

Pennsylvania Department of State

Name of Filing Committee, Candidate, or Lobbyist

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

NORGO ELECTIONS REC'D DCTZ4AX8:51

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.

			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
Reporting Cycle	e Name				
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3		Cycle 4	Cycle 5
6 th Tuesday	2 nd Friday	30 Day	6 th 7	uesday	2 nd Friday
Pre-Primary	Pre-Primary	Post Primary	Pre-	Election	Pre-Election
☐ Cycle 6	☐ Cycle 7	☐ Cycle 8		☐ Cy	cle 9
30 Day Post-Election	Annual Report	2 nd Friday Pre-Specia	al Election	30 Day Po	st-Special Election
declare under pe hat the accompa					of Pennsylvani
			10/2	3/2025	5
Signature of Trea	surer, Candidate,	or Lobbyist	Da	ite (MM/D	D/YYYY)
Michael O'l	Hare		Beth	lehem	, PA USA
Pr	inted Name		Locat	on (City/St	cate/Country)
					DSFB-502



Pennsylvania Department of State

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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.

Signature of Treasurer, Candidate, or Lobbyist

Joseph Poplawski

Printed Name

Date (MM/DD/YYYY)

Bethlehem, PA USA

Location (City/State/Country)

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

Filer Identification Number	1	Report Mark X	Filed E X)	3y 1	Candid	ate		Comm	ittee		X	Lobi	byist	
Name of Filing Committee, Candidate or Lobbyist		FCC	-											
Street Address	2	2404 Ea	ast Boı	ulevar	d								_	
City Bethlehem					State	PA		Zip Co	de	18017				
Type of Report (Place x under report type)														
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Po Pre-Primary Pre-Primary Primary		· 6 th Tue re- Elec		1 -	nd Friday - Election	l	Day Post on	7- Ann	ual	Special Pre-Elec	2 nd Friday ction	, -	ial 30 -Electi	-
	-		1		\overline{X}		1]		1			
Date Of Election (MM/DD/YYYY) 11/04/2025		ear	<u></u>	<u>L</u>	2025	Ameno				Termina Report	 ation			
Summary of Receipts and From Date		Т	Γο Date	e		For Office Use Only								
Expenditures 9-18-2	_		1	10-20-2	25									
A. Amount Brought Forward From Last Rep		\$		-328.2	27									
B. Total Monetary Contributions and Recei (From Schedule I)	pts	\$	2	2,025.0	30									
C. Total Funds Available (Sum of Lines A and B)		\$	1	1,696.7	73						word I	ELEG	TIQN	Ē,
D. Total Expenditures (From Schedule III)	:	\$	4	4,500.0	00						NORCO I RECO O	CTZ	WR:	
E. Ending Cash Balance (Subtract Line D from Line C)		\$		2,803.	27									
F. Value of In-Kind Contributions Received (From Schedule II)		\$		0.0										
G. Unpaid Debts and Obligations (From Schedule IV)		\$		0.0										
- Carrier Committee concept transcurar sign	horo	1£ +hic	· Car		Affidavit Se		' hara							
Part 1- If this is a Committee report, treasurer sign I swear (or affirm) that this report, including the a	n here. ttache	d sched	s a Can Jules or	n pape	r, is to the	best of m	gn nere. v knowled	ge and be	elief tr	ue, correct	and comple	te.		
Sworn to and subscribed before me this				•		,			*	-				
day of20		-				S like OHar	ignature (of Person	Subm	itting repo	rt			
Signature			Γ		IV	like Orian	В	Printed	Name	2				
My Commission expires						84				6973		_		
MO. DAY Y	YR.				A	Area Code			Day	time Telep	hone Numbe	er 		
Part II- If this is a report of a Candidate's Authoriz	ed Con	nmittee	e, candi	idate s	hall sign h	ere.								
I swear (or affirm) that to the best of my knowledgamended.	ge and	belief tl	his poli	itical co	ommittee	has not vic	olated any	provision	is of ti	he Act of Ju	ine 3, 1937 (I	P.L. 133	3, NO.a	320) as
Sworn to and subscribed before me this														
day of20		•	1.		_		Sign	ature of C	andid	ate		n anderson		
Signature			,				ļ	Printed Na	ame			_		
My Commission expires MO. DAY YR.					 A	rea Code	water to the same of the same		Daytii	me Telepho	one Number			

