



# Pennsylvania Department of State

Bureau of Campaign Finance & Lobbying Disclosure

500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Statements

**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 Statements.** This form must be signed by hand where a signature is required.

Name of Filing Committee, Candidate, or Lobbyist				
Reporting Cycle Name				
<input type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	<input type="checkbox"/> <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> <b>Cycle 6</b> 30 Day Post-Election	<input type="checkbox"/> <b>Cycle 7</b> Annual Report	<input type="checkbox"/> <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> <b>Cycle 9</b> 30 Day Post-Special Election	

**Part I** – if this form is submitted with a statement in lieu of full report by a political committee, the treasurer must sign here. If this form is submitted with a statement in lieu of a full report by a candidate, the candidate must sign here. If this form is submitted with a statement in lieu of full report by a contributing lobbyist, the lobbyist must sign here.

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

Signature of Treasurer, Candidate, or Lobbyist

Pamela A. Briody

Printed Name

Date (MM/DD/YYYY)

06/10/2025  
Bethlehem, PA-N'ton

Location (City/State/Country)



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*Part II - If this is submitted with a statement in lieu of full report by a Candidate's Authorized Committee, candidate sign here.*

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

\_\_\_\_\_  
Signature of Candidate

06/10/2025  
Date (DD/MM/YYYY)

Grace Crampsie Smith

Printed Name

Bethlehem/PA/NTON

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		Report Filed By ( Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Grace Crampsie Smith						
Street Address		1403 Lorain Ave						
City	Bethlehem	State	PA	Zip Code	18018			

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/20/2025	Year 2025	Amendment Report		<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	5/6/2025	6/9/2025	
A. Amount Brought Forward From Last Report	\$	28,287.75	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2945.00	
C. Total Funds Available (Sum of Lines A and B)	\$	31,232.75	
D. Total Expenditures (From Schedule III)	\$	23,486.74	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	7746.01	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	1,000.00	

## Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature

My Commission expires \_\_\_\_\_  
MO. DAY YR.

\_\_\_\_\_  
Signature of Person Submitting report

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature

My Commission expires \_\_\_\_\_  
MO. DAY YR.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor</b>			
Total for the reporting period (1)		\$	0
<b>2. Contributions of \$ 50.01 to \$ 250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	1525.00
Total for the reporting period (2)		\$	1525.00
<b>3. Contributions Over \$ 250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	1,000.00
Total for the reporting period (3)		\$	1000.00
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			400.00
Total for the reporting period (4)		\$	400.00
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	2945.00

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 Identification Number:	
------------------------------	--

Full Name of Contributor					Jeanine Faust		Date [MM/DD/YYYY]		\$	250.00
							5/17/2025			
House #	2436	Street Address	Emrick Blvd			Date [MM/DD/YYYY]		\$		
City	Bethlehem		State	PA	Zip Code	18020		Date [MM/DD/YYYY]		\$
Full Name of Contributor					Stephen Falango		Date [MM/DD/YYYY]		\$	100.00
							5/18/2025			
House #	410	Street Address	S 16th St			Date [MM/DD/YYYY]		\$		
City	Easton		State	PA	Zip Code	18042		Date [MM/DD/YYYY]		\$
Full Name of Contributor					Demetrios Herron		Date [MM/DD/YYYY]		\$	250.00
							5/8/2025			
House #	458	Street Address	Center St			Date [MM/DD/YYYY]		\$		
City	Bethlehem		State	PA	Zip Code	18018		Date [MM/DD/YYYY]		\$
Full Name of Contributor					Cecelia Graser		Date [MM/DD/YYYY]		\$	100.00
							5/8/2025			
House #	437	Street Address	E Citrus St			Date [MM/DD/YYYY]		\$		
City	Alamonte Springs		State	FL	Zip Code	32701		Date [MM/DD/YYYY]		\$
Full Name of Contributor					Ann Boyle		Date [MM/DD/YYYY]		\$	250.00
							5/16/2025			
House #	302	Street Address	Coal St			Date [MM/DD/YYYY]		\$		
City	Nesquehoning		State	PA	Zip Code	18240		Date [MM/DD/YYYY]		\$
Full Name of Contributor					Maria Montero		Date [MM/DD/YYYY]		\$	75.00
							5/16/2025			
House #	26	Street Address	N 4th St Apt 8			Date [MM/DD/YYYY]		\$		
City	Easton		State	PA	Zip Code	18042		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 Identification Number:	
------------------------------	--

