

Pennsylvania Department of State

Bureau of Campaign Finance & Lobbying Disclosure
500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports.** This form must be signed by hand where a signature is required.

Name of Filing (Committee, Car	ndidate, or Lobby	yist	17	957 177 5	
Paparting Cycla	Name					
Reporting Cycle Cycle 1	□ Cycle 2	Cycle 3		Cycle 4	☐ Cycle 5	
6 th Tuesday	2 nd Friday	30 Day		uesday	2 nd Friday	
Pre-Primary	Pre-Primary	Post Primary		Election	Pre-Election	
☐ Cycle 6	☐ Cycle 7	☐ Cycle 8		□ Су	cle 9	
0 Day Post-Election	Annual Report	2 nd Friday Pre-Specia	al Election	30 Day Po	ost-Special Election	
nis form is submits submitted with a declare under pe	ted with a Candid report by a cont nalty of perjury i	th a Committee replate replate report, the castributing lobbyist, under the law of the lance Report is	ndidate the lobb he Com r	must sign l yist must s monwealth	here. If this repo ign here.	
Signature of Trea	surér, Candidate	e, or Lobbyist		5/18/. ate (MM/0	25 DD/YYYY)	
JOSEDA	+ PODLEUS	JU	Ben	ALEHO	n PA US	
Pr	inted Name		Locat	ion (City/S	State/Country)	



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Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

06/17/2025

Signature of Treasurer, Candidate, or Lobbyist

Date (MM/DD/YYYY)

Joseph Poplawski

Bethlehem, PA USA

Printed Name

Location (City/State/Country)

LITED - JONTS, SEHHB: 42 MOKCO ETECLIONS



Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible, It should be typed)

Filer Identificati	ion	(14016. 11		ort Filed B		Candid				Comm			-		Lobi	byist	Tr
Number	33	34603202	(Mar		3 y	Canun	ale			Com	Hite	· · · · · · · · · · · · · · · · · · ·		X	LUD.	Jyısı	
Name of Filing (Lobbyist		ndidate or	PFCC	3													
Street Address			2404	1 East Bou	ılevard	1	•										
City	Bethlehe	em	1			State	PA	·····		Zip Co	de	180)17				
Type of Report ((Place x under	report type)		-													
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary		Tuesday Election	1 1 1	^{id} Friday Electior		30 Da	ay Post	7- Anr	nual	10.0	cial 2 -Elect	nd Friday tion		cial 30 :-Elect	
•			F		\vdash_{\vdash}			П	<u> </u>		7	-	T	1		· 1	
Date Of Election (MM/DD/YYYY)	A Company of the Comp		Year		L	serge-seiten	1.5	nendr port	ment			1 1	mina port	tion			Jahra galaning da Mayaran ay ang kand
			<u> </u>		<u> </u>		<u> </u>	μο	e general Taking a] 	A	MANAGE .	= 1.	<u></u>		
Summary of Rec Expenditures	ceipts and	5-06-25		To Date	e 6-09-25	5	1				For	Office	e Use	Only			
A. Amount Brou	ght Forward F	From Last Report	t , \$	<u> </u>	-95.49					···							
(From Schedule	e I)	ons and Receipts]'	425.00)	1								٠		
C. Total Funds A (Sum of Lines A	THE STATE OF THE STATE OF		\$		329.51	1	1										
D. Total Expend (From Schedule	litures		\$		828.11	1	1						N	ORCO E	ırc	TIM	
E. Ending Cash B (Subtract Line D	Balance		\$		-498.60	0						j		ID - JU			
F. Value of In-Ki (From Schedule	ind Contributio	* .	\$	'	800.50)											
G. Unpaid Debts (From Schedule		ins	\$		0.0												
Dort 1. If this is a (Camilton repo	rt, treasurer sign he	ara Ifti	Lie le a Car		ffidavit Se		-to cip	- hara								
		rt, treasurer sign ne , including the attac								ige and b	elief t	rue, co	rrect	and comple	te.		
Sworn to and subs								n				,	_				
day of_	•	20		1			- ar	•									
				-		1	~ ∦ ∕like C	Sig OHare	gnature	of Person	Subm	nitting	report	t			
	Signature		-				-			Printed	l Nam	ie					
My Commission ex	xnires			•			184			_	894	-6973					
	MO.	DAY YR.	nome.			_	Area (ode			Day	ytime T	eleph	one Numbe	er		
Part II- If this is a re	eport of a Candi	date's Authorized	Commit	ttee, candi	idate sł	nall sign l	iere.										····
I swear (or affirm) amended.								ot viol	ated any	y provisio	ns of t	the Act	of Jui	ne 3, 1937 (P.L. 133	33, NO.	320) as
Sworn to and subso	cribed before me	e this															
day of		·20	_	1					Sign	ature of 0	oihne.	data					
			*****	1								Jacc					
2	Signature			. 1					I	Printed N	ame						
My Commission exp		DAY YR.					Area C	ode	_	_	Dayt	ime Te	lepho	ne Number			
													•				

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
	334-60-3202

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	Ś	
Total for the reporting period (1)		25.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	400.00
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)	\$	
All Other Contributions (Part D)	\$	
Total for the reporting period (3)	\$	
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)	\$	