SCHEDULE 1

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
	 and the second s
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	, , , , , , , , , , , , , , , , , , ,
Total for the reporting period (1)	\$ 25.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	<i>i</i>
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 500.00
Total for the reporting period (2)	\$ 500.00
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 1,500.00
All Other Contributions (Part D)	\$ 0
Total for the reporting period (3)	\$ 1,500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	\(\text{\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\exitt{\$\text{\$\}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
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	\$ 2 025 00

Cover Page, Item B)

2,025.00

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.

Filer Id	entification Number				
					Amount
Full Na	ame of Contributing			Date [MM/DD/YYYY]	\$
House		Adrace		Date [MM/DD/YYYY]	\$
11045	"	101 E22			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Na Comm	ame of Contributing			Date [MM/DD/YYYY]	\$
House	# Street Ad	ddress	,	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Na Comm	ame of Contributing			Date [MM/DD/YYYY]	\$
House	# Street Ac	dress		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Na Commi	me of Contributing			Date [MM/DD/YYYY]	\$
House	# Street Ad	Idress		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Na Commi	me of Contributing ittee			Date [MM/DD/YYYY]	\$
House	# Street Ad	dress	***************************************	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Commi				Date [MM/DD/YYYY]	\$
House #	Street Ad	dress		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

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.)

Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$	Filer Identificati	on Number:					
House # 45						and Line law	
House # 45	Full Name of C				Date [MM/DD/YYYY]	∐ \$	1
45		Chris Ben	iner				250.00
State PA Zip Code 18018 Date [MM/DD/YYYY] S		Street Addres	†		Date [MM/DD/YYYY]	\$	
Bethlehem	45		West Garrison St	reet			
Date	City Bethle	hom		Zip Code	Date [MM/DD/YYYY]	\$	
Anthony Rybak				100.0			
House # 30 Street Address East 4th Street City Bethlehem State PA Zip Code 18015 Full Name of Contributor City Street Address Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$	Full Name of C		···		Date [MM/DD/YYYY]	_ Ş	4
State PA Zip Code 18015 Date [MM/DD/YYYY] \$		Anthony F	₹ybak				250.00
City Belhlehem State PA Zip Code 18015 Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City State Date [MM/DD/YYYY] \$ City State Date [MM/DD/YYYY] \$ City State Date [MM/DD/YYYY] \$		Street Addres			Date [MM/DD/YYYY]	\$	
Full Name of Contributor Full Name of Contributor Full Name of Contributor Full Name of Contributor State Street Address Date [MM/DD/YYYY] \$ Full Name of Contributor City State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	30		East 4th Street				
House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City State Date [MM/DD/YYYY] \$ City State Date [MM/DD/YYYY] \$	City Bethlel	hem	State PA	Zip Code 18015	Date [MM/DD/YYYY]	\$	
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$	Full Name of C	ontributor		ASSESSED AND THE STATE OF THE S	Date [MM/DD/YYYY]	\$	
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$						the b	
Full Name of Contributor Date [MM/DD/YYYY] \$	House #	Street Addres	S		Date [MM/DD/YYYY]	\$	
House # Street Address Date [MM/DD/YYYY] \$	City		State	Zip Code	Date [MM/DD/YYYY]	\$	
House # Street Address Date [MM/DD/YYYY] \$							
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$	Full Name of Co	ontributor	1 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -	American Control of the Control of t	Date [MM/DD/YYYY]	\$	
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$	House #	Street Addres	ล	W-A	Date [MM/DD/YYYY]	Š	
Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$	Поизе и	Jules Audies.					
House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$	City		State	Zip Code	Date [MM/DD/YYYY]	\$	
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$	Full Name of Co	ontributor	\$ 998.900 to \$1.00.		Date [MM/DD/YYYY]	\$	
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$	House #	Street Address	<u> </u>		Date [MM/DD/YYYY]	\$	
Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$					The state of the s		
House # Street Address Date [MM/DD/YYYY] \$	City		State	Zip Code	Date [MM/DD/YYYY]	\$	
House # Street Address Date [MM/DD/YYYY] \$	Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
City State Zip Code Date [MM/DD/YYYY] \$	House #	Street Address			Date [MM/DD/YYYY]	\$	
City State Zip Code Date [MM/DD/YYYY] \$							
	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 Identificatio	in Number;				
Full Name of Contributing Co	ommittee Lehigh Va	ellev Association of	f Realtors Political Action Committee	Date [MM/DD/YYYY]	\$ 1,500.00
House #	Street Address			9-22-2025 Date [MM/DD/YYYY]	
City Bethleh	nem	State PA	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	\$
House #	Street Address			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			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			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Cor	mmittee	=115gu256useu-	William (1999) 1999 1999 1999 1999 1999 1999 1999 1999 1999 1999 1999 1999 1999	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Cor	mmittee	Amagenesiano -		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
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 Contributor			Date [MM/DD/YYYY] \$	
House # Street Ad	Hdracc		Date [MM/DD/YYYY] \$	
	ures,			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address /				
Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Add	- Arace		Date [MM/DD/YYYY] \$	
NOUSE #	Iless)			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address /				
Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Add	·		Date [MM/DD/YYYY] \$	
House # Sueer Aug	Jress		Date [wint/pb/1111]	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor	25355550		Date [MM/DD/YYYY] \$	
House # Street Add	iress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address /				
Employer Mailing Address / Principal Place 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 Nur	nber:			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	Nac Service	A Maria Salatana Sala	[The Constitution]	1 1000
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				I PANI
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			13/2011	
Full Name				
House #	Street Address	, 1111		
City		State	Zip Code	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:	
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$!	50.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250	0.00 (FROM PART F)
TOTAL for the reporting period (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FRO	M PART G)
TOTAL for the reporting period (3)	\$
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)	