Full Name of Contributor		Bill & Siobhan O'Gurek				Date [MM/DD/YYYY]	\$	100.00
						5/16/2025		
House #	228	Street Address	W Hazard St			Date [MM/DD/YYYY]	\$	
City	Summit Hill	State	PA	Zip Code	18250	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Bob Bilheimer				Date [MM/DD/YYYY]	\$	50.00
						5/18/2025		
House #	931	Street Address	Monroe St			Date [MM/DD/YYYY]	\$	
City	Freemansburg	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		James Romeo				Date [MM/DD/YYYY]	\$	150.00
						5/21/2025		
House #	217	Street Address	Eagles Creek Ct			Date [MM/DD/YYYY]	\$	
City	Easton	State	PA	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Maggie Kjer				Date [MM/DD/YYYY]	\$	200.00
						5/21/2025		
House #	1391	Street Address	Planters Trail			Date [MM/DD/YYYY]	\$	
City	Greensboro	State	GA	Zip Code	30642	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]	\$	
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		Paul Wohler				Date [MM/DD/YYYY]	\$	500.00
						5/7/2025		
House #	2	Street Address		Vesper Dr		Date [MM/DD/YYYY]	\$	
City	Pocasset	State	MA	Zip Code	02559	Date [MM/DD/YYYY]	\$	
Employer Name		Retired				Occupation		
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor		Joseph Velitsky				Date [MM/DD/YYYY]	\$	500.00
						5/8/2025		
House #	49	Street Address		Ludlow St		Date [MM/DD/YYYY]	\$	
City	Summit Hill	State	PA	Zip Code	18250	Date [MM/DD/YYYY]	\$	
Employer Name		Self-employed				Occupation	Attorney	
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						Occupation		
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 Number:	
------------------------------	--

Full Name		Tim Rehrig/USW									
House #	53	Street Address		Lehigh St							
City		Bethlehem		State	PA	Zip Code	18018	Date [MM/DD/YYYY]		\$	400.00
								5/30/2025			
Receipt Description											
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											
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											
Full Name											
House #		Street Address									
City				State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description											



SCHEDULE III  
Statement of Expenditures

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

To Whom Paid		CVS				Date [MM/DD/YYYY]		\$	23.87
						5/7/2025			
House #		Street Address	8th Ave			Description of Expenditure			
City	Bethlehem		State	PA		Zip Code	18018		
						Office supplies			
To Whom Paid		LV Print Center				Date [MM/DD/YYYY]		\$	4089.60
						5/9/2025			
House #	1701	Street Address	Union Blvd			Description of Expenditure			
City	Allentown		State	Pa		Zip Code	18109		
						Mailer			
To Whom Paid		Carl's Corner				Date [MM/DD/YYYY]		\$	37.64
						5/12/2025			
House #		Street Address	New St			Description of Expenditure			
City	Bethlehem		State	PA		Zip Code	18018		
						Lunch Event			
To Whom Paid		Friends of Jo Daniels				Date [MM/DD/YYYY]		\$	100.00
						5/8/2025			
House #	829	Street Address	Broadway			Description of Expenditure			
City	Bethlehem		State	PA		Zip Code			
						Donation			
To Whom Paid		LV Print Center				Date [MM/DD/YYYY]		\$	4089.60
						5/15/2025			
House #	1701	Street Address	Union Blvd			Description of Expenditure			
City	Allentown		State	PA		Zip Code	18109		
						Mailer			
To Whom Paid		Service Electric				Date [MM/DD/YYYY]		\$	78.88
						5/15/2025			
House #	2260	Street Address	Avenue A			Description of Expenditure			
City	Bethlehem		State	PA		Zip Code			
						Internet			
To Whom Paid		Garrett Rittenberry Design				Date [MM/DD/YYYY]		\$	300.00
						5/15/2025			
House #	402	Street Address	Edgewood Dr			Description of Expenditure			
City	Sheffield		State	AL		Zip Code			
						Graphic Design			
To Whom Paid		BJs Wholesale				Date [MM/DD/YYYY]		\$	111.01
						5/20/2025			
House #	1785	Street Address	Airport Rd			Description of Expenditure			
City	Allentown		State	PA		Zip Code			
						Event supplies			

