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.

	216-02-9184	ON BEHALF OF	CANDIDATE	COMMITTEE		LOBBYIST	1
NAME OF FILING COMMITTEE,	CANDIDATE OR LOBBYIST G. KWIA	TEK			1		
STREET ADDRESS	SB SPRING STRO						
BETT	trettem	STATE PA		LROIR	_	-	_
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE City Council, City of Bethleh	em DISTRICT NO.	PARTY Dem	MO.	DAY		AF
6TH TUESDAY PRE-PRIMARY				5 FOR C	20 OFFICE U	JSE ONLY	25
2ND FRIDAY PRE-PRIMARY 2.	DATES OF REPORTING PERIOD \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MO. DAY YEAR 5 5 25				to the land of the	
30 DAY POST-PRIMARY	CASH BALANCE AT END	77					
6TH TUESDAY PRE-ELECTION	OF REPORTING PERIOD:	\$					
2ND FRIDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABI AT THE END OF REPORTING PE					A.	
30 DAY POST-ELECTION 6.	AMENDMENT YES REPORT?	NO X					
ANNUAL 7. REPORT	TERMINATION YES	NO X		38 1			
				•			
	AFF	IDAVIT SECTION					
statement is filed	on behalf of a <u>Political Committee or</u> on behalf of a <u>Candidate</u> , the Candidon behalf of a <u>Contributing Lobbyist</u> ,	Candidates's Commi ate must sign here.		easurer mus	st sigr	n here.	
s(없는) nent is filed (s(없는) nent is filed (음) 음자 (OR AFFIRM) THA	on behalf of a <u>Political Committee</u> or on behalf of a <u>Candidate</u> , the Candidon behalf of a <u>Contributing Lobbyist</u> ,	Candidates's Commi late must sign here. the Lobbyist must sign	n here.	G PERIOD INDICAT	ED ABO	VE DID NOT	,
Statement is filed of statement in statement is filed of statement in statement is filed of statement in statement in statement in statement is filed of statement in	on behalf of a Political Committee or on behalf of a Candidate, the Candidon behalf of a Contributing Lobbyist, at the aggregate receipts or disbursements on printing the report is, assembled before me this	Candidates's Commi late must sign here. the Lobbyist must sign	In here. THE REPORTINGE AND BELIEF,	G PERIOD INDICAT	ED ABO	VE DID NOT	,
Statement is filed of statement in statement is filed of statement in statement is filed of statement in statement in statement in statement is filed of statement in	on behalf of a Political Committee or on behalf of a Candidate, the Candidon behalf of a Contributing Lobbyist, at the aggregate receipts or disbursements on this report is,	Candidates's Commi late must sign here. the Lobbyist must sign	In here. THE REPORTINGE AND BELIEF,	G PERIOD INDICAT TRUE, CORRECT	ED ABO	VE DID NOT	
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Statement is filed selection nent is filed selection nent is filed nent	on behalf of a Political Committee or on behalf of a Candidate, the Candidon behalf of a Contributing Lobbyist, at the Aggregate receipts or disbursements on Fifty Dollars (\$250.00) and this report is, asscribed before me this May 20.25 Signature 00 8 2027 Mo. Day yr.	Candidates's Commilate must sign here. the Lobbyist must sign rust sign here. The Lobbyist must sign are the BEST OF MY KNOWLED SIGNATULE LOOTED AREA CODE	IN here. THE REPORTING GE AND BELIEF, WIRE OF FERSON PRINTED DAYT	N SUBMITTING RE N SUBMITTING RE N NAME NAME	ED ABO AND CO PORT (A7	VE DID NOT	
