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

Filer Identification Number		Report Filed ( ( Mark X)		Candida					mittee			X	Lobb	yist	
Name of Filing Committee, Candidate of Lobbyist		PFCC	<u> </u>	presentation		<u> </u>		<u>Basagaa</u>	<u> </u>	<u> </u>			Interest Section	: N. 91 ! 3	
Street Address		2404 East Box	ulevaro	ť											
City Bethlehem	Control 7: Code 3														
Type of Report (Place x under report type	e)									.1			-		
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						30 Da	y Post	7- A	nnual	Spec	cial 2	nd Friday	Spec	ial 30	Dav
Pre-Primary Pre-Primary Primary	Tarabana Pag	Pre- Election				ction				Pre-Election		Post-Elec			
		$\boxtimes$													
Date Of Election (MM/DD/YYYY)		Year			15 (15)	endn oort	nent			Terr Rep	nina ort	tion			
Summary of Receipts and From Da	ite	To Dat	е	Fred W					For	Office	Use	Only	Vinga		
Expenditures 6-0	9-25		9-18-2	!5											
A. Amount Brought Forward From Last I	Report	\$	-498.6	30 .				44, A. 1 14, A. 1		<u> </u>					<u> </u>
B. Total Monetary Contributions and Re (From Schedule I)	ceipts	\$	2,350.6	00											
C. Total Funds Available		\$	1,851.4	40											
(Sum of Lines A and B)  D. Total Expenditures		\$	.,												
(From Schedule III)			2,179.	67											
E. Ending Cash Balance (Subtract Line D from Line C)	E. Ending Cash Balance \$ -328.27														
F. Value of In-Kind Contributions Receiv (From Schedule II)	ed	\$	2,179.	67											
G. Unpaid Debts and Obligations (From Schedule IV)		\$	0.0												
		(44)	P	Affidavit Se	ction										
Part 1- If this is a <b>Committee</b> report, treasurer I swear (or affirm) that this report, including t								lan and	holioft						
Sworn to and subscribed before me this	ne attaci	neu scheuules o	праре	ii, is to the	nest	ыну	KIIOWIEC	ige and	bellet t	rue, co	rrect	and comple	te.		
day of 20		• •										*			
				ħ	lika C	Si <sub>l</sub> Hare	gnature	of Pers	on Subn	nitting	repor	t			
Signature					iike C	11016		Prin	ted Nam	ne					
My Commission expires		, •		4	84				894	1-6973					
MO. DAY	YR.	-		-	Area C	ode			Dav	ytime T	elepl	none Numbe	er		
Part II- If this is a report of a Candidate's Auth	orized C	ommittee, cand	didate s	shall sign h	ere.										
I swear (or affirm) that to the best of my know amended.						ot viol	lated an	y provis	ions of	the Act	of Ju	ine 3, 1937 (	P.L. 13	33, NO	.320) as
Sworn to and subscribed before me this															
day of20		. 1											<u>.</u>		
		].	Signature of Candidate												
Signature			_			****		Printed	Name						
My Commission expires		-											****		
MO. DAY	YR.				Area C	ode			Dayı	time Te	elepho	one Numbei	•		

#### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number				
	Filer Identification Number			

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1	\$ 100.00
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)	\$ 250.00
Total for the reporting period (2	\$ 250.00
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$ 2,000.00
All Other Contributions (Part D)  Total for the reporting period (3)	2,000.00
	2,000.00
Total for the reporting period (3	\$ 2,000.00

