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.)

Filer Identification	in .	20	Report Filed By:		CANDID	ATE X	COMN	NITEE	2.	LOBB	yist 3.
Name of Filing Com	mittee, Candidate or Lob		/an Wirt			Ti .					
Street Address:	2 W Market Street						 				
City: B	ethlehem			St	ate:	PA	Zip Ca	^{de:} 1801	18 _		· · · · · · · · · · · · · · · · · · ·
TYPE OF REPORT	PHE PHIMARY	1. 2ND FRID PRE-PR) M			PRIMA	3. RY	AMEND		YES		NO
(place X to	PRE-ELECTION	4. 2ND FRID PRE-ELEC		5. 30 DAY 6.			TERMIN		YES	Х	NO
the right of report type	ANNUAL REPORT	7. X YEAR	2019		METH		PAP	ER .		DISKE	7 S S
Name of Office Sou	ht by Candidate:	29			TE OF	ELECTIO YEAR		Offic Code		Party Code	Count
Bethlehem	City Council	7		11	5	2019		(SEE II	NSTRUC	TIONS	FOR COD
Summary of F and Expenditu	Receipts res from:		rean	MO. 12	1	YEAR 2019		FOR OF	FICE	USE O	VCY464
A. Amount Brough	nt Forward From Last	t Report	\$								
B. Total Monetary	Contributions and Re	eceipts (From Sch	nedule I) \$. 41				
C. Total Funds Available (Sum of Lines A and B)				\$							
D. Total Expenditures (From Schedule III)				\$ 3,050.43							
E. Ending Cash Ba	alance (Subtract Line	D from Line C)	\$	-3,050.	43						
F. Value of In-Ki	nd Contributions Rec	eived (From Sche	dule II) \$	20		93.	7				
G. Unpaid Debts a	and Obligations (From	Schedule IV)	\$								

AFFIDAVIT SECTION

PART 1— If this is a Committee report treasurer sign here. If this is a Candidate report candidate sign here.

I swear for affirm) that this report, include committee the part of committee diskette, are to the best of my knowledge and belief true, correct and computer.

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

PAGE	2	OF		

Detailed Summary Page

Name of ling Committee or Candidate		Reporting Per	od
	d.	From	То
8 0			
UNITEMIZED ONTRIBUTIONS AND RECEI	PTS - \$50.00 OR L	ESS PER CONT	RIBUTOR
TOTAL	for the Reporting P	eriod (1)	\$
2. CONTRIBUTIONS \$50.0 TO \$250.00 (FROM	M PART A AND PA	ART B)	
Contributions Received from P titical Committee	ees (Part A)		\$
All Other Contributions (Part B)			\$
TOTAL	for the Reporting P	eriod (2)	\$
		-	
3. CONTRIBUTIONS OVER \$250.00 (FROM	RT C AND PART	o) - : : : : : : : : : : : : : : : : : :	
Contributions Received from Political Committee	ee (Part C)		\$
All Other Contributions (Part D)			\$
TOTAL	for the Poorting P	eriod (3)	\$
And the second s	Olemente del Carlos Marie		
4. OTHER RECEIPTS - REFUNDS, INTEREST	and design and internation the source.	and the second second second	. (FROM PART E)
TOTAL	for the Reporting A	tiod (4)	\$
TOTAL MONETARY CONTRIBUTIONS AND RETHIS REPORTING PERIOD (Add and enter amount of Boxes 1, 2, 3 and 4; also enter this amount of Cover Page, Item B.)	unt totals from		\$
5 8 1 1		1	

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Reporting Period

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 Filia Committee or Candidate

		-	9	From _		То
	·			DATE		AMOUNT
Full Name of Contributin 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	1 1		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		U.	MQ.	DAY -	RASY	\$
Mailing Address	1	· ·	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	Zíp Code (vs. 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MQ.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	為一方面	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MQ.	翻 乙酰	YEAR	\$
City	State	Zíp Code (Płus 4)	MQ.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	100 A 100 A	\$
Melling Address			MO.	DAY	YEAR	Se .
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	\$
Enter Grand Total of Part A on Sched	dule I,	, Detailed Summar	y Page,	Sectio	n 2.	PAGE TOTAL \$
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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.)