SCHEDULE III  
Statement of Expenditures

Flier Identification Number:	
------------------------------	--

To Whom Paid		Weis Market				Date [MM/DD/YYYY]	\$	61.05
						5/20/2025		
House #	2425	Street Address	Schoenersville Rd			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code		Event supplies		
To Whom Paid		Fine Wine & spirits				Date [MM/DD/YYYY]	\$	48.74
						5/20/2025		
House #	2289	Street Address	Schoenersville Rd			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code		Event supplies		
To Whom Paid		Natalia Kokosky				Date [MM/DD/YYYY]	\$	50.00
						5/20/2025		
House #	1344	Street Address	North Blvd			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code		Event assistance		
To Whom Paid		Tim Rehrig				Date [MM/DD/YYYY]	\$	100.00
						5/20/2025		
House #	53	Street Address	Lehigh St			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code		Event Assistance		
To Whom Paid		Tanczos Beverage				Date [MM/DD/YYYY]	\$	78.83
						5/20/2025		
House #	2330	Street Address	Jacksonville Rd			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18017	Event supplies		
To Whom Paid		Brandon Faust				Date [MM/DD/YYYY]	\$	4500.00
						5/21/2025		
House #	453	Street Address	Dogwood Ln			Description of Expenditure		
City	Nazareth	State	PA	Zip Code	18064	Salary		
To Whom Paid		Z to A Research				Date [MM/DD/YYYY]	\$	8750.00
						5/27/2025		
House #	1109	Street Address	N Interstate 35			Description of Expenditure		
City	Austin	State	TX	Zip Code	78702	Research		
To Whom Paid		Aidan Levinson				Date [MM/DD/YYYY]	\$	283.08
						5/30/2025		
House #	1300	Street Address	Crystal Dr Unit 1507 S			Description of Expenditure		
City	Arlington	State	VA	Zip Code	22202	Digital media		

SCHEDULE III  
Statement of Expenditures

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

To Whom Paid		Act Blue				Date [MM/DD/YYYY]		\$	10.13
						5/30/2025			
House #		Street Address	PO Box 441146			Description of Expenditure			
City	Somerville	State	MA	Zip Code	02144	Fee			
To Whom Paid		Garrett Rittenberry Design				Date [MM/DD/YYYY]		\$	600.00
						6/8/2025			
House #	402	Street Address	Edgewood Dr			Description of Expenditure			
City	Sheffield	State	AL	Zip Code	35660	Graphic Design			
To Whom Paid		Service Electric Cable				Date [MM/DD/YYYY]		\$	174.31
						5/30/2025			
House #	2260	Street Address	Ave. A			Description of Expenditure			
City	Bethlehem	State	Pa	Zip Code	18017	Internet Service			
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure			
City		State		Zip Code					
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure			
City		State		Zip Code					
To Whom Paid						Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure			
City		State		Zip Code					
To Whom Paid						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 Number:	
------------------------------	--

Name of Creditor		Grace Crampsie Smith						Outstanding Balance of Debt	
House #	1403	Street Address		Lorain Ave		DATE DEBT INCURRED [MM/DD/YYYY]		\$	1,000.00
City		Bethlehem	State	PA	Zip Code	18018			
Description of Debt		Campaign loan							

Name of Creditor								Outstanding Balance of Debt	
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code				
Description of Debt									

Name of Creditor								Outstanding Balance of Debt	
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code				
Description of Debt									

Name of Creditor								Outstanding Balance of Debt	
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code				
Description of Debt									

Name of Creditor								Outstanding Balance of Debt	
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code				
Description of Debt									

Name of Creditor								Outstanding Balance of Debt	
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code				
Description of Debt									



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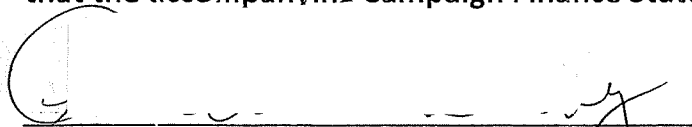
## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Statements

**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 Statements.** This form must be signed by hand where a signature is required.

