COMMONWEALTH OF PENNSYLVANIA

CAMPAIGN FINANCE STATEMENT

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

	16-02-9184	REPORT FILED ON BEHALF OF	CANDIDATE	I. X СОМИПТЕЕ.	LOBBYIST J.
HANE OF FILING CONVITTEE, CA Hillary Kwia				<u> </u>	<u> </u>
STREET ADDRESS 638 Spring S	Street		1		
Bethlehem		STATE PA		ZIP CODE 18018	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE City Council Member	DISTRICT NO.	PARTY D	Mo.	DAY YEAR
61H TUESDAY PRE-PRIMARY	City of Bethlehem		<u> </u>	5 FOR O	20 20公 FFICE USE ONLY
2nd friday Pre-primary	DATES OF REPORTING PERIOD 5 6 2025 TO	6 9 2025			
30 day Post-Primary X	CASH BALANCE AT END OF REPORTING PERIOD:	s 0			
PRE-ELECTION 2NO FRIDAY PRE-ELECTION 6.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIE AT THE END OF REPORTING PERIOR				
-30 DAY POST-ELECTION 7.	AMENDMENT YES	NO X			
ANNUAL REPORT	TERMINATION YES	ко Х			
statement is filed on statement is filed on	behalf of a <u>Political Committee</u> or Car behalf of a <u>Candidate</u> , the Candidate behalf of a <u>Contributing Lobbyist</u> , the	must sign here. Lobbyist must sigr	n here.		_
I SYEAR LUK AFFIKAJ IHAL I	HE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIAB	ILITIES INCURRED DURING	THE REPORTI	ng period indicate	
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SWORN TO AND SUBSCI	Commonwealth of Pennsylvania – Notes Harvitea E Magyarics, Notary Pu	SIGNATUR ary Seal Jublic OO 027 AREA CODE	PRINTE PRINTE DAY	G. KU O NAME 4-774 TIME TECEPHONE N	TO COMPLETE.
SWORN TO AND SUBSCIENT OF WAY COMMISSION EXPIREMENT IS STATEMENT IS SWEAR (OR AFFIRM) THE	Commonwealth of Pennsylvania – Not Sharuffea E Magyarics, Notary Pu Northampton County My Commission Expires June 25, 20 Commission Number 1 19973	signatur ary Seal arblio OO 027 AREA CODE 7 mmillee, Candidat	PRINTE PRINTE DAY	G. KU H-774 TIME TELEPHONE N gn here.	UNITATEK
SWORN TO AND SUBSCIENT OF WAY COMMISSION EXPIREMENT IS STATEMENT IS SWEAR (OR AFFIRM) THE	Commonwealth of Pennsylvania – Notes Commonwealt	SIGNATUR ARY SERI JUDIO O27 AREA CODE 7 mmiltee, Candidat POLITICAL COMMITTEE HAS	PRINTE PRINTE PRINTE PRINTE PRINTE DAY te must si	G. KU H-774 TIME TELEPHONE N gn here.	UNITATEK
SWORN TO AND SUBSCI	Commonwealth of Pennsylvania – Not Shariffea E Magyarics, Notary Pu Northampton County My Commission Expires June 25, 21 Commission Number 1 19973 Dehalf of a Candidate's Authorized County To the Best of Lay Knowledge and Belief This 1333, No. 320) As AMENDED.	SIGNATUR ARY SERI JUDIO O27 AREA CODE 7 mmiltee, Candidat POLITICAL COMMITTEE HAS	PRINTE PRINTE PRINTE PRINTE PRINTE DAY te must si	D NAME TO HAME TO HAME TIME TECEPHONE N GO HOPE. TO ANY PROVISIONS OF CANDIDATE	UNITATEK

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

Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF 12

(COVER PAGE)

