

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) | <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 Avenue | | | | | |
| City | Bethlehem | State | PA | Zip Code | 18018 | | |

Type of Report (Place x under report type)

| | | | | | | | | |
|--|---------------------------------------|--------------------------|--|---|--------------------------|-------------------------------------|---|------------------------------|
| 1- 6 th Tuesday Pre-Primary | 2- 2 nd Friday Pre-Primary | 3- 30 Day Post Primary | 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 Day Post-Election |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date Of Election (MM/DD/YYYY) | | Year | | 2024 | Amendment Report | <input type="checkbox"/> | Termination Report | <input type="checkbox"/> |

| Summary of Receipts and Expenditures | From Date | To Date | For Office Use Only |
|--|-----------|------------|---------------------|
| | 1/1/2024 | 12/31/2024 | |
| A. Amount Brought Forward From Last Report | \$ | 9006.49 | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ | 23,630.00 | |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 32,636.49 | |
| D. Total Expenditures (From Schedule III) | \$ | 2,221.20 | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 30,415.29 | |
| 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 is true, correct and complete.

| | | | |
|---|---|-------------------------|--------------|
| My Commission expires | <div style="border: 1px solid black; padding: 5px;"> Commonwealth of Pennsylvania - Notary Seal IRIS N LINARES - Notary Public Northampton County My Commission Expires March 13, 2027 Commission Number 1995906 </div> | <u>610</u> Area Code | _____ ier |
| 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 | <u>29</u> | | |
| My Com | | | |

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period (1) \$ 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 Identification Number | | | | | | | | | | Amount | |
|-------------------------------------|--|-----------|--|----------------|--|---------------------|--|-------------------|----------|--------|--------|
| Full Name of Contributing Committee | | | | | | Boilmakers Local 13 | | Date [MM/DD/YYYY] | 12-16-24 | \$ | 200.00 |
| House # | | 2300 | | Street Address | | New Falls Road | | Date [MM/DD/YYYY] | | \$ | |
| City | | Levittown | | State | | PA | | Zip Code | | 19056 | |
| Full Name of Contributing Committee | | | | | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | | | | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| City | | | | State | | | | Zip Code | | | |
| Full Name of Contributing Committee | | | | | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | | | | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| City | | | | State | | | | Zip Code | | | |
| Full Name of Contributing Committee | | | | | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | | | | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| City | | | | State | | | | Zip Code | | | |
| Full Name of Contributing Committee | | | | | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | | | | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| City | | | | State | | | | Zip Code | | | |
| Full Name of Contributing Committee | | | | | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | | | | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| City | | | | State | | | | Zip Code | | | |
| Full Name of Contributing Committee | | | | | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | | | | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| City | | | | State | | | | Zip Code | | | |

