Pennsylvania Department of State

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

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance 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.

ENNIFE CONSTR					
☐ Cycle 1	E Vein (2	☐ Cycle 3		Cycle 4	☐ Cycle 5
6 th Tuesday	2 nd Friday	30 Day	6 th Т	uesday	2 nd Friday
Pre-Primary	Pre-Primary	Post Primary	Pre-Election		Pre-Election
☐ Cycle 6	☐ Cycle 7	☐ Cycle 8		□ Су	cle 9
30 Day Post-Election	Annual Report	2 nd Friday Pre-Special	Election	30 Day Po	st-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 Labbyist

Amela A. Brio dy

Printed Name

Date (MM/DD/YYYY)

Location (City) State/Country)

DSE8-503S Updated 1/5/2022



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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

Date (DD/MM/YYYY)

Grace (rampsie mith Bethehent NA N TON

Printed Name

Docation (City/State/Country)

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

Filer Identificati Number		10 Table 10	Rep	ort Filed E ark X)	CONTRACTOR OF THE PARTY OF THE		at the factor of days of the		Committee			Lobbyi	st
Name of Filing Committee, Candidate or Lobbyist		† ·	Friends of Grace Crampsie Smith										
Street Address			1	403 Lora	in Ave	9							
City	Bethle	ehem				State	PA		Zip Code	18018			**************************************
Type of Report (Maria mana			STATE AND ADDRESS OF THE PARTY		M.A.H. MANAGEMENT
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary		Tuesday Election		nd Friday Election	6- 30 Da Election	-	7- Annual	Special 2 ⁿ Pre-Electi		Special Post-El	30 Day ection
		X]					
Date Of Election (MM/DD/YYYY)		05/20/2025	Year 20				Amendi Report			Terminati Report			
Summary of Red Expenditures	ceipts and	From Date		To Date)	e 1 70 4 - 2 7 8 1			For	Office Use C	Only	de render made	***************************************
		5/6/2025		6/9/2	025								
A. Amount Brou	ight Forward F	rom Last Report	\$	28,28	37.75								
B. Total Moneta (From Schedule	1)	ns and Receipts		294	5.00	,							
C. Total Funds A (Sum of Lines A			\$	31,2	32.75								
D. Total Expendi (From Schedule	itures		\$	23,48	6.74								
E. Ending Cash B	alance		\$	§ 7746.01									
(Subtract Line D F. Value of In-Kir		ns Received	8		.01								
(From Schedule I G. Unpaid Debts		no	S	0									
(From Schedule I		113	V	1,000	al and order					·			
Part 1- If this is a Co	ommittae renori	t treasurer sign he	ro Iftl	hie ie a Can		ffidavit Sec		n here					
I swear (or affirm) t									ge and belief tru	ie, correct an	id complet	e.	
Sworn to and subsc	ribed before me	this:											
day of		20	-	1		· <u> </u>	Sia	 inature c	ıf Person Submi	ttina report			
	Signature			广			-		Printed Name		····		
My Commission exp				, 1					, , , , , , , , , , , , , , , , , , , ,				
my commission s.,	MO.	DAY YR.	-			Ar	ea Code	_	Dayt	ime Telephor	ne Number	<u></u>	
Part II- If this is a rep								MC*CEPHINE.			- 1207/5		
I swear (or affirm) that amended.	hat to the dest o	f my knowleage ar	id bene	ef this point	icai cor	mmittee na	as not vioia	ited any	provisions of th	e Act of June	3, 1937 (r	'.L. 1333, n	10.320) as
Sworn to and subscr	ribed before me	this											
day of		20		. 1				Sinna	ture of Candida	ta .		_	
	gnature								rinted Name	le		_	
				. 1				г	finteo ivaine				
My Commission expi		DAY YR.				Are	a Code	No.	Daytin	ne Telephone	Number		

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number		·
1.Unitemized Contributions and Receipts-§ 50.00 or Less per Contributor	e ribia	
Total for the reporting period (1)	S	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		THE REPORT OF THE PROPERTY OF
Contributions Received from Political Committees (Part A)	S	0
All Other Contributions (Part B)	\$	1525.00
Total for the reporting period (2)	8	1525.00
3. Contributions Over § 250.00 (From Part C and Part D)	5 00 1 Marcon	
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	1,000.00
	1	1,000.00
Total for the reporting period (3)	\$	1000.00
Total for the reporting period (3) 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	\$	1000.00
, , , , , , , , , , , , , , , , , , , ,	\$	