Traine of Fine Committee of Candidate				From		То
20.				DATE		AMOUNT
Full Name of Contributo			MO.	DAY	YEAR	
Malling Address			MO.	DAY	YEAR	9
City	State	Zip Code (Plus 4)				\$
	State	Zip Code (Pius 4)	MO.	DAY	YEAR	\$
Full Name of Contributor		12	MO.	DAY	RASY	\$
Mailing Address			- MO.	DAY	YEAR.	
						\$
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	
Full Name of Contributor	24.		2000 17 10	es propor ser conse	MET TO THE	\$
			MO.	DAY	YEAR	\$
Mailing Address		22	MO.	DAY	YEAR	\$
City	State	Zip Code (r. 5 4)	MO.	DAY	YEAR	
		-				\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	機能	DAY	YEAR	•
		-			TEAN	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address	8.		MQ.	a mar can	YEAR	
City	State	Zip Code (Plus 4)	NEGOT - TOTAL	0.000	V21-54-5-00	\$
1727 1 1 -			MO.	DAY	YEAR	\$
Full Name of Contributor	8 c		MO.	DAY	動心 礁	s
Mailing Address	1		- MO	DAY	VEAR	4
City						
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	
		_	37.8			\$
Enter Grand Total of Part B on Sch	edula 1 i	Detailed Summan	/ Dame	Cantin	, ,	PAGE TOTAL
SEB-502 (7-99)		Potented Summist	, rage,	Section	1 4.	\$

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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.

Name of Filin Committee or Candidate	95		78	Reporting	Period	
				From _	· · · · · · · · · · · · · · · · · · ·	То
				DATE		AMOUNT
Full Name of Contributing Committee			MQ.	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	1007	•	Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	-		MO.	TOAY	YEAR	
						\$
Mailing Address	υ	201 2	MQ.		YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Full Name of Contributing Committee			MQ.	DAY	YEAR	\$
Mailing Address			MO.	DAY-	YEAR	\$
City	State	Zip Code (P = 4)	MO.	DAY.	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	强	DAY	YEAR	\$
Full Name of Contributing Committee			MQ.	DAY	YEAR	\$
Mailing Address	1		MO.	1915). B	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	€ E DAY	YEAR	\$
Full Name of Contributing Committee	TI .		MQ.	DAY	MATA W	
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)	- MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	OAY	SYEARE	\$
Malling Address			MQ.	DAY	EYEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
				1		PAGE TOTAL
Enter Grand Total of Part C on Sch	edule I,	Detailed Summar	y Page	, Sectio	n 3.	\$

ALL OTHER CONTRIBUTIONS

PA	GE	OF	

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.)

Traine of Trini Committee of Candidate		8 81 8_		From		То
Note that the second second				DATE		AMOUNT
Full Name of Contributo			MO.	DAY	YEAR	
Mailing Address			MO.	DAY -	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	FRATE	\$
Employer Name			Occupati	on		
Employer Mailing Address/Principal Place & Business						
Full Name of Contributor			MO.	- DAY	YEAR	\$
Mailing Address	<u></u>		Mo.	DAY	YEAR	\$
City	61	Zip Code (Plus 4)	MO.	DAY	YEAR	•
Employer Name			Occupati	on		\$
Employer Mailing Address/Principal Place of Business					-	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus	MO.	DAY	YEAR	\$
Employer Name			Occupati	on		
Employer Mailing Address/Principal Place of Business			1			
Full Name of Contributor			MQ.	DAY	YEAR	\$
Mailing Address			MO.	9 4	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupati	on	1	
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor	indexe_ini		Mo.	DAY	YEAR	5
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	L		Occupati	on		
Employer Mailing Address/Principal Place of Business			1			
Enter Grand Total of Part D on Sched	lule I, C	Detailed Summary	Page.	Section	n 3.	PAGE TOTAL

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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.

