

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

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

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	Year		Amendment Report		<input type="checkbox"/>	Termination Report		<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	<u>2/19/19</u>	<u>5/6/19</u>	
A. Amount Brought Forward From Last Report	\$	<u>0</u>	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	<u>0</u>	
C. Total Funds Available (Sum of Lines A and B)	\$	<u>0</u>	
D. Total Expenditures (From Schedule III)	\$	<u>1,000.00</u>	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	<u>0</u>	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	<u>0</u>	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	<u>0</u>	

My Comm
 My OC
 My In

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)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$
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	
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										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]	\$				
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:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$

PART 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:	
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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]	\$	
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 E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	
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Full Name									
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:	
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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)		\$
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SCHEDULE II
PART F
In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$
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]	\$
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]	\$
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]	\$
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]	\$
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		
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:	
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To Whom Paid		<i>Friends of Grace Camp, Inc.</i>			Date [MM/DD/YYYY]	\$	<i>81,000.00</i>
House #	<i>1403</i>	Street Address	<i>Lorain Ave.</i>		Description of Expenditure		
City	<i>Bethlehem</i>	State	<i>PA</i>	Zip Code	<i>18018</i>	<i>campaign loan</i>	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
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Name of Creditor						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							

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

County of Northampton 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 type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Grace Crampsie Smith							
Street Address		1403 Lorain Ave.							
City	Bethlehem	State	PA	Zip Code	18018				

Type of Report (Place x under report type)

1- 6 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/21/2019	Year	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date
		02/19/2019
A. Amount Brought Forward From Last Report	\$	0
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	6,620.00
C. Total Funds Available (Sum of Lines A and B)	\$	6,620.00
D. Total Expenditures (From Schedule III)	\$	3,303.14
E. Ending Cash Balance (Subtract Line D from Line C)	\$	3,316.86
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 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

Commonwealth of Pennsylvania
 Department of State
 My Commission Expires
 Commission
 Member, Pennsylvania

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)	\$	1,120.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	500.00
All Other Contributions (Part B)		\$	2,500.00
Total for the reporting period	(2)	\$	3000.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	1,500.00
All Other Contributions (Part D)		\$	1,000.00
Total for the reporting period	(3)	\$	2,500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0
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>		\$	6,620.00

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number	
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							Amount
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$ 250.00
Friends of Paul Bender					02/24/2019		
House #	Street Address		Date [MM/DD/YYYY]				\$
1306	61 Market St.						
City	State	Zip Code	Date [MM/DD/YYYY]				\$
Bethlehem	PA	18018					
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$ 250.00
Friends of Bryan Callahan					02/24/2019		
House #	Street Address		Date [MM/DD/YYYY]				\$
633	Main St.						
City	State	Zip Code	Date [MM/DD/YYYY]				\$
Bethlehem	PA	18018					
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					Date [MM/DD/YYYY]	\$
Edward O'Brien					02/24/2019	200.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
56	Miner St.					
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Coaldale	PA	18218				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Kylie Seitz					02/24/2019	200.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
10	Rhododendron Ter					
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Messerschoning	PA	18240-2906				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Betty Compton					02/24/2019	150.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
2529	Hampshire Rd.					
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Bethlehem	PA	18017				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Nannette Sell-Parry					04/21/2019	100.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
911	S. Cottonwood Rd.					
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Walnutport	PA	18088				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Emmett McCall					02/24/2019	100.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
378	W Ridge St.					
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Lansford	PA	18232				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Elise & Charlene Symia					02/24/2019	100.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
1010	Echo Tr.					
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Easton	PA	18040-1020				