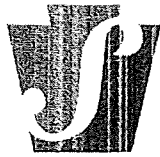
Name of Filing Committee, Candidate, or Lobbyist				
Reporting Cycle Name				
<input type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	<input type="checkbox"/> <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> <b>Cycle 6</b> 30 Day Post-Election	<input type="checkbox"/> <b>Cycle 7</b> Annual Report	<input type="checkbox"/> <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> <b>Cycle 9</b> 30 Day Post-Special Election	

**Part I** – if this form is submitted with a statement in lieu of full report by a political committee, the treasurer must sign here. If this form is submitted with a statement in lieu of a full report by a candidate, the candidate must sign here. If this form is submitted with a statement in lieu of full report by a contributing lobbyist, the lobbyist must sign here.

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

  
Signature of Treasurer, Candidate, or Lobbyist  
Pamela A. Briody  
Printed Name

06/10/2025  
Date (MM/DD/YYYY)  
Bethlehem, PA-N'ton  
Location (City/State/Country)



**Pennsylvania Department of State**

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*Part II - If this is submitted with a statement in lieu of full report by a Candidate's Authorized Committee, candidate sign here.*

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

\_\_\_\_\_  
Signature of Candidate

06/10/2025  
\_\_\_\_\_  
Date (DD/MM/YYYY)

Grace Crampsie Smith  
\_\_\_\_\_  
Printed Name

Bethlehem/PA/ NTON  
\_\_\_\_\_  
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		Report Filed By ( Mark X)		Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Grace Crampsie Smith							
Street Address		1403 Lorain Ave							
City	Bethlehem	State	PA	Zip Code	18018				

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/20/2025	Year 2025	Amendment Report		<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	5/6/2025	6/9/2025	
A. Amount Brought Forward From Last Report	\$	28,287.75	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2945.00	
C. Total Funds Available (Sum of Lines A and B)	\$	31,232.75	
D. Total Expenditures (From Schedule III)	\$	23,486.74	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	7746.01	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	1,000.00	

## Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature

My Commission expires \_\_\_\_\_  
MO. DAY YR.

\_\_\_\_\_  
Signature of Person Submitting report

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature

My Commission expires \_\_\_\_\_  
MO. DAY YR.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

Filer Identification Number	
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<b>1. Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor</b>		
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Total for the reporting period (1)	\$	0
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<b>2. Contributions of \$ 50.01 to \$ 250.00 (From Part A and Part B)</b>		
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Contributions Received from Political Committees (Part A)	\$	0
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All Other Contributions (Part B)	\$	1525.00
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Total for the reporting period (2)	\$	1525.00
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<b>3. Contributions Over \$ 250.00 (From Part C and Part D)</b>		
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Contributions Received from Political Committees (Part C)	\$	0
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All Other Contributions (Part D)	\$	1,000.00
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Total for the reporting period (3)	\$	1000.00
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<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
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Total for the reporting period (4)	\$	400.00
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Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	2945.00
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**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 Identification Number:	
------------------------------	--