Statement is filed statement is filed a statement is filed on the stat	on behalf of a Political Committee or on behalf of a Candidate, the Candidon behalf of a Contributing Lobbyist, at the Aggregate receipts or disbursements on pricty dollars (\$250.00) and this report is, ascribed before me this May	Candidates's Commilate must sign here. the Lobbyist must sign here the Lobbyist must sign here. To the BEST OF MY KNOWLED SIGNATULE LOCAL AREA CODE	In here. 3 THE REPORTING GE AND BELIEF, IRE OF PERSON PRINTED DAYT	REPRIOD INDICATE TRUE, CORRECT AN SUBMITTING REAL PHONE IN TELEPHONE IN THE TELEPHONE IN TH	EPORT	VE DID NOT	
Statement is filed selection on the selection of the sele	on behalf of a Political Committee or on behalf of a Candidate, the Candidon behalf of a Contributing Lobbyist, at the aggregate receipts or disbursements on prifty dollars (\$250.00) and this report is, asscribed before me this May 20.25 Signature O B 2027 MO. DAY YR. on behalf of a Candidate's Authorized on behalf of a Candidate's Authorized on the best of my knowledge and belief 1333, No. 320) as amended.	Candidates's Commilate must sign here. the Lobbyist must sign here the Lobbyist must sign here. To the BEST OF MY KNOWLED SIGNATULE LOCAL AREA CODE	In here. 3 THE REPORTING GE AND BELIEF, IRE OF PERSON PRINTED DAYT	REPRIOD INDICATE TRUE, CORRECT AN SUBMITTING REAL PHONE IN TELEPHONE IN THE TELEPHONE IN TH	EPORT	VE DID NOT	
Statement is filed statement is filed statement is filed to state the statement is filed to sworn to and sure and	on behalf of a Political Committee or on behalf of a Candidate, the Candidon behalf of a Contributing Lobbyist, at the Aggregate receipts or disbursements on the Fifty dollars (\$250.00) and this report is, asscribed before me this Signature Signature	Candidates's Commitate must sign here. the Lobbyist must sign here. the Lobbyist must sign here. The Lobbyist must sign here. The Best of MY KNOWLED AREA CODE I Committee, Candidate this political committee has considered.	In here. 3 THE REPORTING GE AND BELIEF, IRE OF PERSON PRINTED DAYT	N SUBMITTING RESERVED IN SUBMITTING RESERVED IN SUBMITTING RESERVED IN NAME NAME HATTELEPHONE IN TELEPHONE ANY PROVISIONS	EPORT	VE DID NOT	
Statement is filed selection on the selection of the sele	on behalf of a Political Committee or on behalf of a Candidate, the Candidon behalf of a Contributing Lobbyist, at the aggregate receipts or disbursements on prifty dollars (\$250.00) and this report is, asscribed before me this May 20.25 Signature O B 2027 MO. DAY YR. on behalf of a Candidate's Authorized on behalf of a Candidate's Authorized on the best of my knowledge and belief 1333, No. 320) as amended.	Candidates's Commitate must sign here. the Lobbyist must sign here. the Lobbyist must sign here. The Lobbyist must sign here. The Best of MY KNOWLED AREA CODE I Committee, Candidate this political committee has considered.	PRINTED DAYT	N SUBMITTING RECEIVED IN SUBMITTING RECEIVED IN NAME	EPORT	VE DID NOT	

Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF (COVER PAGE)

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

	MOTE. This repor	· must	De Cieal all	a logible.	, it illuj	00 17	ou or prin		D.00 01					THE PERSON NAMED IN
Filer Identification	26-4	29	1120	Repor Filed		C	ANDIDATE	1.	сомм	ITTEE	² :×	LOB	SYIST	3.
Name of Filing Committee, Candidate or Lobbylat: HILLARY KWIATEK, FRIENDS OF														
Street Address: 638 SPRING STREET														
City: BETHI	LEHEM					Sta	te: PA		Zip Coo	8	_	54	35	
TYPE OF	6TH TUESDAY	1.	2ND FRID	The state of the s	2·/	30 DA	Y PRIMARY	3.	AMENDA		YES		NO	X
REPORT	6TH TUESDAY	4.	2ND FRID	AY	<i>§.</i>	30 DA	Y	6.	TERMIN	ATION	YES		NO	X
(place X to the right of report type)	the right of ANNUAL 7. YEAR FILING METHOD									:R	X	DISK	ETTE	•
Name of Office Sough	nt by Candidate:				VIII CO	DAT	E OF ELEC	TION	District Number	Offic		Party Code		unty
CITY OF	BE7HEHEN			1		MO,	-	AR	1,6,11,6	ol	1#	MS(13	
CIT CO	UNCIL MEI	MBER	۷.			3	20 20	25			STRUC	and the same of	WILLIAM STREET	ODES)
		МО	. DAY Y	EAR		MO.	DAY YE	AR	F	OR OF	FICE L	JSE O	NLY	
Summary of and Expendit	reipts from:	1	1 20	25	То	5	5 20	15						
A. Amount Brought	ard From La	st Repo	ort		\$	-0	-					•		
B. Total Monetary	Conti 'ons and I	Receipts	s (From Sch	edule I)	\$4	32	5,00	>						
C. Total Funds Ava	ilable (S of Line	s A an	nd B)		\$ 4	132	5,00	5						
D. Total Expenditur	es (From 5 dule	111)			\$ 3	,54	14.93	5						
E. Ending Cash Bala	ance (Subtract Line	D from	m Line C)	ar summer service	\$	7	77.05	7.	-					
F. Value of In-Kind	d Contributions Re	ceived	(From Sched	dule II)	\$	-	O							
G. Unpaid Debts an	d Obligations (Fron	n Sched	dule IV)		\$	_	0							
AND VERY				AFFIDAV		Real Property lies								
PART 1 - If this is			NAME OF TAXABLE PARTY.	-	-		didate repo					and ha	Had to	
I swear (or affirm) the correct and complete.	Com		in of Pennsylva n O Riggs, Not				e carrier care	e to th	ie pest of	my kno	Midage	and De	iller tr	16,
Sworn to and subscri		N	orthampton Co	unty		X V	1							
day of	May	Comm	lssion Expires i Ission Number	1352095		2.7	A / Signa		Person Su	bmitting	Report			-
-11-00.00	Signature	-	E STATE OF THE STA		> 4) 1/0/	ALU CP		ninted Nam	18				-
My commission expl	Sat	/B DAY	2027 YR.	<u></u>	-) a Code	_	32	2 ~ (elephon	7 a Numi	ner	_
PART II - If this is	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.		THE RESERVE OF THE PERSON NAMED IN			THE OWNER OF TAXABLE PARTY.	WATER THE PERSON NAMED IN POST OFFI	of the contract of	NAME OF TAXABLE PARTY.				0. 100	
(P.L. 1333, No. 320) as	amended.	Jar	MONWEALTH UPPE	udt. Notar	y Public	EVILLE	ias not viola	tea any	provision	s of the	Act of	June	3, 193	
Sworn to and subscri	. 1.	M	Northempton ly Commission E Commission	xpires 11/	4/2028	Tu	¥		 /	1				
					}	F	FICCAN	Signatu LY	G.		UIA	7EK	<	
My commission expir	Signature 2	+	2028			61	0	Pr	inted Nam	34-	-77	14	9	
	MO	DAY	VD		, –	Ara	Code	•	Day	dima To	lanhar	Alumah		_ [

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Summary Page		
Name of Filing Committee or Candidate HILLARY KWIATEK, FRIENDS OF From	ng Peri	
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER	CONT	RIBUTOR
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)	\$

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, FR	21E	NOS OF		From <u>J</u>	1110	5 TO 5/5/4
				DATE		AMOUNT
FULL Name of Contributing Committee FRIENDS OF MICHAE	, /	(01.08)	<u>мо.</u>	29	YEAR Zú	\$ 100.00
			<u>мо.</u>	DAY	YEAR	
1956 RIDGELAWN AV	<u> </u>	E				\$
BETHLEHEM	I State	1808 -1638	MO.	DAY	YEAR	\$
FRIENDS OF J. WILLIAM			мо. З	DAY 19	YEAR ZS	\$ 250.00
Mailing Address NORTH NEW S			Mo.	DAY	YEAR	\$
BETHLE HEM	State	Zio Code (Plus 4)	MO.	DAY	YEAR	\$
	PIT	- טטטין	1 310		YEAR	3
Full Name of Contributing Committee		•	MO.	DAY	JEAN	· \$
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)	мо.	DAY	YEAR	\$
Full Name of Contributing Committee	<u> </u>		мо.	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	\$
Clty	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	,
						\$
Malling Address		•	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			_MO.	DAY	YEAR	\$
Malling Address			MO.	DAY	YEAR	\$
Спу	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	
						\$
Enter Grand Total of Part A on Sched	lula I.	Detailed Summary	Page.	Section		PAGE TOTAL
Little Grand Total Of July 7 On Consu	uie i,	Dotailed Callinary	1 435,	000.10.	' ~··	\$ 350.00