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 | | LAWRENCE SPAGNOLA | | | | Date [MM/DD/YYYY] | \$ | 150.00 |
| House # | 1521 | Street Address | | KAYWIN AVE | | Date [MM/DD/YYYY] | \$ | |
| City | BETHLEHEM | State | PA | Zip Code | 18018 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | | JANET BARRY | | | | Date [MM/DD/YYYY] | \$ | 80.00 |
| House # | 2815 | Street Address | | SHAKESPEARE RD | | Date [MM/DD/YYYY] | \$ | |
| City | BETHLEHEM | State | PA | Zip Code | 18017 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | | TINA CANTELM | | | | Date [MM/DD/YYYY] | \$ | 75.00 |
| House # | 131 | Street Address | | MORELAND AVE | | Date [MM/DD/YYYY] | \$ | |
| City | BETHLEHEM | State | PA | Zip Code | 18017 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | | LORRAINE PASQUALI | | | | Date [MM/DD/YYYY] | \$ | 75.00 |
| House # | 827 | Street Address | | PINE ST | | Date [MM/DD/YYYY] | \$ | |
| City | BETHLEHEM | State | PA | Zip Code | 18018 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | | BOB & KATHY CRAMPSIE | | | | Date [MM/DD/YYYY] | \$ | 200.00 |
| House # | 324 | Street Address | | W. WHITE ST | | Date [MM/DD/YYYY] | \$ | |
| City | SUMMIT HILL | State | PA | Zip Code | 18250 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | | JAMES & LAURA CRAMPSIE | | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| House # | 17 | Street Address | | W. HAZARD ST | | Date [MM/DD/YYYY] | \$ | |
| City | SUMMIT HILL | State | PA | Zip Code | 19250 | 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 | | BEN FELZER | | | | Date [MM/DD/YYYY] | | \$ | 75.00 |
| House # | 3342 | Street Address | | FOX DR | | Date [MM/DD/YYYY] | | \$ | |
| City | BETHLEHEM | State | PA | Zip Code | 18017 | Date [MM/DD/YYYY] | | \$ | |
| Full Name of Contributor | | ANN MARIE WHILDIN | | | | Date [MM/DD/YYYY] | | \$ | 100.00 |
| House # | 596 | Street Address | | RIVERWOODS WAY | | Date [MM/DD/YYYY] | | \$ | |
| City | BETHLEHEM | State | PA | Zip Code | 18018 | Date [MM/DD/YYYY] | | \$ | |
| Full Name of Contributor | | TRACY BECK BRIGGS & CHRIS BRIGGS | | | | Date [MM/DD/YYYY] | | \$ | 100.00 |
| House # | 2506 | Street Address | | HAMPSHIRE RD | | Date [MM/DD/YYYY] | | \$ | |
| City | BETHLEHEM | State | PA | Zip Code | 18017 | Date [MM/DD/YYYY] | | \$ | |
| Full Name of Contributor | | PATRICK & WANDA FINELLI | | | | Date [MM/DD/YYYY] | | \$ | 150.00 |
| House # | 1406 | Street Address | | LORAIN AVE | | Date [MM/DD/YYYY] | | \$ | |
| City | BETHLEHEM | State | PA | Zip Code | 18018 | Date [MM/DD/YYYY] | | \$ | |
| Full Name of Contributor | | KATHY FOX | | | | Date [MM/DD/YYYY] | | \$ | 100.00 |
| House # | 1513 | Street Address | | ELM ST | | Date [MM/DD/YYYY] | | \$ | |
| City | BETHLEHEM | State | PA | Zip Code | 18017 | Date [MM/DD/YYYY] | | \$ | |
| Full Name of Contributor | | NICOLE BONCIK | | | | Date [MM/DD/YYYY] | | \$ | 75.00 |
| House # | 243 | Street Address | | 8TH AVE | | Date [MM/DD/YYYY] | | \$ | |
| City | BETHLEHEM | State | PA | Zip Code | 18018 | 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 | | LINDA WEISS | | | | Date [MM/DD/YYYY] | \$ | 150.00 |
| House # | 1411 | Street Address | | LORAIN AVE | | Date [MM/DD/YYYY] | \$ | |
| City | BETHLEHEM | State | PA | Zip Code | 18018 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | | LISA BRANDT | | | | Date [MM/DD/YYYY] | \$ | 75.00 |
| House # | 3907 | Street Address | | EVERGREEN DR | | Date [MM/DD/YYYY] | \$ | |
| City | BETHLEHEM | State | PA | Zip Code | 18020 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | | ANGIE KOKOSKY | | | | Date [MM/DD/YYYY] | \$ | 75.00 |
| House # | 1344 | Street Address | | NORTH BLVD | | Date [MM/DD/YYYY] | \$ | |
| City | BETHLEHEM | State | PA | Zip Code | 18017 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | | ROCCO DAMATO | | | | Date [MM/DD/YYYY] | \$ | 150.00 |
| House # | 65 | Street Address | | W MARKET ST | | Date [MM/DD/YYYY] | \$ | |
| City | BETHLEHEM | State | PA | Zip Code | 18018 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | | SUSAN LAWLESS | | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| City | BETHLEHEM | State | PA | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | | GENE/MARY ELLEN WAAS | | | | Date [MM/DD/YYYY] | \$ | 150.00 |
| House # | 1604 | Street Address | | RIEGEL ST | | Date [MM/DD/YYYY] | \$ | |
| City | HELLERTOWN | State | PA | Zip Code | 18055 | 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 | | SALLY/MARK WILL-WEBER | | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| House # | 66 | Street Address | | W ELIZABETH AVE | | Date [MM/DD/YYYY] | \$ | |
