

| Filer Identification | Report Filed B | | | Committee | Lobbyist |
|---|--|--|---|--|--|
| Number | (Mark X) | | | | |
| Name of Filing Committee, Candidate or Lobbyist | J. William Reyn | olds | | | |
| Street Address | 1718 N New St | reet | | | |
| City. Bethlehem | 1, | State | PA | Zip Code 18018 | · |
| Type of Report (Place x under report type) | | | | | |
| 1-6 th Tuesday 2- 2 nd Friday 3-30 Day Pos Pre-Primary Pre-Primary Primary | 4-6th Tuesday Pre-Election | 5- 2 nd Friday Pre- Election | 6-30 Day Post Election | 7- Annual Special Pre-Elec | 2 nd Friday Special 30 Day tion Post-Election |
| | | \$27.5% (Mar. 4.5%) | | | 1 |
| Date Of Election (MM/DD/YYYY) 11/05/24 | Year | 2024 | Amendment Report | Termina Report | ation |
| Summary of Receipts and From Date | To Date | | | For Office Use | e Only |
| Expenditures 01/01/24 | 1 | 2/31/24 | | | The state of the s |
| A. Amount Brought Forward From Last Repor | t//- 8 | 0.00 | Commence of the second | ander in de een tre verst gegeneer de lagen til verst in de lagen of de lagen of de lagen de lagen de lagen de | and the depth of the first of the state of t |
| B. Total Monetary Contributions and Receipt (From Schedule I) | S 8 | 40,000 | | | |
| C. Total Funds Available (Sum of Lines A and B) | 8 | 40,000 | | | |
| D. Total Expenditures (From Schedule III) | \$ \$ | 40,000 | | | RCO ELECTIONS - JAN31'25px3:21 |
| E. Ending Cash Balance (Subtract Line D. from Line C) | \$ S S S S S S S S S | 0 | | <u> </u> | I - OHMOT KOLUGEST |
| F. Value of In-Kind Contributions Received (From Schedule II) | 8 | 0 | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 0 | | | |
| Part 1- If this is a Committee report, treasurer sign I | nere If this is a Car | Affidavit Sec | | | ., . |
| I swear (or affirm) that this report, including the att | ached schedules or | nanar ie to tha | hast of mulanaula | | |
| - Approximation | , | | • | | |
| - Carlotte | | | * | | |
| | | | | | • |
| - 1-14_COURTS | | | | | |
| Spanning to 6- | | | | | |
| | | | | | |
| amended. | | | nas not violated an | y provisions of the Act of J | une 3, 1937 (P.L. 1333, NO.320) as |
| Sworn to and subscribed before me this | | | | | |
| day of20 | - 1 | | | | - |
| O't | _ | · · | Sign | nature of Candidate | |
| Signature | , 1 | | | Printed Name | |
| My Commission expires MO. DAY YR. | | A | rea Code | Daytime Teleph | none 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) | 8 | |
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B) | | |
| Contributions Received from Political Committees (Part A) | 8 | |
| All Other Contributions (Part B) | 8 | |
| Total for the reporting period (2) | 8 | |
| 3. Contributions Over \$ 250.00 (From Part C and Part D) | | And the same of th |
| Contributions Received from Political Committees (Part C) | 8 | A SHARL THE STATE OF SHARL |
| All Other Contributions (Part D) | 8 | 40,000 (loan) |
| Total for the reporting period (3) | \$ | 40,000 |
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | | |
| Total for the reporting period (4) | 8 | 40,000 |
| 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) | 8 | |

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

| Filer Identificat Number | | | Repor | rt Filed E rk X) | | ate X | Committee | , | Lobbyist | |
|---|---------------------------------------|------------------------------|---------------------------------|---------------------|--|----------------------------|------------------|--|--|--|
| Name of Filing (Lobbyist | Committee, | Candidate or | J. Will | liam Reyr | nolds | | J | | L | |
| Street Address | | - | 1718 | N New St | treet | | M5-M- | | | |
| City | Bethle | hem | | | State | PA | Zip Code | 18018 | | |
| Type of Report (| Place x und | er report type) | | | | | | , | | |
| 1-6 th Tuesday Pre-Primary | 2- 2 nd Frid Pre-Primar | | 4- 6 th T Pre- El | | 5- 2 nd Friday Pre- Election | 6- 30 Day Post Election | 7- Annual | Special 2 nd Friday Pre-Election | Special 30 Day Post-Election | |
| Date Of Election | | | Von | | | | X | | | |
| (MM/DD/YYYY) | | 11/05/24 | Year | | 2024 | Amendment Report | | Termination Report | | |
| Summary of Red Expenditures | eipts and | From Date | | To Date | · · · · · · · · · · · · · · · · · · · | | For | Office Use Only | en engagagia, kalendar en | |
| A. Amount Brou | ght Forward | 01/01/24 d From Last Repo | 1 1 | | 0.00 | | | | | |
| (From Schedule | l) | tions and Receipt | 8 | | 40,000 | | | | | |
| C. Total Funds Available (Sum of Lines A and B) | | | | | 40,000 | | | | | |
| D. Total Expend (From Schedule E. Ending Cash B | III) | | 8 | 40,000 | | | | | | |
| (Subtract Line D F. Value of In-Ki | from Line C | | 8 | | 0 | | | | | |
| (From Schedule | li) | • | | | 0 | | | | | |
| G. Unpaid Debts (From Schedule | | tions | 8 | | 0 | | | | Addisonate and the state of the | |
| Part 1- If this is a C | ommittee rec | oort, treasurer sign f | nere. If thi | is is a Can | Affidavit Sec Ididate report, ca | tion | <u> </u> | | • | |
| I swear (or affirm) | that this repo | rt, including the atta | iched sch | edules on | paper, is to the | best of my knowled | ge and belief tr | ue, correct and complet | 6. | |
| Sworn to and subso | cribed before | | | | | | | | | |
| day of | | 20 | | 1 | • | Signature c | of Person Submi | Itting report | | |
| | Signature | | | | | . Olymator o | | | | |
| | • | | | , 1 | | • | Printed Name |) | | |
| My Commission ex | pires MO. | DAY YR. | _ | | A | rea Code | Dayt | time Telephone Number | <u> </u> | |
| Part II- If this is a re | port of a Can | didate's Authorized | Committ | ee, candir | date shall sign he | re. | | | | |
| amended. | hat to the Des | st of my knowleage | and beliet | i this polit | ical committee h | as not violated any | provisions of th | ne Act of June 3, 1937 (P | .L. 1333, NO.320) as | |
| Sworn to and subsc | ribed before i | me this | | | | | | | | |
| day of | | 20 | | . 1 | | | | | | |
| | | | none. |]. | 4 | - | ature of Candida | ate | | |
| S | ignature | | | .1 | | P | Printed Name | | | |
| My Commission exp | oires | DAY YR. | | | | Coda | Double | Talankana Numban | | |
| | WIO. | DAI IN. | | | '- '- | rea Gode | Dayın | me Telephone Number | | |

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] | 8 | |
| 사는 역시 : 프로그램 시간 시간 시간 등록 보고 보고 있다면 보고 있는 것이다. | n Reynolds | | 12/15/24 | 40,000 (loan | |
| House # Street Addres | s | | Date [MM/DD/YYYY] | \$ | |
| 1718 | N. New Street | | | | |
| City Bethlehem | State | Zip Code 18018 | Date [MM/DD/YYYY] | 8 | |
| | | 10010 | Occupation | 1 | |
| Employer Name | City of Bethlehem | | Mayor | | |
| Employer Mailing Address / Principal Place of Business | 10 E Church Stree | t Bethlehem, PA 18018 | | | |
| Full Name of Contributor | 1976 <u> </u> | | Date [MM/DD/YYYY] | | |
| | | | | | |
| House # Street Addres | 3 | | Date [MM/DD/YYYY] | | |
| | | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | 3 | |
| | | | Ossupation | | |
| mployer Name | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | , | | | |
| Full Name of Contributor | **] | | Date [MM/DD/YYYY] | | |
| | | | | | |
| louse # Street Address | 3 | | Date [MM/DD/YYYY] | 3 | |
| | | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | 8 | |
| | | 基果等基本 | Convertion | | |
| mployer Name | | | Occupation | | |
| mployer Mailing Address / Principal Place of Business | | | | | |
| ull Name of Contributor | | | Date [MM/DD/YYYY] | 8 | |
| | | | | | |
| louse # Street Address | | | Date [MM/DD/YYYY] | | |
| | | | | | |
| lity | State | Zip Code | Date [MM/DD/YYYY] | - 8 | |
| imployer Name | | | Occupation | | |
| | | | Occupation | | |
| mployer Mailing Address / Principal Place of Business | | | | | |

| | The state of the s | |
|------------------------------|--|--|
| | | |
| Filer Identification Number: | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| To Whom Paid | | | | Date [MM/DD/YYYY] \$ |
|----------------|--|---------------|-------------------|--|
| | Friends of J. Willia | am Reynolds | | 12/15/2024 40,000 |
| House # 1718 | Street Address | N. New Street | | Description of Expenditure |
| City Bethleh | em | State PA | Zip Code 18018 | Campaign Loan |
| To Whom Paid | | | | Date [MM/DD/YYYY] \$ |
| House # | Street Address | | | Description of Expenditure |
| City | a. 800 May 200 0 10 22 C 14-03. | State | Zip Code | The first Control of the Control of |
| 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 | 1 3 585 5 5 5564 | 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 | 英語 交響 長語 | | | Date [MM/DD/YYYY] \$ |
| House # | Street Address | | | Description of Expenditure |
| City | 7 (1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 | State | Zip Code | Service reserved way or difference of the service of the difference of the service of the servic |
| To Whom Paid | | 1 | | Date [MM/DD/YYYY] \$ |
| House # | Street Address | | | Description of Expenditure |
| City | Providence and the day | State | Zip Code | |