Full Name of Contributor		Jeanine Faust				Date [MM/DD/YYYY]	\$	250.00
						5/17/2025		
House #	2436	Street Address		Emrick Blvd		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18020	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Stephen Falango				Date [MM/DD/YYYY]	\$	100.00
						5/18/2025		
House #	410	Street Address		S 16th St		Date [MM/DD/YYYY]	\$	
City	Easton	State	PA	Zip Code	18042	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Demetrios Herron				Date [MM/DD/YYYY]	\$	250.00
						5/8/2025		
House #	458	Street Address		Center St		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Cecelia Graser				Date [MM/DD/YYYY]	\$	100.00
						5/8/2025		
House #	437	Street Address		E Citrus St		Date [MM/DD/YYYY]	\$	
City	Aiamonte Springs	State	FL	Zip Code	32701	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Ann Boyle				Date [MM/DD/YYYY]	\$	250.00
						5/16/2025		
House #	302	Street Address		Coal St		Date [MM/DD/YYYY]	\$	
City	Nesquehoning	State	PA	Zip Code	18240	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Maria Montero				Date [MM/DD/YYYY]	\$	75.00
						5/16/2025		
House #	26	Street Address		N 4th St Apt 8		Date [MM/DD/YYYY]	\$	
City	Easton	State	PA	Zip Code	18042	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 Identification Number:	
------------------------------	--

Full Name of Contributor		Bill & Siobhan O'Gurek				Date [MM/DD/YYYY]	\$	100.00
						5/16/2025		
House #	228	Street Address		W Hazard St		Date [MM/DD/YYYY]	\$	
City	Summit Hill	State	PA	Zip Code	18250	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Bob Bilheimer				Date [MM/DD/YYYY]	\$	50.00
						5/18/2025		
House #	931	Street Address		Monroe St		Date [MM/DD/YYYY]	\$	
City	Freemansburg	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		James Rorneo				Date [MM/DD/YYYY]	\$	150.00
						5/21/2025		
House #	217	Street Address		Eagles Creek Ct		Date [MM/DD/YYYY]	\$	
City	Easton	State	PA	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Maggie Kjer				Date [MM/DD/YYYY]	\$	200.00
						5/21/2025		
House #	1391	Street Address		Planters Trail		Date [MM/DD/YYYY]	\$	
City	Greensboro	State	GA	Zip Code	30642	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]	\$	
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:	
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Full Name of Contributor		Paul Wohler				Date [MM/DD/YYYY]	\$	500.00
						5/7/2025		
House #	2	Street Address		Vesper Dr		Date [MM/DD/YYYY]	\$	
City	Pocasset	State	MA	Zip Code	02559	Date [MM/DD/YYYY]	\$	
Employer Name		Retired				Occupation		
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor		Joseph Velitsky				Date [MM/DD/YYYY]	\$	500.00
						5/8/2025		
House #	49	Street Address		Ludlow St		Date [MM/DD/YYYY]	\$	
City	Summit Hill	State	PA	Zip Code	18250	Date [MM/DD/YYYY]	\$	
Employer Name		Self-employed				Occupation	Attorney	
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						Occupation		
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 Number:	
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Full Name		Tim Rehrig/USW									
House #	53	Street Address		Lehigh St							
City		Bethlehem		State	PA	Zip Code	18018	Date [MM/DD/YYYY]		\$	400.00
								5/30/2025			
Receipt Description											

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											

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											

Full Name											
House #		Street Address									
City				State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description											

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		CVS				Date [MM/DD/YYYY]		\$	23.87
						5/7/2025			
House #		Street Address	8th Ave			Description of Expenditure			
City	Bethlehem		State	PA		Zip Code	18018		
						Office supplies			
To Whom Paid		LV Print Center				Date [MM/DD/YYYY]		\$	4089.60
						5/9/2025			
House #	1701	Street Address	Union Blvd			Description of Expenditure			
City	Allentown		State	Pa		Zip Code	18109		
						Mailer			
To Whom Paid		Carl's Corner				Date [MM/DD/YYYY]		\$	37.64
						5/12/2025			
House #		Street Address	New St			Description of Expenditure			
City	Bethlehem		State	PA		Zip Code	18018		
						Lunch Event			
To Whom Paid		Friends of Jo Daniels				Date [MM/DD/YYYY]		\$	100.00
						5/8/2025			
House #	829	Street Address	Broadway			Description of Expenditure			
City	Bethlehem		State	PA		Zip Code			
						Donation			
To Whom Paid		LV Print Center				Date [MM/DD/YYYY]		\$	4089.60
						5/15/2025			
House #	1701	Street Address	Union Blvd			Description of Expenditure			
City	Allentown		State	PA		Zip Code	18109		
						Mailer			
To Whom Paid		Service Electric				Date [MM/DD/YYYY]		\$	78.88
						5/15/2025			
House #	2260	Street Address	Avenue A			Description of Expenditure			
City	Bethlehem		State	PA		Zip Code			
						Internet			
To Whom Paid		Garrett Rittenberry Design				Date [MM/DD/YYYY]		\$	300.00
						5/15/2025			
House #	402	Street Address	Edgewood Dr			Description of Expenditure			
City	Sheffield		State	AL		Zip Code			
						Graphic Design			
To Whom Paid		BJs Wholesale				Date [MM/DD/YYYY]		\$	111.01
						5/20/2025			
House #	1785	Street Address	Airport Rd			Description of Expenditure			
City	Allentown		State	PA		Zip Code			
						Event supplies			

