

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.

ay trong true a digital and a regarded						
Name of Filing	Committee, Can	didate, or Lobby	vist			
Reporting Cycle	e Name					
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	□ Cycle 3 30 Day Post Primary	6 th T	Cycle 4 uesday Election	☐ Cycle 5 2 nd Friday Pre-Election	
■ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special	☐ Cycle 8 ☐ Cy 2 nd Friday Pre-Special Election 30 Day Po			
Part I - If this form this form is submit is submitted with o I declare under pe that the accompa	tted with a Candid a report by a conti nalty of perjury u	ate report, the car ributing lobbyist, t nder the law of th	ndidate r the lobby ne Comm	must sign h vist must si nonwealth	ere. If this report gn here.	
			11/25/2025			
Signature of Trea	surer, Candidate,	or Lobbyist	Da	ite (MM/D	D/YYYY)	
Michael OH		Bethlehem, PA USA				
Pr		Locati	on (City/St	ate/Country)		



Pennsylvania Department of State

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

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

09/21/2025

Date (MM/DD/YYYY)

Bethlehem, PA USA

Location (City/State/Country)

Reset	Form

Print Form



Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identificati Number	on			ort Filed (ark X)	Ву Се	ndida	ite		Committee		X	Lobbyist	
copplist			PFC	С									
Street Address			2404	East Bot	levard								
City	Bethlehe	em .			Sta	ite	PA		Zip Code	18017			
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	5- 2 nd Fri Pre- Elec		6- 30 Day Election	Post	7- Annual	Special 2 ⁿ Pre-Electi		Special 30 Post-Election	
							X						
Date Of Election (MM/DD/YYYY)		11/04/2025	Year		2025		Amendme Report	ent		Terminati Report	on		
Summary of Rec	elpts and	From Date		To Date	2				For	Office Use C	nly		
Expenditures		10-20-25		1	1-24-25								
A. Amount Brou				"	2,803,27								
8. Total Moneta (From Schedule I	()	ns and Receipts	\$	1	0								
C. Total Funds Av			\$	-2	2,803.27					junet:	er My In	104.0514	1-56
(Sum of Lines A a D. Total Expendi			\$							i'	هکسته این ااتیان -	andreas of the second	
(From Schedule I			*	'	500.00								
E. Ending Cash B			\$	_3	3,303.27								
(Subtract Line D			<u>ب</u>	<u> </u>	1,303.21								
F. Value of In-Kin (From Schedule I	11)		\$		0.0								
G. Unpaid Debts (From Schedule I	-	ns -	\$		0.0								
					Affidav								
Part 1- If this is a Co I swear (or affirm) t	hat this report.	, treasurer sign ne including the attac	re, ii ti	hedules on	paper, is to	the b	est of my kno	owledg	e and bellef tru	ie, correct an	d complet	е,	
Sworn to and subsc					,		•						
day of		20		1					·				
				-		MI	Signa (e OHare	ture o	f Person Submi	tting report			
Si	ignature			.					Printed Name	ı			Ì
My Commission exp	ires			·		484	4		894-	8973			[
try commission exp	мо.	DAY YR.				Ar	ea Code		Daγt	lme Telephon	e Number		
Part II- If this is a rep	ont of a Candida	ate's Authorized Co	ommli	tes. candle	ate shall si	an her	e.				·····		
I swear (or affirm) the amended.	hat to the best o	f my knowledge an	d bell	ef this polit	ical commit	itee h	as not violate	d any i	provisions of th	e Act of June	3, 1937 (P	.L. 1333, NO.32	20) as
Sworn to and subscr	ibed before me	this											
day of		20		1				Cle	turn of Court 1	-14			ļ
							Joses	A Rna	ture of Candida	ンとらず			
Sij	gnature			. 1				P	rinted Name				1
My Commission expl	Ires			•		4	10		694.	9948		_	\
and annumental subs		DAY YR.				Are	a Code		Daytin	ne Telephone	Number		
			·										

