore Lane State 210 Gode 2	4/U/202/ Date (MM/DD/XYYY) \$1 4/17/202/ Date (MM/DD/XYYY) \$	50.00
Full Name of Contributor Robert Hopkins	Date IMM/DD/VYVVI 8:	35.00
House # 726 Stroot Address W. Market Street GITY Betnehen State PA ZID Godd 18018	Date [MM/DD/YYYY] 8 4 21 2021 Date [MM/DD/YYYY] 8 5 1 2021	35.00 50.00
	5/21/2021	35.00

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 Contributor Angela Pandolfo Ray 4/10/2021		100.00
HOUSE # UZ Street Address Tuxedo Road Date [MM/DD/YYY]		
City Montalair State NJ Zip. Code . Date (MM/DD/YYYY)		
Fall Name of Contributor MARIA RODALE 4/15/2021		100.00
HOUSE # 2807 Street Address Honeysuke RD 5/3/202		100.00.
BETHEHEM State PA ZIDGODE 18015 Date [MM/DD/YYY)		
Fill Name of Contributor Eileen Smee 3/27/2021		100.00
House # 5532 Street Address Wellesley Ave. Date [MM/DD/YYY		
Dittsburgh State PA. Zip Code 1520 W. Date [MM/DD/YYY		order to the state of the state
Full Name of Contributor Beata Kramer 4/15/2021		150.00
House # 852 Street Address Robin Road.	7.00	
CITY HILSPOROUSH State NJ- ZIDGODE Date IMM/DD/YYY		
Foll Name of Contributor Susan Wild 4/17/2021		150.00
House # Street Address De Trail Rd. Date MM/DD/YYY		
Allentoun State PA ZID GOOD 18104 Date 1MM/DD/XXX		PP-20-minutes
Full Name of Contributor Megan Beste 4/5/202		200.00
HOUSE # 345 Street Address 912 Avenue Date (MM/DD/YYY		
City Between state Of Zip Code 18018. Date [MM/DD/XXX	Y] I	

PART B **All Other Contributions**

850.01 TO 8250

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 Contribution EVA BUCKhart (Wal)	
House# Street Address Date MM/DD/WYY)	75.00
307 Handrer Avenue City Brt Wichiem State PA ZIDCODE 18018 Date [MM/DD/YYYY]	
[Fall Name of Contribution Date (MM/DD/XYYY)	100.00
House# Street Address Date [MM/DD/yyyy]	700.00
Gity Bethlehen State PA ZID Gode 18018. Date [MM/DD/XYYY]	
Full Name of Contributor Kerry Greene 327 2021	100.00.
House # 5 Street Address Madison Way Date [MM/DD/YYYM]	
GITY LOUD ON STATE NH ZID CODE DATE [MM/DD/YYYY]	3
Full Name of Contributor Deirdre Kwiatek 3/22/2021	100,00
House * Street Address N. 2nd Street **Date: [MM/DD//YYY]	
Clipy Emmaus state PA Zip Code 18049 Date [MM/DD/XYYY]	
Full Name of Contributor. Carol Leaf 3/15/2021	/00.00
HOUSE # 10940 Street Address WIShire Blud. Date [MM/DD/XYYY]	
City La Angeles CA ZIDCOUB 90210. Date [MM/DD/XXXXXII]	
Jeremy Littau 3/16/2021	,00.00
House # 139 Street Address Wharton Cane Date [MM/DD/MYY]	
Bethlehen State PA ZID Code 18017 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:			·
Full Name of Contributor	CLYDE 7HOMAS	Date [MM/DD/XYYY] 3 5 5 4 2 5 2 5 2 5 2 5 2 5 2 5 2 5 2 5 2	75.88
35	Hamilton Avenue.		•
Benler		(Server)	
Full Name of Contributor	Megan Hull	Date [MM/DD/YYYY] 1	100.00
House# 2224 Str	reet Address Hall Place, NW	Dáte (MM/bD/yyyy)	
ON WASHIN	State DC ZIP Code 2000		
Full Name of Contributor	Management and	Date [MM/DD/YYYY] 38	
House:#	reet Address	Date [MM/DD/YYYY] \$	TANK I LEAVE
City	State Zip/Code	Date [MM/DD/YYYY]	Spiritual Control
Full Name of Contributor		Dato [MM/DD/YYYYY]	A CANADA CAN
House# Str	Teet Address	Date [MM/DD/YYYY]	T Year
City	State ZipiCode	Date [MM/DD/YYYY] = \$1:	He legisla to the same of the
Full Name of Contributor	Johnston State Hales Jeruston State Hales	Date [MM/DD/YYYY)	P. Aggiffic warmen
House # Str	reet Address	Date [MM/DD/YYYY]	To provide the second s
City	State Zip Code:	Date [MM/DD/YYYY]	The second secon
Full Name of Contributor		Date [MM//DD//Y/Y/Y]	S production of
House #	reet Address	Date [MM/DD/YYYYY] 3	S SECTION AND A
City	State Zip Code	Date [MM/DD/YYYY] :	COLUMN CO