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

Filer Identificatio Number:	26-4291120	Repor Filed			CANDI	DATE 1.	∈ C OMI	MITTEE	² X	LOBI	BYIST.	3,
Name of Filing Comm Hillary Kw	nittee, Candidate or Lobbyist: Viatek, Friends of											
Street Address:	ing Street			·		-				,, ,, , , , , , , , , , , , , , , , , 	II was in a	
City: Bethlehe	m				State: P	A	Zip Co 180	lde:		•		
TYPE OF REPORT	8TH TUESDAY 1. 2ND FRID.		2.		DAY ST_PRIM/	3. NAY	X AMEND		YES		NO	X
	6TH TUESDAY 4. 2ND FRIDA PRE-ELECTION PRE-ELECT		5.		DAY ST ELECT	6. ION	TERMIN	IATION 7	YES		NO	X
(place X to the right of report type)	ANNUAL 7. YEAR REPORT				NG METI		PAP	ER	X	DISK	TIE	
Name of Office Sough City Council,	nt by Candidate: City of Bethlehem, PA			D .MC		ELECTIO YEAR	Number	Office Code		Party Code	Cou	inty ide
				!	5 20	2025		(SEE IN	STRUC	TIONS	FOR CO	ODES)
	MO DAY W		***************************************). DAY	YEAR		OR OFF			7000	
Summary of Reand Expenditur	eceipts		То	€M(9	2025						
A. Amount Brought	Forward From Last Report		\$	777	7.05							
B. Total Monetary	Contributions and Receipts (From Sche	dule I)	\$	1,950	.00							
C. Total Funds Ava	ilable (Sum of Lines A and B)		\$	2,727	.05	•						
D. Total Expenditur	es (Fram Schedule III)		\$	1,678	.35		1					
E. Ending Cash Bala	ance (Subtract Line D from Line C)		\$	1,048	.70							
F. Value of In-Kind	d Contributions Received (From Sched	ule II)	\$	0								
G. Unpaid Debts an	d Obligations (From Schedule IV)		\$	0								
		FFIDAV							71000			TASOS PARES
	a Committee report, treasurer sign has this report, including the attached schedu							fillians has be		and had	ial tru	
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	Mb. Commission Number 11	99737	J		Area Code		De	ytime Tol	lephone	Numb	er	
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	t to the best of my knowledge and ballef ti					~		s of the	Act of	June 3	, 1937	
Sworn to and subscril	bed before me this	; _		_	x 1/2	2 (1/2	D.	1			
day of	14 re 20 c		_	1	YCL).	Lel sture of Can	10	<u></u>			_
	Commonwealth of Pennsylvania - Not Liga E Magyarics, Notary Pu	ary Seal Iblic	} _		HIL	Aky	Q. K	WIA	TE	<u></u>		
My commission expire	Mortinampton County	1		C	010	T	Printed Nam	04-	770	4Q		
The state of the s	My Commission Expires June 25, 2	7	_	A	ree Code		Day	/time Telé	phone	Numbe	r	-

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

Δ	GE	2	OF	12

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Hillary Kwiatek, Friends of	From 5/6/25 To 6/9/2025

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50:00 OR LESS PER	CONT	RIBU	irola
TOTAL for the Reporting Period	(1)	\$	50.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 250.00
All Other Contributions (Part B)	\$ 150.00
TOTAL for the Reporting Period (2)	\$ 400.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ 500.00
TOTAL for the Reporting Period (3)	\$ 1,500.00

4. OTHER REGEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC	. (FRON	A PART E)
TOTAL for the Reporting Period (4)	\$	0 - 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	\$ 1,950.00
Cover Page, 1tem B.)	

PAGE	3	OF	12
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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.

Hillary Kwiatek, Friends o	f			From _	5/6/2025	5 то <u>6/9/2025</u>
				DATE		AMOUNT
Full Name of Contributing Committee Friends of Bob Donchez	PAC		<u>-∞ мо</u> .∈ 5	DAY=	2025	\$ 250.00
Mailing Address 377 Devonshire Drive	rac		om			
		Y 0. 2. (0) A				\$
Bethlehem	PA	Zip Code (Plus 4) 18017 _	MO	DAY	YEAR	\$
Full Name of Contributing Committee		•	₩MOÆ	DAY	YEAR	\$
Mailing Address			MO	DAY	YEAR	
City	State	Zip Code (Plus 4)				\$
Lity	State	— — — — — — — — — — — — — — — — — — —	säMO∄5	DAŸ	YEAR	\$
Full Name of Contributing Committee	•		≘мо	DAY	-YEAR =	\$
Mailing Address			≕Mo.≅	DAY	YEAR	
	16					\$
Olty	State	Zip Code (Plus 4)	MO	DAY	EYEAR	\$
ull Name of Contributing Committee			∵МО.	DAY.	YEAR	\$
Mailing Address			≕Mo.⇔	DAY	YEAR	
						\$
Hy	State	Zip Code (Plus 4) —	Mo.	DAY=	YEAR	\$
uli Name of Contributing Committee			Мо.	-DAY-	#YEAR	\$
Aailing Address			∴.Mo	DAY	YEAR.	
Tr.	I Share I	7ln Code (Olive A)	20,010-000			\$
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ull Name of Contributing Committee			≡мо л≟	DAY	YEAR	\$
falling Address		and the second s	-MO	DAY	YEAR ==	APPROXIMATION
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lty	State	Zip Code (Plus 4)	<u>≅MO</u> ,≡	■DAY	YEAR	\$
III Name of Contributing Committee			MO.	DAY	≅YEAR	\$
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ity	State	Zip Code (Pius 4)	MO.	DAY	YEAR	\$
Il Name of Contributing Committee			=MO;=	-E.DAY	YEAR	
Asiling Address			ETEMO,S45	DAY	YEAR	\$
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ty	State	Zip Gode (Plus 4)	™MO#	₩DAY.	YEAR=	\$
			-1			PAGE TOTAL
nter Grand Total of Part A on					-	