\$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	, ,
HIWARY KWIATER, FR	RIENOS OF	From	es 105/5/25.
		DATE	AMOUNT
Full Name of Contributor THOMAS LAURENUE MARKS	S TAUSMAN	MO. DAY YEA	
1984 SANT ALBAN HOL	wn DR.	MO. DAY YEA	
MINNETONKA	State ZIp Code (Plus 4) MN 55305-	MO. DAY YEA	\$
Full Name of Contributor PAIGE VAN WIRT		MO. DAY YEAR	A ICO
42 W. MARKET STR	REET	MO. DAY YEA	
BETHLEHEM	State Zip Code (Plus 4) VA 10018 -	MO. DAY YEA	\$
Full Name of Contributor STEPHEN WI ZAK	_	MO. DAY YEAR	
2833 BIRCHWOOD	CIRCO	MO. DAY YEAR	
EMMAUS	State Zip Code (Plus 4) PA 10040 -	MO. DAY YEAR	\$
Full Name of Contributor LAUKA COLLINS		MO. DAY YEAR	=- \$ / <i>00,00</i>
77 WEST GREENWICH	H ST.	MO, DAY YEAR	\$
BETHLEHEM	PA 18018 -	MO. DAY YEAR	\$
Full Name of Contributor HIWARY KWIATEK		MO. DAY YEAR 3 14 75	- \$150,00
Malling Address 638 SPRING STRE		MO. DAY YEAR	\$
BE7HLEHEM	State Zip Code (Plus 4) PA 18018 -	MO. DAY YEAR	\$
Full Name of Contributor	ATAAAA	MO. DAY YEAR	\$
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4/////////	MO. DAY YEAR	\$
CITY BETTHEHEM	State / VZIp dode (Phys 4) (MO. DAY YEAR	\$
Full Name of Contributor STEPHANIE AUGEL	110	MO. DAY YEAR 4 23 45	= \$ 100,00
Mailing Address 4371 ANTHONY DRIV	Æ	MO, DAY YEAR	\$
BETHIEHEM	State Zip Code (Plus 4) PA 18020 -	MO, DAY YEAR	\$
Full Name of Contributor HOPKINS		MO. DAY YEAR 日 とも と5	\$ 100.00
Mailing Address 726 W. MARKET	\$7	MO, DAY YEAR	\$
Clty	State Zip Code (Plus 4)	MO. DAY YEAR	\$
Enter Grand Total of Part B on Schedu	ule I, Detailed Summary	Page, Section 2.	\$ 800.00

\$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.)

HILARY KWIATEK, FRIENDS OF		From		5 To 5/5/25.
		DATE		AMOUNT
Full Name of Contributor DIANE LA BELLE	мо. 4	DAY_	YEAR 25	\$ 100 00
Mailing Address 54 EAST CHURCH ST.	мо.	DAY	YEAR	\$
BETHLEHEM State ZIP Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor LARIMER	MO.	DAY	YEAR	\$ 100,00
Mailing Address 324 FRANKLIN ST	мо.	DAY	YEAR	\$
BE7HLEHEM PA 18018 -	MO.	DAY	YEAR	s
Full Name of Contributor	MO.	DAY	YEAR	\$ 100,00
Malling Address Malling Address Malling Address	4 Mo.	DAY	25 YEAR	\$
City OCHECACO State Zip Code (Plus 4)	MO.	DAY	YEAR	
BE7HIELAEM PA 18017 -	MO.	DAY	YEAR	\$
Full Name of Contributor MARY Malling Address Me NUTY	LJ MO.	24 DAY	US YEAR	\$ 100.00
3024 RAMBEAU RD				\$
RETHREHEM PA18020-	мо.	DAY	YEAR	\$
Full Name of Contributor MAGGIE RIEGEL Malling Address	MO.	DAY	YEAR	\$
1130 IN. MARKET SI.	мо. 5	DAY 3	VEAR 25	\$ /00.00
SETHLEHEM RA 18018-	MO.	DAY	YEAR	\$
Full Name of Contributor CHRIS SONNE	мо. З	DAY 31	YEAR 25	\$ 100,00
Malling Address 1902 WALNUT STREET	MO.	DAY	YEAR	\$
Clty YANK 700 State Zip Code (Plus 4) SD 57079-	MO.	DAY	YEAR	\$
Full Name of Contributor TAYLOR STAKES	- MO つく	DAY 27	YEAR 25	\$ 100.0D
3724 DOGINOOD DR	MO.	DAY	YEAR	\$
City WHITE HALL State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor ANGELA STEIN	мо. Ч	PAY O'I	YEAR 25	\$ 100,00
Melling Address GD Avenue	Mo.	DAY	YEAR	\$
City BETHLEHEM DA 18010-	MO.	DAY	YEAR	\$
	_		_	PAGE TOTAL
Enter Grand Total of Part B on Schedule I, Detailed Summary	Page,	Section	2.	\$ 9 W.D

\$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.)

