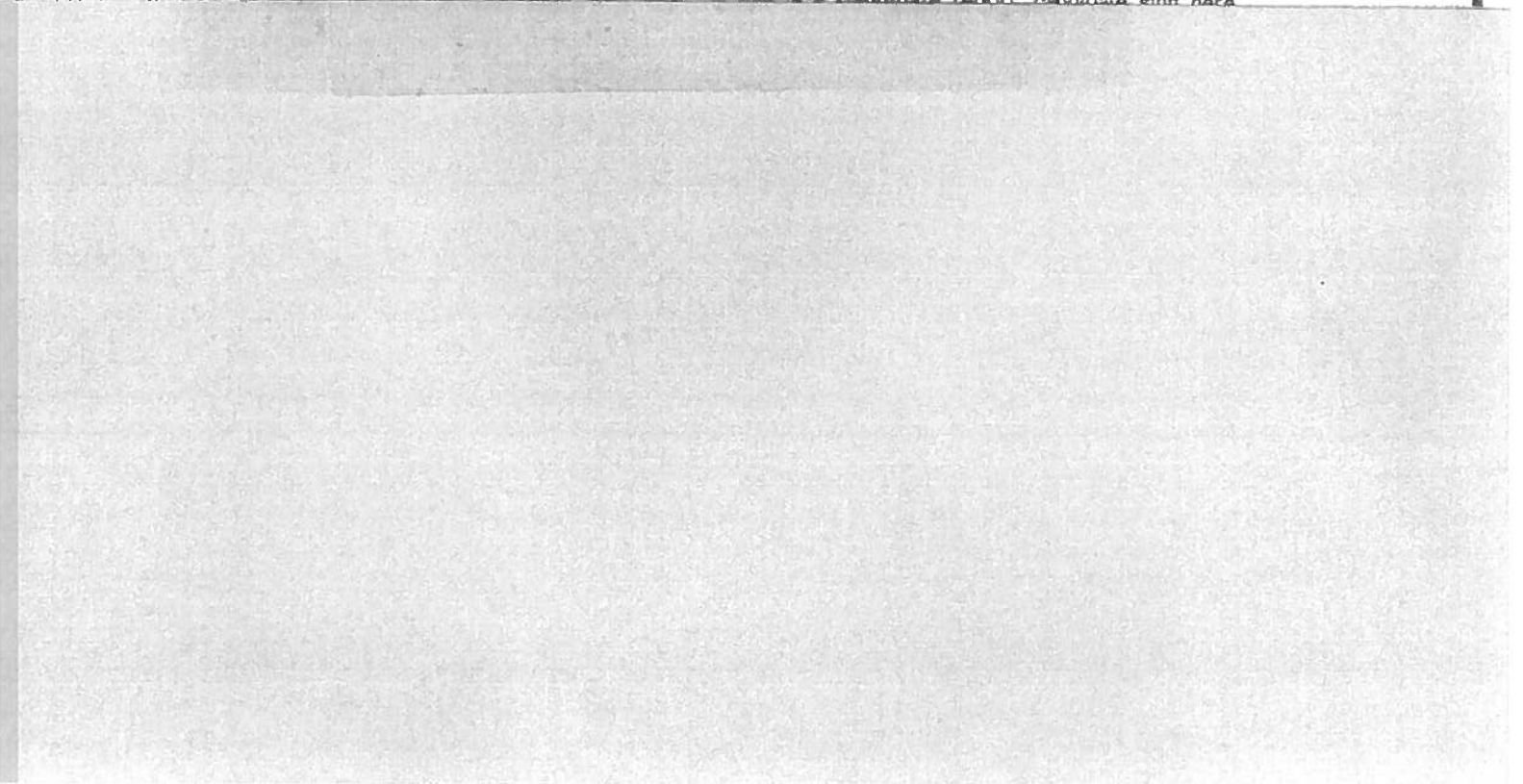


(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| | | | | | | | | | |
|------------------------------------------------------------------------|--------------------------|-------------------------------------------|-------------------------|-----------------------------------------------|------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------|-------------|
| Filer Identification Number: <input type="checkbox"/> | | Report Filed By: <input type="checkbox"/> | | CANDIDATE <input checked="" type="checkbox"/> | COMMITTEE <input type="checkbox"/> | LOBBYIST <input type="checkbox"/> | | | |
| Name of Filing Committee, Candidate or Lobbyist: <i>Paige Van Wirt</i> | | | | | | | | | |
| Street Address: <i>42 W. Market St.</i> | | | | | | | | | |
| City: <i>Bethlehem</i> | | | State: <i>PA</i> | | Zip Code: <i>2018</i> | | | | |
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE-PRIMARY | 2. | 30 DAY POST PRIMARY | 3. <input checked="" type="checkbox"/> | AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY POST ELECTION | 6. | TERMINATION REPORT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | |
| | ANNUAL REPORT | 7. | YEAR | <i>2019</i> | | FILING METHOD () CHECK ONE <input type="checkbox"/> | PAPER <input type="checkbox"/> DISKETTE <input type="checkbox"/> | | |
| Name of Office Sought by Candidate: <i>Bethlehem City Council</i> | | | | DATE OF ELECTION | | District Number | Office Code | | |
| | | | | MO. | DAY | YEAR | | | |
| | | | | <i>5</i> | <i>21</i> | <i>2019</i> | | | |
| (SEE INSTRUCTIONS FOR CODES) | | | | | | | | | |
| Summary of Receipts and Expenditures from: <input type="checkbox"/> | | | MO. | DAY | YEAR | MO. | DAY | YEAR | |
| | | | <i>5</i> | <i>11</i> | <i>2019</i> | To | <i>6</i> | <i>20</i> | <i>2019</i> |
| A. Amount Brought Forward From Last Report | | | \$ | | <i>N/A</i> | | | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | | | \$ | | <i>0</i> | | | | |
| C. Total Funds Available (Sum of Lines A and B) | | | \$ | | <i>0</i> | | | | |
| D. Total Expenditures (From Schedule III) | | | \$ | | <i>3050.43</i> | | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | | \$ | | <i>-3050.43</i> | | | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | | | \$ | | <i>0</i> | | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | | \$ | | <i>0</i> | | | | |
| FOR OFFICE USE ONLY | | | | | | | | | |