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

| Filer Identification Number | Report Filed B (Mark X) | y Candida | te | Committee | X | Lobbyist | | |
|--|--|--|---|------------------|--|---------------------------------|--|--|
| Name of Filing Committee, Candidate or Lobbyist | Friends of J. Will | iam Reynolds | | | | | | |
| Street Address | 1718 N. New Str | eet | | | | | | |
| City Bethlehem | | State | PA | Zip Code | 18018 | | | |
| Type of Report (Place x under report type) | | | | | | | | |
| 1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary | 4- 6th Tuesday Pre- Election | 5- 2 nd Friday Pre- Election | 6- 30 Day Post Election | 7- Annual | Special 2 nd Friday Pre-Election | Special 30 Day Post-Election | | |
| | The Act of the Section of the Sectio | | | X | | | | |
| Date Of Election (MM/DD/YYYY) 11/05/24 | Year | 2024 | Amendment Report | | Termination Report | | | |
| Summary of Receipts and From Date | To Date | | (1975), saggifter, ett som fill som fill som fill Light generalister det filmster som fill so | For | Office Use Only | | | |
| Expenditures | 1 1 | /31/2024 | | | | | | |
| A. Amount Brought Forward From Last Repor | gij e | 2551.30 | | | | | | |
| B. Total Monetary Contributions and Receipt (From Schedule I) C. Total Funds Available | 9 | 94400.00 | | | | | | |
| (Sum of Lines A and B) Di Total Expenditures | \$ \$ \$ \$ \$ \$ \$ | 96951.30 | | | | | | |
| (From Schedule III) E. Ending Cash Balance | \$ | 3566.41 | | | wapen Fl | ORCO ELECTIONS | | |
| (Subtract Line D from Line C) F. Value of In-Kind Contributions Received | | 93384.89 | | | | 31'25PM3:21 | | |
| (From Schedule II) G. Unpaid Debts and Obligations | \$ \$ | 0 | · | | | | | |
| (From Schedule IV) | | 10000.00 | | | | | | |
| Part 1- If this is a Committee report, treasurer sign I | nere. If this is a Ca r | Affidavit Se ndidate report, c | andidate sign here. | | | | | |
| I swear (or affirm) that this report, including the att | ached schedules o | n paper, is to the | best of my knowle | dge and belief t | rue, correct and compl | ete. | | |
| Sworn to and subscribed to | • | | | | | | | |
| | | | | | - | | | |
| | | | | | - | | | |
| | | | | | | 1 | | |
| Му Сс | | | | | . Ē | <u>l</u> per | | |
| Part II | | | | | • | | | |
| I sweet | | | | | , i | (P.L. 1333, NO.320) as | | |
| Swori | | | | | | | | |
| [2] | | | | | | - | | |
| | | | | | | | | |
| | | | | | | 1 | | |
| МуС | | | | | | <u> </u> | | |
| | | | | | | | | |

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) |) \$ | 1150.00 |
| 2. Contributions of \$ 50.01 to \$ 250.00 (From Part A and Part B) | | |
| Contributions Received from Political Committees (Part A) | \$ | 0.00 |
| All Other Contributions (Part B) | \$ | 6450.00 |
| Total for the reporting period (2) |) \$ | 6450.00 |
| 3. Contributions Over \$ 250.00 (From Part C and Part D) | | |
| Contributions Received from Political Committees (Part C) | \$ | 9000.00 |
| All Other Contributions (Part D) | \$ | 77800.00 |
| Total for the reporting period (3) | \$ | 86800.00 |
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | | |
| Total for the reporting period (4) | \$ | 0.00 |
| 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) | \$ | 94400.00 |

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 Ide | entification Number | | | | |
|-------------------------------------|---------------------------------|---------|----------|-------------------|--------|
| | | | | | Amount |
| Full Na Comm | me of Contributing | | | Date [MM/DD/YYYY] | \$ |
| House | # Street | Address | | 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 | Address | | Date [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Full Na Commi | l me of Contributing ttee | | | Date [MM/DD/YYYY] | \$ |
| House i | # Street | Address | | Date [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Full Nai Commit | ne of Contributing Itee | | | Date [MM/DD/YYYY] | \$ |
| House # | Street | Address | | Date [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Full Nar Commit | ne of Contributing tee | | | Date [MM/DD/YYYY] | \$ |
| House # | Street | Address | , , , | Date [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributing Committee | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street A | Address | | Date [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ |

\$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.)

| Files Identification Number. | |
|---|--|
| Filer Identification Number: | |
| | |
| | |
| 그는 사진 사람들이 모르는 말에서 이 아이들의 아이는 사람들이 없었다. | |
| | · |
| | |
| | The state of the s |

| Full Name of Co | ntributor | | | | | Date [MM/DD/YYYY] | 8 | |
|--|---|---|-------------------|---------------------|---|-------------------|--------|--------|
| 01 00 | Curtis Ba | arnette | | | | 04/17/2024 | 1 | 250.00 |
| House # | Street Addr | 988 | | | | Date [MM/DD/YYYY] | 8 | |
| 1112 | [12] [12] [13] [13] [14] [15] [15] [15] [15] [15] [15] [15] [15 | | | | 200, (110, 17, 17, 17, 17, 17, 17, 17, 17, 17, 17 | 1 | | |
| City Bethlehe | m | State | PA | Zip Code | 18018 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Co | ntributor | | Date [MM/DD/YYYY] | 8 | · · · · · · · · · · · · · · · · · · · | | | |
| Ronald and Lisa Donchez | | | | | 04/17/2024 | | 250.00 | |
| House # Street Address | | | | | | Date [MM/DD/YYYY] | 8 | |
| 915 Wafford Lane | | | | | | 01/10/2025 | | 125.00 |
| City Bethlehe | m | State | PA | Zip Code | 18017 | Date [MM/DD/YYYY] | 8 | |
| Full Name of Contributor | | | | | 1 | Date [MM/DD/YYYY] | 8 | |
| | Michael | and Sonia Alkhal | | | | 04/23/2024 | | 250.00 |
| House # | Street Addre | 988 | | | | Date [MM/DD/YYYY] | 8 | |
| 1150 | | Pennsylvania | Street | | | | | |
| City Whitehal | * | State | PA | Zip Code | 18052 | Date [MM/DD/YYYY] | 8 | |
| Full Name of Co | stributor I | | | ાં, અમેડું હાલું મા | | Date [MM/DD/YYYY] | 8 | |
| run Ivanie oi co | Chris Val | ianatos | | | | 04/30/2024 | | 250.00 |
| House # | Street Addre | 266 | | | | Date [MM/DD/YYYY] | \$ | |
| 2100 | | W. Union Bo | ulevard | | | | | |
| City Bethlehe | n | State | PA | Zip Code | 18018 | Date [MM/DD/YYYY] | 8 | |
| full Name of Co | itributor | | | | | Date [MM/DD/YYYY] | 8 | |
| | Matt Mal | ozi | | | | 05/01/2024 | | 250.00 |
| House # | Street Addre | SS | | | | Date [MM/DD/YYYY] | \$ | |
| 1820 | | Paul Avenue | | | | | | |
| Bethleher | 1 | State | PA | Zip Code | 18018 | Date [MM/DD/YYYY] | \$ | · |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | 8 | | |
| Rocco Beltrami | | | | | 05/07/2024 | | 200.00 | |
| House # Street Address 450 Barclay Drive | | | Date [MM/DD/YYYY] | \$ | | | | |
| lity Bethlehen | | State | ΡΔ | Zip Code | 18017 | Date [MM/DD/YYYY] | 8 | |
| Bethlehen | 1 | 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | PA | | 18017 | | | |