Name of Filing Committee or Candidate				orting Period	
			F	rom	To
	1 2				
Full Name					
Mailing Address	,,,,,,				Ø 1
City	State	Zip Code (Plus 4)	MO.	DAY YEAR	Amount \$
Receipt Description	, e				
Full Name					
Mailing Address					
City	Fite	Zip Code (Plus 4)	MO.	DAY YEAR	Amount \$
Receipt Description			·		
Full Name					
Mailing Address					
City	State	Zip Cod (Plus 4)	MO.	DAY YEAR	Amount \$
Receipt Description			<u> </u>		
Full Name					
Mailing Address				······································	***
City	State	Zip Code (Plus 4)	MEML WE	DAY YEAR	Amount \$
Receipt Description					
Full Name	V. A				
Mailing Address					
City	State	Zip Code (Plus 4)	MO.	DAY HE MYEA.	Amount \$
Receipt Description			<u> </u>		
Full Name				0	
Malling Address					
City	State	Zip Code (Plus 4)	MO.	DAY YEAR	Amount \$
Receipt Description	LL		<u> </u>		
					PAGE TOTAL
Enter Grand Total of Part E on Sch	edule I,	Detailed Summary	Page, S	Section 4.	\$
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SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Ring Committee or Candidate	Reporting Period	
	From	To
	DATE	AMOUNT
Full Name of Contribut	DAY TEXEA	
Mailing Address	SA SAPARA BYEA	
a mo	- VATE TATEA	\$
City State Zip Code (Plus 4) MQ	DAY YEA	s
Description of Contribution:		1 1111
Description or Contribution:		
Full Name of Contributor	TEDAY EYEA	3
Mailing Address		\$
Mailing Address	DAY YEA	\$
City State Zip Code (Plus 4) MO	DAY	
-		\$
Description of Contribution:		11
Full Name of Contributor	. DAY YEA	潮 、
		\$
Mailing Address	DAY YEA	\$
City State Zip de (Plus 4)	DAY YEA	
		\$
Description of Contribution:		•
Full Name of Contributor		100
Full Name of Contributor	DAY	\$
Meiling Address	DAY BYEA	180
		\$
City State Zip Code (Plus 4)	DAY	1 ³ \$
Description of Contribution:		
120	- 3	
Full Name of Contributor	NIMEN APP	\$
Mailing Address MO	THE REPORT OF THE PARTY AND THE	
Mailing Address MO	DAY WYEA	\$
City State Zip Code (Plus 4) MQ	Y A SERVICES SER	
		\$
Description of Contribution:		
Full Name of Contributor	DAY YEAR	题
		\$
Mailing Address MO	DAY YEAR	\$
City State Zip Code (Plus 4) MQ	DAY YEAR	
		\$
Description of Contribution:		
		PAGE TOTAL
Enter Grand Total of Part F on Schedule II, In-Kind Contributions	Detailed	
Summary Page, Section 2.		\$

PAGE	OF	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Ving Committee or Candidate	Reporting Period
	From To
	DATE AMOUNT
Full Name of Contrib or	MO DAY YEAR \$
Mailing Address	MO: DAY YEAR \$
City State Zip Code (Plus 4)	MO. DAY YEAR \$
Employer of Contributor	Occupation
Employer Mailing Address/Principal Place of Business	Description of Contribution
Full Name of Contributor	- MO. DAY YEAR
	\$
Mailing Address	MO. DAY YEAR \$
City Zip Code (Plus 4)	MQ. DAY YEAR \$
Employer of Contributor	Occupation
Employer Mailing Address/Principal Place of Business	Description of Contribution
Full Name of Contributor	MG. YEAR \$
Malling Address	MO, DAY YEAR \$
City State Zip Code (Pt. 4)	MO. DAY YEAR \$
Employer of Contributor	Occupation
Employer Mailing Address/Principal Place of Business	Pascription of Contribution
Full Name of Contributor	M YEAR S
Mailing Address	MO. DAY YEAR \$
City State Zip Code (Plus 4)	MO. SED. SE SYEARS \$
Employer of Contributor	Occupation
Employer Mailing Address/Principal Place of Business	Description of Contributes
Full Name of Contributor	MO. DAY YEAR
Mailing Address	MO. DAY YEAR \$
City State Zip Code (Plus 4)	MO. DAY YEAR \$
Employer of Contributor	Occupation
Employer Mailing Address/Principal Place of Business	Description of Contribution
	PAGE TOTAL
Enter Grand Total of Part G on Schedule II, In-Kind Contrib Summary Page, Section 3.	outions Detailed \$
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SCHEDULE II

