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

		(st be clear ar		10 3110					
Filer Identificat Number	•	-	Report (Mark	t Filed E : X)	By Candid	ate	X	Committee			Lobbyist	
Name of Filing Lobbyist	Committee, Ca	ındidate or	Friends	of Grace	Crampsie Smit	1	,					
Street Address			1403 Lo	rain Ave	enue							
City	Bethlehe	e m			State	PA .		Zip Code	18018			
Type of Report	(Place x under	report type)		,	- Phiese and -			<u>!</u>		// * 	d +4 +4 +4 +4 +4 +4 +4 +4 +4 +4 +4 +4 +4	1 00° . E
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1- 6 th Tuesday Pre-Primary	2- 2" Friday Pre-Primary	3- 30 Day Post Primary	4-6th IL Pre-Ele		5- 2 nd Friday Pre- Election		y Post	7- Annual	Special 2 ^r Pre-Electi	-	Special 30 I Post-Election	
				1				X		•		
Date Of Election (MM/DD/YYYY)	*		Year		2024	Amendm Report	nent		Terminati Report	on		
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Summary of Rec Expenditures	ceipts and	From Date		To Date	•			For	Office Use (Only		
Expenditures	· · · · · · · · · · · · · · · · · · ·	1/1/2024		12,	/31/2024		:			4 1		
A. Amount Brou	ight Forward F	rom Last Report	\$		9006.49					·		
B. Total Moneta (From Schedule		ns and Receipts	\$	23	3,630.00							
C. Total Funds A			\$	3:	2,636.49							
(Sum of Lines A D. Total Expend			\$									
(From Schedule				2	2,221.20							
E. Ending Cash B			\$	30	0,415.29				•			
(Subtract Line D	nd Contributio	ns Received	\$		0							
(From Schedule G. Unpaid Debts	and Obligatio	ns	\$	1	,000.00			·				
(From Schedule	IV)	ac processor agents		. 90 - 30 - 50 . 90 - 30 - 50	Semental active section						<u></u>	
Part 1- If this is a C	ommittee renort	t treasurer sign he	re If this	is a Can	Affidavit Se		here					
I swear (or affirm)	that this rome	, treasurer sign fre			aluate report, co	* b,	noulada	ond helief tru	ie, correct ar	d complet	e.	
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	Commonw	ealth of Pennsylvan	ia - Notan	/ Seal		,		-12	Access to the second			2
My Commission ex						(>/() rea Code	-			·	-	
	''My'Comi	Northampton/Cour mission Expires Mar	ch 13, 20	27						ier		
Part II- If this is a re	port of a Candid	ato's Authorized C	ómmilte	e, can dic	late shall sign he	ere.						
I swear (or affirm) t amended.	hat to the best o	f my knowledge ar	d belief t	his polit	ical committee l	nas not violat	ed any	provisions of th	e Act of June	3, 1937 (P	.L. 1333, NO.3	20) as
amended.			<u> </u>	i o incomistion to a differen			•					
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SCHEDULE 1

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	77.	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	75.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	200.00
All Other Contributions (Part B)	\$	4,355.00
Total for the reporting period (2)	\$	4,555.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	16,000.00
All Other Contributions (Part D)	\$	3,000.00
Total for the reporting period (3)	\$	19,000.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	23,630,00
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)

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 Identificatio	n Number				taka viria	○ 第 3
V		335354 349				Amount
Full Name of Co	ontributing) .		Date [MM/DD/YYYY]	\$	
Committee		Soilmal	Kers Local	13 12-16-24		200.00
House #		is \ \ \ \ \ \	Falls Road	Date [MM/DD/YYYY]	\$	
	00	New	Halls Koad			
city Le	vittown	State	PA Zip Code 190	56 Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributing	and the second s	the state of the second	Date [MM/DD/YYYY]	\$	Marine Cock Birth See Week English See See
Committee						
House #	Street Addres	s		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	

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House #	Street Address			Date [MM/DD/YYYY]	\$	
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Committee						
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
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Full Name of Con Committee	tributing			Date [MM/DD/YYYY]	\$	THE POST OF SERVICE
House #	Street Address			Date [MM/DD/YYYY]	\$	
 City		State	Zip Code	Date [MM/DD/YYYY]	\$	
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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.

