

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>			
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Kiera Wilhelm											
STREET ADDRESS 126 E Market St #6											
CITY Bethlehem			STATE PA		ZIP CODE 18018						
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE Bethlehem City Council		DISTRICT NO. -	PARTY D	DATE OF ELECTION					
						MO.	DAY	YEAR			
6TH TUESDAY PRE-PRIMARY		1.				11	02	2021			
2ND FRIDAY PRE-PRIMARY		2.									
30 DAY POST-PRIMARY		3.									
6TH TUESDAY PRE-ELECTION		4.									
2ND FRIDAY PRE-ELECTION		5.									
30 DAY POST-ELECTION		6.									
ANNUAL REPORT		7.									
		DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	MO.	DAY	YEAR	
				10	19	2021		11	22	2021	
		CASH BALANCE AT END OF REPORTING PERIOD:		\$		0					
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		0					
		AMENDMENT REPORT?		YES		NO		X			
		TERMINATION REPORT?		YES		NO		X			
										FOR OFFICE USE ONLY	

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates' 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.

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I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.