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

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

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 iu	entification Numbe	·				
						 Amount
Full Na Comm	ime of Contributi ittee	ng			Date [MM/DD/YYYY]	\$
House	#	Street Address			 Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Full Na Commi	 me of Contributi ttee	ng		1	 Date [MM/DD/YYYY]	\$
House	# S	treet Address			 Date [MM/DD/YYYY]	\$
City	·		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Na Commi	me of Contribution ttee	ng		<u>-</u>	 Date [MM/DD/YYYY]	\$
House	♯ S	treet Address			 Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Full Nar Commit	ne of Contributir tee	g			Date [MM/DD/YYYY]	\$
House #	Sı	reet Address			 Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Full Nan Commit	ne of Contributin tee	g	11		Date [MM/DD/YYYY]	\$
House #	St	reet Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Full Nam Commit	ne of Contributin _i tee	g			Date [MM/DD/YYYY]	\$
House #	Sti	reet Address			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.)

Filer Identificati	on Number:)			
Full Name of C	Contributor			Date [MM/DD/YYYY]	\$
House #	Street Addre	ss		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of C	ontributor	434-44(33)	Lenning and the control of the contr	Date [MM/DD/YYYY]	\$
House #	Street Addres	ss		Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		N. S.			
Full Name of C	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Addres	55		Date [MM/DD/YYYY]	5
City	A27142111	State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Co	ontributor	V1414-84	1 110 11 1101	Date [MM/DD/YYYY]	\$
House #	Street Addres	S		Date [MM/DD/YYYY]	\$
City	1.4847.487.18.11	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor	- Chieffed	2.00 Williams	Date [MM/DD/YYYY]	\$
House #	Street Addres	S		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address	5		Date [MM/DD/YYYY]	S
		Canto	Zin Codo	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [INIM/DD/1111]	

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Addre	255		Date [MM/DD/YYYY]	\$
City	Partition and the second	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Co	mmittee	L		Date [MM/DD/YYYY]	\$
House #	Street Addre	SS		Date [MM/DD/YYYY]	\$
City	Partie Victoria, Com-	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee	- American de la companya de la comp	1	Date [MM/DD/YYYY]	\$
House #	Street Addre	SS		Date [MM/DD/YYYY]	\$
City	The second secon	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Cor	nmittee		·	Date [MM/DD/YYYY]	\$
louse#	Street Addres	SS		Date [MM/DD/YYYY]	\$
City	1775 34.8 (14.4)	State	Zip Code	Date [MM/DD/YYYY]	\$
ull Name of Contributing Con	ımittee			Date [MM/DD/YYYY]	\$
louse#	Street Addres	S		Date [MM/DD/YYYY]	\$
ity		State	Zip Code	Date [MM/DD/YYYY]	\$
ull Name of ontributing Com	mittee			Date [MM/DD/YYYY]	\$
ouse#	Street Address	5		Date [MM/DD/YYYY]	Ś
ity		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 Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	States and	ACCEPTATION OF	Occupation	
Employer Mailing Address / Principal Place of Business			1 31111411144001	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		L	Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
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 Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	1 Selections	Treba Manner Treng	Occupation	
Employer Mailing Address / Principal Place of Business			PERENCHANOL	

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 identificati	on Number:			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descri	iption			
Full Name				
House #	Street Address	1		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descri	ption	Li Li		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	ption	[http://www.	[Vers A45504	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	otion			
Full Name				
House #	Street Address		<u> </u>	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion	1 (18.2)	The same months	
ull Name				
louse #	Street Address			
ity		State	Zip Code	Date [MM/DD/YYYY] \$
eceipt Descript	ilon		[E-4-2-2-2-2-3]	

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 \$5	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 (FROM	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