| City | BETHLEHEM | State | PA | Zip Code | 18018 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | | BARBARA CRAMPSIE | | | | Date [MM/DD/YYYY] | \$ | 75.00 |
| House # | 944 | Street Address | | CATASAUQUA RD | | Date [MM/DD/YYYY] | \$ | |
| City | WHITEHALL | State | PA | Zip Code | 18052 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | | PAMELA BRIODY | | | | Date [MM/DD/YYYY] | \$ | 75.00 |
| House # | 2463 | Street Address | | W ROCK ROAD | | Date [MM/DD/YYYY] | \$ | |
| City | ALLENTOWN | State | PA | Zip Code | 18103 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | | WALT GARVIN | | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| House # | | Street Address | | OAKLAND ROAD | | Date [MM/DD/YYYY] | \$ | |
| City | BETHLEHEM | State | PA | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | | WANDALYN ENIX | | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| House # | 489 | Street Address | | VERA CIRCLE | | Date [MM/DD/YYYY] | \$ | |
| City | BETHLEHEM | State | PA | Zip Code | 18017 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | | LOREN MARQUADT | | | | Date [MM/DD/YYYY] | \$ | 150.00 |
| House # | | Street Address | | MAPLE ST | | Date [MM/DD/YYYY] | \$ | |
| City | BETHLEHEM | State | PA | Zip Code | 1801 | 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 | | ED/SHIRLEY O'BRIEN | | | | Date [MM/DD/YYYY] | \$ | 200.00 |
| House # | 56 | Street Address | | MINER ST | | Date [MM/DD/YYYY] | \$ | |
| City | COALDALE | State | PA | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | | BARB WILLIAMS | | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| House # | 4333 | Street Address | | CREST LANE | | Date [MM/DD/YYYY] | \$ | |
| City | ALLENTOWN | State | PA | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | | BOB VIRGILIO | | | | Date [MM/DD/YYYY] | \$ | 150.00 |
| House # | 522 | Street Address | | LONG ST | | Date [MM/DD/YYYY] | \$ | |
| City | BETHLEHEM | State | PA | Zip Code | 18018 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | | BRYAN CALLAHAN | | | | Date [MM/DD/YYYY] | \$ | 200.00 |
| House # | 633 | Street Address | | MAIN ST | | Date [MM/DD/YYYY] | \$ | |
| City | BETHLEHEM | State | PA | Zip Code | 18018 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | | SUE VIRGILIO | | | | Date [MM/DD/YYYY] | \$ | 125.00 |
| House # | 522 | Street Address | | LONG ST | | Date [MM/DD/YYYY] | \$ | |
| City | BETHLEHEM | State | PA | Zip Code | 18018 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | | DEB MESSLING | | | | Date [MM/DD/YYYY] | \$ | 75.00 |
| House # | 1264 | Street Address | | BUTZTOWN RD | | Date [MM/DD/YYYY] | \$ | |
| City | BETHLEHEM | State | PA | Zip Code | 18107 | 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 | | GAIL PREUNINGER | | | | Date [MM/DD/YYYY] | | \$ | 150.00 |
| | | | | | | 12/16/2024 | | | |
| House # | 4004 | Street Address | | HUMMINGBIRD LN | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |
| City | BETHLEHEM | State | PA | Zip Code | 18020 | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |
| Full Name of Contributor | | TERRY/LINDA HOUCK | | | | Date [MM/DD/YYYY] | | \$ | 250.00 |
| | | | | | | 12/16/2024 | | | |
| House # | 1116 | Street Address | | ENISWOOD PARKWAY | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |
| City | PALM HARBOR | State | FL | Zip Code | 34683 | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |
| Full Name of Contributor | | MEGAN BESTE | | | | Date [MM/DD/YYYY] | | \$ | 200.00 |
| | | | | | | 12/16/2024 | | | |
| House # | 345 | Street Address | | 9TH AVE | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |
| City | BETHLEHEM | State | PA | Zip Code | 18018 | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |
| Full Name of Contributor | | SHANE MCGEE | | | | Date [MM/DD/YYYY] | | \$ | 250.00 |
| | | | | | | 12/16/2024 | | | |
| House # | 56 | Street Address | | W MARKET ST #12 | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |
| City | BETHLEHEM | State | PA | Zip Code | 18018 | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |
| Full Name of Contributor | | JACQUELINE ROBERTS | | | | Date [MM/DD/YYYY] | | \$ | 75.00 |
| | | | | | | 12/16/2024 | | | |
| House # | 1449 | Street Address | | OLIVIA CT | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | | |
| City | BETHLEHEM | State | PA | Zip Code | 18017 | 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 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.

