

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		216-02-9184		REPORT FILED ON BEHALF OF	CANDIDATE	COMMITTEE	LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST HILARY G. KWIATEK							
STREET ADDRESS 638 SPRING STREET							
CITY BETHLEHEM				STATE PA	ZIP CODE 18018		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY		City Council, City of Bethlehem			Dem	MO.	DAY
2ND FRIDAY PRE-PRIMARY						5	20
30 DAY POST-PRIMARY						YEAR	
6TH TUESDAY PRE-ELECTION						2025	
2ND FRIDAY PRE-ELECTION							
30 DAY POST-ELECTION							
ANNUAL REPORT							
		DATES OF REPORTING PERIOD				FOR OFFICE USE ONLY	
		MO. DAY YEAR		MO. DAY YEAR			
		1 1 25		5 5 25			
		CASH BALANCE AT END OF REPORTING PERIOD:		\$			
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$			
		AMENDMENT REPORT?		YES	NO		
		TERMINATION REPORT?		YES	NO		

AFFIDAVIT SECTION

Commonwealth of Pennsylvania - Notary Seal
Kobrunn O'Riggs, Notary Public
Northampton County
My Commission Expires 09/18/2027
Commission Number 162288

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 Lobbyist, the Lobbyist must sign here.

(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.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
DAY OF May 20 25

SIGNATURE OF PERSON SUBMITTING REPORT
HILARY G. KWIATEK

PRINTED NAME
6600

AREA CODE
984-7748

DAYTIME TELEPHONE NUMBER

MY COMMISSION EXPIRES
MO. DAY YR.
Sept 18 2027

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
DAY OF 20

SIGNATURE OF CANDIDATE

PRINTED NAME

SIGNATURE

MY COMMISSION EXPIRES
MO. DAY YR.

AREA CODE

DAYTIME TELEPHONE NUMBER

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

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(COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: 26-4291120		Report Filed By: CANDIDATE		1. CANDIDATE		2. COMMITTEE		3. LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: HILLARY KWIA TEK, FRIENDS OF									
Street Address: 638 SPRING STREET									
City: BETHLEHEM					State: PA		Zip Code: 18018-5435		
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2. X	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO X
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO X
	ANNUAL REPORT	7.	YEAR		FILING METHOD () CHECK ONE		PAPER X	DISKETTE	
Name of Office Sought by Candidate: CITY OF BETHLEHEM CITY COUNCIL MEMBER.					DATE OF ELECTION		District Number	Office Code	Party Code
					MO. DAY YEAR				
					5 20 2025			07A	D2M
									39
							(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from:		MO. DAY YEAR	To	MO. DAY YEAR	FOR OFFICE USE ONLY				
		1 1 2025	To	5 5 2025					
A. Amount Brought Forward From Last Report		\$ 0							
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 4,325.00							
C. Total Funds Available (Sum of Lines A and B)		\$ 4,325.00							
D. Total Expenditures (From Schedule III)		\$ 3,544.95							
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 777.05							
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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this **8th** day of **May** **2025**
My Commission Expires **Sept 18 2027**
Commission Number **1352095**

Signature **[Signature]**
My commission expires **Sept 18 2027**
MO. DAY YR.

Signature of Person Submitting Report

[Signature]
Printed Name **610**
Area Code **322-6657**
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 report has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this **8th** day of **May** **2025**
My Commission Expires **11/24/2028**
Commission Number **116156**

Signature **[Signature]**
My commission expires **11 24 2028**
MO. DAY YR.

Signature of Candidate **HILLARY G. KWIA TEK**
Printed Name **610**
Area Code **984-7748**
Daytime Telephone Number

Department of State • Bureau of Commissions, Elections and Legislation
210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate HILLARY KWIATEK, FRIENDS OF	Reporting Period From 11/1/25 To 5/5/25
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period		(1) \$ 1,025.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$ 350.00
All Other Contributions (Part B)		\$ 2,450.00
TOTAL for the Reporting Period		(2) \$ 2,800.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ 0
All Other Contributions (Part D)		\$ 500.00
TOTAL for the Reporting Period		(3) \$ 500.00

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, Report Cover Page, Item B.)	\$ 4,325.00
---	--------------------

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.