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 Ide	ntification Nun	mber: 3		A STATE OF THE STA		of course in	p compared to the compared to the
					·		
CAMP STATEMENT				्राप्त के प्राप्त के के के के के के किस्स्त है के किए हैं के अपने कार के के किस के किए के किस के किए किए के कि		173334	
Full Nar	me of Contrib		and the second second		Date [MM/DD/YYYY]	S	
		Jeanine I	Faust .		5/17/2025		250.00
House #	<i>ŧ</i>	Street Address			Date [MM/DD/YYYY]	\$	
	2436		Emrick Blvd		·		
City	<u> </u>	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	Zip Code	Date [MM/DD/YYYY]	8	
	Bethlehe	∍m	PA	18020			
Full Nar	me of Contrib				Date [MM/DD/YYYY]	\$	100.00
		Stepnen	n Falango		5/18/2025		100.00
House #		Street Address			Date [MM/DD/YYYY]	8	
	410	S	6 16th St				
City	<u> 2</u> -	1508 of 150 mate 4	State	Zip Code	Date [MM/DD/YYYY]	8	
	Easton		PA	18042			
Full Nar	ne of Contrib	utor	A 30 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Date [MM/DD/YYYY]	8	
		Demetric	os Herron		5/8/2025		250.00
House #	<u> </u>	Street Address			Date [MM/DD/YYYY]	8	
	458		Center St		The state of the s		1
City		2012年1月4日 - 1012 - 101	State	Zip Code	Date [MM/DD/YYYY]	8	İ
	Bethlehem	i	PA	18018	The state of the s		İ
Full Nan	ne of Contrib	utor			Date [MM/DD/YYYY]	8	
		Cecelia (Graser		5/8/2025		100.00
House #		Street Address			Date [MM/DD/YYYY]	8	1
	437	194 19 (200 p.m.)	Citrus St				1
City			State	Zip Gode	Date [MM/DD/YYYY]	8	ı
	Aiamonte	Springs	FL FL	32701			
Full Nam	ne of Contribu	utor			Date [MM/DD/YYYY]	8	
		Ann Boyle	е .		5/16/2025		250.00
House #	i dina di sabata N	Street Address			Date [MM/DD/YYYY]	8	
	302		Coal St				
City		Terasilve (No. Ve	State	Zip Code 18240	Date [MM/DD/YYYY]	S	
	Nesqueho	oning	PA				
Full Nam	e of Contribu			CHARLES THE DOOR SEE AND ADDRESS OF THE PARTY OF THE PART	Date [MM/DD/YYYY]	S	के कर कर के लिए हैं जिल्ला के प्रश्नी के किए हैं जा है। प्रश्नी के किए किए किए किए किए किए किए किए किए किए
		Maria Mont	iero		5/16/2025		75.00
House #	- Palijini ali 44,455° :	Street Address			Date [MM/DD/YYYY]	8	
	26		N 4th St Apt 8		<u> </u>		
City	<u></u>	<u> 数据数字级数字。</u>	State	Zip Code	Date [MM/DD/YYYY]	8	
77	Easton	ļ	PA	18042	STATES PROFITED OF SECTION OF SEC	0.01	

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 Ide	entification Num	ber:						
			terristala:	eriot, er ika er erio	The soul of species & m & d			
Full Na	me of Contribu	\$		0		properties to the state of a discount	Date [MM/DD/YYYY]	\$
		Bill & S	iobhan O'	Gurek			5/16/2025	100.00
House	228	Street Address	W Haza	rd St			Date [MM/DD/YYYY]	\$
City	Summit H	lill	State	PA	Zip Code	18250	Date [MM/DD/YYYY]	\$
Full Na	me of Contribu	1	Feet Aliana na Isan i air	THE PERSON NAMED IN CO.			Date [MM/DD/YYYY]	\$
		Bob Bill	neimer				5/18/2025	50.00
House #	931	Street Address	Monro	e St			Date [MM/DD/YYYY]	\$
City	Freemans	burg	State	РА	Zip Code	18017	Date [MM/DD/YYYY]	
Full Nar	ne of Contribu	71. 17	gerekterker ett alle	the second second	an to be to be not a set	Marsell and a conf	Date [MM/DD/YYYY]	\$
		James Ro	neo				5/21/2025	150.00
House #	217	Street Address	ldress Eagles Creek Ct				Date [MM/DD/YYYY]	\$
City	_		State		Zip Code		Date [MM/DD/YYYY]	\$
	Easton			PA				
Full Nan	ne of Contribut			CONTRACTOR	TO STATE OF THE ST	i melika pana kertali ai Grego	Date [MM/DD/YYYY]	\$
		Maggie I	(jer				5/21/2025	200.00
House #	. 1	Street Address					Date [MM/DD/YYYY]	\$
	1391		Planters	Trail				
City	Greensbor	0	State	GA	Zip Code	30642	Date [MM/DD/YYYY]	\$
Full Nam	e of Contribut	or					Date [MM/DD/YYYY]	\$
House #	use # Street Address				Date [MM/DD/YYYY]	\$ 		
City		State Zip Code			Date [MM/DD/YYYY]	\$		
- (1)								
Full Name of Contributor						Date [MM/DD/YYYY]	\$ e parties (Communication of Communication	
House #		Street Address			P PHANE SINCE		Date [MNI/DD/YYYY]	\$
City	L L		State		Zip Code		Date [MM/DD/YYYY]	\$