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Full Name c	of Contributor			Date [MM/DD/YYYY]	\$	
		LAWREN	CE SPAGNOLA	12/16/2024		150.00
House #	Street Address		,	Date [MM/DD/YYYY]	\$	
1	521	KAYWIN	I AVE		100	
City	I start the section of the section o	State	Zip Code	Date [MM/DD/YYYY]	\$	
	BETHLEHEM	PA	18018			
Full Name o	f Contributor	V VICT D V DD		Date [MM/DD/YYYY]	\$	· · · · · · · · · · · · · · · · · · ·
	J/	ANET BARR	ĭ	12/16/2024		80.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
2	815	SHAKE	SPEARE RD			
City	1 1909 (12.00)	State	Zip Code	Date [MM/DD/YYYY]	\$	
	BETHLEHEM	PA	18017	10 THE STATE TO SERVE TO SEP ST SERVE OF BUILDING		
Full Name o	f Contributor			Date [MM/DD/YYYY]	\$	
		-	TINA CANTELMI	12/16/2024		75.00
House #	Street Address		TH V/ CO/ (I V I ELIVII	Date [MM/DD/YYYY]	\$	7 0.00
100000000000000000000000000000000000000	31	MORE	LAND AVE			
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	BETHLEHEM	PA	18017	Dare (MIM) DD/(1111)		
	Contributor					The second secon
ruii wame oi	Contributor	1 000	AINIE DACOLIALI	Date [MM/DD/YYYY]	\$	75.00
		LORKA	AINE PASQUALI	12/16/2024		75.00
House #	Street Address			Date [MM/DD/YYYY]		
250 W的国国人。			DINIE OT	and the state of t	\$	į
82			PINE ST		S	
82 City	27	State	Zip Code	Date [MM/DD/YYYY]	\$ \$	
City	BETHLEHEM	State PA		Date [MM/DD/YYYY]	\$	and the second states of the second states and the second states and the second states are second states and the second states are second states and the second states are sec
	BETHLEHEM	PA	Zip Code 18018	Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
City Full Name of	BETHLEHEM Contributor	PA	Zip Code	Date [MM/DD/YYYY]	\$	200.00
City Full Name of	BETHLEHEM Contributor Street Address	PA BOB &	Zip Code 18018 KATHY CRAMPSIE	Date [MM/DD/YYYY] Date [MM/DD/YYYY] 12/16/2024	\$	200.00
City Full Name of	BETHLEHEM Contributor Street Address	PA BOB &	Zip Code 18018	Date [MM/DD/YYYY] Date [MM/DD/YYYY] 12/16/2024	\$ \$	200.00
City Full Name of	BETHLEHEM Contributor Street Address	BOB &	Zip Code 18018 KATHY CRAMPSIE W. WHITE ST Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] 12/16/2024 Date [MM/DD/YYYY]	\$ \$	200.00
City Full Name of House # 32 City	BETHLEHEM Contributor Street Address 24 SUMMIT HILL	PA BOB &	ISO18 KATHY CRAMPSIE W. WHITE ST	Date [MM/DD/YYYY] Date [MM/DD/YYYY] 12/16/2024 Date [MM/DD/YYYY]	\$	200.00
Full Name of House #	BETHLEHEM Contributor Street Address 24 SUMMIT HILL	BOB &	Zip Code 18018 KATHY CRAMPSIE W. WHITE ST Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] 12/16/2024 Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	200.00
City Full Name of House # 32 City	BETHLEHEM Contributor Street Address 24 SUMMIT HILL	BOB &	Zip Code 18018 KATHY CRAMPSIE W. WHITE ST Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] 12/16/2024 Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$ \$	200.00
City Full Name of House # 32 City	BETHLEHEM Contributor Street Address 24 SUMMIT HILL	BOB &	Zip Code 18018 KATHY CRAMPSIE W. WHITE ST Zip Code 18250	Date [MM/DD/YYYY] 12/16/2024 Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] 12/16/2024	\$ \$	
Full Name of House # 32 City	BETHLEHEM Contributor Street Address 24 SUMMIT HILL Contributor Street Address	BOB &	Zip Code 18018 KATHY CRAMPSIE W. WHITE ST Zip Code 18250 LAURA CRAMPSIE	Date [MM/DD/YYYY] 12/16/2024 Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] 12/16/2024	S S S S	
Full Name of House # 32 City Full Name of	BETHLEHEM Contributor Street Address 24 SUMMIT HILL Contributor Street Address	BOB & State PA JAMES 8	Zip Code 18018 KATHY CRAMPSIE W. WHITE ST Zip Code 18250 LAURA CRAMPSIE	Date [MM/DD/YYYY] 12/16/2024 Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] 12/16/2024 Date [MM/DD/YYYY]	S S S S	
Full Name of House # 32 City. 17	BETHLEHEM Contributor Street Address 24 SUMMIT HILL Contributor Street Address	BOB & State PA JAMES 8	Zip Code 18018 KATHY CRAMPSIE W. WHITE ST Zip Code 18250 & LAURA CRAMPSIE ARD ST	Date [MM/DD/YYYY] 12/16/2024 Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] 12/16/2024 Date [MM/DD/YYYY]		

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.

Filer Identification Number:		

Full Nam	e of Contributor	The State of	Date [MM/DD/YYYY]	\$ The second secon
	BEN FEL	_ZER	12/16/2024	75.00
House #	Street Address		Date [MM/DD/YYYY]	\$
	3342	FOX DR		
City	BETHLEHEM	State Zip Code 18017	Date [MM/DD/YYYY]	\$
Full Name	e of Contributor		Date [MM/DD/YYYY]	\$ The second secon
		ANN MARIE WHILDIN	12/16/2024	100.00
House #	Street Address		Date [MM/DD/YYYY]	\$
	596	RIVERWOODS WAY		
City	BETHLEHEM	State Zip Code 18018	Date [MM/DD/YYYY]	\$
Full Name	of Contributor	ELANT PERSONAL PROPERTY OF THE	Date [MM/DD/YYYY]	\$ 第 2 日本金倉(1990年) 24 日本報の計画がある。計画
	TRACY E	BECK BRIGGS & CHRIS BRIGGS	12/16/2024	100.00
House #	Street Address		Date [MM/DD/YYYY]	\$
	2506	HAMPSHIRE RD		
City	MARKET MARKET MARKET	State Zip Code	Date [MM/DD/YYYY]	\$
	BETHLEHEM	PA 18017		
Full Name	of Contributor		Date [MM/DD/YYYY]	\$
	5 m 12 m 2 m 2 m 12 m 2 m 2 m 2 m 2 m 2 m	RICK & WANDA FINELLI	12/16/2024	150.00
House #	Street Address	LORAIN AVE	Date [MM/DD/YYYY]	\$
City	BETHLEHEM	State PA Zip Code 18018	Date [MM/DD/YYYY]	\$,
Eull Name	of Contributor		Date [MM/DD/YYYY]	\$
		KATHY FOX	12/16/2024	100.00
House #	Street Address		Date [MM/DD/YYYY]	\$
	1513	ELM ST		
City	BETHLEHEM	State PA Zip Code 18017	Date [MM/DD/YYYY]	\$
Full Name	of Contributor		Date [MM/DD/YYYY]	\$ State of the state
		NICOLE BONCIK	12/16/2024	75.00
House #	Street Address		Date [MM/DD/YYYY]	\$
0.00 (1.00 (243	8TH AVE	·	
City	BETHLEHEM	State	Date [MM/DD/YYYY]	\$

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.