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.

riiei juentintation					
					Amount
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	·				
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					1
House#	Street Address			Date [MM/DD/YYYY]	\$
				man frame - 1	11
		T 65-12-1	7:- 0-4-	D-to [6484/DD/VVVV]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	- House			Date [MM/DD/YYYY]	\$
Full Name of Col	ntributing			Date [MIM/DD/1111]	- 3
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
					138 - 1
City		State	Zip Code	Date [MM/DD/YYYY]	\$
-					
Full Name of Cor	ntrihuting			Date [MM/DD/YYYY]	\$
Committee	Minating			Comment and Comment	
				n - fassa/nn/www1	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	itributing			Date [MM/DD/YYYY]	\$
	Ct t Addross			Date [MM/DD/YYYY]	\$:
House #	Street Address			Date finitely Date in 11	131
				!	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		A - 12		'	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

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

		1000	AND THE RESERVE OF THE PERSON		4.07		
Filer Identification N	-60-3202						

			and the second s		· · · · · · · · · · · · · · · · · · ·
Full Name of C				Date [MM/DD/YYYY]	\$
	John Lamana			5/15/25	100.00
House#	Street Address			Date [MM/DD/YYYY]	\$
4009	Pe	eacock Drive			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Bethlel	nem	PA	18020		
Full Name of C	ontributor			Date [MM/DD/YYYY]	\$
	Mike OHare			5/22/25	200.00
House #	Street Address			Date [MM/DD/YYYY]	\$
632	4tl	n Avenue			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Bethleh	iem .	PA	18018		
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
· Section 1	Robert Dandi			5/24/25	100.00
House #	Street Address			Date [MM/DD/YYYY]	\$
4789		N-309			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Lehigh	County,	PA	18034		
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY] ;	\$
City		State	Zip Code	Date [MM/DD/YYYY] :	\$
,	•			* * * * * * * * * * * * * * * * * * * *	•
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
	•	*.			
House #	Street Address			Date [MM/DD/YYYY] 5	\$
City		State	Zip Code	Date [MM/DD/YYYY] \$	\$
Full Name of Co	ntributor	The company of the co	The second of th	Date [MM/DD/YYYY] \$	\$
- Fair					
House #	Street Address			Date [MM/DD/YYYY] \$	\$
				A Charge generating and the Property of the Control	
City		State	Zip Code	Date [MM/DD/YYYY] \$	\$

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.

Filer Identification Number:

•					
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] \$	
House#	Street Addres	.SS		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] \$	
House#	Street Addres	:SS		Date [MM/DD/YYYY] \$	
City		State	Zip Code	* Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] \$	Section of the Property of the
House #	Street Addres	!SS		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee :			Date [MM/DD/YYYY] \$	
House #	Street Addres	55		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	əmmittee	Additional security	The state of the s	Date [MM/DD/YYYY] \$	
House#	Street Address	S		Date [MM/DD/YYYY] \$	
City		State	\ Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] \$	
House#	Street Address	is .		Date [MM/DD/YYYY] \$	4
City		State	Zip Code	Date [MM/DD/YYYY] \$	

PART D

All Other Contributions

Over \$250.00

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

Filer Identification Number:

•				
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
City		State	"Zip Code	Date [MM/DD/YYYY] \$
Employer Nam		1 Water Character of the Control of	Tables property	Occupation
Employer Maili Principal Place				
Full Name of Co				Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	I Dougland and death of the state of the sta	'Stäte	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		The second secon	A second	Occupation
Employer Maili Principal Place				
Full Name of Co				Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	Part Hallander and the second	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	e	The state of the s		Occupation
Employer Maili Principal Place o				and proceedings of the processory of the processory of the processory of the processor of t
Full Name of Co	intributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailin	ng Address / of Business			

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.

Filer identification Num	iDef;
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYY] \$
Receipt Description	
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYY] \$
Receipt Description	
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYY] \$
Receipt Description	The state of the s
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYY] \$ Code
Receipt Description	
Full Name	
House#	Street Address
City	State Zip Date [MM/DD/YYYY] \$
Receipt Description	
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYY] \$
Receipt Description	

SCHEDULE II

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

Filer Identification Number: 33	34-60-3202		
1. UNITEMIZED IN-KIND CO	ONTRIBUTIONS RECEIVED-VALUE OF \$50	0.00 0	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
		<u></u>	
- 2. IN-KIND CONTRIBUTION	IS RECEIVED-VALUE OF \$50.01 TO \$250.	00 (FI	ROM PART F)
TOTAL for the reporting period	(2)	\$	104.50
3. IN-KIND CONTRIBUTION	RECEIVED-VALUE OVER \$250.00 (FRON	/I PAK	i G)
TOTAL for the reporting period	(3)	\$	696.00
	BUTIONS DURING THIS REPORTING otals from boxes 1, 2, and 3; also enter	\$	
on Page 1, Report Cover Page, Iter			800.50

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

334-60-3202				
334-60-3202	The state of the s		Reference in a research of the confidence of the control of	greggives more regarded to a programme and the control of the cont
	· ·			