PART C

Filer Identification Number:

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.

		11-		
				NC21
Full Name of			Date [MM/DD/YYYY]	
Contributing Committee	•			
House# Street	Address		Date [MM/DD/YYYY)	8
110040 7	Audioa	,		
		*		
City	State	Zlp Code	Date [MM/DD/YYYY]	8
	CARROTT		Date (MM/OD/YYYY)	
Full Name of Contributing Committee			Date [M/W/DD/(1413)]	
onitripatifik optimitiee				
House# Street	Address		Date [MM/DD/YYYY]	8
		International Company		
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of		·	Date [MM/DD/YYYY]	8
Contributing Committee			and the second s	
	Smost (da Plazza)		Sparatition was	
House # Street	Address		Date (MM/DD/AYYYY)	•
			Mark	
City	State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of	4622006600	THE STATE OF THE S	Date (MM/DD/AYAY)	
Contributing Committee			220000000000000000000000000000000000000	
			i i	
House # Street	Address		Date [MM/DD/YYYY]	
	I marks 1	[86] [eva wall sates sel	Date [MM/DD/yyyy]	· ·
City	State	Zip Code	Date (W/M/nn/) Provision	
Full Name of			Date [MM/DD/YYYY]	
Contributing Committee				
mana di Kara	Address		Date [MM/DD/YYYY]	(%) 1
House # Street	Address		army more research	
			a de la companya de l	
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of	09042/048/03	000000000000000000000000000000000000000	Date [MM/DD/YYYY)	
Full Name of Contributing Committee			STATES MALLOCATION AND SECTION AND SECTION AND SECTION ASSESSMENT OF THE SECTION AND SECTION ASSESSMENT OF THE SECTION ASS	
House # Street	Address		Date [MM/DD/YYYY]	
Oltri	State	Zip Gode	Date [MM/DD/YYYY]	
City	l state	Leih oong	RWATMWIANWITH	

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)

Fler (dentification Number:				
Full Name of Contributor			*Date [MM/DD/YYYY] \$	
House# Street	Address		Date [MM/DD/YYYY] \$	
Gity.	State	Zlp Code	Date (MM/DD/YYYY) \$	***************************************
Employer Name			Occupation	
Employer Malling Address / Principal Place of Business			Transport Company State (State State	
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 Malling Address //-			Occupation	
Principal Place of Business Full Name of Contributor			Date (MM/DD/XYXY)	
House# Street	Address		Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/XYYYY] It	
Employer Name Employer Malling Address /			Occupation .	
Principal Place of Business Full Name of Contributor			Date [MM/DD/XYYY]	
House# Street	Address		*Date [MM/DD/YYYY] }	
Olty	State	Zip Code	Date [MM/DD/YYYY] 3	·
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 Num	D873			
Full Name				
House#	Street Address			
Oity		State	Zip Code	Date [MM/DD/YYYY]
Receipt Description				
Full Name				
House#	Street Address			Name of the American Section of the State of
City		State	Zip Code	Date [MM/DD/YYY/]
Receipt Description		SERVICE SERV	300,000,000,000	
Full Name				,
House #	Street Address	State	ZD	Date MM/DD/XXXX
Citý			Code	
Receipt Description		400-900-900-900-0	250-100-100-00-1	
FullName				
House#	Street Address	State	Zip	Dato (MM/DD/XXXV)
City			Code	
Receipt Description				
Full Name				
House #	Street Address	State	Zip	Date [MM/DD/XYYY]
The same and the s			Code	
Receipt Description				
Full Name House#	Street Address			
City	Street Addicas	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	1		Code	
, woody, boomy, to				