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Full Nam	e of Contribut	or		1 1015 4 14/5100	Date [MM/DD/YYYY]	\$	
				LINDA WEISS	12/16/2024		150.00
House #		Street Address			Date [MM/DD/YYYY]	\$	
	1411		LORAIN	AVE			FA
City	RETL	HLEHEM	State PA	Zip Code 18018	Date [MM/DD/YYYY]	\$	
	e of Contribut			TARREST TOUTO			
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			LISA BRA	ANDI	12/16/2024		75.00
House #	1	Street Address		(EDCDEEN DD	Date [MM/DD/YYYY]	\$	
	3907		E\	VERGREEN DR			
City	BETH	HLEHEM	State PA	Zip Code 18020	Date [MM/DD/YYYY]	\$	
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Full Name	of Contribute	or		·····································	Date [MM/DD/YYYY]	\$	
			ROCCC	DAMATO	12/16/2024		150.00
House #		Street Address			Date [MM/DD/YYYY]	\$	
	65		W MAR	KET ST			
City	BETH	LEHEM	State PA	Zip Code 18018	Date [MM/DD/YYYY]	\$	
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House #	S	treet Address			Date [MM/DD/YYYY]	\$	
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建合・物質(はでき	1604		RIEGEL				
City	HFIIF	ERTOWN	State PA	Zip Code 18055	Date [MM/DD/YYYY]	\$	
		+ + + + + + + + + + + + + + + + +	LE SYSBALL		1	1131	9

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.

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Full Nam	ne of Contributor		Date [MM/DD/YYYY]	\$	3 3
		SALLY/MARK WILL-WEBER	12/16/2024		100.00
House #	Street Address	\A/ E1 17 A E E E 1 A \ / E	Date [MM/DD/YYYY]	\$	
	66	W ELIZABETH AVE			
City		State Zip Code	Date [MM/DD/YYYY]	\$	
	BETHLEHEM	PA 18018	ence engle en al l'Albania par les que la particular en la capital		The second of th
Full Nam	e of Contributor		Date [MM/DD/YYYY]	\$	
		BARBARA CRAMPSIE	12/16/2024		75.00
House #	Street Address		Date [MM/DD/YYYY]	\$	
	944	CATASAUQUA RD			
City		State Zip Code	Date [MM/DD/YYYY]	\$	
	WHITEHALL	PA 18052	The state of the s		
Full Nam	e of Contributor	,	Date [MM/DD/YYYY]	\$	
		PAMELA BRIODY	12/16/2024		75.00
House #	Street Address		Date [MM/DD/YYYY]	\$,
	2463	W ROCK ROAD			
City	<u> </u>	State Zip Code	Date [MM/DD/YYYY]	\$	
	ALLENTOWN	PA 18103			
Full Name	e of Contributor		Date [MM/DD/YYYY]	\$	Port Control (All Marcon) (Port Control Control (All Andro) (Port Control (All Andro) (Port Control (All Andro) (Port Control (All Andro) (Port Control (All Andro) (All And
		WALT GARVIN	12/16/2024		100.00
House #	Street Address		Date [MM/DD/YYYY]	\$	
		OAKLAND ROAD			
City		State Zip Code	Date [MM/DD/YYYY]	\$	
	BETHLEHEM	PA PA			
Full Name	of Contributor	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	Date [MM/DD/YYYY]	\$	(B) / 《 · · · · · · · · · · · · · · · · · ·
		WANDALYN ENIX	12/16/2024		100.00
House #	Street Address		Date [MM/DD/YYYY]	\$	
	489	VERA CIRCLE			
City	<u> </u>	State Zip Code	Date [MM/DD/YYYY]	\$	
	BETHLEHEM	PA 18017	**************************************		*
Full Name	of Contributor		Date [MM/DD/YYYY]	\$	data make a sala
		LOREN MARQUADT	12/16/2024	17	150.00
House #	Street Address			\$	
		MAPLE ST			
City	安装装送车, 7 4分十	State Zip Code	Date [MM/DD/YYYY]	\$	
	BETHLEHEM	PA 1801			
Carlotta National State (St. 1)		- TANGA AND AND AND AND AND AND AND AND AND AN	1	(6)	11

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.

Filer Identification Number:			
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Full Name	e of Contributor				Date [MM/DD/YYYY]	\$
		ED/SH	HIRLEY O	'BRIEN	12/16/2024	200.00
House #	Stree	et Address			Date [MM/DD/YYYY]	\$
	56		М	INER ST		
City			tate	Zip Code	Date [MM/DD/YYYY]	\$
	COALD	ALE	PA PA			The state of the s
Full Name	of Contributor	•			Date [MM/DD/YYYY]	\$ d and a second and a
				BARB WILLIAMS	12/16/2024	100.00
House #	Stree	et Address		-	Date [MM/DD/YYYY]	\$
	4333		CREST L	ANE	ļ	
City	A		ate	Zip Code	Date [MM/DD/YYYY]	\$
	ALLENT	OWN	PA			
Full Name	of Contributor				Date [MM/DD/YYYY]	\$
			В	OB VIRGILIO	12/16/2024	150.00
House #	SASSES.	et Address			Date [MM/DD/YYYY]	\$
	522			LONG ST		
City		St	ate	Zip Code	Date [MM/DD/YYYY]	\$
	BETHLE	HEM	∏. PA	18018		
Full Name	of Contributor	we to be trained to the second		「公司主動物の変を作る」。 マジー・ヤー・グーン・・・・小字がって ジー	Date [MM/DD/YYYY]	\$
			Е	BRYAN CALLAHAN	12/16/2024	200.00
House #	Stree	et Address			Date [MM/DD/YYYY]	\$
	633 📜	4. 12. 12. 12. 13. 13. 13. 13. 13. 13. 13. 13. 13. 13	MAI	N ST		
City	DETILLE		ate DA	Zip Code	Date [MM/DD/YYYY]	\$
	BETHLE	HEM	PA PA	18018	&	 ** ** ** ** ** ** ** ** ** ** ** ** **
Full Name	of Contributor				Date [MM/DD/YYYY]	\$
		SUE VIRGILI	0	•	11/22/2024	125.00
House #	Stree	t Address	,		Date [MM/DD/YYYY]	\$
	522	1925 (1939) 1946 (1939) 1946 (1939)		LONG ST		
City	DETI II E		ite DA	Zip Code	Date [MM/DD/YYYY]	\$
	BETHLE	HEM	PA	18018		
Full Name	of Contributor				Date [MM/DD/YYYY]	\$
			DEB	MESSLING	12/16/2024	75.00
House #	Street	Address			Date [MM/DD/YYYY]	\$
1	264 🚆		ø	BUTZTOWN RD	i Lingson	
City	1	Sta	gliss in	Zip Code	Date [MM/DD/YYYY]	\$
	BETHLE	HEM	□ PA	18107	100 miles	