HWARY KWIATEK,	F21t	and and		From _	11	25 TO 5/5/25
	4 - 1	<i></i>		DATE	<u> </u>	AMOUNT
Full Name of Contributor	p		Mo.	DAY	YEAR	
BARBARA FRAUS			4 MO.	9 DAY	YEAR	
405 BIERYS BR	DOG	e ro		- VA.	I Pag 2-3	\$
BE7 HIEHEM	State	18017 -	мо.	DAY	YEAR	\$
Full Name of Contributor DONALD FLAD JR Mailing Address			мо. Ц	DAY /Û	ZS	\$ 200,00
Mailing Address 231 EAST MARKET	57.		мо.	DAY	YEAR	\$
BE YHLEHEM	State	.] ZIP Gode (Plus 4)	мо.	DAY	YEAR	\$
Cult Name of Orntellutes		1. 4 - 1. 4	мо.		YEAR	\$ 250.00
MANUE AND CONTRIBUTED REYNOL	77		4	24	25	598°
Mailing Address 1718 N. NEWST		7	мо.	DAY	YEAR	\$
City	State		мо.	DAY	YEAR	
BETHEHEM	171	1,0010-	<u>. L.</u>			\$
Full Name of Contributor KIRA WICHELIN	1			DAY 3	7EAR	\$ 250.00
Mailing Address		14.7	Mo.	DAY	YEAR	QG
126 EAST MARK	EZ 57	(. #le				\$
BE7HLEHEM	State	Zio Code (Plus 4)	мо.	DAY	YEAR	\$
Full Name of Contributor	11/ 13		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	86
Maring Assisso		,				\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$
Full Name of Contributor			Mo.	DAY	YEAR	
		·				\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	
		_	and the second second			\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
Clty	State	Zip Code (Plus 4)	мо.	DAY	YEAR	s
Full Name of Contributor	1		MO,	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
<u> </u>		pma.				\$
						PAGE TOTAL
Enter Grand Total of Part B on Sche	dule I,	Detailed Summar	y Page,	Section	1 2.	\$ 9,50.00

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 KWIATER	_;+	RIENDS OF	-	From	1 1	25 TO 5/5/25
				DATE		AMOUNT
Full Name of Contributing Committee	_	A	MO.	DAY	YEAR	\$ (\$ 100.00)
Mailing Address	AVE		MO	DAY	YEAR	\$
CITY THE DEPT TO THE PARTY OF T	BA	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	\$
Malling Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	PAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			мо.	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	\$
Malling Address			MO.	DAY	YEAR	\$.
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Malling Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
						PAGE TOTAL
Enter Grand Total of Part C on Sched	ule I,	Detailed Summary	Page,	Section	3.	\$

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			,	From	ilit:	25 705525.
HILARY KWIATER, FRIE	SNO	SOF		<u> </u>		
			-	DATE	TOLINAD	AMOUNT
Full Name of Contributor LANE WILDER			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ZO	YEAR 2T	
Stalling Address			Mo.		YEAR	
730 PROSPECT AVI	E			T		\$
City _	State	Zip Code (Plus 4)	мо.	. DAY	YEAR	
BETHLEHEM	PH	18018 -				\$
E et	10.107	RUNCHSS	Occupa	ation Will 7.11	n An	MESHIPMS
ZAP ENGINEERING CONVERTING Address/Principal Place of Business	KUCI	100 Scc.				CIOTING
1 EAST BROAD ST. #440	<u>7 _ ر</u>	BE7HLEHEM	PA	- 180	118	
Full Name of Contributor			мо.		YEAR	- \$
			1		- VEAD	
Mailing Address			MO.	. DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	. DAY	YEAR	
on,		and a great				\$
Employer Name	-		Occupa	ation	<u> </u>	
Employer Mailing Address/Principal Place of Business						
			1 40	DAY	YEAR	
Full Name of Contributor			MO.	1 201	1 tou	\$
Malling Address			MO.	DAY	YEAR	
				T		\$
City	State	Zip Code (Plus 4)	MO.	. DAY	YEAR	\$
	Ш					<u></u>
Employer Name			Occupa	ition		•
Employer Mailing Address/Principal Place of Business						
Employer Mathing Adoleses Lineiper Lines C. 222						
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City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
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Employer Mailing Address/Principal Place of Business						
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Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

\$500.00

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.