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

| | | | | | | | | |
|-------------------------------------|----------------|------------------------------|----|----------------|-------|-------------------|----|----------|
| Full Name of Contributing Committee | | IUPAT DC 21 | | | | Date [MM/DD/YYYY] | \$ | 2,500.00 |
| | | | | | | 12/16/2024 | | |
| House # | 2980 | Street Address | | SOUTHAMPTON RD | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | PHILADELPHIA | State | PA | Zip Code | 19154 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributing Committee | | PLUMBERS UNION LOCAL 690 PAC | | | | Date [MM/DD/YYYY] | \$ | 2,500.00 |
| | | | | | | 12/16/2024 | | |
| House # | 2791 | Street Address | | SOUTHAMPTON RD | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | PHILADELPHIA | State | PA | Zip Code | 19154 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributing Committee | | LABORERS LOCAL 1174 PAC | | | | Date [MM/DD/YYYY] | \$ | 1,000 |
| | | | | | | 12/16/2024 | | |
| House # | 465 | Street Address | | ALLENTOWN DR | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | ALLENTOWN | State | PA | Zip Code | 18109 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributing Committee | | IUOE LOCAL 542 PAC | | | | Date [MM/DD/YYYY] | \$ | 5,000.00 |
| | | | | | | 12/16/2024 | | |
| House # | 1375 | Street Address | | VIRGINIA DR | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | FT. WAHSINGTON | State | PA | Zip Code | 19034 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributing Committee | | IBEW | | | | Date [MM/DD/YYYY] | \$ | 5,000 |
| | | | | | | 12/16/2024 | | |
| House # | 101 | Street Address | | S. 7TH ST | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | ALLENTOWN | State | PA | Zip Code | 18101 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributing Committee | | | | | | 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 | | DONALD KAAS | | | | Date [MM/DD/YYYY] | \$ | 1,000.00 |
| | | | | | | 12/16/2024 | | |
| House # | 55 | Street Address | | MARKET ST | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| 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 | | MARY ANN COSTELLO CRAMPSIE | | | | Date [MM/DD/YYYY] | \$ | 500.00 |
| | | | | | | 12/16/2024 | | |
| House # | 3516 | Street Address | | PHEASANT CT | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| 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 | | JOHN BLANKSTEIN | | | | Date [MM/DD/YYYY] | \$ | 500.00 |
| | | | | | | 12/16/2024 | | |
| 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 | | | | | | | | |
| Full Name of Contributor | | DIERDRE CRANDALL | | | | Date [MM/DD/YYYY] | \$ | 500.00 |
| | | | | | | 12/16/2024 | | |
| House # | 111 | Street Address | | ROSEWOOD DR | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | LANSDALE | State | PA | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Employer Name | | UNIVERSITY OF PENNSYLVANIA | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | NEWBOLTON CENTER, KENNETH SQUARE, PA | | | | | | |

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 | | JAMES FIORENTINO | | | | Date [MM/DD/YYYY] | \$ | 500.00 |
| House # | 3464 | Street Address | | MOUNTAINVIEW CIRCLE | | Date [MM/DD/YYYY] | \$ | |
| City | BETHLEHEM | State | PA | Zip Code | 18017 | 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 | | | | | | | | |
| 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 | | | | | | | | |
| 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 | | | | | | | | |

SCHEDULE III
Statement of Expenditures

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

| | | | | | | | | | | | |
|--------------|-----------|--------------------|-------------|----|--|----------------------------|-------|----|-------------------|----------|--|
| To Whom Paid | | NAACP FREEDOM FUND | | | | Date [MM/DD/YYYY] | | \$ | | 125.00 | |
| | | | | | | 3/25/2024 | | | | | |
| House # | 627 | Street Address | CHEROKEE ST | | | Description of Expenditure | | | | | |
| City | BETHLEHEM | | State | PA | | Zip Code | 18015 | | BANQUET TICKET/AD | | |
| To Whom Paid | | NCCDW | | | | Date [MM/DD/YYYY] | | \$ | | 125.00 | |
| | | | | | | 11/22/2024 | | | | | |
| House # | | Street Address | BOX 543 | | | Description of Expenditure | | | | | |
| City | TATAMY | | State | PA | | Zip Code | 18085 | | BANQUET TICKET/AD | | |
| To Whom Paid | | | | | | Date [MM/DD/YYYY] | | \$ | | 21.20 | |
| | | | | | | 12/3/2024 | | | | | |
| House # | 1701 | Street Address | UNION BLVD | | | Description of Expenditure | | | | | |
| City | ALLENTOWN | | State | PA | | Zip Code | 18109 | | FUNDRAISER FLYER | | |
| To Whom Paid | | ADAGIOS | | | | Date [MM/DD/YYYY] | | \$ | | 1,950.00 | |
| | | | | | | 12/16/2024 | | | | | |
| House # | 530 | Street Address | PEMBROKE RD | | | Description of Expenditure | | | | | |
| City | BETHLEHEM | | State | PA | | Zip Code | | | FUNDRAISER | | |
| 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 | | | | | |