SCHEDULE II PART F

In-Kind Contributions Received

			VALUE OF \$50.01 TO :	\$250	
Filer Identification	on Number:				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
		Police Company Section	102.000 101.000		
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of (Contribution		L Walling Commencer and Commen		A-Styl
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
110430	Sheet nuar			SALAMAN HAMAS & GROWN RESISTANCE -	3
City	A Company of the Comp	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	Contribution				
				TO AS A POD POWER	
Full Name of Co	Intributor			Date [MM/DD/YYYY]	_ \$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				Section (Control of the Control of t	
Description of C	Contribution				
Full Name of Co	intributor			Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	\$
City	100000000	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	Contribution		Statement transcours		
Full Name of Cor	ntributor	Page 1		Date [MM/DD/YYYY]	\$
					1
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	Contribution				
#840 60 book film to the color from the color	us PRE de State State (Carlotte de la companya de	ASS 1			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

	1			
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	Control to Sense and Control to Appendix	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	,e			Occupation
Employer Maili Place of Busine	ing Address / Principal ess			Description of Contribution
Full Name of Co	ontributor	S0000		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	ė			Occupation
Employer Mailir Place of Busines	ing Address / Principal iss			Description of Contribution
Full Name of Co	intributor	2001		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	<u> </u>			Occupation
Employer Mailin Place of Business	ng Address / Principal ss			Description of Contribution
Full Name of Cor	ntributor	200		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	CENNA SERVICE CONTRACTOR	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		1	See a season a feet confirming	Occupation
Employer Mailing Place of Business	ng Address / Principal ss			Description of Contribution

Statement of Expenditures

Filer Identification Number:		

To Whom Paid			Date [MM/DD/YYYY] \$		
	ViaMedia			10/01/2025 4,500.00	
House # 3910	Street Address Adler Place			Description of Expenditure	
City Bethlehem State PA Zip Code			Advertising Campaign		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City	\$25.50 to \$100, \$220, \$100, \$1	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		<u> </u>		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		

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	on Number:			
Name of Credit	itor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of	Debt		DATE STATE OF THE STATE OF TH	NEXX.
Name of Credit	itor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Debt	•	A Self-artification of the self-artification o	National
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 Credito	Or Or			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCUI		\$
City		State	Zip Code	
Description of D)ebt			
Name of Credito	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D	iebt	L. C.	Constitution of the consti	1303
Name of Credito	or _			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zīp Code	
Description of De	ebt		Professional Control	2552