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)

aller dentineation vulner:	and the former of the state of	and the second of the second o
Full Name of Contributor Paul Wo	hler	Date [MM/DD/YYYY]
House # Street Address		5/7/2025 S00.00
2	Vesper Dr	**************************************
City Pocasset	State MA Zip Code 02559	Date [MM/DD/YYYY] \$
Employer Name	Reitred	Occupation
Employer Mailing Address / Principal Place of Business		The state of the s
Full Name of Contributor		Date [MM/DD/YYYY] \$
Joseph '	Velitsky	5/8/2025
House # Street Address	Ludlau Ct	Date [MM/DD/YYYY] \$
49	Ludlow St	
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 Gode	Date [MM/DD/YYYY] \$
Employer Name	(本語報文)	Occupation
Employer Mailing Address / Principal Place of Business	·	[4] [] [1] [1] [2] [2] [2] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
Principal Place of Business Full Name of Contributor		Date [MM/DD/YYYY] 8
House #1		Date [MM/DD/YYYY] 8
House # Street Address		Date [Miln/DD/ 1111]
City	State Zip Code	Date [MM/DD/YYYY] 8
Employer Name	計算器報報 表記 記書記記	Occupation
Employer Mailing Address / Principal Place of Business		[2] 新聞籍 [4] · · · · · · · · · · · · · · · · · · ·

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.

rher identification	rivuiliber.		The second secon	事理 声,王智军你编婚你任你实验管查什么当场出版的办法		
Full Name		Tim Rehrig/U	ISIM			
House # 53	Street A	Addrona	igh St			1 1000000
City			State	Zip	Date [MM/DD/YYYY] 8	400.00
Daniel Daniel		Bethlehem	PA	Code 18018	5/30/2025	400.00
Receipt Descrip	tion					
Full Name						
House #	Street A	ddress				
City	,		State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Descript	tion					
Full Name				and the second s		
House #	Street A	ddress				
City			State	Zip	Date [MM/DD/YYYY] §	
				Code		
Receipt Descript		*** - *** - **************************	an a second stratum communication of the Co. F. E Co. W. F. , E.		and the state of t	
Full Name		,		B. A. Breat Salla A. A. A. A. A. A. A. A. A. A. A. A. A.		The sure of the su
House #	Street Ad	ldress				
City			State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Descript	ion				3, 3,	
Full Name		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
House #	Street Ad	dress	AMADO	<u></u>		
City			State	Zip	Date [MM/DD/YYYY] \$	
				Code		
Receipt Descripti	on					
Full Name					en en en en en en en en en en en en en e	
House #	Street Ad	dress				
City			State	Zip Code	Date [MM/DD/YYYY] 8	·
Receipt Description	on				<u> </u>	

schedule III Statement of Expenditures

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Filer Identification Number:	

To Whom Paid	0.70	endendora en 1955 de 1955 de 1956	Term Charles (1871)	Date [MM/DD/YYYY]	CHEST LO
	CVS			5/7/2025	
House #	Street Address	8th Ave		Description of Expenditure	
City Bethleh	nem	State PA	Zip Code 18018	Office supplies	
To Whom Paid		ara et garin 1995 habitista - Paran baran ya et estada	the product of the state of the	Date [MIM/DD/YYYY] \$	我《中华区》
	LV Print Cente	er		5/9/2025 4089.60	
House # 1701	Street Address	Union Blvd	100	Description of Expenditure	
City Allentov	vn	State Pa	Zip Code 18109	†	
To Whom Paid			2 Day 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date [MM/DD/YYYY] \$ 07.04	
	Carl's Corner			5/12/2025 37.64	
House #	Street Address	New St		Description of Expenditure	
City Bethlehe	em ·	State PA	Zip Gode 18018	Lunch Event	
To Whom Paid		en de la frança de la composition della composit		Date [MM/DD/YYYY] \$	inist?
	Friends of Jo	Daniels		5/8/2025	
House # 829	Street Address	Broadway		Description of Expenditure	
City Bethlehe	e m	State PA	Zip:	Donation	
To Whom Paid	LV Print Cente	·	and the control of th	Date [MM/DD/YYYY] 8 4089.60	
University				5/15/2025 Description of Expenditure	77.7
	Street Address			Description of Experiment	\$* ·
City		State PA	Zip Code 18109	Mailer	
To Whom Paid			Lead to the second seco	Date [MM/DD/YYYY] \$ 78,88	21250
	Service Electi	ic		5/15/2025	
House # 2260	Street Address	Avenue A		Description of Expenditure	y
Bethlehe	m	State PA	Zip Code	Internet	
To Whom Paid	Garrett Rittenbe	ry Design		Date [MM/DD/YYYY] \$ 300.00	
House # 402	Street Address E	dgewood Dr		Description of Expenditure	
Sheffield	[a 4 A A A A A A A A A A A A A A A A A A	State AL	Zip; Code	Graphic Design	
To Whom Paid	BJs Wholesal		THE RESERVE THE PROPERTY OF TH	Date [MM/DD/YYYY]	nesa:
louse # 1785	Street Address	Airport Rd		Description of Expenditure	
City Allentown		State	Zjp Code	Event supplies	
	and the second of the second o			The state of the s	aturus.

schedule III Statement of Expenditures

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Liter Identification Number	
Filer Identification Number:	
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[10 전 전 10 전 10 전 10 전 10 전 10 전 10 전 10	