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	-	
Hillary Kwiatek, Friends of				From	5/6/202	5 το <u>6/9/2025</u>
				DATE		AMOUNT
Full Name of Contributor Hillary Kwiatek			<u>жо.</u> 5	DAY 8	202	
Mailing Address 638 Spring Street		****	мо	DAY		
Bethlehem	State PA	Zip Code (Plus 4) 18018 -	€ мо.	DAY	YEAR	\$
Full Name of Contributor			≅⇒Mo?	DAY	YEAR	
Mailing Address	-		≞Mo.	DAY	YEAR	
City	State.	Zip Code (Plus 4)	мо.	DAY	YEAR	
		****				\$
Full Name of Contributor			МО.	DAY	= YEAR	\$
Mailing Address				DAY	YEAR	\$
City	State	Zip Gode (Plus 4)	= MO.	DAY-	YEAR	
Full Name of Contributor		-	₩ MO,	DAY	YEAR	\$
Mailing Address		***************************************			€ F¥YEAR≅	\$
						\$
City	State	Zip Code (Plus 4)	⊇≘Mo.≅	DAY	YEAR	\$
Full Name of Contributor			= мо	DAY	YEAR	\$
Mailing Address			:: Mo:	DAY	YEAR	\$
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ull Name of Contributor			MO.	DAY	YEAR	\$
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ilty	State	Zip Code (Plus 4)	Мо	DAY	YEAR	\$
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Tailing Address			Mo.	DAY	<u> Year</u>	
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ull Name of Contributor			MO.	DAY	=YEAR	\$
ailing Address			_мо	DAY	YEAR	\$
ly	State	Zip Code (Plus 4)		≟ĐAY®	YEAR	
		****				\$ PAGE TOTAL
nter Grand Total of Part B on Sc	hedule I, I	Detailed Summary	/ Page. :	Section		\$ 150.00
¥					1	T .

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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.

•				DATE	·	AMOUNT
Full Name of Contributing Committee Friends of J. William Reyno	dda.			DAY	YEAR	\$ 1,000.00
Mailing Address	708	. ,	5 Mo.	8 TAY	2025 YEAR	
City	State	Zip Code (Plus 4)			60 000 000 000 000 000 000 000 000 000	\$
City	State	- Lip Code (1705 47	=≠MO.	DAY	YEAR	\$
Full Name of Contributing Committee			⊛M0#	∌ ⊏ DAY	≡YEAR ⊈	\$
Mailing Address			==MO≥	DAY	YEAR	\$
Pity	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	Ψ
						\$
Full Name of Contributing Committee			∴ MO.	DAY	≝YEAR	\$
Mailing Address				DAY	YEAR	\$
Sity	State	Zip Code (Plus 4)	™ MO	DAY	YEAR	****
						\$
ull Name of Contributing Committee					YEAR	\$
Mailing Address			: MO.	DAY	YEAR	\$
Пу	State	Zip Code (Plus 4)	∴MO.	DAY	YEAR	
						\$
uil Name of Contributing Committee			MO.	DAY	YEAR	\$
failing Address			мо,_	DAY	YEAR	\$
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alling Address			™0.≔	⊒© DAY	YEAR	\$
ty	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$
					I ^P	AGE TOTAL

PART D **ALL OTHER CONTRIBUTIONS**

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.)

Reporting Period Name of Filing Committee or Candidate From 5/6/2025 To 6/9/2025 Hillary Kwiatek, Friends of

							-		
					DATE			AMOUNT	
Full Name of Contributor		Allen		<u>мо.</u> 5	DAY=	2025	\$	500.00	
Patrice Teltser			***************************************	5 					
Mailing Address 246 Pine Top Trail				-Control		E ISON	\$		
City	State		Zip Code (Plus 4)	.≅Mo.	DAY	YEAR		<u></u>	
Bethlehem	PA		18017 -	7	1::	,	\$		
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Not Employed				l					
Employer Mailing Address/Principal Place of Business	· ·								
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Employer Mailing Address/Principal Place of Business			· ·				-		
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500.00

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PAGE	7	OF	12	

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.