#### 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.

				Amount
ntributing			Date [MM/DD/YYYY]	\$
				111
Street Address			Date [MM/DD/YYYY]	\$
				023 233
# 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]	\$
ntributing	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1.0 0.0 1.0 0.0 0.0 0.0 0.0 0.0	Date [MM/DD/YYYV1	\$
				181
Street Address			Date [MM/DD/YYYY]	\$
10.00 - 10.00 V/V/V/V/V/V/V/V/V/V/V/V/V/V/V/V/V/V/V	State	Zip Code	Date [MM/DD/YYYY]	\$
			<u> </u>	
ntributing	paterneli fiel	$[x_1, x_2, y_3, y_4, y_5, y_5, y_5, y_5]$	Date [MM/nn/vvvvi	\$
			- and framed mod ( [ [ 1]	- 10
WENGER STATE	***************************************	WARRANG WARRANG A. J. J. L. L. L.		N.S
Street Address			Date [MM/DD/YYYY]	\$
PARTICLE STATE OF THE	State	Zip Code	Date [MM/DD/YYYY]	\$
				<b>1</b> 8
ntributing	rational Addition	Extra control of the Mark	Date [MM/nn/vvvvi	\$
			- are fund bol 1111	
Street Address		WARMAN PROPERTY AND A STATE OF THE STATE OF	Date IMM/DD/VVVVI	\$ <b>\$ !</b>
The second cost			Sace (MUMIND) 1111	
William Control				
	State	Zip Code	Date [MM/DD/YYYY]	\$
ntributing		r santanishitan tais t	Date [MM/DD/YYYY]	\$
_1000000000000000000000000000000000000		Workston Co.		
Street Address			Date [MM/DD/YYYY]	\$
	State	Zip Code	Date [MM/DD/YYYY]	\$
ntributing		and the second s	Date [MM/DD/YYYY]	\$
			,/	Tess
Street Address			Date [MM/nn/vvvvi	\$
The state of the s			- ace familion [111]	
· <del></del>	State	Zip Code	Data [BARA/DD /MANA	1000
	State	Aip Code	Date [MM/DD/YYYY]	\$
	Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address	Street Address     State     Intributing     Street Address	Street Address    State   Zip Code	Street Address   Date [MM/DD/YYYY]

## 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:	
riler identification Number:	
WEST COLUMN TO THE PROPERTY OF	

Full Name of Contributor				Date [MM/DD/YYYY]	\$	
Greg Gava				6/11/25		25.00
House # Street Address		Date [MM/DD/YYYY]	\$			
729 W	/illiams Street			6/26/25		25.00
City Pen Argyl	State PA	Zip Code	18072	Date [MM/DD/YYYY]	\$	
Full Name of Contributor			999	Date [MM/DD/YYYY]	\$	
Jay Poplawsk	(İ			8/01/25		25.00
House # Street Address Ba	arrys Road		1 (	Date [MM/DD/YYYY]	\$	
City Effort	State PA	Zip Code	18330	Date [MM/DD/YYYY]	\$	
			10000			
Full Name of Contributor  Seth Cornish				Date [MM/DD/YYYY]	\$	200.00
				8/02/25		200.00
House # Street Address B	everly Avenue			Date [MM/DD/YYYY]	\$ 	
City Bethlehem	State PA	Zip Code	18018	Date [MM/DD/YYYY]	\$	
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
William Stauff	r er			8/03/25		50.00
House # Street Address   Street Address	outh 16th Street			Date [MM/DD/YYYY]	\$	
City Allentown	State PA	Zip Code	18102	Date [MM/DD/YYYY]	\$	
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
Mathew Stauf	fer			8/17/25		25.00
House # Street Address Po	enn Springs Drive			Date [MM/DD/YYYY]	\$	
City Jim Thorpe	State PA	Zip Code	18229	Date [MM/DD/YYYY]	\$	
Full Name of Contributor			<b>3</b> I	Date [MM/DD/YYYY]	\$	
House # Street Address			01 8000001 80500 000 000000000	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	n Number:				
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Address	3		Date [MM/DD/YYYY]	\$
City	I i	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Addres	S		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Addres	S		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	<b>\$</b>
House #	Street Addres	5		Date [MM/DD/YYYY]	<b>\$</b>
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	5
House #	Street Addres	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of				Date [MM/DD/YYYY]	\$
Contributing Co	ommittee				
House #	Street Addres	5		Date [MM/DD/YYYY]	\$
City	<u>l</u>	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:		
TEST DEPOSITS OF		