To Whom Paid Weis M	larket		Date [MM/DD/YYYY]
House # 2425 Street Ad	dress Schoenersville Ro		Description of Expenditure
City Bethlehem	State PA	Event supplies	
		Code	
To Whom Paid Fine	Wine & spirits		5/20/2025 48.74
House # 2289 Street Ad	dress Schoenersville Rd		Description of Expenditure
City Bethlehem	State PA	Zip Code	Event supplies
To Whom Paid Natalia	Kokosky		Date [MM/DD/YYYY]
House # 1344 Street Ad	dress North Blvd		Description of Expenditure
City Bethlehem	State PA	Zip Gode	Event assistance
To Whom Paid	n Rehrig	-	Date [MM/DD/YYYY]
House # 53 Street Ad	dress Lehigh St		Description of Expenditure
City Bethlehem	State	Zip Code	Event Assistance
To Whom Paid Tanczos	Beverage	Contract Con	Date [MM/DD/YYYY] \$ 78.83
House # 2330 Street Add	iress Jacksonville Rd		Description of Expenditure
City Bethlehem	State PA	Zip Code 18017	Event supplies
To Whom Paid Brandor	ı Faust	The state of the s	Date [MM/DD/YYYY]
House # 453 Street Add	iress Dogwood Ln		Description of Expenditure
City Nazareth	State PA	Zip Gode 18064	Salary
To Whom Paid Z to A R	esearch		Date [MM/DD/YYYY] \$ 8750.00
House # 1109 Street Add	dress N Interstate 35	· · · · · · · · · · · · · · · · · · ·	5/27/2025 Description of Expenditure
City Austin	State TX	Zip Code 78702	Research
To Whom Paid Aidan	_evinson	grand former and a second for a to a second	Date [MIM/DD/YYYY]
House # 1300 Street Add	ress Crystal Dr Unit 1507	7 S	Description of Expenditure
Oity Arlington	State VA	Zip Code 22202	Digital media

Statement of Expenditures

	Statement of Expenditu	CS
Filer Identification Num	nber:	
To Whom Paid	Act Blue	Date [MM/DD/YYYY]

To Whom Paid		an - Property of the state of t	AND THE RESERVE AND ADDRESS.	Colombia 1 6 7 4	Firefact: Clock Track	Date [MM/DD/YYYY] \$
	Act Blue					5/30/2025
House #	Street Address	PO Box	441146			Description of Expenditure
City Somerville		State	МА	Zip Code	02144	Fee
To Whom Paid	Garrett Ritten	berry Des	ign	en en mangele (2) de la la la la la la la la la la la la la	for Entropy State 1 Common Edition 1 to 2000 State 1	Date [MIM/DD/YYYY]
House # 402	Street Address	Edgewo	od Dr			Description of Expenditure
City Sheffie	eld	State	AL	Zip Code	35660	Graphic Design
To Whom Paid	Service Elec	ctric Cable		er(e g ode) isotot	ALESSAMENTA SERVES PROPRIES	Date [MM/DD/YYYY]
House # 2260	Street Address	Ave. A				Description of Expenditure
City Bethlehe	m	State	Pa	Zip Gode	18017	Internet Service
To Whom Paid		240114-104119-104-1	• \$2 mg \$1 900 \$4, 600 556 60 \$10 \$		es terres Secul de de de Secul de Secul de Secul	Date [MM/DD/YYYY] \$
House #	Street Address				M	Description of Expenditure
City		State		Zip Gode		
To Whom Paid	The state of the s	verteen kreiten		re di ressau de la comi	New High	Date [MM/DD/YYYY] 8
House #	Street Address	.,			***************************************	Description of Expenditure
City		State		Zip Code		
To Whom Paid	THE REAL PROPERTY SECTION OF STREET		tion of the street of the stre			Date [MIM/DD/YYYY] \$
House #	Street Address					Description of Expenditure
City		State		Zip Code		
To Whom Paid					the second second	Date [MM/DD/YYYY] \$
House #	Street Address					Description of Expenditure
City		State	.,	Zip Code		
To Whom Paid			The state of the s	Tiene (t		Date [MIM/DD/YYYY] \$
House #	Street Address					Description of Expenditure
City	<u> </u>	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.

Name of Credit	tor Grace Crampsie Smit	uth		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	3
	Lorain Ave		2/19/2019	1,000.00
City	Bethlehem	State	PA Zip Code 18018	
Description of I	Debt Campaign loan			
Name of Credit	101			Outstanding Balance of Debi
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	3.
City		State	Zip Code	
Description of I	Debt	-		
Name of Credit	.01	The second section of the second section is a second section of the second section section is a second section		Outstanding Balance of Debt
House #	Street Address	·	DATE DEBT INCURRED [MM/DD/YYYY]	8
City		State	Zip Code	
Description of D	Debt		مسلم المستخدم المستحدم المستخدم المستخدم المستحدم المستحدم المستحدم المستحدم المستحد	
Name of Credit	or		en persona de financia de la compansión de la primeira de la proposición de la proposición de la proposición d	Outstanding Balance of Deb
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of D	Jebt			
Name of Credito	Or			Outstanding Balance of Debt
House #	Street Address	\(\frac{1}{2}\)	DATE DEBT INCURRED [MM/DD/YYYY]	8
City		State	Zip Code	
Description of D	ebt			
Name of Credito) I		ended with the start laws of the second of t	Outstanding Balance of Debt
House #	Street Address	1	DATE DEBT INCURRED [MM/DD/YYYY]	3
City		State	Zip Code	
Description of De	ebt	[m]* m] W [code all	
				A STATE OF THE PROPERTY OF THE

Pennsylvania Department of State

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www.dos.pa.gov/campaignfinance • 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.