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 Numb	per:					
Full Name of Contribu	54 SEC	THE STATE OF THE S		Date [MM/DD/YYYY]	\$	G1
	GAIL PREUNING	GER		12/16/2024		150.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
4004	Ht.	UMMINGBIRD LN				
City	Transpers our en-	State PA	Zip Code 18020	Date [MM/DD/YYYY]	\$	
Full Name of Contribu	15 H 1	TOTICK		Date [MM/DD/YYYY]	 \$	250.00
	TERRY/LINDA H	OUCK		12/16/2024		250.00
House # 1116	Street Address	ייייייי אייייייייייייייייייייייייייייי		Date [MM/DD/YYYY]	\$	
1110	EN	NISWOOD PARKWA				
City PALM HARBOR	<u> </u>	State FL	Zip Code 34683	Date [MM/DD/YYYY]	\$	
	The second secon					
Full Name of Contribu	14 (1981)			Date [MM/DD/YYYY]	\$	200.00
	MEGAN BESTE			12/16/2024		200.00
House # 345	Street Address			Date [MM/DD/YYYY]	\$	
245 	311	TH AVE			الله	
City BETHLEHEM		State PA	Zip Code 18018	Date [MM/DD/YYYY]	\$	
DETHILITION		10	10010			
Full Name of Contribut	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)			Date [MM/DD/YYYY]	\$	353.00
	SHANE MCGEE			12/16/2024		250.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
50	VV I	MARKET ST #12				
City BETHLEHEM		State PA	Zip Còde 18018	Date [MM/DD/YYYY]	\$	
	E - > 40 E % & E 4 - 604244 7 FF.					1. 医二乙酰甲基甲基 · 100
Full Name of Contribut	tor JACQUELINE ROE	IDEDTC		Date [MM/DD/YYYY]	\$	75.00
		BERIS		12/16/2024		
House # 1449	Street Address	UUA CT		Date [MM/DD/YYYY]	\$	í
		IVIA CT				
City BETHLEHEM		State PA	Zip Code 18017	Date [MM/DD/YYYY]	\$	
			(1965年) 1965年 1965年	No. of the Parameter Annual Parameter An		
Full Name of Contribute	or	,		Date [MM/DD/YYYY]	\$	

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Street Address

State

Zip Code

House #

City

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.

***************************************	The state of the s	- 2 pm	The state of a state o	A CONTRACTOR OF A SECTION OF THE CONTRACTOR OF T	e el Apple	The state of the s
Filer Identification Numb	er:					
					S - AL	t with a special party of the
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing Committ	ee IUPAT DC 21			12/16/2024		2,500.00
		,	•			
House # 2980	Street Address	UTHAMPTON RD		Date [MM/DD/YYYY]	\$	
		OTTAIN TOTAL				
City		State PA	Zip Code 19154	Date [MM/DD/YYYY]	\$	
PHILADELPHIA	· ·	FA	19134			
Full Name of		an the first section of the first of the section of	andronio de la	Date [MM/DD/YYYY]	\$	and the control of th
Contributing Committ	ee PLUMBERS UNI	ON LOCAL 690 PAC		12/16/2024		2,500.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
2791	THE RESERVE AND ADDRESS OF THE PARTY OF THE	UTHAMPTON RD				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
PHILADELPHIA		PA	19154	5-60-2-7-944/5042/4B154/4B		
Full Name of				Date [MM/DD/YYYY]	\$	er - s - s - s - s - s - s - s - s - s -
Contributing Committe	LABORERS LOCA	AL 1174 PAC				1,000
				12/16/2024		
House # 465	Street Address	FAITOWAL DD		Date [MM/DD/YYYY]	S	
403	AL	LENTOWN DR				
City		State PA	Zip Code 18109	Date [MM/DD/YYYY]	\$	
ALLENTOWN			10103			
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing Committe	IUOE LOCAL 542	PAC		12/16/2024		5,000.00
House #	Street Address			Date [MM/DD/YYYY]	\$,
1375		GINIA DR				
City	到新疆 医肾星性	State	Zip Code	Date [MM/DD/YYYY]	\$	
FT. WAHSINGTON	l	PA	19034	Pare Minney (111)		
Full Name of		新田本会議長年	CONTROL OF THE PARTY	Date [MM/DD/YYYY]	\$	TO THE STREET OF
Contributing Committe	e IBEW			Committee and the Committee of the Section Sec		5,000
2 (283)				12/16/2024		
House # 101	Street Address	TH ST		Date [MM/DD/YYYY]	\$	
101		11131		200		
City ALLENTOWN		State PA	Zip Code 18101	Date [MM/DD/YYYY]	\$	
ALLEIVIOWIV			10101	· ·		
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing Committee	9				震	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	经通过证券 电二进程计	State	Zip Códe	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)