\$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 Ide | entification Numb | er: | | | | | | | |
|-----------------|-------------------|--|-----------------------|--|---------------------------------------|--|-------------------|----|--|
| | | | | | | | Description/VVVI | 10 | *** |
| Full Nai | ime of Contribut | Itor Janine Santo | | | | | Date [MM/DD/YYYY] | 8 | 100.00 |
| | | | | ************************************** | · · · · · · · · · · · · · · · · · · · | | 05/09/2024 | 4 | 100.00 |
| House # | # 888 | Street Address | Graystone Ci | ircle | | | Date [MM/DD/YYYY] | \$ | |
| City | Northampton | at Salah Salah Salah sa Separah sa sa sa | State | PA | Zip Code | 18067 | Date [MM/DD/YYYY] | \$ | |
| Full Na | ime of Contribut | for | juhita gajua i | | | The second secon | Date [MM/DD/YYYY] | 8 | |
| | | 提表的24 | and Anne Wak | kabayashi | i | | 05/09/2024 | | 200.00 |
| House # | ## | Street Address | | | | | Date [MM/DD/YYYY] | \$ | |
| l de la company | 1040 | | Cumberland a | Avenue | | | | | The service of the se |
| City | Bethlehem | Selferger and account | State | PA | Zip Code | 18017 | Date [MM/DD/YYYY] | 8 | |
| Full Na | me of Contribut | for [| Life eggs.co. | | | | Date [MM/DD/YYYY] | 8 | |
| Fun | Ne Ur Comme | Dino Cantelm | ni | | | | 05/09/2024 | | 250.00 |
| House # | 4 | | | | | | Date [MM/DD/YYYY] | 3 | |
| House » | # 541 | Street Address | Apollo Drive | ; | | | Date Immi est | | |
| City | <u> </u> | The first production of T | State | | Zip Gode | T | Date [MM/DD/YYYY] | 8 | 1 |
| | Bethlehem | | | PA | | 18017 | | | 3 |
| Full Nar | me of Contribut | 100000 | and the second second | | | | Date [MM/DD/YYYY] | 3 | |
| | | Mark Hartney | 1 | | | | 05/09/2024 | | 250.00 |
| House # | | Street Address | | | | | Date [MM/DD/YYYY] | \$ | |
| | 360 | | 9th Avenue | | | | , | | |
| City | Bethlehem | | State | PA | Zip Code | 18018 | Date [MM/DD/YYYY] | 8 | |
| Full Nar | me of Contribute | .or | | | | | Date [MM/DD/YYYY] | 8 | |
| | | Jennifer Manr | n | | | | 05/09/2024 | 11 | 250.00 |
| House # | # | Street Address | Parkway Blvd | d | | | Date [MM/DD/YYYY] | 8 | |
| City | | A STATE OF THE STA | State | Г | Zip Code | | Date [MM/DD/YYYY] | 8 | |
| | Allentown | |) Olsaio | PA | Lip oods | 18104 | Date Limin,,, | | 1 |
| Full Nar | me of Contributo | or | <u> </u> | | terning to the company | | Date [MM/DD/YYYY] | \$ | |
| | | Angela Delgro | JSSO | | | | 05/09/2024 | | 100.00 |
| House # | dalama, mangga | Street Address | | 4 | | | Date [MM/DD/YYYY] | 8 | |
| | 510 | | E. 3rd Street A | APT 202 | | | | | • |
| City | Rethlehem | 200 copyrigation in | State | PA | Zip Code | 18015 | Date [MM/DD/YYYY] | 8 | |

\$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 Identification Number: | |
|------------------------------|------------------------|
| Full Name of Contribution | |
| Full Name of Contributor | Date [MM/DD/YYYY] \$ |

| Enil No | ame of Contributor | [8] | | | | | Date (\$434 /DD 00000) | l A | Χ.« |
|----------|--------------------|--|---|----------|----------|-------|------------------------|-------|---------|
| ruii iyi | ame of contributor | Robert Melos | kv and Meø | han Hoff | fner | | Date [MM/DD/YYYY] | - \$ | 200.00 |
| 11 | | | | | | | 05/09/2024 | | |
| House | # | reet Address | ine Top Tra | il | | | Date [MM/DD/YYYY] | 8 | |
| City | Bethlehem | The state of the s | State | PA | Zip Code | 18017 | Date [MM/DD/YYYY] | 8 | |
| Full Na | ame of Contributor | | 111111111111111111111111111111111111111 | <u> </u> | | | Date [MM/DD/YYYY] | 8 | |
| | | Loren Speziale | : | | | | 05/09/2024 | 1 | 250.00 |
| House | # Str | eet Address | Nain Street | | | | Date [MM/DD/YYYY] | 8 | |
| City | Bethlehem | The class is the project of | State | PA | Zip Code | 18018 | Date [MM/DD/YYYY] | 8 | N |
| Full Na | me of Contributor | | 64,445,60 | | | | Date [MM/DD/YYYY] | 8 | |
| | | Casey Roncord | ni | | • | | 01/06/2025 | 1 | 100.00 |
| House | # Str | eet Address | *************************************** | | | | Date [MM/DD/YYYY] | 8 | • |
| | 1033 | The first first teacher and the con- | everly Aven | ue | | | - | | 7) 1 |
| City | Bethlehem | | State | PA | Zip Code | 18018 | Date [MM/DD/YYYY] | 8 | |
| Full Na | me of Contributor | | | | | | Date [MM/DD/YYYY] | 8 | |
| | | Pamela and Cra | aig Larimer | | | | 01/08/2025 | | 100.00 |
| House i | # Str | eet Address Fr | anklin Stree | et . | | | Date [MM/DD/YYYY] | 8 | |
| City | Bethlehem | | State | PA | Zip Code | 18018 | Date [MM/DD/YYYY] | 8 | |
| Full Nai | me of Contributor | | | | | 1 | Date [MM/DD/YYYY] | \$ | |
| | | Glenn and Susa | n Noack | | | | 01/08/2025 | | 100.00 |
| House # | \$ Stre | et Address Ea | stman Aven | nue | | | Date [MM/DD/YYYY] | 8 | |
| City | Bethlehem | | State | PA | Zip Code | 18018 | Date [MM/DD/YYYY] | \$ | |
| Full Nan | ne of Contributor | | | | | | Date [MM/DD/YYYY] | 8 | |
| | | James and Caro | l Lasko | | | | 01/08/2025 | | 250.00 |
| | | | | | | | | | |
| House # | Stre 620 | et Address Bar | clay Avenue | e | | | Date [MM/DD/YYYY] | 8 | |

\$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 Identification Number: | | | | | |
|--|------------------|------------------------|-------------------|----|--------|
| NAME OF THE OWNER OWNER OF THE OWNER OWN | | | | | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] | 8 | |
| Steve and L | Lucy Thompson | | 01/10/2025 | | 300.00 |
| House # Street Address | s | | Date [MM/DD/YYYY] | 8 | |
| 895 | Wafford Lane | | | | |
| City Bethlehem | State PA | Zip Code 180 | Date [MM/DD/YYYY] | 8 | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] | 8 | |
| Susan Chris | stoff | | 01/10/2025 | | 100.00 |
| House # Street Address | s | | Date [MM/DD/YYYY] | 8 | 3 |
| 2019 | Woodmont Drive | | | 1 | |
| City | State | Zip Code | Date [MM/DD/YYYY] | 8 | |
| Bethlehem | PA | 180 | | 7. | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] | 8 | |
| Linda Opling | ger | | 01/10/2025 | | 100.00 |
| House # Street Address | s | | Date [MM/DD/YYYY] | 8 | |
| 3149 | Shakespeare Road | | | 7 | |
| City | State | Zip Code | Date [MM/DD/YYYY] | 8 | |
| Bethlehem | PA | 180: | | | |
| Full Name of Contributor | 3.756.3 | | Date [MM/DD/YYYY] | 8 | |
| [^ 발발 및 및 기계를 가격되었다. 하의 설계를 받아 프로그 | Matthew Krill | | 01/13/2025 | 1 | 100.00 |
| House # Street Address | la | | Date [MM/DD/YYYY] | 8 | |
| 626 | W. Market Street | | | 1 | |
| City (1) | State | Zip Code | Date [MM/DD/YYYY] | 8 | |
| Bethlehem | PA | 1801 | 18 | 1 | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] | \$ | |
| Mary Jo Carl | len | | 01/13/2025 | | 200.00 |
| House # Street Address | | 4 | Date [MM/DD/YYYY] | 8 | |
| 2117 | Center Street | | | 1 | |
| City Bethlehem | State PA | Zip Code | Date [MM/DD/YYYY] | 8 | |
| Full Name of Contributor | 10 - 100 - 1500 | g alternative state of | Date [MM/DD/YYYY] | 8 | |
| | nd Jolene McGee | | | ┦゜ | 100.00 |
| | | | 01/13/2025 | | |
| House # Street Address | Hart Street | | Date [MM/DD/YYYY] | \$ | |
| | Hart Street | | | | 1 |

State

PΑ

Zip Code

18017

City

Bethlehem

Date [MM/DD/YYYY]