True file Control Cont	Name of Filing Committee or Candid		~ C ~ T	From _		To 5/5/25
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SCHEDULE II

PAGE OF OF

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

Name of Filing Committee or Candidate	Reporting Per	1	5/5/5
HILLARY KWIATEK, FRIENDS OF	Froml	1 0	TO 5/5/25.
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE	OF \$50.00 OR I	.ESS P	ER CONTRIBUTOR
TOTAL for the Reporting P	eriod (1)	\$	0
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50,01 TO	\$250.00 (FROM	PAR	T F)
TOTAL for the Reporting P	eriod (2)	\$	0
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00	(FROM PART G)	
TOTAL for the Reporting P	eriod (3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, and 3; also enter on Page 1, Report Cover Page, Item F.)	2,	\$	

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting		_ /				
HILLARY KWINTER, F	From _	1/1	To 5 5 25				
			DATE		AMOUNT		
Full Name of Contributor			MO, DAY	YEAR	\$		
Malling Address		- Annual Control of the Control of t	MO. DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MQ. DAY	YEAR	\$		
Description of Contribution:							
Full Name of Contributor	MO, DAY	YEAR	\$				
Mailing Address			MO. DAY	YEAR	\$		
City	State	Zip Code (Plus 4) —	MO, DAY	YEAR	\$		
Description of Contribution:							
Full Name of Contributor	,	·	Mo. DAY	YEAR	\$		
Malling Address			MO. DAY	YEAR	\$		
City	State	Zip Code (Plus 4) —	MO. DAY	YEAR	\$		
Description of Contribution:	<u> </u>	<u></u>			<u> </u>		
Full Name of Contributor			MO. DAY	YEAR	\$		
Mailing Address			MO. DAY	YEAR	\$		
City	State	Zip Code (Plus 4) —	MO. DAY	YEAR	\$		
Description of Contribution:			, , , , , , , , , , , , , , , , , , , 				
Full Name of Contributor			MÓ. DAY	YEAR	\$		
Mailing Address	· · · · · · · · · · · · · · · · · · ·		MO. DAY	YEAR	\$		
City	State	Zip Code (Plus 4) —	MO. DAY	YEAR	\$		
Description of Contribution:							
Full Name of Contributor			MO. DAY	YEAR	\$		
Mailing Address			MO. DAY	YEAR	\$		
City	State	Zip Code (Plus 4) —	MO, DAY	YEAR	\$		
Description of Contribution:							
Enter Grand Total of Part F on Sched Summary Page, Section 2.	ule II,	In-Kind Contribut	ions Detailed		PAGE TOTAL \$		
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SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate		Reporting	Perio						
AILLARY KWIATER, FRIENDS OF				From	11	25 TO 5 5 25			
				DATE		AMOUNT	AMOUNT		
Full Name of Contributor			Mo.	DAY	YEA	\R \$			
Malling Address			MO.	DAY	YEA	AR \$			
СПУ	State	Zip Code (Plus 4)	мо.	DAY	YEA	<u>∖R</u> \$			
Employer of Contributor				Occupation					
Employer Mailing Address/Principal Place of Business				Description of Contribution					
Full Name of Contributor				DAY	YEA	\$			
Mailing Address			MO.	DAY	YEA	\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEA	\$			
Employer of Contributor	Employer of Contributor				Occupation				
Employer Mailing Address/Principal Place of Business			Description of Contribution						
Full Name of Contributor			MO.	DAY	YEA	MR \$			
Mailing Address			MO.	DAY	YEA	\$			
City	State	Zip Code (Plus 4)	Mo.	DAY	YEA	\$			
Employer of Contributor	<u> </u>		Occupa	tion					
Employer Mailing Address/Principal Place of Business			Description of Contribution						
			Ì						
Full Name of Contributor			Mo.	DAY	YEA	\$			
Malling Address			MO.	DAY	YEA	\$			
City	State	Zip Code (Plus 4)	мо.	DAY	YEA	\$			
Employer of Contributor				Occupation					
Employer Mailing Address/Principal Place of Business			Descrip	tion of Cont	tributio	on			
Full Name of Contributor			MO.	DAY	YEA	8			
Mailing Address			MO.	DAY	YEA	R 😅			
City	State	Zip Code (Plus 4)	MO,	DAY	YEAI	\$			
Employer of Contributor	<u>LL</u>	-	Occupat	lon		\$			
Employer Mailing Address/Principal Place of Business			Description of Contribution						
Enter Grand Total of Part G on Sched Summary Page, Section 3.	dule II,	In-Kind Contributi	ons D	etailed		PAGE TOTAL \$			