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 Avenue | | | | | | | |
| City | Bethlehem | State | PA | Zip Code | 18018 | | | |

Type of Report (Place x under report type)

| | | | | | | | | |
|--|---------------------------------------|--------------------------|--|---|--------------------------|-------------------------------------|---|------------------------------|
| 1- 6 th Tuesday Pre-Primary | 2- 2 nd Friday Pre-Primary | 3- 30 Day Post Primary | 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 Day Post-Election |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date Of Election (MM/DD/YYYY) | | Year | 2024 | Amendment Report | <input type="checkbox"/> | Termination Report | <input type="checkbox"/> | <input type="checkbox"/> |

| Summary of Receipts and Expenditures | From Date | To Date |
|--|-----------|------------|
| | 1/1/2024 | 12/31/2024 |
| A. Amount Brought Forward From Last Report | \$ | 9006.49 |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ | 23,630.00 |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 32,636.49 |
| D. Total Expenditures (From Schedule III) | \$ | 2,221.20 |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 30,415.29 |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | 0 |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | 1,000.00 |

For Office Use Only

Affidavit Section

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.

| | |
|-----------------------|---|
| Signature | Commonwealth of Pennsylvania - Notary Seal |
| My Commission expires | IRIS N LINARES - Notary Public Northampton County MO DAY My Commission Expires March 13, 2027 Commission Number 1095968 |

Printed Name

Area Code

D

Phone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

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

| | | |
|---|-----|--------------|
| 1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor | | |
| Total for the reporting period | (1) | \$ 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 <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> | | \$ |

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 Identification Number | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | Amount | | | | |
| Full Name of Contributing Committee | | | | | | | | | | Date [MM/DD/YYYY] | | | | | \$ | | | | |
| | | | | | | | | | | | | | | | | | | | |
| House # | | Street Address | | | | | | | | Date [MM/DD/YYYY] | | | | | \$ | | | | |
| | | | | | | | | | | | | | | | | | | | |
| City | | | | | | State | | | | Zip Code | | | | Date [MM/DD/YYYY] | | \$ | | | |
| | | | | | | | | | | | | | | | | | | | |
| Full Name of Contributing Committee | | | | | | | | | | Date [MM/DD/YYYY] | | | | | \$ | | | | |
| | | | | | | | | | | | | | | | | | | | |
| House # | | Street Address | | | | | | | | Date [MM/DD/YYYY] | | | | | \$ | | | | |
| | | | | | | | | | | | | | | | | | | | |
| City | | | | | | State | | | | Zip Code | | | | Date [MM/DD/YYYY] | | \$ | | | |
| | | | | | | | | | | | | | | | | | | | |
| Full Name of Contributing Committee | | | | | | | | | | Date [MM/DD/YYYY] | | | | | \$ | | | | |
| | | | | | | | | | | | | | | | | | | | |
| House # | | Street Address | | | | | | | | Date [MM/DD/YYYY] | | | | | \$ | | | | |
| | | | | | | | | | | | | | | | | | | | |
| City | | | | | | State | | | | Zip Code | | | | Date [MM/DD/YYYY] | | \$ | | | |
| | | | | | | | | | | | | | | | | | | | |
| Full Name of Contributing Committee | | | | | | | | | | Date [MM/DD/YYYY] | | | | | \$ | | | | |
| | | | | | | | | | | | | | | | | | | | |
| House # | | Street Address | | | | | | | | Date [MM/DD/YYYY] | | | | | \$ | | | | |
| | | | | | | | | | | | | | | | | | | | |
| City | | | | | | State | | | | Zip Code | | | | Date [MM/DD/YYYY] | | \$ | | | |
| | | | | | | | | | | | | | | | | | | | |
| Full Name of Contributing Committee | | | | | | | | | | Date [MM/DD/YYYY] | | | | | \$ | | | | |
| | | | | | | | | | | | | | | | | | | | |
| House # | | Street Address | | | | | | | | Date [MM/DD/YYYY] | | | | | \$ | | | | |
| | | | | | | | | | | | | | | | | | | | |
| City | | | | | | State | | | | Zip Code | | | | Date [MM/DD/YYYY] | | \$ | | | |
| | | | | | | | | | | | | | | | | | | | |
| Full Name of Contributing Committee | | | | | | | | | | Date [MM/DD/YYYY] | | | | | \$ | | | | |
| | | | | | | | | | | | | | | | | | | | |
| House # | | Street Address | | | | | | | | Date [MM/DD/YYYY] | | | | | \$ | | | | |
| | | | | | | | | | | | | | | | | | | | |
| City | | | | | | State | | | | Zip Code | | | | Date [MM/DD/YYYY] | | \$ | | | |
| | | | | | | | | | | | | | | | | | | | |