\$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 Identification Number: | |
|------------------------------|--|
| | |

| | ında Finelli | | | Date [MM/DD/YYYY] | 8 | · I | | |
|--|--|--|--|--|---------------------------------------|--|--|--|
| | maa i mem | Full Name of Contributor Patrick and Wanda Finelli | | | | | | |
| Street Address | | | | 01/15/2025 | <u> </u> | 100.00 | | |
| | orain Avenue | | | Date [MM/DD/YYYY] | 8 | | | |
| | | | | D : (1414 / DD 0000/) | | | | |
| em | State PA | Zip Code | 18018 | Date [MM/DD/YYYY] | 8 | | | |
| ntributor | | | | Date [MM/DD/YYYY] | 8 | | | |
| Joseph Posh | | | | 01/17/2025 | | 250.00 | | |
| Street Address | | | • | Date [MM/DD/YYYY] | 8 | | | |
| w w | illow Park Road | | | | | | | |
| m | State PA | Zip Code | 18020 | Date [MM/DD/YYYY] | 8 | | | |
| ntributor | | | | Date [MM/DD/YYYY] | 8 | | | |
| Michael Frabor | i and Trisha Moll | er | | 01/17/2025 | | 100.00 | | |
| Street Address | | | | Date [MM/DD/YYYY] | 8 | | | |
| | . Market Street | | | | | | | |
| | State | Zip Code | ······································ | Date [MM/DD/YYYY] | \$ | | | |
| m . | PA | | 18018 | | | | | |
| ntributor | | | | Date [MM/DD/YYYY] | 8 | | | |
| Matthew and C | orinne Holt | | | 01/18/2025 | | 100.00 | | |
| Street Address | | | | Date [MM/DD/YYYY] | 8 | | | |
| Su | nnybrook Road | | | | | | | |
| idge | State NJ | Zip Code | 07920 | Date [MM/DD/YYYY] | 8 | | | |
| ntributor | 100 | absence of | | Date [MM/DD/YYYY] | 8 | | | |
| Kerry Wrobel | | | | 01/20/2025 | | 125.00 | | |
| Street Address | | | | Date [MM/DD/YYYY] | 8 | | | |
| Ma | rchant Drive | | | | | | | |
| | State | Zip Code | | Date [MM/DD/YYYY] | 8 | | | |
| n | PA | | 18017 | | | | | |
| ntributor | | | | Date [MM/DD/YYYY] | \$ | | | |
| Susan and Denn | is Domcheck | | | 01/21/2025 | | 100.00 | | |
| Street Address | Langhorne Avenu | e | | Date [MM/DD/YYYY] | \$ | | | |
| A STATE OF THE STA | | | | Date (MM/DD/VVVV) | 2 | MARINI MARI | | |
| n | PA | | 18017 | Date [Mini/DD/1111] | 7 | | | |
| | Street Address Street Address W Michael Frabor Street Address W Matthew and C Street Address Su Ridge Intributor Kerry Wrobel Street Address Ma Matthew Matthew Street Address Su Su Su Su Su Su Su Su Su | Street Address Millow Park Road Michael Fraboni and Trisha Molle Street Address W. Market Street Matthew and Corinne Holt Street Address Sunnybrook Road Ridge NJ Street Address Marchant Drive State Marchant Drive State | Street Address Willow Park Road | Street Address Willow Park Road State PA Zip Code 18020 Ontributor Michael Fraboni and Trisha Moller Street Address W. Market Street State PA Zip Code 18018 Ontributor Matthew and Corinne Holt Street Address Sunnybrook Road Ridge State NJ Zip Code 07920 Organitributor Kerry Wrobel Street Address Marchant Drive Street Address Marchant Drive Street Address W. Langhorne Avenue State Zip Code 18017 | Date [MM/DD/YYYY] Date [MM/DD/YYYY] | Date [MM/DD/YYYY] \$ Street Address Willow Park Road | | |

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 Identification N | umber: | | | | | | |
|------------------------|-------------------------|-------------------|---|---|-------------------|----|--------|
| Full Name of Conti | ributor | | | | Date [MM/DD/YYYY] | 8 | |
| | James Wills | | | | 01/21/2025 | 1 | 100.00 |
| House # 1427 | Street Address Ce | enter Street | | egyptic egyton general territoria gagyan en anno en | Date [MM/DD/YYYY] | 8 | |
| City Bethlehem | | State PA | Zip Code | 18018 | Date [MM/DD/YYYY] | 8 | |
| Full Name of Contr | | | <u> </u> | <u> </u> | Date [MM/DD/YYYY] | 8 | |
| | Lynn and Micha | iel Rothman | | | 01/21/2025 | | 100.00 |
| House # 870 | Street Address | afford Lane | | | Date [MM/DD/YYYY] | 8 | |
| City Bethlehem | 1997 1999 199 | State PA | Zip Code | 18017 | Date [MM/DD/YYYY] | 8 | |
| Full Name of Contr | ibutor | | | | Date [MM/DD/YYYY] | \$ | |
| | Patrick and Jessi | ica Price | | | 01/21/2025 | | 100.00 |
| House # | Street Address | | *POALLOA | | Date [MM/DD/YYYY] | 8 | |
| 4660 | | olling Ridge Road | | | | | |
| City Center Valley | у | State PA | Zip Code | 18034 | Date [MM/DD/YYYY] | å | |
| Full Name of Contri | ibutor | | | | Date [MM/DD/YYYY] | 8 | |
| | William Leiner II | il | | | 01/24/2025 | | 100.00 |
| House # 1849 | Street Address Eas | ston Avenue | | | Deep [MM/DD/YYYY] | 8 | |
| City Bethlehem | | State PA | Zip Code | 18017 | Date [MM/DD/YYYY] | 8 | |
| Full Name of Contri | butor | <u> </u> | | | Date [MM/DD/YYYY] | 8 | |
| | Michael and Clai | ire Hintze | | | 01/24/2025 | | 100.00 |
| House # 2008 | Street Address | rol Avenue | *************************************** | | Date [MM/DD/YYYY] | 8 | ! |
| City Bethlehem | | State PA | Zip Code | 18018 | Date [MM/DD/YYYY] | 8 | |
| Full Name of Contril | butor Charles Walter | | angularis a si s | | Date [MM/DU/T111] | | 250.00 |
| House # | Street Address | | | | Date [MM/DD/YYYY] | 8 | |
| 260 | | reland Avenue | | | | | |
| City Bethlehem | | State PA | Zip Code | 18018 | Date [MM/DD/YYYY] | 8 | |

\$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 Identificatio | W Willings | | | | | |
|---------------------|--|------------------------|--|--|-----|--|
| Full Name of C | ontributor. | | | Date [MM/DD/YYYY] | \$ | |
| i Uli ITAINO C. – | | irason and Mary Kate M | √lurphy | 1/27/2025 | 1 | 200.00 |
| House # | Street Address | is | | Date [MM/DD/YYYY] | 8 | |
| 925 | | Prospect Avenue | | | 1 | |
| City Bethleh | hom | State PA | Zip Code 18018 | Date [MM/DD/YYYY] | 8 | |
| | | | | Date [MM/DD/YYYY] | 4 | |
| Full Name of C | | nd Gisele Egbert | | | | 100.00 |
| | | | | 1/27/2025 | | 100.00 |
| House # 2830 | Street Address | Linden Street No. 9E | ın. | Date [MM/DD/YYYY] | • | |
| | | | , | 2 . A . (244 / 25 D / 100 / 10 | | |
| City Bethleh | nem | State PA | Zip Code 18017 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Co | ontributor | 453343747 | , Report to the second second | Date [MM/DD/YYYY] | 3 | |
| | | | | | 1 | |
| House # | Street Address | . T | And the second s | Date [MM/DD/YYYY] | \$ | |
| | girei Munico | 8 | | | 1 | |
| City | Selection of the select | | Zip Code | Date [MM/DD/YYYY] | 8 | |
| | | | | 10000000000000000000000000000000000000 | 1 | |
| Full Name of Co | ent-ibutor | - Exercises | Secretaria de la composição de la compos | Date [MM/DD/YYYY] | 8 | |
| Füll Maine or o. | INTRODUCT | | | Maio Immi - Francis | 1 | |
| House # | Street Address | 44 | | Date [MM/DD/YYYY] | 8 | |
| House # | | | | Many June, | 1 | |
| City | ANALYSI IDAY IN TA | State | Zip Code | Date [MM/DD/YYYY] | 8 | |
| | | | | The Property of the Parket of | 13 | |
| Full Name of Co | ontributor | | | Date [MM/DD/YYYY] | 8 | And a second of the second sec |
| | | | | | 1 ' | |
| House # | Street Address | s | | Date [MM/DD/YYYY] | 18 | |
| | | | | | 100 | |
| City | DESTRUCTION OF | State | Zip Code | Date [MM/DD/YYYY] | 8 | |
| | | | | | | |
| Full Name of Co | ontributor | | | Date [MM/DD/YYYY] | 3 | |
| | | | | | | |
| House # | Street Address | \$ | | Date [MM/DD/YYYY] | 8 | 1 |
| | | | | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] | 8 | |
| | | | | | | 1 |

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.