SCHEDULE III  
Statement of Expenditures

Flier Identification Number:	
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To Whom Paid		Weis Market			Date [MM/DD/YYYY]		\$	61.05
					5/20/2025			
House #	2425	Street Address	Schoenersville Rd			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code		Event supplies		
To Whom Paid		Fine Wine & spirits			Date [MM/DD/YYYY]		\$	48.74
					5/20/2025			
House #	2289	Street Address	Schoenersville Rd			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code		Event supplies		
To Whom Paid		Natalia Kokosky			Date [MM/DD/YYYY]		\$	50.00
					5/20/2025			
House #	1344	Street Address	North Blvd			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code		Event assistance		
To Whom Paid		Tim Rehrig			Date [MM/DD/YYYY]		\$	100.00
					5/20/2025			
House #	53	Street Address	Lehigh St			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code		Event Assistance		
To Whom Paid		Tanczos Beverage			Date [MM/DD/YYYY]		\$	78.83
					5/20/2025			
House #	2330	Street Address	Jacksonville Rd			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18017	Event supplies		
To Whom Paid		Brandon Faust			Date [MM/DD/YYYY]		\$	4500.00
					5/21/2025			
House #	453	Street Address	Dogwood Ln			Description of Expenditure		
City	Nazareth	State	PA	Zip Code	18064	Salary		
To Whom Paid		Z to A Research			Date [MM/DD/YYYY]		\$	8750.00
					5/27/2025			
House #	1109	Street Address	N Interstate 35			Description of Expenditure		
City	Austin	State	TX	Zip Code	78702	Research		
To Whom Paid		Aidan Levinson			Date [MM/DD/YYYY]		\$	283.08
					5/30/2025			
House #	1300	Street Address	Crystal Dr Unit 1507 S			Description of Expenditure		
City	Arlington	State	VA	Zip Code	22202	Digital media		

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Act Blue				Date [MM/DD/YYYY]	\$	10.13
						5/30/2025		
House #		Street Address		PO Box 441146		Description of Expenditure		
City	Somerville	State	MA	Zip Code	02144	Fee		
To Whom Paid		Garrett Rittenberry Design				Date [MM/DD/YYYY]	\$	600.00
						6/8/2025		
House #	402	Street Address		Edgewood Dr		Description of Expenditure		
City	Sheffield	State	AL	Zip Code	35660	Graphic Design		
To Whom Paid		Service Electric Cable				Date [MM/DD/YYYY]	\$	174.31
						5/30/2025		
House #	2260	Street Address		Ave. A		Description of Expenditure		
City	Bethlehem	State	Pa	Zip Code	18017	Internet Service		
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						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 Number:	
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Name of Creditor		Grace Crampsie Smith					Outstanding Balance of Debt	
House #	1403	Street Address	Lorain Ave		DATE DEBT INCURRED [MM/DD/YYYY]		\$	1,000.00
City		Bethlehem	State	PA	Zip Code	18018		
Description of Debt								
Campaign loan								

Name of Creditor							Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code			
Description of Debt								

Name of Creditor							Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code			
Description of Debt								

Name of Creditor							Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code			
Description of Debt								

Name of Creditor							Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code			
Description of Debt								

Name of Creditor							Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code			
Description of Debt								