Paintofflig	Corminae) (sin	eric): 12240 Aug elov			
	Wame Falls				
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3		Cycle 4	☐ Cycle 5
6 th Tuesday	2 nd Friday	30 Day	6 th T	uesday	2 nd Friday
Pre-Primary	Pre-Primary	Post Primary	Pre-l	Election	Pre-Election
☐ Cycle 6	☐ Cycle 7	☐ Cycle 8		□ Су	cle 9
30 Day Post-Election	Annual Report	2 nd Friday Pre-Special	Election	30 Day Po	st-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

Printed Name

Date (MM/DD/YYYY)

Location (City) State/Country)

DSE8-503S Updated 1/5/2022

Pennsylvania Department of State

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

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

Date (DD/MM/YYYY)

Grace Crampsie Muth

Bothlehent MA N TON

Printed Name

Location (City/State/Country)

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

		(1010.11	Sept 1 p.mm		ro vitamen		SCHOOL SECTION		Litture typeu	/ 		Lobbyio	
Filer Identificat Number			Report Filed By Candida (Mark X)		ite		Committee		X	LODDYISI	<u> </u>		
Name of Filing Lobbyist	Committee, Ca	andidate or	Fr	iends of (Grace	Cramps	ie Smith						
Street Address			1	403 Lora	in Ave)							
City	Bethle	ehem	<u> </u>			State	PA		Zip Code	18018			
Type of Report	(Place x under	report type)		. The compared to		K TO STATE OF A COLOR		aciesane e	**			THE PERSON IN THE IN	
	•	3- 30 Day Post	4. Gth	Tuesday	5. 9 ^{fl}	^d Friday	6- 30 Da	v Post	7- Annual	Special 2 ⁿ	d Friday	Special	annaman)
Pre-Primary	Pre-Primary	Primary		Election		Election	Election	-		Pre-Electi	on	Post-Eie	-
		X											
Date Of Election		05/20/2025	Year	•			Amendr	nent		Terminati	on		7
(MM/DD/YYYY	•	03/20/2023	20	25			Report			Report			
Summary of Re Expenditures	ceipts and	From Date		To Date	9			- 1 - C	For	Office Use (Only		S INCLUSE:
Lysnammos		5/6/2025		6/9/2	025								
A. Amount Brou	ight Forward F	rom Last Report	\$	28,28	37.75					***			
B. Total Moneta (From Schedule		ons and Receipts	8	294	5.00								
C. Total Funds A			8	31,2	32.75								
(Sum of Lines A D. Total Expend	•	n-constitution .	8										
(From Schedule				23,486.74		:							
E. Ending Cash E	Balance		8	§ 7746.01									
(Subtract Line D			1.										
F. Value of In-Ki (From Schedule	II)		\$	0									
G. Unpaid Debts (From Schedule		ns	\$	1,000	.00								
				CITIES OF STREET		fidavit Sec							
Part 1- If this is a C	ommittee repor	t, treasurer sign he	re. If t	his is a Can	didate	report, ca	ndidate sigi	n here.		10 00 400 4 00	d appeala		
I swear (or affirm) Sworn to and subs			nea sc	neautes on	paper,	, is to the t	est of my k	mowiea	ge and belief th	ie, correct an	ia complei	ie.	
	cilbea peiore illi												
day of_		20	-	·]			Sin	nature c	of Person Submi	ttina report		_	
Name and American State and Amer				ŀ								_	
!	Signature			. 1					Printed Name				
My Commission ex	pires MO.	DAY YR.	-			Ar	ea Code		Dayt	ime Telephoi	ne Numbe	r	
Part II- If this is a re	nort of a Candid	late's Authorized C	ommi	tee randi	data eh	all einn he	re						
I swear (or affirm) amended.								ted any	provisions of th	e Act of June	3, 1937 (F	P.L. 1333, NO).320) as
Sworn to and subsc	cribed before me	this ·											
day of	conductors to the state of the	20		1						***************************************			
],				Signa	ature of Candida	ite			
S	lignature	•		. 1				F	rinted Name			_	
My Commission exp							···	-	WARRANT STATE OF THE PARTY OF T			_	
	MO.	DAY YR.				Ar	ea Code		Daytin	ne Telephone	Number		

SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number		en en klass kommune kommune grad kristers verkringstrækt ombore, kommine i de blev kommune de skal kr
1. Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor		en en general de la companya del companya de la companya de la companya de la companya del companya de la companya del la companya del la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya del la companya de la companya dela companya del la companya del la companya del la companya del la
Total for the reporting period (1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	8	0
All Other Contributions (Part B)	\$	1525.00
Total for the reporting period (2)	\$	1525.00
3. Contributions Over § 250.00 (From Part C and Part D)	do-	enggerengt van vongensteren begren de men de kommen von de ek (1551) van de men med Pengelik blim beid beste 333-646/4 b
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	8	1,000.00
Total for the reporting period (3)	8	1000.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		400.00
		400.00
Total for the reporting period (4)	S	400.00

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.)