Full Name of Con				Date [MM/DD/YYYY] \$	4.000.00
7 70	Joseph V	Poplawski		8/02/25	1,000.00
House #	Street Address			Date [MM/DD/YYYY] \$	
2830 1	D	Linden Street		1000000	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Bethlehe	m 	PA	18017		
Employer Name		JV Poplawski & A	ssociates, Inc.	Occupation Engineer	
Employer Mailing Principal Place of		44 East Broad Str	eet, Suit 204, Bethlehem, Pa 180	018	
Full Name of Con	tributor			Date [MM/DD/YYYY] \$	
	Edward F	oplawski		9/02/25	1,000.00
House #	Street Address			Date [MM/DD/YYYY] \$	
3000		Via Victoria			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Palos Ve	rdes Estates	CA	90274		
Employer Name		Alston & Bird	Occupation Attorney		
Employer Mailing		350 South Grant /	Avenue, Los Angeles, CA 90071		
Principal Place of		330 30dill Grant 7	Wellde, Eos Allgeles, OA 3007 1		
Full Name of Con	tributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Mailing	z Address /				
Principal Place of					
Full Name of Con	tributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	Negativa taman kamana ka			Occupation	
Employer Mailing	Address /				
Principal Place of					

#### 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	per:				
Full Name					
House #	Street	t Address			-
City		9	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description					
Full Name					
House #	Street	t Address			
City		<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Percentage	■ Propose positive mention and a second a second and a second a second and a second a second and a second an	, Control
Full Name		· · · · · · · · · · · · · · · · · · ·			
House #	Street	t Address			
City		es (2000 es considerant made 4	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description					
Full Name					
House #	Street	t Address			
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				Facility of the Control of the Contr	Final
Full Name					
House #	Street	t Address			
City		CONSTRUCTOR STATE OF	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description					Para de la companya della companya della companya della companya de la companya della companya d
Full Name					
House #	Street	t Address			
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		A AND AND A VIOLENCE		1	
	n - P. Vago yel 17825				

#### 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 CONTRIBUTIONS RECEIVED-VALUE OF \$50	001	AN IFSS DER CONTRIBIITOR
TOTAL for the reporting period (1)	\$	0
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.0	00 (F	ROM PART F)
TOTAL for the reporting period (2)	\$	0
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	1 PAR	TG)
TOTAL for the reporting period (3)	\$	2,179.67
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)	\$	2,179.67

#### SCHEDULE II PART F

## In-Kind Contributions Received

			VALUE OF \$50.01 TO ;	\$ <b>2</b> 30	
Filer Identification I	Number:				
and the second					
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
			•		
	2 4			<u> </u>	
Description of Co	ntribution				
Full Name of Con	tributor	324		Date [MM/DD/YYYY]	\$
Tun number com					*
House #	Street Address			Date [MM/DD/YYYY]	\$
F		State	Zip Code	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [www.db/iiii]	7
Description of Co	ntribution				
	2				ane ¥an I
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
	Julies Flagues				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ntribution		Partie von Grand Statemon appearant.		PARCE OF THE PARCE
					ESTRICT CONTROL CONTRO
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
				-	
House #	Street Address			Date [MM/DD/YYYY]	\$
	JUECU AUDI C33				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ntribution				
				1 <u></u>	- Service curval
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
	Jifeet Addi E33				T
City	-	State	Zip Code	Date [MM/DD/YYYY]	Ş
Description of Co	ntribution				E