| Ther identification Number: | | | | | |
|-------------------------------------|--|--|--|--------|---------|
| Full Name of | | | Date [MM/DD/YYYY] | 8 | |
| 0-41-16-41 0 | of Bob Donchez PAC | | 03/26/2024 | 1 | 1000.00 |
| House # Street Addre | 288 | | Date [MM/DD/YYYY] | 8 | |
| 377 | Devonshire Drive | | 01/18/2025 | 7 | 1500.00 |
| City Bethlehem | State PA | Zip Code 18017 | Date [MM/DD/YYYY] | 8 | |
| Full Name of | g killyddig | | Date [MM/DD/YYYY] | 8 | |
| | f Eric Evans | 04/06/2024 | 1 | 500.00 | |
| House # Street Addre | | 4. | Date [MM/DD/YYYY] | 8 | |
| 1955 | Butztown Road | | Mary Limit, and | 1 | |
| City | State | Zip Code | Date [MM/DD/YYYY] | 3 | |
| Bethlehem | PA | 18017 | ्राह्म स्वास्त्र है जिसे कारण सामुख्या १००० है स्वास्त्र है । - | 1 | |
| Full Name of | The second of | SCOTTS OF STREET | Date [MM/DD/YYYY] | 8 | |
| Contributing Committee KTMC Star | ite PAC | | 05/09/2024 | 1 | 5000.00 |
| House # Street Addres | :85 | | Date [MM/DD/YYYY] | 8 | |
| 280 | King of Prussia Road | | <u> </u> | 1 | |
| City | State | Zip Code | Date [MM/DD/YYYY] | 8 | |
| Radnor | PA | 19087 | | 1 | |
| Full Name of | responsibility on the contract of the contract | · | Date [MM/DD/YYYY] | 8 | |
| Contributing Committee IBEW Loca | al Union #375 | | 05/09/2024 | | 1000.00 |
| House # Street Addres | 55 | , | Date [MM/DD/YYYY] | \$ | |
| 101 | S 7th Street | | | | |
| City Allentown | State PA | Zip Code 18101 | Date [MM/DD/YYYY] | 8 | |
| Full Name of | | | Date [MM/DD/YYYY] | 8 | |
| Contributing Committee | | | | | |
| House # Street Addres | 35 | | Date [MM/DD/YYYY] | 8 | |
| City | State | Zip Code | Date [MM/DD/YYYY] | 8 | |
| Full Name of Contributing Committee | - 11.74 tr | Table and the | Date [MM/DD/YYYY] | 8 | |
| | | | | | |
| House # Street Addres | S | | Date [MM/DD/YYYY] | \$ | |
| City | State | Zip Code | Date [MM/DD/YYYY] | 8 | |
| | | | | | 1 |

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] \$ | |
| | na Morganelli | 03/26/2024 | 1000.00 |
| House # Street Ad | Idress Barnsdale Road | Date [MM/DD/YYYY] \$ | 1500.00 |
| City | | 01/24/2025 Date [MM/DD/YYYY] \$ | |
| Bethlehem Employer Name | PA 18017 | Occupation | |
| | N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | Ossapation | |
| Employer Mailing Address / Principal Place of Business | | | |
| Full Name of Contributor | | Date [MM/DD/YYYY] \$ | |
| Laur | a Collins | 04/01/2024 | 500.00 |
| House # Street Ad | dress | Date [MM/DD/YYYY] \$ | |
| 77 | W. Greenwich Street | 04/29/2024 | |
| City Bethlehem | State PA Zip Code 18018 | Date [MM/DD/YYYY] \$ | |
| Employer Name | City of Bethlehem | Occupation Government | |
| Employer Mailing Address / Principal Place of Business | 10 E. Church Street, Bethlehem, PA 18018 | | |
| Full Name of Contributor | | Date [MM/DD/YYYY] \$ | |
| Jame | es and Karen Broughal | 04/04/2024 | 1000.00 |
| House # Street Ad | dress Camelot Drive | Date [MM/DD/YYYY] \$ | |
| City Bethlehem | State PA Zip Code 18017 | Date [MM/DD/YYYY] 8 | <u> </u> |
| Employer Name | Broughal and DeVito, LLP | Occupation Attorney | |
| Employer Mailing Address / Principal Place of Business | 38 W. Market Street, Bethlehem, PA 18018 | - Line - | |
| Full Name of Contributor | | Date [MM/DD/YYYY] \$ | |
| Brou | ghal and DeVito, LLP | 04/05/2024 | 1000.00 |
| House # Street Add | W. Market Street | Date [MM/DD/YYYY] \$ | |
| City | State Zip Code | Date [MM/DD/YYYY] 8 | |
| Bethlehem | PA 18018 | | |
| Employer Name | Broughal and DeVito, LLP | Occupation Law Firm | |
| Employer Mailing Address / Principal Place of Business | 38 W. Market Street, Bethlehem, PA 18018 | | |

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] | 8 | ore of the applications of the |
|---|-------------|--|--------------------------|--|---------------|--------------------------------|
| | Matthew a | ınd Ann Bieber | | 04/10/2024 | 500 | 00.00 |
| louse # Str | eet Address | | | Date [MM/DD/YYYY] | 8 | |
| 5271 | | Creekview Drive | | | | |
| ty | | State | Zip Code | Date [MM/DD/YYYY] | 3 | |
| Orefield | | PA | 18069 | | | |
| nployer Name | | Self-employed | | Occupation Consultan | t | |
| mployer Mailing Address | | 5271 Creekview Driv | ve, Orefield, PA 18069 | | | |
| ull Name of Contributor | | | | Date [MM/DD/YYYY] | | A TOTAL CONTRACTOR |
| | Michael Ga | nusling | | 04/23/2024 | 500 | 0.00 |
| louse# Stre | eet Address | | | Date [MM/DD/YYYY] | 3 | |
| 1512 | | Colesville Road | | | | |
| Bethlehem | | State PA | Zip Code 18015 | Date [MM/DD/YYYY] | 3 | -4 - · · · · · · · · · · · · |
| Employer Name Originate Ventures | | | Occupation Managing | Partner | | |
| mployer Mailing Address | | | Dathisham DA 18015 | 1 13 13 13 13 13 13 13 13 13 13 13 13 13 | | |
| rincipal Place of Business | | 205 Webster Street, | Bethlehem, PA 18015 | | water of 1860 | |
| ull Name of Contributor | Francesco A | Augollo | | Date [MM/DD/YYYY] | 300 | 0.00 |
| | | | | 04/30/2024 Date [MM/DD/YYYY] | 8 | |
| 1570 Stre | et Address | Easton Avenue | | Date [ww/DD/1111] | | |
| TATE OF THE PARTY | | | | Date [MM/DD/YYYY] | | |
| | | State | Zip Code | Date [WINI/DD/1111] | 8 | |
| Bethlehem | | State PA | Zip Code 18017 | | | |
| Bethlehem | | | | Occupation | n forecaster | |
| Bethlehem mployer Name mployer Mailing Address | 1 | Air Products | | Occupation | | |
| Bethlehem mployer Name mployer Mailing Address rincipal Place of Business | 7 | Air Products | 18017 | Occupation | | |
| Bethlehem mployer Name mployer Mailing Address incipal Place of Business | Jeff Parks | Air Products | 18017 | Occupation Distribution | n forecaster |).00 |
| Bethlehem mployer Name mployer Mailing Address Incipal Place of Business Ill Name of Contributor puse # Stre | | Air Products | 18017 | Occupation Distribution Date [MM/DD/YYYY] | n forecaster |).00 |
| mployer Name mployer Mailing Address rincipal Place of Business all Name of Contributor | Jeff Parks | Air Products | 18017 | Occupation Distribution Date [MM/DD/YYYY] 04/30/2024 | n forecaster | 0.00 |
| mployer Name mployer Mailing Address incipal Place of Business all Name of Contributor puse # Stre | Jeff Parks | Air Products 1940 Air Products Ro | 18017 | Occupation Distribution Date [MM/DD/YYYY] 04/30/2024 | n forecaster | 0.00 |
| mployer Name mployer Mailing Address incipal Place of Business ill Name of Contributor Duse # 223 | Jeff Parks | Air Products 1940 Air Products Ro E. Church Street | rad, Allentown, PA 18106 | Date [MM/DD/YYYY] 04/30/2024 Date [MM/DD/YYYY] | n forecaster | 0.00 |
| Bethlehem Inployer Name Inployer Mailing Address Incipal Place of Business II Name of Contributor Duse # 223 | Jeff Parks | Air Products 1940 Air Products Ro E. Church Street | aad, Allentown, PA 18106 | Date [MM/DD/YYYY] 04/30/2024 Date [MM/DD/YYYY] | n forecaster | 0.00 |

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 Ide | ntification Number: | | | | | | |
|------------------------------------|--|---------------------------|------------------------------|------------|----------------|--|---------|
| Enll Ma | me of Contributor | | | Date [MM/ | חח/۷۷۷۷ו | 8 | |
| Full Mai | Mark Auge | ello | | | 1/2024 | | 500.00 |
| House # | Street Address | Easton Avenue | | Date [MM/ | DD/YYYY] | 8 | |
| City | Bethlehem | State PA | Zip Code | Date [MM/ | DD/YYYY] | 8 | |
| Employer Name Augello Chiropractic | | | Occupation | Owner | <u> </u> | | |
| | er Mailing Address / al Place of Business | 1578 Easton Avenue, Be | ethlehem, PA 18017 | I | <u>i-l</u> | | |
| Full Nar | ne of Contributor | | | Date [MM/ | DD/YYYY] | 8 | |
| | Jack Spirk | | | | | | 1000.00 |
| House # | House # Street Address | | | Date [MM/ | DD/YYYY] | 8 | |
| | 404 | Apollo Drive | | | 5/2024 | | 1000.00 |
| City State PA Zip Code PA 18017 | | | | Date [MM/ | DD/YYYY] | 8 | |
| Employer Name City of Bethlehem | | | Occupation | Attorney | | , | |
| | er Mailing Address / Il Place of Business | 10 E. Church Street, Betl | hlehem, PA 18018 | 1. | | | |
| | ne of Contributor | | | Date [MM/ | DD/YYYY] | 8 | |
| | Charlie and | d Anette Thiel | | 05/06 | 5/2024 | | 500.00 |
| House # | Street Address | South 16th Street | | Date [MM/ | DD/YYYY] | 8 | |
| City | Allentown | State PA | Zip Code 18102 | Date [MM/ | DD/YYYY] | \$ | |
| Employe | er Name | lotaComm, Inc. | 1948 Sec. 3 1779 | Occupation | Chief Reveni | ue Offi | cer |
| | er Mailing Address / I Place of Business | 600 Hamilton Street, Sui | te 1010, Allentown, PA 18101 | 1 | | | |
| Full Nam | ne of Contributor | | | Date [MM/I | OD/YYYY) | 8 | |
| | Randy and | Erika Galiotto | | 05/09 | /2024 | | 2000.00 |
| House # | Street Address | | | Date [MM/I | DD/YYYY] | 8 | |
| | 842 | Heather Lane | | 12/19 | /2024 | | 2500.00 |
| City | Easton | State | Zip Code | Date [MM/I | DD/YYYY] | 8 | |
| Employe | | [S. Arelegia | 1072 | Occupation | Principal arcl | <u> </u> | |
| | r Mailing Address / | Alloy5 | | | Principal arci | ntect | |
| | Place of Business | 530 W. Broad Street, Bet | hlehem, PA 18018 | | | | |

