



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		Friends of Klera Wilhelm							
Street Address		126 East Market Street, #6							
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year		Amendment Report		Termination Report		

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	5/2/23	10/23/23	
A. Amount Brought Forward From Last Report	\$	1,164.55	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	1,164.55	
D. Total Expenditures (From Schedule III)	\$	309.50	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	855.05	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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		Signature of Person Submitting report
		Printed Name

My Commission expires _____ MO. _____ DAY _____ YR. 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.

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	0
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)		\$	0
Total for the reporting period	(2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	0
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 <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>		\$	0

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												
										Amount		
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]	§	
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
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:	
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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]	\$		
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:	
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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]	\$	
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:	
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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							
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							
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							
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							

**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:	
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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						

Full Name						
House #		Street Address				
City		State		Zip Code		Date [MM/DD/YYYY] §
Receipt Description						

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:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
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TOTAL for the reporting period	(1)	\$	
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
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TOTAL for the reporting period	(2)	\$	
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
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TOTAL for the reporting period	(3)	\$	
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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:	
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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 G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	
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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:	
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To Whom Paid		Friends of Michael Colon				Date [MM/DD/YYYY]		\$		100.00	
						09/05/2023					
House #	1956	Street Address	Ridgelawn Ave				Description of Expenditure				
City	Bethlehem	State	PA	Zip Code	18018	Campaign donation					
To Whom Paid		Friends of Colleen Laird				Date [MM/DD/YYYY]		\$		100.00	
						09/05/2023					
House #	1871	Street Address	West Union Blvd.				Description of Expenditure				
City	Bethlehem	State	PA	Zip Code	18018	Campaign donation					
To Whom Paid		Brian Panella for Judge				Date [MM/DD/YYYY]		\$		100.00	
						09/06/2023					
House #	905	Street Address	Iron Lane				Description of Expenditure				
City	Easton	State	PA	Zip Code	18040	Campaign donation					
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:	
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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							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
City		State	Zip Code				
Description of Debt							