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ľ	Filer Identification	n Number:	3			·		
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					4600	
Full Na	ame of Contributor			Date [MM/DD/YYYY]	S	050 00
	Jean	ine Faust		5/17/2025		250.00
House				Date [MM/DD/YYYY]	\$	
	2436	Emrick Blvd		·		
City		State	Zip Code	Date [MM/DD/YYYY]	8	
4	Bethlehem	PA	18020			
Full Na	ime of Contributor			Date [MM/DD/YYYY]	S	
	Step	hen Falango		5/18/2025		100.00
House	# Street Addres	si		Date [MM/DD/YYYY]	8	
	410					
City		State	Zip Code	Date [MM/DD/YYYY]	S	
Jily	Easton	PA	18042			
Full Na	me of Contributor	10 to 10 to	THE STATE OF THE S	Date [MM/DD/YYYY]	8	o de la proposición de la company de la comp
	经验证据			5/8/2025		250.00
House		trios Herron		Date [MM/DD/YYYY]	8	
Lionae	Direct Address	Center St	•	Paratrian Santa Control		
04	458	04040"	Tip Code: 1	Date MANA/DD/VVVVI	6	
City	Bethlehem	State PA	Zip Gode 18018	Date [MM/DD/YYYY]	8	
			18018		//AND	
Full Na	me of Contributor	lia Graser		Date [MM/DD/YYYY]	8	100.00
	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]			5/8/2025		, 00.00
House	\$3.41 P. 12.45 E. 12.45 P. 1			Date [MM/DD/YYYY]	8	
	437	E Citrus St	•			
City		State FL	Zip Code 3 32701	Date [MM/DD/YYYY]	\$	
	Aiamonte Springs	FL PL	02/01			e de la composition de la composition de la composition de la composition de la composition de la composition
Full Na	ne of Contributor			Date [MM/DD/YYYY]	8	250.00
	Ann B	oyie		5/16/2025		230.00
House #				Date [MM/DD/YYYY]	8	
	302	Coal St				
City	# <u> </u>	State	Zíp Code	Date [MM/DD/YYYY]	\$	
	Nesquehoning	PA	18240			
Full Nan	ne of Contributor	The second secon		Date [MM/DD/YYYY]	\$	
	Maria M	ontero		5/16/2025		75.00
House #	Street Address			Date [MM/DD/YYYY]	8	
	26	N 4th St Apt 8		3		
City		State	Zip Code	Date [MM/DD/VYYY]	8	
,,,y	Easton	PA	18042	2		
4		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

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 Ide	ntification Number:								
		ng way of the state gazant	(** tarkte oar in		THE RESIDENCE AND A SECOND SEC	The second second second		e de la	LES CHELLES IN CO.
Full Na	me of Contributor	To the second s	Programme of the second	- 1 - 1 - 2 - 2 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	TELEVISION TO SERVICE STREET	Francisco (m.) 186 may 12 Ameri	Date [MM/DD/YYYY]	\$	
		Bill & Si	obhan O	'Gurek			5/16/2025		100.00
House	♥ Stree	t Address				,	Date [MM/DD/YYYY]	\$	
	228		W Haza	ard St			·		
City		The Market	State		Zip Code	1	Date [MM/DD/YYYY]	\$	
	Summit Hill			PA		18250			
Full Na	ne of Contributor	Significant Artista (Singara Sancasa) p	en en en en en en en en en en en en en e	en en en en en en en en en en en en en e	e de la persona de la la la la la la la la la la la la la		Date [MM/DD/YYYY]	\$. 1
		Bob Bilh	eimer				5/18/2025		50.00
House #	Stree	t Address					Date [MM/DD/YYYY]	\$	
	931		Monro	e St]	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
	Freemansburg			PA		18017			
Full Nar	ne of Contributor		era il para prima della comi	100 \$ 100 \$ " \$ 15 15 199 to	and the first of the second of the second		Date [MM/DD/YYYY]	\$	
		James Ron	neo				5/21/2025		150.00
House #		l Address					Date [MM/DD/YYYY]	\$	
	217		Eagles	Creek (Ct .				
City	1 - 30,		State		Zip Code		Date [MM/DD/YYYY]	\$	
	Easton			PA					
Full Nan	e of Contributor		-			The second second	Date [MM/DD/YYYY]	5	
		Maggie K	jer				5/21/2025	1	200.00
House #	Street	Address					Date [MM/DD/YYYY]	\$	
	1391		Planters	Trail					
City	10 5 35		State		Zip Code		Date [MM/DD/YYYY]	\$	
	Greensboro			GA		30642			
Full Nam	e of Contributor	(c) of the Marchine	ear-Sommer Tv.	er of the second		STATES THE PARTY OF STREET	Date [MM/DD/YYYY]	\$	
House #	Street	Address					Date [MM/DD/YYYY]	\$	
City	1.74%		State		Zip Code		Date [MM/DD/YYYY]	\$	· · · · · · · · · · · · · · · · · · ·
i i									
ull Name	of Contributor						Date [MM/DD/YYYY]	\$	THE RESIDENCE OF THE PROPERTY
									j
louse #	Street .	Address					Date [MM/DD/YYYY]	\$	· ·
	0.5								
ity			State		Zip Code		Date [MM/DD/YYYY]	\$	
				ļ					