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)

| | | | (E) | xciuae (| COULL | ibution | s irom pontica | i committee: | s reported in Part C | <i>'</i> | | |
|--|--------------------------------|---------------|------------------------------------|----------------|---------|------------|--|-------------------|--|-----------------|------|---------|
| Filer Ide | ntification Nun | nber: | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Full Nai | ne of Contrib | utor | | | | | | | Date [MM/DD/YYYY] | | _ 8 | 1000.00 |
| | | | Borko and | Alana Mi | losev | | | | 05/09/ | 05/09/2024 | | |
| House # | | Stro | et Address | ī | | | | | Date [MM/D | | 8 | |
| 110036 7 | 1708 | આદા | et Audress | 1 | | | | | Date [wiwi/DD/1111] | | - | |
| | 8 | ANST MANY | | Hillside Lane | | | | | | | | |
| City | | | | S | tate | | Zip Code | | Date [MM/D | D/YYYY] | 8 | |
| Allentown PA 18104 | | | | 18104 | | | | | | | | |
| Employ | er Name | | | Post Po | od Ma | nagemei | | _ 1 | Occupation | Principal/fin | ance | |
| Employ | er Mailing Ad | dross | | rost no | | magemen | | | Service Control of the Control of th | T Thirtipaly In | | |
| | er waning Au il Place of Bu | | | 240 S. N | vlain S | treet Suit | e 2300, Nazareth, | PA 18064 | | | | |
| | ne of Contrib | 1 | Talada a guar esaga termada li lag | 1 | | | | | Date [MM/D | D/YYYY1 | \$ | |
| | | | Robert and | Laura W | av | | | | | | 7 | 500.00 |
| | | | | | dX . | | | | 05/09/ | | | |
| House # | : 1 | Stree | t Address | | | | | | Date [MM/D | D/YYYY] | 8 | |
| | 1914 | | | Woodha | aven D | rive | | | | | | |
| City | | 1 4 1 1 1 1 1 | | S | tate | | Zip Code | 1 | Date [MM/D | D/YYYYI | 8 | |
| | Allentown | | | | | PA | | 18103 | 240 [, 2 | -, | ┨` | |
| Employ | ar Nama | | | | S - 14% | | | <u></u> | Occupation | | | |
| Linpidy | , ivanic | | | St. Luke | 's Univ | ersity He | ealth Network | | Josephion | Attorney | | |
| | er Mailing Ad | | | 901 Oct | rum Ct | root Pot | hlehem, PA 18015 | | | | | |
| • | l Place of Bus | | | 801 050 | ruin s | ileet, bet | menen, ra 18015 | | | | | |
| Full Nan | ne of Contrib | utor | | | | | | Date [MM/DD/YYYY] | | \$ | | |
| | | | Murat Guze | el | | | | | 05/09/2024 | | | 2500.00 |
| House # | | Stree | t Address | , - | | | ······································ | | Date [MM/D | D/YYYYI | 8 | |
| | 1139 | 01.00 | | Lehigh A | venue | | | | | | 1 | |
| 1 mg1 | - | | | | | | | | | | 1 | |
| City | | | | St | ate | | Zip Code | 40050 | Date [MM/D | D/YYYY] | 8 | |
| | Whitehall | | | | | PA | THE REPORT | 18052 | | | | |
| Employe | r Name | | | Natural | Food | Source, Ir | nc. | | Occupation | Owner | | |
| Employe | r Mailing Add | drage / | | 71414141 | | | | | 100 | | | |
| | Place of Bus | | | 1139 Lei | high A | venue, W | hitehall, PA 18052 | | | | | |
| | e of Contribu | | | | | | | | Date [MM/DI |)/YYYY] | 8 | |
| Michael and Amy Santanasto | | | | - | | | 500.00 | | | | | |
| tage from the foreign of the control | | | | 05/09/2024 | | | | | | | | |
| House # | | Stree | Address | | | | | | Date [MM/DI | D/YYYY] | 8 | |
| | 265 | | | E. Marke | t Stree | et | | | | | 1 | |
| City | 1 | 1 | | St | ate | | Zip Code | | Date [MM/DI |)/YYYYI | 8 | |
| 31,170 | Bethlehem | | | | 4.775 | PA | | 18018 | | | | |
| | | | .: : | 15. | | | The Mark Stranger | | 00000001 | | | |
| Employe | r ivame | | | Santanas | to Lav | v | | | Occupation | Attorney | | |

210 E. Broad Street, Bethlehem, PA 18018

Employer Mailing Address / Principal Place of Business

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] \$ |
| Matthew I | Deschler | 05/17/2024 500.00 |
| House # Street Address | | Date [MM/DD/YYYY] \$ |
| 313 | E. Frankford Street | |
| City Bethlehem | State PA Zip Code 18018 | Date [MM/DD/YYYY] \$ |
| Employer Name | Shay, Santee, Kelhart & Deschler LLC | Occupation Attorney |
| Employer Mailing Address / Principal Place of Business | 44 East Broad Street Suite 210, Bethlehem, PA 18018 | |
| Full Name of Contributor | | Date [MM/DD/YYYY] \$ |
| Plamen Ay | vazov | 05/30/2024 |
| House # Street Address | | Date [MM/DD/YYYY] \$ |
| 3128 | Beaufort Drive | |
| City Bethlehem | State Zip Code 18017 | Date [MM/DD/YYYY] \$ |
| imployer Name | Monocacy Builders | Occupation Owner |
| Employer Mailing Address / Principal Place of Business | 31 S. Commerce Way Suite 500, Bethlehem, PA 18017 | |
| Full Name of Contributor | | Date [MM/DD/YYYY] \$ |
| King Spry H | derman Freund and Faul | 11/25/2024 1500.00 |
| House # Street Address | | Date [MM/DD/YYYY] \$ |
| | W. Broad Street Suite 700 | |
| Bethlehem | State PA Zip Code 18018 | Date [MM/DD/YYYY] \$ |
| mployer Name | King Spry Herman Freund and Faul | Occupation Law Firm |
| mployer Mailing Address / rincipal Place of Business | 1 W. Broad Street Suite 700, Bethlehem, PA 18018 | |
| ull Name of Contributor | | Date [MM/DD/YYYY] \$ |
| Marian Spi | rk . | 12/05/2024 1000.00 |
| ouse # Street Address | | Date [MM/DD/YYYY] \$ |
| 404 | Apollo Drive | |
| ity Bethlehem | State Zip Code 18017 | Date [MM/DD/YYYY] \$ |
| mployer Name | The state of the s | Occupation |
| 불막하다 하다 본 본 아이들었다. 본토를 하루. | Retired | Retired |
| mployer Mailing Address / | N/A. | |

Principal Place of Business

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 Iden | tification Num | ber: | | | | | | | | | |
|---------------------------|-------------------------------|--------|---|----------------|-----------|--------------------|---------------|--|------------|--------|---------|
| Eull More | e of Contrib | | | *** | | | | | /DD //0000 | | : |
| ruli Naili | ie oi contribi | nor | Glenn Reil | oman | nan | | | Date [MM] | .3/2025 | - 8 | 500.00 |
| House # | | Stree | et Address | * | | | | Date [MM | • | 8 | |
| | 1231 | | | Leib Road | | | | | | | |
| City | Easton | | | State | PA | Zip Code | 18040 | Date [MM/ | DD/YYYY] | 8 | |
| Employe | r Name | | | Retired | á | | | Occupation | Retired | | |
| | r Mailing Add Place of Bus | | | N/A | | , | | Francisco (Francisco (| ·] | | |
| 100 | e of Contribu | | | <u> </u> | | | | Date [MM/ | DD/YYYY] | 8 | |
| | | | Kevin Kinro | oss | | | | 01/2 | 1/2025 | | 1000.00 |
| House # | House # Street Addres | | | Ben Franklin D | Orive | **** | | Date [MM/ | DD/YYYY] | - 8 | |
| City P | l | 1.0-12 | 4,74 (1,74 (1,4 (1,4 (1,4 (1,4 (1,4 (1,4 (1,4 (1, | State | PA | Zip Code | 15237 | Date [MM/ | DD/YYYYJ | 8 | |
| Employer Name Carey Group | | | | Occupation | Attorney | <u>. L.</u> | | | | | |
| | Mailing Add Place of Busi | | | 310 Grant Str | eet Suite | 1123, Pittsburgh, | PA 15219 | | | | |
| | e of Contribu | | | 1 | | - | | Date [MM/ | DD/YYYY] | 8 | |
| | | | Charles and | d Ruth Marcon | | | | 01/2 | 1/2025 | | 1000.00 |
| House # | 326 | Stree | t Address | N. 27th Street | | | | Date [MM/ | DD/YYYY] | 8 | |
| City A | llentown | 1 | | State | PA | Zip Code | 18104 | Date [MM/ | DD/YYYY] | 8 | |
| Employer | Name | | | Duggan & Mar | con, Inc. | | | Occupation Owner | | | |
| | Mailing Add | | | 645 W. Hamilt | on Street | Suite 530, Allento | own, PA 18101 | | | | |
| Full Name | of Contribut | or | | | | | | Date [MM/I | DD/YYYY] | 8 | |
| Fred and Na | | | incy Fenselau | | | | 01/23 | /2025 | | 500.00 | |
| House # | 1413 | Street | Address | Shelbourne Dri | ve | | | Date [MM/I | DD/YYYY] | 8 | |
| City Be | ethlehem | | | State | PA | Zip Code | 18018 | Date [MM/I | DD/YYYY] | 8 | |
| Employer I | Name | | | Working Dog P | ress | | | Occupation | Owner | | |
| | Mailing Addr | | | | | ehem, PA 18018 | | greet en trade Bush | 12 | | |