lame of Filing Committee or Candidate Hillary Kwiatek, Friends of				porting Perion From 5/6/2	
full Name			-		
Malling Address					
City	Stato	Zip Code (Plus 4)	- мо.	DAY YE	AR Amount
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					PAGE TOTAL
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SCHEDULE II

PAGE 8 OF 12

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

		то 6/9/2025
\$50.00 OR I	ESS	PER CONTRIBUTOR
od (1)	\$	0
50.00 (FROM	1 PAF	RT P)
d (2)	\$	0
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	\$50.00 OR I	od (1) \$ 50,000 (FROM PA) d (2) \$ DM PART G) d (3) \$

PAGE	9	OF	12

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate				Reporting		
Hillary Kwiatek, Friends of				From _	5/6/202	25 To 6/9/2025
				DATE		AMOUNT
Full Name of Contributor			MO.	- DAY		
Mailing Address			≕мо.	TOAY	YEAR	i i
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Full Name of Contributor			MO.	DAY	YEAR	
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Mailing Address			MO.	DAY	YEAR	\$
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City	State	Zip Code (Plus 4)	-≐Mo.≒	Santa Wee	vexn	*
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Description of Contribution:			· · · · · · · · · · · · · · · · · · ·		1	
						PAGE TOTAL
Enter Grand Total of Part F on Sched	lule II,	In-Kind Contribut	ions De	tailed		\$ 0
Summary Page, Section 2.					L	Ψ

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

			ı		Period	·	
				From _	5/6/202	.5 то <u>6/9/2025</u>	
				DATE		AMOUNT	
		≕≅MO.		DAY	YEAR	\$	
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State	Zip Code (Plus	⁴⁾	940 3	DAY	YEAR	\$	
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SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
Hillary Kwiatek, Friends of	•		1	From _	5/6/202	25 то <u>6/9/2025</u>	
To Whom Poid Lehigh Valley Print Center LLC			5	13	YEAR 2025	Amount \$ 1,653.60	
Mailing Address 17017 Union Blvd Suite 114			Descript Pris	tion of Exc	penditure 1d Maili	ng	
Allentown	State PA	Zip Code (Plus 4) 18109-					
To Whom Raid Act Blue			= мо .	DAY-	YEAR 2025	Amount \$ 24.75	
Mailing Address P.O. Box 44146			4	tion of Exp Fees		<u> </u>	
Somerville	State MA	Zip Code (Plus 4) 02144-0031		**			
To Whom Paid			мо.	DAY	YEAR	Amount \$	
Mailing Address	· ·	V	Descript	ilon of Exp)anditura	_ \$	
City	State	Zip Code (Plus 4)	+		Process de la Constitución de la		
To Whom Paid		<u> </u>	М0.	DAY	YEAR		
Mailing Address			Descripti	ion of Exp) enditure	\$	
City	State	/ Zip Code (Plus 4)					
To Whom Peld			₩0.	DAY	YEAR	Amount \$	
Mailing Address	***************************************		Descripti	lon of Exp	enditure	3	
City	State	Zip Code (Plus 4)	<u> </u>				
To Whom Pald			₩Ö.	DAY	 SYEAR	Amount \$	
Malling Address			Descripti	lon of Expe	enditure	· ·	
City	State	Zip Code (Plus 4) —					
To Whom Pald			Mo.	DAY		Amount ⊄	
Mailing Address			Description	on of Expe		<u> </u>	
City	State	Zip Code (Plus 4)					
To Whom Paid			ВЕМО , ВЕ	DAY	YESR	Amount	
Malling Address	-		Descriptio	on of Expe	inditure	<u> </u>	
City	State	Zip Code (Plus 4)					
				<u> </u>	—	PAGE TOTAL	
Enter Grand Total of Expenditures on	Page 1, P	leport Cover Pa	age, Ite	m D.	1	\$ 1,678.35	

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				
Hillary Kwiatek, Friends of			From _	5/6/20	26 _{то 6/9/2025}			
Name of Creditor		****			Outstanding Balance of L			
					\$			
Mailing Address	DATE DEBT	⊸мо.	DAY	YEAR				
City	INCURRED	State	Zip Code	(Plus 4)				
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Name of Creditor					Outstanding Balance of D			
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	DEBT INCURRED		M. M. M. M.	4.1.5/41-27				
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me of Creditor					Outstanding Balance of De			
iling Address	Toaxe	I care services	Carrent	a. Transmin	\$			
7,44,45	DATE	MO.	DAY	YEAR				
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ter Grand Total of Unpaid Debts on Pa	ge 1, Report Cover F	age, ite	m G.		\$ 0			