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

Full Name of Contributor

GAIL PREUNINGER

Date [MM/DD/YYYY]

12/16/2024

\$

150.00

House #

4004

Street Address

HUMMINGBIRD LN

Date [MM/DD/YYYY]

\$

City

BETHLEHEM

State

PA

Zip Code

18020

Date [MM/DD/YYYY]

\$

Full Name of Contributor

TERRY/LINDA HOUCK

Date [MM/DD/YYYY]

12/16/2024

\$

250.00

House #

1116

Street Address

ENISWOOD PARKWAY

Date [MM/DD/YYYY]

\$

City

PALM HARBOR

State

FL

Zip Code

34683

Date [MM/DD/YYYY]

\$

Full Name of Contributor

MEGAN BESTE

Date [MM/DD/YYYY]

12/16/2024

\$

200.00

House #

345

Street Address

9TH AVE

Date [MM/DD/YYYY]

\$

City

BETHLEHEM

State

PA

Zip Code

18018

Date [MM/DD/YYYY]

\$

Full Name of Contributor

SHANE MCGEE

Date [MM/DD/YYYY]

12/16/2024

\$

250.00

House #

56

Street Address

W MARKET ST #12

Date [MM/DD/YYYY]

\$

City

BETHLEHEM

State

PA

Zip Code

18018

Date [MM/DD/YYYY]

\$

Full Name of Contributor

JACQUELINE ROBERTS

Date [MM/DD/YYYY]

12/16/2024

\$

75.00

House #

1449

Street Address

OLIVIA CT

Date [MM/DD/YYYY]

\$

City

BETHLEHEM

State

PA

Zip Code

18017

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 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.

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

| | | | | | | |
|---|---|--------------------------|--------------------------|--------------------------|--|-------------|
| Full Name of Contributing Committee IUPAT DC 21 | | | | | Date [MM/DD/YYYY] 12/16/2024 | \$ 2,500.00 |
| House # 2980 | Street Address SOUTHAMPTON RD | | | Date [MM/DD/YYYY] | \$ | |
| City PHILADELPHIA | State PA | Zip Code 19154 | Date [MM/DD/YYYY] | | \$ | |
| Full Name of Contributing Committee PLUMBERS UNION LOCAL 690 PAC | | | | | Date [MM/DD/YYYY] 12/16/2024 | \$ 2,500.00 |
| House # 2791 | Street Address SOUTHAMPTON RD | | | Date [MM/DD/YYYY] | \$ | |
| City PHILADELPHIA | State PA | Zip Code 19154 | Date [MM/DD/YYYY] | | \$ | |
| Full Name of Contributing Committee LABORERS LOCAL 1174 PAC | | | | | Date [MM/DD/YYYY] 12/16/2024 | \$ 1,000 |
| House # 465 | Street Address ALLENTOWN DR | | | Date [MM/DD/YYYY] | \$ | |
| City ALLENTOWN | State PA | Zip Code 18109 | Date [MM/DD/YYYY] | | \$ | |
| Full Name of Contributing Committee IUOE LOCAL 542 PAC | | | | | Date [MM/DD/YYYY] 12/16/2024 | \$ 5,000.00 |
| House # 1375 | Street Address VIRGINIA DR | | | Date [MM/DD/YYYY] | \$ | |
| City FT. WAHSINGTON | State PA | Zip Code 19034 | Date [MM/DD/YYYY] | | \$ | |
| Full Name of Contributing Committee IBEW | | | | | Date [MM/DD/YYYY] 12/16/2024 | \$ 5,000 |
| House # 101 | Street Address S. 7TH ST | | | Date [MM/DD/YYYY] | \$ | |
| City ALLENTOWN | State PA | Zip Code 18101 | Date [MM/DD/YYYY] | | \$ | |
| Full Name of Contributing Committee | | | | | 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 | | DONALD KAAS | | | | Date [MM/DD/YYYY] | \$ | 1,000.00 |
| | | | | | | 12/16/2024 | | |
| House # | 55 | Street Address | | MARKET ST | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| 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 | | MARY ANN COSTELLO CRAMPSIE | | | | Date [MM/DD/YYYY] | \$ | 500.00 |
| | | | | | | 12/16/2024 | | |
| House # | 3516 | Street Address | | PHEASANT CT | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| 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 | | JOHN BLANKSTEIN | | | | Date [MM/DD/YYYY] | \$ | 500.00 |
| | | | | | | 12/16/2024 | | |
| 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 | | | | | | | | |
| Full Name of Contributor | | DIERDRE CRANDALL | | | | Date [MM/DD/YYYY] | \$ | 500.00 |
| | | | | | | 12/16/2024 | | |
| House # | 111 | Street Address | | ROSEWOOD DR | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | LANSDALE | State | PA | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Employer Name | | UNIVERSITY OF PENNSYLVANIA | | | | Occupation | | |
| Employer Mailing Address / Principal 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 Identification Number:

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

Full Name

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:

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$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 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

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

| | | | | | | | | |
|------------------------------------|--|-----------------------|--------------|--|--------------------------|--|-----------|--|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| City | | | State | | Zip Code | | | |
| | | | | | | | | |
| Description of Contribution | | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| City | | | State | | Zip Code | | | |
| | | | | | | | | |
| Description of Contribution | | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| City | | | State | | Zip Code | | | |
| | | | | | | | | |
| Description of Contribution | | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| City | | | State | | Zip Code | | | |
| | | | | | | | | |
| Description of Contribution | | | | | | | | |

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

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

| | | | | | | | | |
|---|--|-----------------------|--------------|--|------------------------------------|--|--------------------------|----|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| | | | | | | | | |
| Employer Name | | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | | Description of Contribution | | | |
| | | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| | | | | | | | | |
| Employer Name | | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | | Description of Contribution | | | |
| | | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| | | | | | | | | |
| Employer Name | | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | | Description of Contribution | | | |
| | | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| | | | | | | | | |
| Employer Name | | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | | Description of Contribution | | | |
| | | | | | | | | |

SCHEDULE III
Statement of Expenditures

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

| | | | | | | | | | |
|--------------|-----------|--------------------|-------------|----------|-------|----------------------------|--|----|----------|
| To Whom Paid | | NAACP FREEDOM FUND | | | | Date [MM/DD/YYYY] | | \$ | 125.00 |
| | | | | | | 3/25/2024 | | | |
| House # | 627 | Street Address | CHEROKEE ST | | | Description of Expenditure | | | |
| City | BETHLEHEM | State | PA | Zip Code | 18015 | BANQUET TICKET/AD | | | |
| To Whom Paid | | NCCDW | | | | Date [MM/DD/YYYY] | | \$ | 125.00 |
| | | | | | | 11/22/2024 | | | |
| House # | | Street Address | BOX 543 | | | Description of Expenditure | | | |
| City | TATAMY | State | PA | Zip Code | 18085 | BANQUET TICKET/AD | | | |
| To Whom Paid | | | | | | Date [MM/DD/YYYY] | | \$ | 21.20 |
| | | | | | | 12/3/2024 | | | |
| House # | 1701 | Street Address | UNION BLVD | | | Description of Expenditure | | | |
| City | ALLENTOWN | State | PA | Zip Code | 18109 | FUNDRAISER FLYER | | | |
| To Whom Paid | | ADAGIOS | | | | Date [MM/DD/YYYY] | | \$ | 1,950.00 |
| | | | | | | 12/16/2024 | | | |
| House # | 530 | Street Address | PEMBROKE RD | | | Description of Expenditure | | | |
| City | BETHLEHEM | State | PA | Zip Code | | FUNDRAISER | | | |
| 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 | | LOAN TO CAMPAIGN | | | | | | | |
| 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 | | | | | | | | | |