Full Name of Contributor Bate MM/DD/YYYY \$					ion Number:	Filer Identification
House # Street Address Date [MM/DD/YYYY] \$ City Description of Contribution Full Name of Contributor House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City Date [r ran na mara na mga mangangang	
City State Zip Code Date [MM/DD/YYYY] \$	\$	Date [MM/DD/YYYY]			Contributor	Full Name of Co
City State Zip Code Date [MM/DD/YYYY] \$						
City State Zip Code Date [MM/DD/YYYY] \$ Description of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ Description of Contributor Date [MM/DD/YYYY] \$ Description of Contributor Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Description of Contribution Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ Full Name of Contribution Date [MM/DD/YYYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ Full Name of Contribution Date [MM/DD/YYYY] \$	3 数	Date [MM/DD/YYYY]			Street Address	House #
Description of Contributor Full Name of Contributor House # Street Address City State Zip Code Date [MM/DD/YYYY] \$ Description of Contributor Full Name of Contributor Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY]						
Description of Contributor Full Name of Contributor House # Street Address City State Zip Code Date [MM/DD/YYYY] \$ Description of Contributor Full Name of Contributor Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ City Date [MM/DD	**************************************	Data [MMM/DD/VVVV]	Tin Codo	State	THE SECTION ASSESSMENT	
Full Name of Contributor Date [MM/DD/YYYY] \$		Date [WIVI/DD/1111]	Zip code	Jiaie		City
Full Name of Contributor Date [MM/DD/YYYY] \$	<u> </u>		一种基本基本的企业		Contribution	Description of Co
House # Street Address Date [MM/DD/YYYY] \$ City Description of Contribution Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City Date [MM/DD/YYYY] \$						
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Full Name of Contributor Date [MM/DD/YYYY] \$		Date [MM/DD/YYYY]	Zip Code	State		City
Full Name of Contributor Date [MM/DD/YYYY] \$						
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Full Name of Contributor Date [MM/DD/YYYY] \$		Date (MINI) DDJ 11111				
House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Description of Contribution Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$		<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17 775 4 4 4 1 4 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Contribution	Description of Co
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Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$		Date [MM/DD/YYYY]	Zip Code	State		City
Full Name of Contributor Date [MM/DD/YYYY] \$	<u> </u>					
louse # Street Address Date [MM/DD/YYYY] \$					Contribution	Description of Cor
		Date [MM/DD/YYYY] \$			ontributor	ull Name of Cont
		Date [MM/DD/YYYY] \$			Street Address	louse #
State Zip Code Date [MM/DD/YYYY] \$						
		Date [MM/DD/YYYY1 S	Zip Code	State	The state of the s	itv iii
(2008)						
Description of Contribution		1991 1991	The transfer of the second second	, etament	ontribution	escription of Con

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Addres	is .	Address of the second of the s	Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principa Place of Business			Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address	5		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Hart Walk H	Occupation
Employer Mailing Address / Principa Place of Business	I		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		2,10,20,20,20,00	Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		1 11 11 21 21 21 21 21 21 21 21 21 21 21	Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution

SCHEDULE III

Statement of Expenditures

Filer Identification Number:			
THE INCHILITION MUNICIPEL .			
al Para de la companya de la company			

To Whom Paid					Date [MM/DD/YYYY]	\$	
	ViaMedia				10/29/2025		500.00
House # 3910	Street Address	Adler Place			Description of Expen	diture	
City Bethlehen)	State PA		Zip Code 18017	Advertising Campaign		<u> </u>
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expend	liture	
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expend	iture	
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expend	iture	
City		State		Zip Code			
To Whom Paid			1		Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expendi	ture	
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expendi	ture	
City	<u> </u>	State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expendit	ure	
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address			Commission with a series of the series of th	Description of Expendit	ure	
City		State		Zip Code		<u> </u>	and the state of t

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 Credi	tor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	3
City		State	Zip Code	
Description of	Debt	<u> </u>		
Name of Credi	tor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of	Debt			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
 City		State	Zip Code	
Description of I	보기를 살려왔다.			
Name of Credit	Outstanding Balance of Debt			
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$
ilty		State	Zip Code	
Description of D	Pebt REEN			
Name of Credito	or .			Outstanding Balance of Debt
louse#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
ity		State	Zip Code	
escription of D	ebt			
				Outstanding Balance of Debt
ame of Credito			DATE DEBT INCURRED	\$
ame of Credito	Street Address		[MM/DD/YYYY]	