rier dentification vumbers	
Full Name of Contributor	Date [MM/DD/YYYY] \$
DONALD KAAS	1,000.00
House # Street Address	Date [MM/DD/YYYY] \$
55 MARKET ST	
City BETHLEHEM State PA Zip Code 18018	Date [MM/DD/YYYY] \$
Employer Name RETIRED	Occupation
Employer Mailing Address / Principal Place of Business	
Full Name of Contributor	Date [MM/DD/YYYY] \$ 500.00
MARY ANN COSTELLO CRAMPSIE	12/16/2024
House # Street Address PHEASANT CT	Date [MM/DD/YYYY] \$
是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一	12 (4) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
City ALLENTOWN State PA Zip Code: 18104	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	(2014年7月2日) [1985年]
Full Name of Contributor	Date [MM/DD/YYYY] \$
JOHN BLANKSTEIN	12/16/2024 500.00
House # 925 Street Address W MARKET ST	Date [MM/DD/YYYY] \$
City BETHLEHEM State PA Zip Code 18018	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address'/! Principal Place of Business	[美元] 本元] 被避免物 内。 如李元]
Full Name of Contributor	Date [MM/DD/YYYY] \$
DIERDRE CRANDALL	12/16/2024 500.00
House # Street Address ROSEWOOD DR	Date [MM/DD/YYYY] \$
City. LANSDALE State PA	Date [MM/DD/YYYY] \$
Employer Name UNIVERSITY OF PENNSYLVANIA	Occupation
Employer Mailing Address /	建設工工程數數數据/發展
Principal Place of Business	•

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	A SECTION OF THE PROPERTY OF T	Date [MM/DD/YYYY] \$
	JAMES FIORENTINO	12/16/2024 500.00
House # Street Address		Date [MM/DD/YYYY] \$
3464	MOUNTAINVIEW CIRCLE	
Gity BETHLEHEM	State PA Zip Code 18017	Date [MM/DD/YYYY] \$
Employer Name	The same of	Occupation
Employer Mailing Address / Principal Place of Business	The second secon	· 宣播的學習更多數 李公子
Full Name of Contributor	The state of the s	Date [MM/DD/YYYY] \$
House # Street Address	,	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	1200 Mg 254	Occupation
Employer Mailing Address / Principal Place of Business		A de
Full Name of Contributor	The second secon	Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Problems and I was a state of the state of t	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	[PERSONAL LANGE Lang	Occupation
Employer Mailing Address / Principal Place of Business		影響: 小學: 小學: 小學: 小學: 小學: 小學: 小學: 小學: 小學: 小學

SCHEDULE III

Statement of Expenditures

	 	The second secon	(\$ 10\$ 1000 Brok 1
Filer Identification Number:			
riici iuciiuiication lauliiber.			
[17] B. C. M. A. M. S. S. S. B. E. M. C. W. A. P. C. W. A. P. L. S. C. L.			

DAA CUMD	2 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	Date [MM/DD/YYYY]	\$
JIVI FUND		3/25/2024	125.00
CHEROKEE ST		Description of Expenditu	ire
State PA	Zip 18015	BANQUET TICKET/AD	医基色泛层黄色属 医路耳基氏性 化水平
		Date [MM/DD/YYYY]	\$
		11/22/2024	125.00
BOX 543		Description of Expenditu	re
State PA	Zip Code 18085	BANQUET TICKET/AD	
The state of the s		Date [MM/DD/YYYY]	\$ 21.20
	•	12/3/2024	21.20
UNION BLVD		Description of Expenditur	
State PA	Zip Code 18109	FUNDRAISER FLYER	
	The state of the s	Date [MM/DD/YYYY]	
		12/16/2024	1,950.00
PEMBROKE RD		Description of Expenditur	e
State PA	Zip Code	FUNDRAISER	
	The second all pages as the control of the second and second as	Date [MM/DD/YYYY] \$	
S		Description of Expenditure	
State	Zip Code		<u> 1860 (1867), 16 (1864), 17 (1867)</u>
Complete to the second		Date [MM/DD/YYYY] \$	
S		Description of Expenditure	
State	Zip	· · · · · · · · · · · · · · · · · · ·	国的主义 的,可以社会企业人会。
		Date [MM/DD/YYYY] \$	
s		Description of Expenditure	
State	7in		
	Code		
		Date [MM/DD/YYYY] \$	
		Description of Expenditure	
	[444] _ \$0.005 per 51		
State	Zip Code		
	State PA SS BOX 543 State PA SS UNION BLVD State PA SS PEMBROKE RD State PA SS STATE	State PA Zip 18085 State PA Zip 18085 State PA Zip 18085 State PA Zip Code 18109 State Zip Code 18109	State PA Zip Code 18109 FUNDRAISER FLYER State PA Zip Date [MM/DD/YYYY] 1/2/2/2024 Date [MM/DD/YYYY] 1/2/2/2024 Description of Expenditure State PA Zip Code 18109 FUNDRAISER FLYER Date [MM/DD/YYYY] 12/16/2024 Description of Expenditure State PA Zip Code 18109 FUNDRAISER FLYER Description of Expenditure State PA Zip Date [MM/DD/YYYY] 12/16/2024 Description of Expenditure State PA Zip Code Date [MM/DD/YYYY] State PA Zip Code Date [MM/DD/YYYY] State PA Zip Code Date [MM/DD/YYYY] State Date [MM/DD/YYYY] State Date [MM/DD/YYYY] Description of Expenditure State Zip Code Date [MM/DD/YYYY] Description of Expenditure State Zip Code Date [MM/DD/YYYY] Description of Expenditure State Zip Code Date [MM/DD/YYYY] Description of Expenditure Date [MM/DD/YYYY] State Date [MM/DD/YYYY] Description of Expenditure Date [MM/DD/YYYY] State Date [MM/DD/YYYY] Description of Expenditure Date [MM/DD/YYYY] State Date [MM/DD/YYYY] Description of Expenditure Date [MM/DD/YYYY] Description of Expenditure Date [MM/DD/YYYY] State Date [MM/DD/YYYY] Description of Expenditure