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 Number	The state of the s	
LIIGE IUGII	tification Number:		
			The state of the s
Full Nam	ne of Contributor	The section of the section of the Property of the section of the s	Date [MM/DD/YYYY] 8
	Paul W	Vohler	5/7/2025 500.00
House #			Date [MM/DD/YYYY] 8
	2	Vesper Dr	. The section of the
		·	Doss (MAI/DD/WWW)
City	Pocasset	State MA Zip Code 02559	Date [MM/DD/YYYY] \$
Employe		Reitred	Occupation
	r Mailing Address / Place of Business		
Full Nam	e of Contributor		Date [MM/DD/YYYY] 8
	Josepl	h Velitsky	5/8/2025 500.00
House #	Street Address		Date [MM/DD/YYYY]
	49	Ludlow St	
City	Summit Hill	State PA Zip Code 18250	Date [MM/DD/YYYY] 8
Employer	r Name	Self-employed	Occupation Attorney
Employer	Mailing Address /	· · · · · · · · · · · · · · · · · · ·	The Application of Streets
PART SECURIS DE LOS	Place of Business		L'Doco (MAN/DD/AA/A/)
run Name	e of Contributor		Date [MM/DD/YYYY] 8
House #	Street Address		Date [MM/DD/YYYY] \$
enri Argal Palantari			
City	1 W. M. S. S. C. S. C. S. L.	State Zip Code	Date [MM/DD/YYYY] 3
		「	# 10 mm
Employer	Name		Occupation
Employer Principal F	Mailing Address / Place of Business		records discount
Full Name	of Contributor		Date [MM/DD/YYYY] s
House #	Street Address		Date [MM/DD/YYYY] 8
City	F.77 - Sept. of a little land	State Zip Code	Date [MM/DD/YYYY] 8
mployer i	Vame	139 85555 254	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 # Street Address Lehigh St 53 City State Date [MM/DD/YYYY] Zip 400.00 Bethlehem PA Code 18018 5/30/2025 Receipt Description Full Name House # Street Address City State Zip Date [MM/DD/YYYY] Code

Zíp

Zip

Zip Code

Zip Code

Code

Code

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

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Street Address

Street Address

Street Address

Street Address

Full Name

House #

Full Name

House #

Full Name

House #

Full Name

saucH

City

City

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schedule III Statement of Expenditures

Filer Identification Number:	
	·

To Whom Paid		Senta Celebrata and Senta Senta Senta Senta Senta Senta Senta Senta Senta Senta Senta Senta Senta Senta Senta S	Date [MM/DD/YYYY] \$
CVS			5/7/2025
House # Street Address	8th Ave		Description of Expenditure
Gity Bethlehem	State PA	Zip Code 18018	Office supplies
To Whom Paid LV Print Cen	ter	and the second s	Date [MM/DD/YYYY] \$ 4089.60
House # 1701 Street Address	Union Blvd		Description of Expenditure
City Allentown	State Pa	Zip 18109	Mailer
To Whom Paid Carl's Corner			Date [MM/DD/YYYY]
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 [MIM/DD/YYYY] \$ 100.00
House # 829 Street Address	Broadway		Description of Expenditure
City. Bethlehem	State	Zip Code	Donation
To Whom Paid LV Print Cent	er		Date [MM/DD/YYYY] \$ 4089.60
House # 1701 Street Address	nion Blvd		Description of Expenditure
City Allentown	State PA	Zip Code 18109	Mailer
To Whom Paid Service Elect	ric		Date [MM/DD/YYYY]
House # 2260 Street Address	Avenue A	10 p	Description of Expenditure
City Bethlehem	State PA	Zip Code	Internet
To Whom Paid Garrett Rittenbe	rry Design		Date [MM/DD/YYYY]
House # 402 Street Address E	dgewood Dr		Description of Expenditure
City Sheffield	State	Zip) Code	Graphic Design
To Whom Paid BJs Wholesal	9	and the state of t	Date [MM/DD/YYYY] \$ 111.01
House # 1785 Street Address	Airport Rd		Description of Expenditure
City Allentown	State PA	Zjp Code	Event supplies