Name of Filing Committee or Candidate				Reporting Period			
HILLARY KWIATEK, FRIENDS OF				From 1/1/25 To 5/5/25			
				DATE			AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	
FRIENDS OF MICHAEL COLON				3	29	25	\$ 100.00
Mailing Address				MO.	DAY	YEAR	\$
1956 RIDGELAWN AVENUE							
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
BETHLEHEM		PA	18018-1638				
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
FRIENDS OF J. WILLIAM REYNOLDS				3	19	25	\$ 250.00
Mailing Address				MO.	DAY	YEAR	\$
1718 NORTH NEW STREET							
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
BETHLEHEM		PA	18018-				
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			-				
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			-				
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			-				
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			-				
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			-				
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			-				

PAGE TOTAL

\$ 350.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PART B
ALL OTHER CONTRIBUTIONS

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\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate				Reporting Period			
HILLARY KWIATEK, FRIENDS OF				From <u>11/1/25</u> To <u>5/5/25</u>			
				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	
THOMAS LAURENCE MARKS TALSMAN				4	10	25	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
11984 SAINT ALBAN HOWEN DR.							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
MINNETONKA		MN	55305				\$
Full Name of Contributor				MO.	DAY	YEAR	
PAIGE VAN WIRT				4	10	25	\$ 150.00
Mailing Address				MO.	DAY	YEAR	
412 W. MARKET STREET							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
BETHLEHEM		PA	18018				\$
Full Name of Contributor				MO.	DAY	YEAR	
STEPHEN W ZAKOS				4	8	25	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
2833 BIRCHWOOD CIRCE							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
EMMAUS		PA	18049				\$
Full Name of Contributor				MO.	DAY	YEAR	
LAURA COLLINS				4	10	25	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
77 WEST GREENWICH ST.							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
BETHLEHEM		PA	18018				\$
Full Name of Contributor				MO.	DAY	YEAR	
HILLARY KWIATEK				3	14	25	\$ 150.00
Mailing Address				MO.	DAY	YEAR	
638 SPRING STREET							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
BETHLEHEM		PA	18018				\$
Full Name of Contributor				MO.	DAY	YEAR	
MADEIRA ASHARDETT							\$
Mailing Address				MO.	DAY	YEAR	
7235 ASTORIAN RD.							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
BETHLEHEM		PA	18018				\$
Full Name of Contributor				MO.	DAY	YEAR	
STEPHANIE AUGELLO				4	23	25	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
4371 ANTHONY DRIVE							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
BETHLEHEM		PA	18020				\$
Full Name of Contributor				MO.	DAY	YEAR	
ROBERT HOPKINS				4	28	25	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
726 W. MARKET ST							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
BETHLEHEM		PA	18018				\$
PAGE TOTAL							
\$ 800.00							

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate				Reporting Period			
HILARY KWIATEK, FRIENDS OF				From 1/1/25 To 5/5/25			
				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	
DIANE LA BELLE				4	10	25	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
54 EAST CHURCH ST.							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
BETHLEHEM	PA	18018-					\$
Full Name of Contributor				MO.	DAY	YEAR	
PAM LARIMER							\$ 100.00
Mailing Address				MO.	DAY	YEAR	
324 FRANKLIN ST							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
BETHLEHEM	PA	18018 -					\$
Full Name of Contributor				MO.	DAY	YEAR	
JEREMY LITAU				4	24	25	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
139 WHARTON LANE							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
BETHLEHEM	PA	18017 -					\$
Full Name of Contributor				MO.	DAY	YEAR	
MARY JO MCNUITY				4	24	25	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
3026 RAMBEAU RD							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
BETHLEHEM	PA	18020-					\$
Full Name of Contributor				MO.	DAY	YEAR	
MAGGIE RIEGEL							\$
Mailing Address				MO.	DAY	YEAR	
1130 W. MARKET ST.				5	3	25	\$ 100.00
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
BETHLEHEM	PA	18018-					\$
Full Name of Contributor				MO.	DAY	YEAR	
CHRIS SONNE				3	31	25	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
1902 WALNUT STREET							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
YANKTON	SD	57078-					\$
Full Name of Contributor				MO.	DAY	YEAR	
TAYLOR STAKES				3	27	25	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
3724 DOGWOOD DR.							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
WHITE HALL	PA	18052					\$
Full Name of Contributor				MO.	DAY	YEAR	
ANGELA STEIN				4	10	25	\$ 100.00
Mailing Address				MO.	DAY	YEAR	
631 9th Avenue							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
BETHLEHEM	PA	18018-					\$
Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.							PAGE TOTAL
							\$ 800.00