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

Filer Identification	Report Filed F		id legible. It sho				
Number	(Mark X)	By Candid	ate	Committee		Lobbyist	
Name of Filing Committee, Candidate or Lobbyist	Friends of Grace	Crampsie Smith				1	<u> </u>
Street Address	1403 Lorain Ave	nue		***************************************			
City Bethlehem		State					
		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 4 Pre-Primary Primary 1	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Da	•
					Fre-Election	Post-Election	л ———
Date Of Election	Year	<u> </u>	Amendment	×			
(MM/DD/YYYY)		2024	Report		Termination Report		
Summary of Receipts and From Date	To Date			Fin			
Expenditures 1/1/2024				For C	Office Use Only		
A. Amount Brought Forward From Last Report		31/2024					į
	\$ 90	06.49					
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 23,0	530.00				•	
C. Total Funds Available	\$ 33.	525.40					
(Sum of Lines A and B) D. Total Expenditures		536.49					
(From Schedule III)	\$ 2,2	21.20		•			1
E. Ending Cash Balance	\$ 30.4	15.00					
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received		15.29					1
(From Schedule II)	\$	0					
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 1,00	0.00					
		Affidavit Section		~			
Post 4 Ifability Com. In	•	Villadyle Scotle					
						: 	
	•					;	
,					•		
	•			D#			
						1	
Part II- If this is a report of a Candidate's Authorized Comn	nittee, candidate	shall sign here.	·	.**			
swear (or affirm) that to the best of my knowledge and be mended.	eller this political	committee has r	not violated any pro	visions of the A	ct of June 3, 1937 (P.L.	1333, NO.320) a:	5
		Life Annalis (Market				•	
		Apparation of the second					
		in the second se					
Commonwealth of Pennsylvania - Notary S	eal		Printe	ed Name			
y Commission expires IRIS N LINARES - Notary Public	·	611	9			•	
My Commission Axpires March 13, 2027 Commission Number 1095968		Area Co	ode	Ď.			
Commission number 1973700				-			

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
	 \$ 0.70 CO
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 75.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ 200.00
All Other Contributions (Part B)	\$ 4,355.00
Total for the reporting period (2)	\$ 4,555.00
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 16,000.00
All Other Contributions (Part D)	\$ 3,000.00
Total for the reporting period (3)	\$ 19,000.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ 23,630 . (C)
Total Monetary Contributions and Receipts during this reporting period (Add and	\$

Cover Page, Item B)

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 Identificati	on Number		Constitute of the second of		*	- wind the state of the state of
			The second of th			
4.0 2 .00			The state of the s		Amount	
Full Name of C	Contributing			Date [MM/DD/YYYY]	\$	
Committee						
House #	Street Address			Date [MM/DD/YYYY]	\$	
					1	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of C	ontributing	***************************************	The state of the s	Date [MM/DD/YYYY]		Man of Sire
Committee						
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	*···
		Jule	Zip code	Date [WW/DD/1111]	. \$	
Full Name of Co	ontributing		A CONTRACTOR AND A CONT	Date [MM/DD/YYYY]	\$	ers where
Committee					. .	
House #	Street Address			Date [MM/DD/YYYY]	\$	
	31.667.1641.633			Date [www.pd/1111]	3	
City		Touris I				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$	· Shootwee
Committee				Date [INIVIDIDALLA]	3	
House #	Street Address		,	Date [MM/DD/YYYY]	\$	

City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributing	4 7 4		Date [MM/DD/YYYY]	\$	ens read x e
Committee				Date [Wild] DD/1111]	7	
House #	Second Address			Data face (DD (cong)		
	Street Address			Date [MM/DD/YYYY]	\$	
City		Cores I				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Con	ntributing			Date [MM/DD/YYYY]	\$	0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Committee	•			Date [IMM/DD/ 1111]	?	i
louse #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$ 	
				- acc limiting of 11 i.i.		ĺ
	ŀ		H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

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:

表。4.36年起的 19 - 22 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			,
			್ರಾಪ್ ಕರ್ಕ್ - ಆರ್ಟಿಸಿಕೊಂಡಿಗಳಲ್ಲಿ
Full Name of Contributor GAIL PREL	THINGER	Date [MM/DD/YYYY]	3.0
		12/16/2024	150.00
House # Street Addres	맛님	Date [MM/DD/YYYY] \$	
4004	HUMMINGBIRD LN		
City	State Zip Code 19030	Date [MM/DD/YYYY] \$	<u>\$</u>
BETHLEHEM	PA 18020		
Full Name of Contributor		Date [MM/DD/YYYY] \$	The state of the s
TERRY/LIN	NDA HOUCK	12/16/2024	250.00
House # Street Addres	eel	Date [MM/DD/YYYY] \$	
1116	ENISWOOD PARKWAY		
City City	State Zip Code	Date [MM/DD/YYYY] \$	Ž
PALM HARBOR	FL 215 COBE 34683	Dara LANDAN 1111	
Full Name of Contributor	「新聞の表記	Date [MM//DD/YYYY] \$	
MEGAN BE	ESTE		200.00
		12/16/2024	
House # Street Addres	SS 9TH AVE	Date [MM/DD/YYYY] \$	
(2) 在 公司 (2) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			
City BETHLEHEM	State Zip Code	Date [MM/DD/YYYY] \$	
BETHLENEIN	PA 18018		100 M
Full Name of Contributor		Date [MM/DD/YYYY] \$	
SHANE MC	GEE	12/16/2024	250.00
House # Street Address	ś	Date [MM/DD/YYYY] \$	<u>ें</u> इं
56	W MARKET ST #12	STOTATE AMELIANCE CONTRACTOR	512
Gity 1		Date [MM/DD/YYYY] \$	
BETHLEHEM	PA Zip Code 18018	Date (MIN/DRY 1977)	Signal and the signal
Full Name of Contributor	医毛状腺 医足术科技主教 18	Date [MM/DD/YYYY] \$	4 · · · · · · · · · · · · · · · · · · ·
JACQUELINI	E ROBERTS		75.00
	·	12/16/2024	
House # Street Address	OLIVIA CT	Date [MM/DD/YYYY] \$	
City BETHLEHEM	State Zip Code 18017	Date [MM/DD/YYYY] \$	
	(2)		
Full Name of Contributor		Date [MM/DD/YYYY] \$	
House # Street Address	1	Date [MM/DD/YYYY] \$	
	ı	Post year age. Protection with any management of the second secon	ĺ
City	State Zip Code	Date [MM/DD/YYYY] \$	<u> </u>
		Date Initial Day in Cit	l
(AEC)		[[[]	<i>i</i>