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] | |
| | rd and Susan Master | 01/28/2025 | 5000.00 |
| House # Street Add | iress | Date [MM/DD/YYYY] | |
| 250 | E. Macada Road | | |
| City | | Date [MM/DD/YYYY] | |
| Bethlehem | PA 18017 | | |
| Employer Name | MCS Industries | Occupation Business ov | /ner |
| Employer Mailing Address / Principal Place of Business | 2280 Newlins Road, Easton, PA 18045 | سسسوس العادية فاستخيرات الأساس سيسوس | |
| Full Name of Contributor | | Date [MM/DD/YYYY] | |
| | Priestas | 01/25/2025 | 500.00 |
| House # Street Add | Iress | Date [MM/DD/YYYY] | 3 (3 (3) |
| 1254 | Shelbourne Drive | | |
| City | State Zip Code | | |
| Bethlehem | PA 18018 | Date [MM/DD/YYYY] | |
| Employer Name | ARL Transport, LLC | Occupation Business ow | ner |
| Employer Mailing Address / | 930 E. Market Street, Bethlehem, PA 18018 | | |
| Principal Place of Business Full Name of Contributor | 330 L. Market Street, betilleneth, FA 10010 | Date [MM/DD/YYYY] | 数 6 |
| | a and Placido Corpora | | 1000.00 |
| House # Street Add | • | 01/21/2025 Date [MM/DD/YYYY] | |
| 57 | E. Wall Street | Date [www/DD/1111] | |
| City | | Date [MM/DD/YYYY] | |
| Bethlehem | PA 2.19 5005 18018 | Date (min) Do) 1111 | |
| Employer Name | Corpora Consulting | Occupation Self-employe | |
| Employer Mailing Address / | SEPT | - State of the sta | |
| Principal Place of Business | 57 E. Wall Street, Bethlehem, PA 18018 | | |
| Full Name of Contributor | - " | Date [MM/DD/YYYY] | \$ 40,000.00 (loan) |
| | am Reynolds | 12/15/2024 | NAME OF THE PROPERTY OF THE PR |
| House # Street Addr | | Date [MM/DD/YYYY] | 8 |
| | N. New Street | | |
| City Bethlehem | State Zip Code 18018 | Date [MM/DD/YYYY] | 8 (1) |
| Employer Name | | Occupation | V. C. |
| | City of Bethlehem | Mayor | |
| Employer Mailing Address / Principal Place of Business | 10 E. Church Street, Bethlehem, PA 18018 | | |

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 Numb | per: | | • | |
|---------------------------|--|--|-------------|--------------------------------|
| | | | | |
| Full Name | | | | |
| House # | Street Address | And the second s | | |
| City | Education and an experience of the control of the c | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | | | |
| Full Name | | , | | |
| House # | Street Address | | | |
| City | | State | Zip | Date [MM/DD/YYYY] 8 |
| | | | Code | |
| Receipt Description | | | | |
| Full Name | | | | |
| House # | Street Address | | | L Date (MISE IND MODO) - 1 & 1 |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | | The stage, that | | |
| Full Name | | | | |
| House # | Street Address | | | |
| City | | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Receipt Description | Service Control of the Control of th | 1 17 Hall | <u> </u> | |
| Full Name | | of carded | | |
| 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 | | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | |

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) | \$ |
| THE CONTRIBUTIONS DESCRIPTION OF SECOND AND SECOND | EO GO/EDOM BADT E |
| 2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$2 | SULUU (FROIM PAN I F) |
| TOTAL for the reporting period (2) | \$ |
| 3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FR | OM 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) | er |

SCHEDULE II PART F In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

| Filer Identification Number: | | | | |
|------------------------------|--------|----------|-------------------|----------|
| | | | | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] | |
| House # Street A | ddress | | Date [MM/DD/YYYY] | 8 |
| City | State | Zip Code | Date [MM/DD/YYYY] | |
| Description of Contribution | | | | 1 ::::1 |
| Full Name of Contributor | | | Date [MM/DD/YYYY] | |
| House # Street Ad | ddress | | Date [MM/DD/YYYY] | 3 |
| City | State | Zip Code | Date [MM/DD/YYYY] | |
| Description of Contribution | | A 2 | | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] | |
| House # Street Ac | idress | · . | Date [MM/DD/YYYY] | 8 |
| City | State | Zip Code | Date [MM/DD/YYYY] | |
| Description of Contribution | | | | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] | |
| House # Street Ac | idress | | Date [MM/DD/YYYY] | |
| City | State | Zip Gode | Date [MM/DD/YYYY] | |
| Description of Contribution | | | | |
| Full Name of Contributor | | | Date [MM/DD/YYYY] | |
| House # Street Ad | ldress | | Date [MM/DD/YYYY] | |
| City | State | Zip Code | Date [MM/DD/YYYY] | |
| Description of Contribution | | | | |

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$ 250

| Filer Identification Number: | | | |
|--|---------------------------|--|-----------------------------|
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ |
| | | | |
| House # Street Ad | ddress | | Date [MM/DD/YYYY] \$ |
| City | State | Zip Code | Date [MM/DD/YYYY] 8 |
| Employer Name | | White the second section | Occupation |
| Employer Mailing Address / Pri Place of Business | ncipal | | Description of Contribution |
| Full Name of Contributor | | | Date [MM/DD/YYYY] \$ |
| House # Street Ad | idress | | Date [MM/DD/YYYY] 8 |
| City | State | Zip Code | Date [MM/DD/YYYY] \$ |
| Employer Name | | | Occupation |
| Employer Mailing Address / Prin Place of Business | ncipal | | Description of Contribution |
| Full Name of Contributor | With the second | Manufacture of the second seco | Date [MM/DD/YYYY] \$ |
| House # Street Add | dress | | Date [MM/DD/YYYY] \$ |
| City | State | Zip Code | Date [MM/DD/YYYY] 8 |
| Employer Name | | | Occupation |
| Employer Mailing Address / Prin Place of Business | icipal | | Description of Contribution |
| Full Name of Contributor | 1996 (1996) est angresa (| | Date [MM/DD/YYYY] \$ |
| House # Street Add | dress | | Date [MM/DD/YYYY] \$ |
| City | State | Zip Code | Date [MM/DD/YYYY] 8 |
| Employer Name | | | Occupation |
| Employer Mailing Address / Prin Place of Business | cipal | | Description of Contribution |

| | N 1 | |
|------------------------------|-----|---|
| Filer Identification Number: | | |
| | | |
| | | 1 |