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:				
1: UNITEMIZED IN-KIND CONTRIE	BUTIONS RECEIVED VAL	UE OF \$50.00 OR LESS PE	EH UUNTHIBUTUR	
TOTAL for the reporting period	(1)	8	-0-	
				H-million violes delignation and the second
2: IN-KIND CONTRIBUTIONS REC	EIVEDAVALUE OF \$ 50.0	1 TU \$ 250:00 (FROM PAR	(H)	
TOTAL for the reporting period	(2)	8	0	
3. IN-KIND CONTRIBUTION REGE	IVED-VALUE OVER \$250	J.UU (FROM PART G)		
TOTAL for the reporting period	(3)	8	0	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for			8	
on Page 1, Report Cover Page, Item F)			,20	
<u></u>				

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$ 50.01 TO \$ 250

Filer Identification Number:

	(ancapatella de romana de 200
Full Name of Contributor	Date [MM/DD/YYYY]
House# Street Address	Date (MM/DD/YYYY) 1
House# Street Address	*KOVETMINN'ISKUTOTATZ EAST
City Zip Code	Date [MM/DD/YYYY]
	STATE AND ADDRESS OF THE PARTY
Dascription of Contribution	【卷轴图
Full Name of Contributor	Date I MM/DD/YYYYY 1839
	COLUMN ACCOUNT
House # Street Address	Date [MM/DD/YYYY]
City State Zip Code	Date [MM/DD/YYYY]
INVESTIGATION OF THE PROPERTY	
Description of Contribution	
Full Name of Contributor.	Date [MM//DD/XYXY]
House# Street Address	Date [MM/DD/YYYY] \$
ALICEN PARTIES DE L'ARTES DE L'AR	POSTSTED FANOROUS NA.
City State Zip Code	Date [MM/DD/XXXX] &
Description of Contribution	1 1200000
Full Name of Contributor	Date (MM/DD/YYYY) 2
House# Street-Address	Date [MM/DD/XYYY/]
City State Zip Code	Date [MM/DD/XYYY]
Description of Contribution	INDE
Full Name of Contributor	Date IMM/DD/AYYYXI
House # Street Address	Date [MM/DD/WYYY] 1
City State Zip Code	Date (MM/DD/YYYY) \$
	100 (100 Tel A 100 100 100 100 100 100 100 100 100 1
Description of Contribution	

SCHEDULE II Part G -Kind Contributions Re

In-Kind Contributions Received

VALUE OVER \$ 250

			On the state of th
Full Name of Contributor		(Date (MM/DD)	<u>////// </u>
House # Street Address		Date (MM/DD	YYYYYI I
House # Street Address		a date (IMIM/OD/	
City	State Zip Cod	e Date (MM/DD	/ / /////
			4
Employer Name		Occupation	1888
Employer Mailing Address / Principal		Description	
Place of Business		of Contribution	
Full Name of Contributor	<u>s</u>	Date (MM/DD	////// <u>*******************************</u>
House # Street Address		Date (MM/DD	(4)(4)(1)
	,		
City	State Zip Coo	e Date (MM/DD	(AAAAA)
Employer Name		Occupation	
Employer Mailing Address / Principal Place of Business		Description of	
		-Contribution	- I
Full Name of Contributor		Date [MM/DD	MMI U
A Paragraphic Control of the Control	4-1,-1,		UNDATE SEE
House # Street Address		Date (MM/DD	(MAXA)
City.	State Zip Coo	e Date (MM/DD	AWWI S S
			(2001)
Employer:Name		Cocupation	
Employer Malling Address / Principal		Description	
Place of Business		of Contribution	
Foll Name of Contributor	2	The part of the pa	

House # Street Address		Date (MM/DD	//////////////////////////////////////
City	State Zip Cod	e Date [MM/DD	WWW.
Employer Name		Occupation	
Employer Mailing Address / Principal Place of Business		Description of	
		Contribution	