PART C

Contributions Received From Political Committees

Over \$250.00

Filer (dentification Number:

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

		pro	THE CHARLEST AND AND AN A STORY OF THE ASSESSMENT OF A			
Full Name of				WYYY MANAGER AND ASSOCIATION OF THE PROPERTY O	ીંટ્	51
Full Name of Contributing Comn	mittee IUPAT DC 21			Date [MM/DD/YYYY] 12/16/2024	11	2,500.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
2980	2425000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OUTHAMPTON RD		The Wife Control of the Control of t		
City	SECTION SET OF SECTION	State	Zip Code	Date [MM/DD/YYYY]	\$	
PHILADELPH	IA	PA	19154			
Full Name of	DI LINADEDE LINI		Charles of the Charle	Date [MM/DD/YYYY]	\$	
Contributing Comm		IION LOCAL 690 PAC	ź.	12/16/2024		2,500.00
House #	Street Address	OUTUA NADTONI RD	A second control of the second control of th	Date [MM/DD/YYYY]	\$	- Constant
2791		OUTHAMPTON RD				
City PHILADELPH	ilA	State PA	Zip Code 19154	Date [MM/DD/YYYY]	\$	A CONTRACTOR OF THE CONTRACTOR
					13	
Full Name of Contributing Comm	n ittee LABORERS LOCA	AI 1174 PAC		Date [MM/DD/YYYY]	\$	1,000
		16 11/7 11.0		12/16/2024		1,000
House # 465	Street Address ALI	LLENTOWN DR		Date [MM/DD/YYYY]	\$	
City ALLENTOWN	Treasure and a	State PA	Zip Code 18109	Date [MM/DD/YYYY]	\$	
Full Name of		25-22-20-20	F7WRX Has to discuss property	Date [MM/DD/YYYYY]	\$	
Contributing Comm	ittee IUOE LOCAL 542	2 PAC		12/16/2024		5,000.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
1375	VIR	RGINIA DR				l
City FT. WAHSING	P Street to the constitution of the Constituti	State: PA	Zip Code 19034	Date [MM/DD/YYYY]	\$	ì
	ON			No.		Section 1
Full Name of Contributing Commi	ittee IBEW			Date [MM/DD/YYYY]	\$	- 000
				12/16/2024	t ust. Files	5,000
House # 101	Street Address S. 7	7TH ST		Date [MM/DD/YYYY]	\$	
City ALLENTOWN	The state of the s	State PA	Zip Code 18101	Date [MM/DD/YYYY]	\$	
Full Name of		**************************************	MANAGEMENTAL AND	Date [MM/DD/YYYY]	\$	a constant is
Contributing Commi	rtee			THE PLANTAGE SALES		
House #	Street Address			Date [MM/DD/YYYY]	\$	
				Fig. 1 and 1		
City	· 克拉斯·罗尔斯尔尔斯尔。]	State	Zip Code	Date [MM/DD/YYYY]	\$	
				N. Carlotte and Ca		-

PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:

Full Name of Contributor	Date [MM/DD/YYYY] \$
DONALD KAAS	12/16/2024
House # Street Address 55 MARKET ST	Date [MM/DD/YYYY] \$
WALL SI	50 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
City BETHLEHEM State PA Zip Code 18018	Date [MM/DD/YYYY] \$
Employer Name RETIRED	Occupation
Employer Mailing Address: / Principal Place of Business	
Full Name of Contributor	Date [MM/DD/YYYY] \$
MARY ANN COSTELLO CRAMPSIE	12/16/2024 500.00
House # Street Address 3516 PHEASANT CT	Date [MM/DD/YYYY] \$
FILADANTCI	Description of the second
City, ALLENTOWN State PA Zip Code 18104	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	
Full Name of Contributor	Date [MM/DD/YYYY] \$
JOHN BLANKSTEIN	12/16/2024 500.00
House # Street Address 925 W MARKET ST	Date [MM/DD/YYYY] \$
City	Date [MM/DD/YYYY] \$
BETHLEHEM PA 18018	・
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	
Full Name of Contributor	Date [MM/DD/YYYY] \$
DIERDRE CRANDALL	12/16/2024 500.00
House # Street Address 111 ROSEWOOD DR	Date [MM/DD/YYYY] \$
State Zip Code LANSDALE PA	Date [MM/DD/YYYY] \$
mplover Name	Occupation
mplover Malling Address /	等等等。 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
rincipal Place of Business NEWBOLTON CENTER, KENNETH SQUARE, PA	

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 (dentification Num	ber:			
100000 Conference and account of the control of the		s 12.55 Mars		00 MAX
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		新兴等自然(2000年)	数据等的 。由在100.1	NOTE:
Full Name	Constitution of the consti		The second secon	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	The state of the s			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		PROFESSION N	das de	159394
Full Name		The second secon		The state of the s
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$.
Receipt Description	design to the second se	(南) (南) (南) (4	SHE SERVED OF SHE	[Bergs]
Full Name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second secon		to the set of
House #	Street Address			·
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	Secretary of the secret	द सं अनुस्त्र वृद्धावयुः व्य		[marri
Full Name		୍ରି ଓ ଅନୁକ୍ରିଲିକ୍ଟିକ୍ଟିକ୍ଟିକ୍ଟିକ୍ଟିକ୍ଟିକ୍ଟିକ୍ଟିକ୍ଟିକ୍ଟ		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	
4. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$5	50.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250):00 (FROM PART F)
TOTAL for the reporting period (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	M.PART.G)
TOTAL for the reporting period (3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

• •	ALGE OF \$30.01 TO \$230
Filer Identification Number:	
Full Name of Contributor	Date [MM/DD/YYYY] \$