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		Ruth Gladwin			Date [MM/DD/YYYY]	\$	100.00
					04/24/2019		
House #	89	Street Address	Winster Rd. N16 9LN			Date [MM/DD/YYYY]	\$
City	London	State	UK	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor		Barbara Burkhardt			Date [MM/DD/YYYY]	\$	100.00
					02/24/2019		
House #	425	Street Address	2nd Avenue			Date [MM/DD/YYYY]	\$
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Megan Beste			Date [MM/DD/YYYY]	\$	100.00
					02/24/2019		
House #	360	Street Address	Ninth Ave.			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]	\$	100.00
					02/24/2019		
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		Frank Crampsie			Date [MM/DD/YYYY]	\$	100.00
					02/24/2019		
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		Jimmy + Laura Crampsie			Date [MM/DD/YYYY]	\$	100.00
					02/24/2019		
House #	17	Street Address	6. Hazard St.			Date [MM/DD/YYYY]	\$
City	Summit Hill	State	PA	Zip Code	18250	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:	
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Full Name of Contributor		Daryl Kulp				Date [MM/DD/YYYY]	\$	100.00
House #	1161	Street Address		Wood St.		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Michael Crampsie				Date [MM/DD/YYYY]	\$	100.00
House #	149	Street Address		Vernon St.		Date [MM/DD/YYYY]	\$	
City	Summit Hill	State	PA	Zip Code	18250	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Loren Marguardt				Date [MM/DD/YYYY]	\$	100.00
House #	738	Street Address		Maple St.		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		George Dzurinka				Date [MM/DD/YYYY]	\$	100.00
House #	738	Street Address		Maple St.		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Joseph Velitsky, Esq.				Date [MM/DD/YYYY]	\$	100.00
House #	49	Street Address		E. Ludlow St.		Date [MM/DD/YYYY]	\$	
City	Summit Hill	State	PA	Zip Code	18250	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Dee Crandall				Date [MM/DD/YYYY]	\$	100.00
House #	111	Street Address		Rosewood Dr.		Date [MM/DD/YYYY]	\$	
City	Lansdale	State	PA	Zip Code	19446	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:	
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Full Name of Contributor		Paul Kohler			Date [MM/DD/YYYY]	\$	100.00
House #	5	Street Address	Kesper Dr.		Date [MM/DD/YYYY]	\$	
City	Peasport	State	MA	Zip Code	02559	Date [MM/DD/YYYY]	\$
Full Name of Contributor		AnneMarie 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		Joan Bauer			Date [MM/DD/YYYY]	\$	100.00
House #	511	Street Address	Village Dr.		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Susan Wild			Date [MM/DD/YYYY]	\$	150.00
House #	1386	Street Address	Doe Trail Rd.		Date [MM/DD/YYYY]	\$	
City	Allentown	State	PA	Zip Code	18104	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

PART 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:	
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Full Name of Contributing Committee		International Assoc. of Heat & Frost Insulators & Allied Workers			Date [MM/DD/YYYY]	\$	500.00
House #	3263	Street Address		Schoolhouse Rd.	Date [MM/DD/YYYY]	\$	
City	Middletown	State	PA	Zip Code	17057	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		IBEW Local 375 PAC			Date [MM/DD/YYYY]	\$	1,000.00
House #	1201	Street Address		W. Liberty St.	Date [MM/DD/YYYY]	\$	
City	Allentown	State	PA	Zip Code	18102	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 D
All Other Contributions

Over \$250.00

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

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$
Regina Mc Fadden					04/15/2019		2,000.00
House #	Street Address		Date [MM/DD/YYYY]		\$		
146	W. Ludlow St.						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Summit Hill	PA	18250					
Employer Name			Occupation				
Retired			Retired				
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							

PART E
Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:									
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Full Name									
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)	\$	0

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the reporting period	(2)	\$	0

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the reporting period	(3)	\$	0

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)		\$	0
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$			
House #					Street Address		Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$		
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]	\$		
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]	\$		
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]	\$		
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]	\$		
Description of Contribution									