ALL OTHER CONTRIBUTIONS**\$50.01 TO \$250.00**

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate HILARY KWIATEK, FRIENDS OF	Reporting Period From <u>11/1/25</u> To <u>5/5/25</u>
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			DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR			
BARBARA FRAUST	4	9	25			\$ 150.00
Mailing Address 405 BIERYS BRIDGE RD	MO.	DAY	YEAR			\$
City BETHLEHEM State PA Zip Code (Plus 4) 18017 -	MO.	DAY	YEAR			\$
DONALD FLAD JR.	4	10	25			\$ 200.00
Mailing Address 231 EAST MARKET ST.	MO.	DAY	YEAR			\$
City BETHLEHEM State PA Zip Code (Plus 4) 18018 -	MO.	DAY	YEAR			\$
JOHN REYNOLDS	4	24	25			\$ 250.00
Mailing Address 1718 N. NEW STREET	MO.	DAY	YEAR			\$
City BETHLEHEM State PA Zip Code (Plus 4) 18018 -	MO.	DAY	YEAR			\$
KIARA WILHELM	4	3	25			\$ 250.00
Mailing Address 1210 EAST MARKET ST. #6	MO.	DAY	YEAR			\$
City BETHLEHEM State PA Zip Code (Plus 4) 18018	MO.	DAY	YEAR			\$
	MO.	DAY	YEAR			\$
	MO.	DAY	YEAR			\$
	MO.	DAY	YEAR			\$
	MO.	DAY	YEAR			\$
	MO.	DAY	YEAR			\$
	MO.	DAY	YEAR			\$
	MO.	DAY	YEAR			\$
	MO.	DAY	YEAR			\$
	MO.	DAY	YEAR			\$
	MO.	DAY	YEAR			\$
	MO.	DAY	YEAR			\$
	MO.	DAY	YEAR			\$
	MO.	DAY	YEAR			\$

PAGE TOTAL

\$ **850.00**

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

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.

Name of Filing Committee or Candidate HILLARY KWIATEK, FRIENDS OF	Reporting Period From 1/1/25 To 5/5/25
---	---

			DATE			AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR			
ANNE WIEDER	3	25	25	\$	500.00	
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributing Committee	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributing Committee	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributing Committee	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributing Committee	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributing Committee	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributing Committee	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$

PAGE TOTAL

\$

0

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PART D
ALL OTHER CONTRIBUTIONS

PAGE 8 OF 14

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate HILARY KWIAK, FRIENDS OF	Reporting Period From 1/1/25 To 5/5/25
--	---

				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				
LANE WILDER	3	20	25				\$ 500.00
Mailing Address 730 PROSPECT AVE	MO.	DAY	YEAR				\$
City BETHLEHEM	State PA	Zip Code (Plus 4) 18018 -		MO.	DAY	YEAR	\$
Employer Name ZAP ENGINEERING & CONSTRUCTION LLC				Occupation STRUCTURAL ENGINEER			
Employer Mailing Address/Principal Place of Business 1 EAST BROAD ST. #440 BETHLEHEM, PA 18018							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 500.00

**PART E
OTHER RECEIPTS**

PAGE 9 OF 14

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.