PAGE	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 ammittee or Candidate	Reporting Per	iod
	From	То
1. UNITEMIZED IN- CONTRIBUTIONS RECEIVED - VALUE OF \$	50.00 OR L	ESS PER CONTRIBUTION
TOTAL for the Reporting Period	d (1)	\$
	\$	
2 IN-KIND CONTRIBUTIONS R. VEIVED - VALUE OF \$50.01 TO \$25	50,00 (FROM	PART F)
TOTAL for the Reporting Period	d (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED - VILUE OVER \$250.00 (FRO	M PART G	
TOTAL for the Reporting Period	3 (3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from taxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)		\$

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SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting	Period	
		=	From_		To	
A. Na . Del A. C. C. C. C. A. L. C.						
To Whom Paid			MQ.	DAY	YEAR	Amount
Xpressdocs			5	7	2019	\$ 2,915.43
Mailing Address 4901 North Beach Street			Descri	otion of Ex	penditure	
Fort Worth	State	Zip Code (Plus 4) 76137 —	М	ailer		
To Whom Paid ML Design			мо. 5	DAY 4	2019	Amount \$ 135.00
Mailing Address 2 Westbrook Road			Descri	ption of Ex		
Newton Newton	State NJ	Zip Code (Plus 4) 07860 -				
To Whom Paid			MO.	n. DAY	YEAR	Amount \$
Mailing Address			Descri	otion of Ex	penditure	
Cny	State	Zip Code (Plus 4)			************	
To Whom Paid			Mo.	DAY	YEAR	Amount
Mailing Address		· · · · · · · · · · · · · · · · · · ·	Daveri	otion of Ex	ponditura	\$
			D440111	511011 UI EX	penortare	
City	State	Zip Code (Plus 4)				
To Whom Paid			₩O.	DAY	YEAR	Amount \$
Mailing Address			Descri	otion of Ex	penditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descrip	ition of Ex	penditure	
City	State	Zip Code (Plus 4)	T			
To Whom Paid		e de la constante de la consta	MO.	DAY	YEAR	Amount .
Mailing Address			Descrip	otion of Ex	penditure	
City	State	Zip Code (Plus 4)				
To Whom Paid		1	MO.	YAC	YE AR	Amount \$
Mailing Address		1	Descrip	tion of Ex	penditure	T. C.
City	State	Zip Code (Plus 4)				
				- 15 THE		PAGE TOTAL
Enter Grand Total of Expenditures on Pag	ge 1, f	Report Cover I	Page, i	tem D.		\$ 3,050.43

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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 or ding Committee or Candidate		Reporting Period	27 27 B 100 100 100 100 100 100 100 100 100 1
	ū	From	То
Name of Creditor			
Walle Of Clanto.			Outstanding Balance of Debt \$
Mailing Address	DATE	MO. DAY YEAR	
City	INCURRED	State Zip Code (Plus 4)	
Description of Debt		_	
Coscillation of Dank			
Name of Creditor			Outstanding Balance of Debt
Mailing Address	DATE	MO. DAY YEAR	
City	DEBT INCURRED	BOLLING BUILD AND BUILDING	
city		State Zip Code (Plus 4)	
Description of Debt			
Name of Creditor	\		× 9
	3		Outstanding Balance of Debt \$
Malling Address	DATE DEBT	MO. DAY YEAR	
City	INCURRED	State Zip Code (Plus 4)	
Description of Debt			
Name of Creditor		No.	Outstanding Balance of Debt
Mailing Address	DATE	MO. DÁY YEAR	
City	DEBT		39.12
		Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
Mailing Address	DATE	ESTABLISH PARKS IN LABORATOR CO.	\$
	DEBT INCURRED	MO- DA YEAR	
City		State Zip Code (F 5 4)	在在一种,我们们们的自己的一种,我们们们的一种,我们们们们的一种,我们们们们们们的一种。
Description of Debt			
Name of Creditor			4 4 4
			standing Balance of Debt
Mailing Address	DATE DEBT	MO. DAY YEAR	
City	INCURRED	State Zip Code (Plus 4)	
Description of Debt			
			2
			PAGE TOTAL
Enter Grand Total of Unpaid Debts on Pag	4 5 6		St. St. on could be
	ge 1, Report Cover	Page, Itam G.	\$

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