Statement of Expenditures

	The second of th
Filer Identification Number:	
The lacitation indicati	

To Whom Paid Weis Market			Date [MM/DD/YYYY] \$	61.05
	5/20/2025			
	enersville Rd		Description of Expenditure	
City Bethlehem Sta		Cip Code	Event supplies	
To Whom Paid			Date [MM/DD/YYYY] \$	10 71
Fine Wine & spirits			5/20/2025	48.74
(新) (1) (新) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	enersville Rd		Description of Expenditure	
Bethlehem Sta		/ipj: (₹) Gode	Event supplies	
To Whom Paid Natalia Kokosky	ATT THE PARTY OF T	Date [MM/DD/YYYY] \$	50.00	
Natalia Nokosky			5/20/2025	00.00
House # 1344 Street Address North			Description of Expenditure	
City Bethlehem Stat	ip ode	Event assistance		
To Whom Paid		Date [MIM/DD/YYYY] \$		
Tim Rehrig			5/20/2025	100.00
House # 53 Street Address Lehigh	n St		Description of Expenditure	
City Bethlehem Star		ip ode	Event Assistance	
To Whom Paid			Date [MM/DD/YYYY] \$	
Tanczos Beverage			5/20/2025	78.83
House # 2330 Street Address Jackso	onville Rd		Description of Expenditure	The second of th
City Bethlehem Stat		p ode 18017	Event supplies	
To Whom Paid		The same of the sa	Date [MM/DD/YYYY] \$	1500.00
Brandon Faust			5/21/2025	4500.00
House # 453 Street Address Dogwood	Description of Expenditure			
City Nazareth State	PA Zij	p ode 18064	Salary	
To Whom Paid			Date [MM/DD/YYYY] \$	0750.00
Z to A Research		5/27/2025	8750.00	
House # Jaco Street Address Name	Description of Expenditure			
	state 35			
City Austin N Inter	Zir	78702	Research	
City Austin State To Whom Paid	Zir		Date [MIM/DD/YYYY] S	
City Austin State	Zir		Date [MIM/DD/YYYY] S	283.08
City Austin State To Whom Paid Aidan Levinson House # Street Address	Zir		Date [MIM/PD/YYYY] \$	283.08

schedule III Statement of Expenditures

Filer Identification	Number:			over 1.1 house, black 1 merces of	I Brown was a second blood of the second	The second of th
To Whom Paid	Act Blue			2.1		Date [MM/DD/YYYY] \$ 10.13
House #	Street Address PO Box 441146				Description of Expenditure	
City Somerville	e	State	МА	Zip Code	02144	Fee
To Whom Paid			The said of the spice of the said of the s	TO THE PARTY OF TH		Date [MIM/DD/YYYY] 8
	Garrett Rittenberry Design					6/8/2025 600.00
House # 402	Street Address	Edgewoo	od Dr			Description of Expenditure
City Sheffi	eld	State	AL	Zip Code	35660	Graphic Design
To Whom Paid Service Electric Cable					Date [MM/DD/YYYY] \$	
House #						5/30/2025 The scription of Expenditure
2260	Street Address	Ave. A				Description of Experimental
City Bethlehe	em	State	Pa	Zip Code	18017	Internet Service
To Whom Paid						Date [MM/DD/YYYY] \$
House #	Street Address					Description of Expenditure
		Orana d		7!_ 11:	T	<u>和高導金は登場では、日本民族は、</u>
City		State		Zip Gode		
To Whom Paid						Date [MM/DD/YYYY] \$
House #	Street Address	· · · · · · · · · · · · · · · · · · ·				Description of Expenditure
City		State		Zip Code		4. 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5
To Whom Paid	i initia de la companya de la compan		**************************************			Date [MIM/DD/YYYY] \$
House #	Street Address				·· · · · · · · · · · · · · · · · · · ·	Description of Expenditure
	on set Address		•			
City		State		Zip Code		·
To Whom Paid					orthe (constitution and all	Date [MIM/DD/YYYY] \$
House #	Street Address					Description of Expenditure
City		State		Zip:		V ENTREMENDED DE L'EST MAL
o Whom Paid				Code	aleste il tara per la respec	Date [MM/DD/YYYY] 8
O WHOM Pala						A Date [Mini/DD/L14-1]
louse #	Street Address				*** · · · · · · · · · · · · · · · · · ·	Description of Expenditure
ity		State	I	Zip		
				Code	PROFES ALL OF THE SECOND SECTION SECTI	THE RESERVE OF THE PARTY OF THE

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 Smi	ith Outstanding Bal	ance of Deb
House # 1403	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY] 2/19/2019 1,000.00 State PA Zip 18018)
Description of Deb	Campaign loan		
Name of Creditor	P. P. Berger of Anna Part M. (1972) which will be a state of the property of	Outständing Bal	ince of Deb
House #	Street Address	DATE DEBT INCURRED & [MM/DD/YYYY] State Zip-	
Description of Deb		Code	
Name of Creditor		Outstanding Bala	nce of Deb
House #	Street Address	DATE DEBT INCURRED S [MM/DD/YYYY]	
City Description of Debt	t (1/4)	State Zip Code	
Name of Creditor		Outstanding Bala	nce of Deb
louse #	Street Address	DATE DEBT INCURRED S [MM/DD/YYYY] State Zip	
Description of Debt		Code Code	
lame of Creditor		Outstanding Balar	ce of Debt
ouse #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]	·
ty escription of Debt		State Zip Code	
		Outstanding Balan	
		I ATE BERT INPIDED 1 0 1	
ame of Creditor Duse #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY] State Zip	