AFFIDAVIT SECTION

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



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 | |
|-----------------------------|--|

| | | | | | | | 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 | | | | | 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 | |
|-----------------------------|--|

| | | | | | | |
|-------------------------------------|----------------|-------|--|----------|-------------------|----|
| 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 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] | \$ |
| 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 | | | | | | |

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: | |
|------------------------------|--|

| | | | | |
|-----------|----------------|----------|-------------------|----|
| 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 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.

| | |
|---------------------------------|-------|
| Taxpayer Identification Number: | _____ |
|---------------------------------|-------|

| | | | | | | |
|---------------------|----------------|----------|------------------------------------|--|-----------------------------|--|
| 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 | | | | | | |

SCHEDULE III
Statement of Expenditures

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

| | | | | | | | | |
|---------------------|-------------------------|------------|--------------|-----------------------------------|--------------------------|-------|------------|---------------|
| To Whom Paid | | Xpressdocs | | | Date [MM/DD/YYYY] | | \$ 2915.43 | |
| House # | Street Address | | | Description of Expenditure | | | | |
| | 4901 North Beach Street | | | | | | | |
| City | Fort Worth | | State | TX | Zip Code | 76137 | | Mailer |
| To Whom Paid | | ML Design | | | Date [MM/DD/YYYY] | | \$ 135.00 | |
| House # | Street Address | | | Description of Expenditure | | | | |
| | 2 Westbrook Road | | | | | | | |
| City | Newton | | State | NJ | Zip Code | | | Mailer design |
| 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 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 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 | 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

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) | | \$ | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----|--|