Full Name of Contrib	utor			Date [MM/DD/YYYY] \$			
	Joseph Poplaw	vski		5/15/2025	104.50		
House # 2404	Street Address Eas	st Boulevard		Date [MM/DD/YYYY] \$			
City Bethlehem	Name of the Control o	Staté PA	Zip Code 18017	Date [MM/DD/YYYY] \$			
Description of Contri	bution	Candidate Busine	ess Cards from VistaPrint, com				
Full Name of Contrib	utor			Date [MM/DD/YYYY] \$			
House #	Street Address		:	Date [MM/DD/YYYY] \$			
City	Filtrage Fire data decreases a superior and a super	State	Zip Code	Date [MM/DD/YYYY] \$			
Description of Contril	bution	7					
Full Name of Contribu	utor			Date [MM/DD/YYYY] \$			
House #	Street Address			Date [MM/DD/YYYY] \$			
City		State	Zip Code	Date [MM/DD/YYYY] \$			
Description of Contrib							
Full Name of Contribu	itor			Date [MM/DD/YYYY] \$			
House #	Street Address	Address to the control of the control		Date [MM/DD/YYYY] \$			
City		State	Zip Code	Date [MM/DD/YYYY] \$			
Description of Contribution							
Full Name of Contribu	itor	•		Date [MM/DD/YYYY] \$			
House #	Street Address			Date [MM/DD/YYYY] \$			
City		State	Zip Code	Date [MM/DD/YYYY] \$			
Description of Contrib	ution			, , , , , , , , , , , , , , , , , , , ,			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

	The state of the s	A CONTRACT OF SAME SHEET SAME AND A STORY	encongress of the second second second second	The second of th	A STATE OF THE STA	and the state of t
Filer Identification Number:						
3	334-60-3202					,
190						

Full Name of Co			Date [MM/DD/YYYY] \$
	Joseph Popl	awski	5/15/2025
House#	Street Address		Date [MM/DD/YYYY] \$
2404		East Boulevard	
City Bethlehe	em	State Zip Code 18017	Date [MM/DD/YYYY] \$
Employer Name		Quality Engineering Solutions, Inc.	Occupation Construction Manager / Inspector
Employer Mailin Place of Busines	ng Address / Principal s	9930 Grubbs Road Suit 300, Wexford, PA 1509	Description of Contribution Campaign Yard Signs
Full Name of Co	ntributor		Date [MM/DD/YYYY] \$
House#	Street Address		Date [MM/DD/YYYY] \$
City	\$ no entire production of the	" State	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailin Place of Busines	g Address / Principal s		Description of Contribution
Full Name of Cor	ntributor		Date [MM/DD/YYYY] \$
House#	Street Address		Date [MM/DD/YYYY] \$
City		State Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation .
Employer Mailin Place of Business	g Address / Principal		Description of Contribution
Full Name of Con	tributor		Date [MM/DD/YYYY] \$
House #	Street Address		Date [MM/DD/YYYY] \$
City		State Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Place of Business	g Address / Principal		Description of Contribution

Statement of Expenditures

	- The second second	the strain of the Belging of the		100		Spannensky service of the service of	
Filer Identification Number:			•				

To Whom Paid	No. 4 Policy		The state of the s	Date [MM/DD/YYYY] \$	104.50
	Vista Print . com			5-15-25	104.50
House#	Street Address			Description of Expenditure	
City		State	Zip Code	Political Business Cards	
To Whom Paid	CrazyCheapPolitica	lSigns.com		Date [MM/DD/YYYY] \$ 5-10-25	696.00
House #	Street Address	71. \$7 110		Description of Expenditure	
City		State	Zip Code	Yard Signs	
To Whom Paid	www.wix.com			Date [MM/DD/YYYY] \$ 6-09-25	27.61
House#	Street Address			Description of Expenditure	
City		State	Zip Code	Fees to take payments via we	bsite
To Whom Paid			Section 1	Date [MM/DD/YYYY] \$	
House#	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House#	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid		and the second s		Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City	and miles are common or a de l'acquire d'appendit de l'acquire de l'ac	State	Code		

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.

Filer Identification Number:

Name of Credit	tor		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$.
City		State Zip Code	
Description of D	Debt		
Name of Credite	ior		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	\$
		[MM/DD/YYYY]	
City		State Zip Code	
Description of D	Debt	PROSESSESSESSESSESSESSESSESSESSESSESSESSES	- · ·
Name of Credito	cor		Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED	\$
		[MM/DD/YYYY]	
City		State Zip	
Description of D	Jebt ·	Code	
Name of Credito	or		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of D	rebt	Proposition and Co.	·
Name of Credito	or		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
. <u> </u>			
City		State Zip Code	
Description of De	ebt		<u>\$3000</u>
Name of Credito	or.		Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	Total Addition to the control of the	State Zip Code	
Description of De	ebt	ক্ষিত্ৰিক্ষিক্ষিপাৰিক্ষা ক্ষিত্ৰিক্ষিক্ষিক্ষিক্ষিক্ষিক্ষিক্ষিক্ষিক্ষিক্ষ	***