## SCHEDULE II Part G

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

VALUE OVER \$250

Filer Identification Number:	<u> </u>

Full Name of Contributor  Joseph Poplawski					Date [MM/DD/YYYY]         \$           8/26/25         942.87		
							942.87
House # 2404 Street Address East Boulevard					Date [MM/DD/YYYY] \$		
					9/16/25		
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Bethlehem		PA		18017	6/24/25		
Employer Name	Quality E	ngineering	Solutions, Inc	C.	Occupation	Construction	Manager / Inspector
Employer Mailing Address / Principal Place of Business  9930 Grubbs Road Suit 300, Wexford, PA 15090					Description of Contribution	Yard Signs-b	anners-door hangers
Full Name of Contributor					Date [MM/DD/	/YYYY] \$	
House # Street Address					Date [MM/DD/	/ <b>YYYY</b> ] \$	
City	State		Zip Code		Date [MM/DD/	<u>/                                    </u>	
Employer Name		<b>k</b> ë			Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/	/YYYY] \$	
House # Street Address				11000 (00 00 00 00 00 00 00 00 00 00 00 00	Date [MM/DD/	<u>(******)</u> \$	
City	State		Zip Code		Date [MM/DD/	<u>(YYYY)</u> \$	
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/	<u>'YYYY]</u> \$	
City	State	•	Zip Code		Date [MM/DD/	<u>[YYYY]</u> \$	
Employer Name		- No. No.	1		Occupation	I a see	#I
Employer Mailing Address / Principal Place of Business					Description of Contribution		

# Statement of Expenditures

Filer Identification Number:	,			
(**)0:50 e.50 e.50	Man .	 	 	

To Whom Paid						Date [MM/DD/YYYY] \$		
The State of the S	Vista Print . com					6/24/25	929.40	
House #	Street Address					Description of Expenditure		
City		State		Zip Code		10,000 Door Hangers		
To Whom Paid	LV Print Center					Date [MM/DD/YYYY]   \$   8/26/25	942.87	
House # 1701	Street Address	Inion Boule	vard Suite 11	4		Description of Expenditure		
<b>City</b> Allentown	E	State PA Zip Code 18109			18109	150 Yard Signs		
To Whom Paid	LV Print Center					Date [MM/DD/YYYY] \$ 9/16/25	307.40	
House # 1701	Street Address U	nion Boule	vard Suite 114	ļ.		Description of Expenditure		
<b>City</b> Allentown		State	PA	Zip Code	18109	(5) 3'x4' Banners		
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	Accountagement (1) to 2000 (minor than 2001)	State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY] \$		
House #	Street Address					Description of Expenditure		
City		State		Zip Code			anne med en de ten de ten de année de sente antière de de ville de la circula de la circula de la circula de l	

#### **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	in Number:			
Name of Credit	tor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D	Debt	I Barrier and the second of th		
Name of Credito	tor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	_
Description of D	Debt	And the second s	Particular Section Sec	
Name of Credite	tor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	-
Description of D		1 in the second	Biological acceptance and a second se	
Name of Credito	Total Company			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D	Debt			
Name of Credito	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D	Debt	Bit contraction conserved	. BSS 97752 no Microsoft	
Name of Credito	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	-
Description of D	)ebt	[23500400-032-032-1		



## 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							
Reporting Cycle	Name						
☐ <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	☐ <b>Cycle 2</b> 2 <sup>nd</sup> Friday  Pre-Primary	☐ Cycle 3 30 Day Post Primary	6 <sup>th</sup> T	Cycle 4 uesday Election	☐ <b>Cycle 5</b> 2 <sup>nd</sup> Friday  Pre-Election		
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Specia	l Election		cle 9 ost-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.

	09/21/2025			
Signature of Treasurer, Candidate, or Lobbyist	Date (MM/DD/YYYY)			
Joseph Poplawski	Bethlehem, PA USA			
Printed Name	Location (City/State/Country)			



### **Pennsylvania Department of State**

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

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

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

	09/21/2025
Signature of Treasurer, Candidate, or Lobbyist	Date (MM/DD/YYYY)
Joseph Poplawski	Bethlehem, PA USA
Printed Name	Location (City/State/Country)