| To W | hom Paid | | i mangada 1994 si di di di di di | <u>Service de la companya del companya de la companya del companya de la companya d</u> | | | Date [MM/DD/YYYY] | \$ | |
|-------|----------------|--|----------------------------------|--|--|--|--------------------------|------|---------|
| | | Squarespace | | | | | 01/20/2024 | | 30.74 |
| Hous | e # 225 | Street Address Va | ırick Stree | t #12 | | | Description of Expendit | ture | |
| City | New York | | State | NY | Zip Code | 10014 | Website hosting | | |
| To W | hom Paid | Courses | and of the second | | State State Control of the Control o | e garages x servent | Date [MM/DD/YYYY] \$ | | |
| | | Squarespace | | | | | 02/20/2024 | | 30.74 |
| Hous | e # 225 | Street Address Va | rick Stree | t #12 | | | Description of Expendito | ure | |
| City | New York | and Annual Control of the Control of | State | NY | Zip Code | 10014 | Website hosting | | |
| To W | hom Paid | | | | az mindelesiakan magaban | al en la constante come de abour e side | Date [MM/DD/YYYY] | 8 | |
| | | Lehigh Valley Labor Co | ouncil | | | | 03/01/2024 | | 285.00 |
| House | e# | Street Address PO | Box 2022 | 6 | | W | Description of Expenditu | ure | |
| City | Lehigh Valley | 1 | State | PA | Zip Code | 18002 | Tickets to dinner | | |
| To W | hom Paid | | | elle eller som simt sitte som för elle eller ett | anne an teach an think an in the second and the sec | | Date [MM/DD/YYYY] | 8 | |
| | | Bethlehem NAACP | | | | | 03/01/2024 | | 150.00 |
| House | 9# | Street Address PO | Box 1474 | | | | Description of Expenditu | ıre | |
| City | Bethlehem | 1 | State | PA | Zip Code | 18016 | Ticket to dinner and ad | | |
| To W | nom Paid | | Te experience | | | | Date [MM/DD/YYYY] | \$ | |
| | | Squarespace | | | | | 03/20/2024 | | 30.74 |
| House | 225 | Street Address Var | rick Street | #12 | | | Description of Expenditu | ire | |
| City | New York | | State | NY | Zip Code | 10014 | | - | |
| To W | nom Paid | _ | | | alla di Salata di Sa | | Date [MM/DD/YYYY] | \$ | |
| | | Squarespace | | | | | 04/20/2024 | | 30.74 |
| House | 225 | Street Address Var | ick Street | #12 | | | Description of Expenditu | ire | |
| City | New York | | State | NY | Zip Code | 10014 | Website hosting | | |
| To Wh | om Paid | | | | | Z ASSANTA PARAMANINA PER PARAMANINA | Date [MM/DD/YYYY] | \$ | |
| | | Truist Bank | | | | | 05/02/2024 | | 54.84 |
| House | 920 | Street Address W. | Broad Str | eet | | | Description of Expenditu | re | |
| City | Bethlehem | | State | PA | Zip Code | 18018 | New checks | | |
| To Wh | om Paid | Edge Restaurant | | | ens a war s | en e | | 8 | 1500.00 |
| Цана | | [011 A-2-2 | | | | | 05/09/2024 | | |
| House | 74 | Street Address w. | Broad Suit | te 220 | | | Description of Expenditu | 16 | |
| City | Bethlehem | | State | PA | Zip Code | 18018 | Reception fees | | |

| | the state of the s | the state of the s | |
|--|--|--|--|
| Eilar Idantification Number: | | | |
| Filer Identification Number: | | | |
| Effect de de tradición de la contraction del contraction de la con | | | |
| | | | |
| 를 지하기 되었다. 본 10 10 10 10 10 10 10 10 10 10 10 10 10 | | | |
| [1 1 15 : 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| 사람들은 교육 가게 하는 집에는 사람들은 살이 하는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이다. | | | |

| To W | hom Paid | | | | (Section of Section 11 of Section 12) | THE WARRY STATE OF THE PARTY. | Date [MM/DD/YYYY] | 3 | |
|-------|----------------|------------------------|----------------|-----------------|---------------------------------------|--|--------------------------|---|--|
| | | Squarespace | | | | | 05/20/2024 | 1 | 30.74 |
| House | 225 | Street Address Va | /arick Street | t #12 | | | Description of Expend | liture | 9 |
| City | New York | | State | NY | Zip Code | 10014 | Website hosting | - | |
| To W | hom Paid | | | adament various | elimental lanca e la company | | Date [MM/DD/YYYY] | 3 | |
| | | Squarespace | | | | | 06/19/2024 | | 30.74 |
| House | 225 | Street Address V | /arick Street | t #12 | | | Description of Expendi | ture | |
| City | New York | | State | NY | Zip Code | 10014 | Website hosting | | 3-10-10-10-10-10-10-10-10-10-10-10-10-10- |
| To W | hom Pald | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | Squarespace | | | | | 07/20/2024 | 7 | 30.74 |
| House | e # 225 | Street Address Va | arick Street | #12 | | | Description of Expendi | ture | |
| City | New York | | State | NY | Zip Code | 10014 | Website hosting | | and the second s |
| To Wi | hom Paid | | | | a and the second of the second | | Date [MM/DD/YYYY] | 8 | |
| | | Lehigh Valley Labor Co | ouncil | | | | 08/02/2024 | 13 | 200.00 |
| House | ;# | Street Address PC | O Box 20226 | 6 | | | Description of Expendit | ture | |
| City | Lehigh Valley | У | State | PA | Zip Code | 18002 | | | |
| To Wh | hom Paid | | | | | | Date [MM/DD/YYYY] | 3 | |
| | | Squarespace | | | | | 08/19/2024 | | 30.74 |
| House | 225 | Street Address Va | arick Street i | #12 | | | Description of Expendit | ture | |
| City | New York | | State | NY | Zip Code | 10014 | Website hosting | *************************************** | |
| To Wh | nom Paid | | | | | Assert Control of the | Date [MM/DD/YYYY] | \$ | |
| | | Squarespace | | | | | 09/19/2024 | H | 34.98 |
| House | 225 | Street Address Val | arick Street # | #12 | | 10 - 37 ; N. J 37 ; St. | Description of Expendit | ure | |
| City | New York | | State | NY | Zip Code | 10014 | Website hosting | | |
| To Wh | nom Paid | | elementum) | | ngay run san san til gjan Arge | | Date [MM/DD/YYYY] | \$ | |
| | | Squarespace | | | | | 10/20/2024 | .XV | 34.98 |
| House | 225 | Street Address Va | arick Street | :#12 | | | Description of Expendit | ure | |
| City | New York | | State | NY | Zip Code | 10014 | Website hosting | | |
| To Wh | om Paid | 2 | | | | | Date [MM/DD/YYYY] | 8 | |
| | | Squarespace | | · - | · | | 11/19/2024 | | 34.98 |
| House | 225 | Street Address Var | rick Street # | #12 | | | Description of Expendite | ure | |
| City | New York | | State | NY | Zip Code | 10014 | Website hosting | | |

| Filer Identification Number: | | |
|------------------------------|--|--|
| | | |

| To Whom Paid | | | | | Date [MM/DD/YYYY] \$ | | |
|---------------------------------------|----------------------|--------------|----------------------------|----------------------------|----------------------------|--|--|
| GoDaddy | | | | 11/29/2024 23.17 | | | |
| House # 2155 | Street Address E | . GoDaddy | Way | Description of Expenditure | | | |
| City Tempe | | State | AZ | Zip Code 85284 | Domain renewal | | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] \$ | | |
| Staples | | | | 11/30/2024 238.96 | | | |
| House # 2138 | Street Address | W. Union Bo | ulevard | Description of Expenditure | | | |
| City Bethlehem | | State | PA | Zip Code 18018 | Supplies | | |
| To Whom Paid | | | Date [MM/DD/YYYY] \$ | | | | |
| | United States Postal | Office | | | 12/12/2024 657.00 | | |
| House # 535 | Street Address | Vood Street | | | Description of Expenditure | | |
| City Bethlehem | | State | PA | Zip Code 18018 | Stamps | | |
| To Whom Paid | | | | Date [MM/DD/YYYY] \$ | | | |
| | Squarespace | | | | 12/19/2024 | | |
| House # 225 | Street Address | arick Street | Description of Expenditure | | | | |
| City New York State NY Zip Code 10014 | | | | | Website hosting | | |
| To Whom Paid Squarespace | | | | | Date [MM/DD/YYYY] | | |
| | | | | | 01/21/2025 | | |
| House # 225 | Street Address | arick Street | Description of Expenditure | | | | |
| City New York | | State | NY | Zip Code 10014 | Website hosting | | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] \$ | | |
| | Pennsylvania Democ | ratic Party | | | 01/23/2025 36.62 | | |
| House # 510 | Street Address N. | Third Stree | t | Description of Expenditure | | | |
| City Harrisburg | | State | PA | Zip Code 17101 | | | |
| 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 : A i | | | |
| | | Jule | | 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 Identificatio | on Number: | | | |
|----------------------------|--|-------|---------------------------------|-----------------------------|
| Name of Credit | itor J. William Reynolds | | | Outstanding Balance of Debt |
| House # 1718 | Street Address | | DATE DEBT INCURRED [MM/DD/YYYY] | 8 |
| City | Bethlehem | State | 12/15/2024 Zip Code 18018 | 40,000.00 |
| Description of I | Debt Campaign loan | | | |
| Name of Credit | tor | | | Outstanding Balance of Debt |
| House # | Street Address | | DATE DEBT INCURRED [MM/DD/YYYY] | 8 |
| City | | State | Zip Code | |
| Description of I | Debt | | | |
| Name of Credit | tor | | | Outstanding Balance of Debt |
| House # | Street Address | | DATE DEBT INCURRED [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | |
| Description of E | Debt | | | |
| Name of Credito | .or | | | Outstanding Balance of Debt |
| House # | Street Address | - | DATE DEBT INCURRED [MM/DD/YYYY] | 3 |
| City | | State | Zip Code | |
| Description of D | Jebt | | | |
| Name of Credito | .or | | | Outstanding Balance of Debt |
| House # | Street Address | - | DATE DEBT INCURRED [MM/DD/YYYY] | |
| City | TABLE TO THE STATE OF THE STATE | State | Zip Code | |
| Description of D | rebt | | | |
| Name of Credito | or | | | Outstanding Balance of Debt |
| House # | Street Address | | DATE DEBT INCURRED [MM/DD/YYYY] | |
| City | | State | Zip Code | |
| Description of Description | ebt | | | |