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate KWIATEK HILLIARY, †	=R	IENOS DE	R	eporting From	Period	25 To 5/5/25
					`	
To Whom Paid ACT BLUE			Mo.	DAY	YEAR 25	\$ AND 32.61
Mailing Address Y.O. BOX 44140			Description 5			-RES
Someeville,	Stote	zip Code (Pius 4) 40 2144-003	(,
To Whom Paid ACT BLUE			мо. Ч	DAY	YEAR 25	Amount 18.24
P.O. Box 44146			Description		penditure	FEED
Somerville	State	Zip Code (Plus 4) 1 0 2144 -003)				
TO Whom Paid CHIGH VALLEY PRINT CEN Moiling Address	J78	R.	MO.	DAY	YEAR Q(Amount \$ 190.80
17011) NION BLVD SUITE	114		Description P. C.	on of Ex	penditure	
ALLENOUN	State	I Zip Code (Plus 4)				
TO WHOM PAID LEHISH VALLY PRINT CENT			MO.	DAY 29	YEAR Z	Amount \$/90.80
1701 ()NIDD BLUD SUTE		+	Description		enditure	
ALLENTONIO	Stote	Zip Code (Plus 4)			<u> </u>	
To Whom Paid LEHIGH VALLEY PRIM (ME		MO.	DAY	YEAR	Amount \$ 2,333 - 40
Mailing Address 1701 UNION BUD SUI	<u>で</u>	114	Description PRIN			
ALLENDUN	State	Zip Code (Plus 4) 18/09 -				
TO WHOM PAID CAPITOL PROMOTIONS			MO.	DAY	YEAR	Amount \$ 79.10.
PO BOX 231			Descriptio	ARI		7NS
GLENSIDE	State	ZIP Code (Plus 4) 19038 -				
To Whom Paid	<u> </u>		мо.	DAY	YEAR	Amount \$
Malling Address			Description	n of Exp	l enditure	3
City	State	Zip Code (Plus 4)				
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elty	State	Zip Code (Plus 4)				
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inter Grand Total of Expenditures on Pag	je 1, l	Report Cover Pa	ge, Item	n D.		\$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		Reporting Period	1 1
HILLARY KWIMEK,	FRIENDS OF	From	25 To 5 5 25
Name of Creditor			Outstanding Balance of Del
Mante of Creditor			\$
Mailing Address	DATE DEBT	MO. DAY YEAR	
City	INCURRED	State Zip Code (Plus 4	
Description of Debt			
Name of Creditor			Outstanding Balance of Det
Mallies Address			\$
Mailing Address	DATE DEBT INCURRED	MO, DAY YEAR	The second secon
City	INCORNED	State Zip Code (Plus 4	7
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Description of Debt			
Name of Creditor			Outstanding Balance of Deb
Malling Address	DATE	MO. DAY YEAR	\$
,	DEBT		· Manager
City		State Zip Code (Plus 4	
Description of Debt		<u></u>	
Name of Creditor			Outstanding Balance of Deb
Mailing Address	DATE	MO. DAY YEAR	
City	DEBT INCURRED	State Zip Code (Plus 4)	
on,	1		,
Description of Debt			
Name of Creditor			Outstanding Balance of Deb
			\$
Malling Address	DATE DEBT	MO. DAY YEAR	
City	INCURRED	State Zip Code (Plus 4)	
Description of Debt			
Nama of Craditor			Outstanding Balance of Debi
Malling Address	LDATE		\$
maning radioss	DATE DEBT INCURRED	MO. DAY YEAR	
CIty	Tutoures	State Zip Code (Plus 4)	
Description of Debt			
			•
			PAGE TOTAL
Enter Grand Total of Unpaid Debts or	n Page 1, Report Cover P	age, Item G.	\$