Statement of Expenditures

Filer Identification Number:		•					
	-		 			 	

S-201115-02-07-21-100001	Engasti II (nn noundiss) Assi
TO Whom Paid LU PRINT CENTER	3 31 202 \$08,80
House # Street Address	Description of Expenditure
[10] [2] [NIDN 1750 D	and the second s
City PLLENTOUR State P.A Code 18019	PRINTING SUCES.
TO Whom Pald CAPITOL PROMOTIONS	Date [MM/DD/YYYY] 561.80
House # Stropt Address	5 3 20 21
1013 231	
Chenside 14038.	PRIMING SUCES.
ToWhomPaid PNC Bank	Date [MM/DD/YYYY] 3 16.90
House# Stroot Address	'2 04 202
POB (009	
City PHSDV (8) State PA Code 15230	CHEK PRIMILY TEE.
To Whom Paid	Date [MM/DD/YYYY] 8 25.2
House# Street Address 0 0 (1/11/1/	Description of Expanditure
10 Box 4440.	Description of Expandicular
City Sonerville State MA Code 0:2144	Fundraising FERS.
To:Whom Paid	Date [MM/DD/YYYY] 29.34
House # Street Address On Suntain	Description of Expenditure
P013 4414le.	Везсирион от Ехрепини е
City Some cville State MA Code 02144.	Fundraising Fees
Mo Whom Paid	Date [MM/DD/YYYY]
W PRINT CENTER	4/22/2021 1,634.89.
House # 1701 Street Address Union Blud.	Description of Expenditure
City Allentown State PA Gode 18019.	PRIVING & MALING SKES
STO Whom Paid	Date [MM/DD/YYYY] 3
Act Blue	Up 1 2021 4.90 Description of Expenditure
House# Street Address POB 44144	Description of Expanditure
City Somerville state MA Gode 02144	Findras of Fee
To:Whom Raid	WDAYAYMM//DD/AVVAYJ線は線
Lu Print Center	5/11/2021 1,785.17
House # 1701 Street Address Union Blw.	Description of Expenditure
City Allentown State PA Code 18019	Printing and mailing
resolution () () () () () () () () () (

Statement of Expenditures

Fler Identification Number:			
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		1741176	
	/_(0-6	الساري الساما	
Anna processor College and a service market and the processor of the service of t	<u> </u>		

To Whom Pald	Date [MM/DD/YYYY] &
Community Labor Administrative Suces.	5/19/2021 154.58
House # 77 Street Address Sands St. CE Floor	Description of Expenditure
City State 1 71n	
City Brooklyn State NY Code 11201.	
To Whom Pald	Date [MM/DD/YYYY] 1 1.50
Act Blue	1 101 0312021 1889
House# Street Address PO Box 44146	Description of Expenditure
City C 11 State Zip	T laist
Jonervill MA Gode 02144	Fundraisy Fee
To Whom Paid J TAPLES	Date [MM/DD/YYYY] 8 117.55
House # Street Address Union Blvd	Description of Expenditure
Gity Allentown State PA Zip.	MISC. OFFICE SUPPLIES.
To Whom Paid	Date [MM/DD/YYYY]
House# Street Address	Description of Expenditure
City State Zip Code	To desirable security and control of a column of the formation of the column of the columns.
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	and the state and the man CVAT to a contemption of the contemption of the state of
To Whom Paid	Date (MM/DD/YYYY) 1
House # Street Address	
	The state of the s
City State Zip Code	
To Whom Pald	Date [MM/DD/YYYY]
House # Street Address	Description of Expenditure
City State Zip Gode	

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.

Filor Identification Numb	oars		
Name of Creditor			«Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State Zip	
Description of Debt	488	Code	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State Zip	
Description of Debt		<u>Equite</u>	
Name of Greditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED - [MM/DD/YYYY]	
City		State Zip	
Description of Debt -		<u>Code</u>	
Name of Creditor			Outstanding Balance of Debt
House#	Street Address	DATE DEBT.INCURRED	
City		State Zip Code	
Description of Debt		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	18881
Name of Creditor		Isones and a second	Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED [IMM/DD/YYYY]	!
City		State Zip Gode	
Description of Debt		(SSECTION)	[连续]
Name of Creditor		Construction and the second and the second	Outstanding Balance of Debt
House#	Street Address	DAYE DEBTINGURRED	
- 信息 City		State Zip Gode	
Description of Debt			1888