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
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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:	
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To Whom Paid		LV Print Center			Date [MM/DD/YYYY]	\$	15.96
					02/05/2019		
House #	1701	Street Address	Union Blvd. Suite 114		Description of Expenditure		
City	Allentown	State	PA	Zip Code	18109 Campaign Kickoff Flyers		
To Whom Paid		LV Print Center			Date [MM/DD/YYYY]	\$	55.65
					02/19/2019		
House #	1701	Street Address	Union Blvd Suite 114		Description of Expenditure		
City	Allentown	State	PA	Zip Code	18109 Remittance envelopes		
To Whom Paid		Roosevelt's 21st			Date [MM/DD/YYYY]	\$	297.36
					02/24/2019		
House #	21	Street Address	E. Elizabeth Ave.		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018 Food - Campaign Kickoff event		
To Whom Paid		Michael Laws			Date [MM/DD/YYYY]	\$	86.00
					03/03/2019		
House #	202	Street Address	Saucun View Dr.		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18015 Photos for campaign Lit.		
To Whom Paid		Staples			Date [MM/DD/YYYY]	\$	43.73
					03/03/2019		
House #	2138	Street Address	W. Union Blvd.		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018 Campaign Supplies		
To Whom Paid		Grant			Date [MM/DD/YYYY]	\$	22.00
					03/10/2019		
House #	2174	Street Address	W. Union Blvd.		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018 Stamps - Postage		
To Whom Paid		LV Print Center			Date [MM/DD/YYYY]	\$	37.10
					03/19/2019		
House #	1701	Street Address	Union Blvd Suite 114		Description of Expenditure		
City	Allentown	State	PA	Zip Code	18109 Business Cards		
To Whom Paid		Palmer Post Office			Date [MM/DD/YYYY]	\$	22.00
					04/05/2019		
House #	650	Street Address	S. Greenwood Ave.		Description of Expenditure		
City	Easton	State	PA	Zip Code	18045 Postage Stamps		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		LV Print Center			Date [MM/DD/YYYY]	\$	614.86
House #	1701	Street Address	Union Blvd St. 114		Description of Expenditure		
City	Allentown	State	PA	Zip Code	18109 Palm cards, Yard signs		
To Whom Paid		LV Print Center			Date [MM/DD/YYYY]	\$	584.06
House #	1701	Street Address	Union Blvd. St. 114		Description of Expenditure		
City	Allentown	State	PA	Zip Code	18109 Yard signs		
To Whom Paid		Tanzos Beverages			Date [MM/DD/YYYY]	\$	88.46
House #	2336	Street Address	Jacksonville Rd.		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18017 Beverages Fundraiser		
To Whom Paid		Fine Wine + Spirits			Date [MM/DD/YYYY]	\$	40.26
House #		Street Address	Westgate Mall, Schuylersville Rd.		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018 Beverages - Fundraiser		
To Whom Paid		Tanzos Beverages			Date [MM/DD/YYYY]	\$	121.37
House #	2336	Street Address	Jacksonville Rd.		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18017 Beverages - Fundraiser		
To Whom Paid		Mike Rauscher / Jake Kaligas			Date [MM/DD/YYYY]	\$	200.00
House #	20	Street Address	Hankins Farm Rd.		Description of Expenditure		
City	Allentown	State	N.J	Zip Code	08501-1800 Music - Fundraiser		
To Whom Paid		Goosey Gander			Date [MM/DD/YYYY]	\$	454.64
House #	2561	Street Address	Willow Park Rd.		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18026 Food - Fundraiser		
To Whom Paid		Wix com			Date [MM/DD/YYYY]	\$	14.50
House #	46	Street Address	West 27th St.		Description of Expenditure		
City	New York	State	NY	Zip Code			
					Website		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		LK Point Center				Date [MM/DD/YYYY]	\$	
						04/09/2019		584.66
House #	1761	Street Address	Union Blvd Suite 114			Description of Expenditure		
City	Allentown	State	PA	Zip Code	18109	Yard signs		

To Whom Paid		Wixcom				Date [MM/DD/YYYY]	\$	
						03/25/2019		14.50
House #	40	Street Address	West 27th St.			Description of Expenditure		
City	New York	State	NY	Zip Code		Website		

To Whom Paid		Staples				Date [MM/DD/YYYY]	\$	
						03/12/2019		1.65
House #	2138	Street Address	W. Union Blvd			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	copying		

To Whom Paid		DHN GO DADDY.COM				Date [MM/DD/YYYY]	\$	
						03/08/2019		11.16
House #	1455	Street Address	N Hayden Rd. Suite 219			Description of Expenditure		
City	Scottsdale	State	AZ	Zip Code	85260	Website		

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
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Name of Creditor		Grace Crampsie Smith				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		1,000.00	
1403	Loran Ave.	02/19/2019					
City	State	Zip Code					
	Bethlehem	PA	18018				
Description of Debt		Campaign loan					

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

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

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

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

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