Name of Filing Committee or Candidate <u>HILLARY KWATEK, FRIENDS OF</u>	Reporting Period From <u>1/1/25</u> To <u>5/5/25</u>
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Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		—				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		—				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		—				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		—				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		—				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		—				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		—				\$
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.	PAGE TOTAL <div style="display: flex; align-items: center;"> \$ 0 </div>
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IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVEDUSE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.**Detailed Summary Page**

Name of Filing Committee or Candidate HILLARY KWIATEK, FRIENDS OF	Reporting Period From 1/1/25 To 5/5/25
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0

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.)	\$ 0
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SCHEDULE II
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate HILLARY KWIAK, FRIENDS OF				Reporting Period From 1/1/25 To 5/5/25			
---	--	--	--	---	--	--	--

				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State							\$
Zip Code (Plus 4)							\$
Description of Contribution:							

Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR				\$
State							\$
Zip Code (Plus 4)							\$
Description of Contribution:							

Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR				\$
State							\$
Zip Code (Plus 4)							\$
Description of Contribution:							

Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR				\$
State							\$
Zip Code (Plus 4)							\$
Description of Contribution:							

Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR				\$
State							\$
Zip Code (Plus 4)							\$
Description of Contribution:							

Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR				\$
State							\$
Zip Code (Plus 4)							\$
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL

\$



SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

PAGE 12 OF 14

Name of Filing Committee or Candidate HILLARY KWIATEK, FRIENDS OF	Reporting Period From <u>1/1/25</u> To <u>5/5/25</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL

\$



SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate

KNIAATEK HILLARY, FRIENDS OF

Reporting Period

From 1/1/25 To 5/5/25

To Whom Paid		MO.	DAY	YEAR	Amount
ACT BLUE		5	1	25	\$ 32.61 32.61
Mailing Address		Description of Expenditure			
P.O. Box 44146		SERVICE FEES.			
City	State	Zip Code (Plus 4)			
SOMERVILLE, MA	MA	02144-0031			
To Whom Paid		MO.	DAY	YEAR	Amount
ACT BLUE		4	1	25	\$ 18.24
Mailing Address		Description of Expenditure			
P.O. Box 44146		SERVICE FEES			
City	State	Zip Code (Plus 4)			
SOMERVILLE	MA	02144-0031			
To Whom Paid		MO.	DAY	YEAR	Amount
LEHIGH VALLEY PRINT CENTER		4	17	25	\$ 190.80
Mailing Address		Description of Expenditure			
1701 UNION BLVD SUITE 114		PRINTING.			
City	State	Zip Code (Plus 4)			
ALLENTOWN	PA	18109 -			
To Whom Paid		MO.	DAY	YEAR	Amount
LEHIGH VALLEY PRINT CENTER		4	29	25	\$ 190.80
Mailing Address		Description of Expenditure			
1701 UNION BLVD SUITE 114		PRINTING.			
City	State	Zip Code (Plus 4)			
ALLENTOWN	PA	18109 -			
To Whom Paid		MO.	DAY	YEAR	Amount
LEHIGH VALLEY PRINT CENTER		5	1	25	\$ 2,333.40
Mailing Address		Description of Expenditure			
1701 UNION BLVD SUITE 114		PRINT / MAIL			
City	State	Zip Code (Plus 4)			
ALLENTOWN	PA	18109 -			
To Whom Paid		MO.	DAY	YEAR	Amount
CAPITOL PROMOTIONS					\$ 779.10
Mailing Address		Description of Expenditure			
PO BOX 231		YARD SIGNS			
City	State	Zip Code (Plus 4)			
GLENSIDE	PA	19038 -			
To Whom Paid		MO.	DAY	YEAR	Amount
					\$
Mailing Address		Description of Expenditure			
City	State	Zip Code (Plus 4)			
To Whom Paid		MO.	DAY	YEAR	Amount
					\$
Mailing Address		Description of Expenditure			
City	State	Zip Code (Plus 4)			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$ 3,544.95

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.

Name of Filing Committee or Candidate <u>HILLARY KWINTER, FRIENDS OF</u>	Reporting Period From <u>1/1/25</u> To <u>5/5/25</u>
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Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL

\$