Full Name of Contr	butor		3 (200.4)	Date [MM/DD/YYYY]	\$
				·	
House #	Street Address			Date [MM/DD/YYYY]	\$
			•		
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
	or and a subsection of the sub				100 April 100 Ap
Description of Con	tribution				
Full Name of Contr	ibutor			Date [MM/DD/YYYY]	S
		•			
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		13			
Description of Cont	ribution				
Full Name of Contri	butor		The section of the se	Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
					1
City		State	Zip Code	Date [MM/DD/YYYY]	Management of the control of the con
Description of Cont	ribiation				
		esta Tari			
Full Name of Contri	butor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
City'	Transfer and a second of	State	Zip Code	Date [MM/DD/YYYY]	\$
				100	
Description of Contr	IOUCION :		a notice of the magging facility of the control of	# = . 44 * # * . 42 * . 4	2 30 M AND A
Full Name of Contrib	outor:			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code		Section 20 in the
Description of Contri	bution		The Property Commences	F	527 X d I

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

			1.85			 2 - F - ON - F - F
Filer Identification Number:						
Figur despetit de la la la la la la la despetit de la						
·····································						
		the same of the sa	T BAKENS C	and the same of th		 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

			The Charles of the second of t	
Full Name of Con	tributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
				2
Employer Name			1 - 30 - 55, 50 - 50	Occupation
	Address / Principal			Description :
Place of Business				of Contribution
Full Name of Con	ributor	S TO SERVICE SAME TO SERVICE SERVICES	The contract of the second of	Date [MM/DD/YYYY] \$
				公司 (1975年 - 1975年 -
House #	Street Address			Date [MM/DD/YYYY] \$
				19. 10. 1 10. 10. 10. 10. 10. 10. 10. 10.
City 1	中海州區特別(十里元)(本(G))(x	State	Zip Code	Date [MM/DD/YYYY] \$
		1000		本 ()
Employer Name		[2:1454/spects]	Interchurse theng I	Occupation
	Address / Principal			Description
Place of Business				of Contribution
Full Name of Cont	ributor		不 · · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$
				Section 1
House #	Street Address			Date [MM/DD/YYYY] \$
City	是 电影响 A 100 100 100 100 100 100 100 100 100 1	State	Zip Code	Date [MM/DD/YYYY] \$
	•			
Employer Name			·沙林 [13] (13] (13] (13] (13] (13] (13] (13] (Occupation
Employer Mailing	Address / Principal		W. Warth Co.	Description :
Place of Business				of Contribution
Full Name of Contr	ributor	grading to the second		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
			•	
City	19 Streets of States Treets	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing A	Address / Principal			Description
Place of Business				Contribution:

Statement of Expenditures

programmed and the second of t	the contract of the contract o	to the first the second of the
The state of the s		
Filer Identification Number:		
a: File: {Cleff() CattOff Multiple() Six		
## ###################################		
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(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)		
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To Whom Paid		AND THE PERSONNELS AND ADDRESS OF TH	Date [MM/DD/YYYY] \$	
NAACP FREEDOM FUN			3/25/2024	125.00
House # 627 Street Address CHI	EROKEE ST		Description of Expenditure	
City BETHLEHEM	State PA	Zip Code 18015	BANQUET TICKET/AD	
To Whom Paid NCCDW	and the second s		Date [MM/DD/YYYY] \$	
NCCDW			11/22/2024	125.00
House # Street Address BO	X 543		Description of Expenditure	
City TATAMY	State PA	Zip Code 18085	BANQUET TICKET/AD	
To Whom Paid	· · · · · · · · · · · · · · · · · · ·	발 - 100gm 설명 3000000 대 최 구마 (本) - 그 - 그 - 그 - 그 - 그 - 그 - 그 - 그 - 그 -	Date [MM/DD/YYYY] \$	21.20
			12/3/2024	21.20
	ON BLVD	·	Description of Expenditure	
City: ALLENTOWN	State PA	Zip Code 18109	FUNDRAISER FLYER	
To Whom Paid ADAGIOS	And the second s	The state of the s	Date [MM/DD/YYYY] \$	1,950.00
			12/16/2024	1,950.00
House # 530 Street Address PE	MBROKE RD		Description of Expenditure	
BETHLEHEM	State PA	Zip Code	FUNDRAISER	
To Whom Paid			Date [MM/DD/YYYY] \$	the second secon
		· · · · · · · · · · · · · · · · · · ·		
House # Street Address			Description of Expenditure	
City	State	Zip Code		
To Whom Paid	N	が中心(1990年 日) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Date [MIM/DD/YYYY] \$	(1995年) (1995年) 1987年 (1995年)
House # Street Address			Description of Expenditure	
City	State	Zip Signatura		
To Whom Paid			Date [MM/DD/YYYY] \$	7年 - 日本 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
House# Street Address			Description of Expenditure	
	State _	Zip:	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	を生め最後の後、5・4000 特別者の 200 mm。 100 00 mm。
To Whom Paid	Secretaria	A Security Confession Security Manager Confession Security S	Date [MM/DD/YYYY] \$	\$
House # Street Address			Description of Expenditure	
City	State	Zip		

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] 2/19/2019
City (1)	BETHLEHEM	State PA Zip 18018 1,000.00
Description of Del	bt LOAN TO CAMPAIGN	
Name of Creditor		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City-	基本の	State Zip Code
Description of Deb	1	
Name of Creditor		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City	日本語の報告では20日日とく。 日本語の報告 日本語の記言 日本語の記言 日本語の記言 日本語の記言 日本語の記言 日本語の記言	State Zip Code
Description of Deb		
Name of Creditor		Outstanding Balance of Debt
House #	Street, Address	DATE DEBT INCURRED \$
City		State Zip Code
Description of Debt		•
Name of Creditor		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$
City		State Zip Code
Description of Debt		The Control of the Co
Name of Creditor	10 644 14 74 74 74 74 74 74 74 74 74 74 74 74 74	Outstanding Balance of Debt
louse#	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
I [Y]	전 소리에 보이 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전	State. Zip Code
escription of Debt		在 是 200 (200 (200 (200 (200 (200 (200 (20