

# 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		Will Carpenter						
Street Address		224 E Wall St.						
City	Bethlehem	State	PA	Zip Code	18018			

Type of Report (Place x under report type)

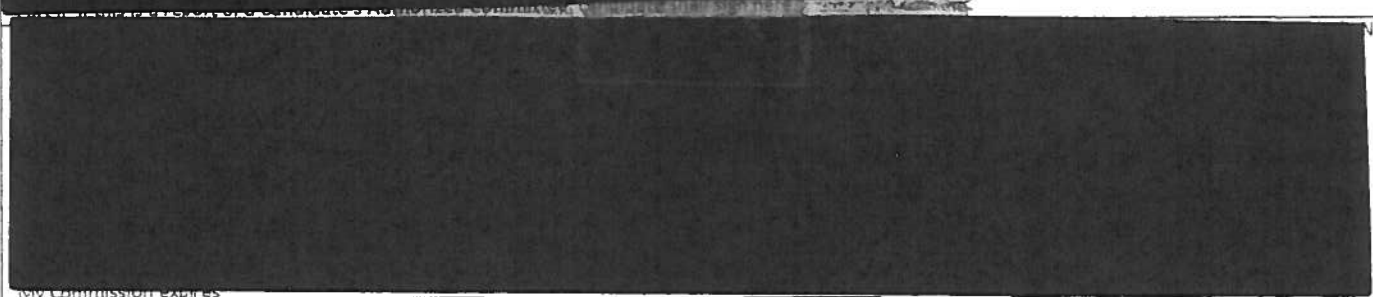
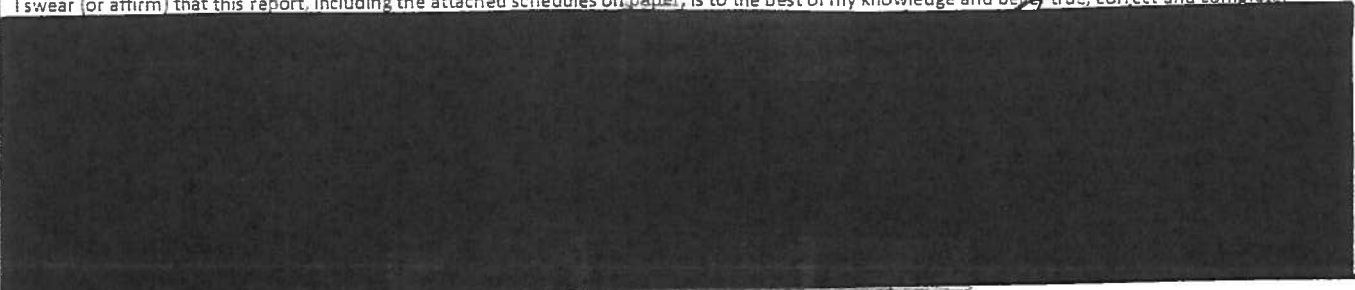
1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<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"/>
Date of Election (MM/DD/YYYY)		11/05/2019	Year	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	05/07/2019	05/10/2019	
A. Amount Brought Forward From Last Report	\$	-4652.73	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	-4652.73	
D. Total Expenditures (From Schedule III)	\$	2911.05	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-7563.78	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	-7563.78	

Affidavit Section

Part 1- 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, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.



NO. 320) as

My Commission expires \_\_\_\_\_ MO. DAY YR. Area Code Daytime Telephone Number

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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<b>To Whom Paid</b>		Xpressdocs		<b>Date [MM/DD/YYYY]</b>		\$ 2911.05	
				05/08/2019			
<b>House #</b>	4901	<b>Street Address</b>	N. Beach St.		<b>Description of Expenditure</b>		
<b>City</b>	Fort Worth	<b>State</b>	TX	<b>Zip Code</b>	78112		
				Campaign Mailing			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			

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		Friends of Will Carpenter					Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$	500.00
				02/26/2019				
City		Bethlehem	State	PA	Zip Code	18018		
Description of Debt		Campaign Loan Reimbursement						

Name of Creditor		Friends of Will Carpenter					Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$	4000.00
				04/08/2019				
City		Bethlehem	State	PA	Zip Code	18018		
Description of Debt		Campaign Loan Reimbursement						

Name of Creditor		Friends of Will Carpenter					Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$	18.69
				02/20/2019				
City		Bethlehem	State	PA	Zip Code	18018		
Description of Debt		Press Release Filers Reimbursement						

Name of Creditor		Friends of Will Carpenter					Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$	25.00
				03/11/2019				
City		Bethlehem	State	PA	Zip Code	18018		
Description of Debt		Petition Filing Fee Reimbursement						

Name of Creditor		Friends of Will Carpenter					Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$	44.04
				05/03/2019				
City		Bethlehem	State	PA	Zip Code	18018		
Description of Debt		Name Tags Reimbursement						

Name of Creditor		Friends of Will Carpenter					Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$	65.00
				05/04/2019				
City		Bethlehem	State	PA	Zip Code	18018		
Description of Debt		Campaign Dinner Reimbursement						

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		Friends of Will Carpenter				Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		Bethlehem	State	PA	Zip Code	18018	
Description of Debt		Campaign Mailing Reimbursement					
							2911.05

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							



# 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 Will Carpenter							
Street Address		224 E Wall St.							
City	Bethlehem	State	PA	Zip Code	18018				

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<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"/>
Date Of Election (MM/DD/YYYY)		11/05/2019	Year	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	05/07/2019	06/10/2019	
A. Amount Brought Forward From Last Report	\$	-732.04	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	290.00	
C. Total Funds Available (Sum of Lines A and B)	\$	-442.04	
D. Total Expenditures (From Schedule III)	\$	213.75	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-655.79	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	-7563.78	

Affidavit Section

Part 1- 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, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

[Redacted Signature]

I am subject to the provisions of the Act of June 3, 1937 (P.L. 1333, NO. 320) as

[Redacted Signature]

My Commission Expires August 24, 2022

Area Code

Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**

Detailed Summary Page

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	40
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	250.00
Total for the reporting period	(2)	\$	250.00
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	0
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
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>		\$	290.00

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		Ed Gallagher				Date [MM/DD/YYYY]	\$	100.00
						05/07/2019		
House #	49	Street Address	W. Greenwich			Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Peg and Daniel Church				Date [MM/DD/YYYY]	\$	150.00
						05/21/2019		
House #	435	Street Address	Brighton St., Rear			Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18015	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]	\$	



SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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<b>To Whom Paid</b>		Marisa Lucy Design		<b>Date [MM/DD/YYYY]</b>		\$ 213.75	
				05/28/2019			
<b>House #</b>	2	<b>Street Address</b>	Westbrook Rd.		<b>Description of Expenditure</b>		
<b>City</b>	Newton	<b>State</b>	NJ	<b>Zip Code</b>	07860	Mailer Campaign Design	
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			

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		Will Carpenter				Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 500.00
				02/26/2019			
City	Bethlehem	State	PA	Zip Code	18018		
Description of Debt		Campaign Loan					

Name of Creditor		Will Carpenter				Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 4000.00
				04/08/2019			
City	Bethlehem	State	PA	Zip Code	18018		
Description of Debt		Campaign Loan					

Name of Creditor		Will Carpenter				Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 18.69
				02/20/2019			
City	Bethlehem	State	PA	Zip Code	18018		
Description of Debt							

Name of Creditor		Will Carpenter				Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 25.00
				03/11/2019			
City	Bethlehem	State	PA	Zip Code	18018		
Description of Debt							

Name of Creditor		Will Carpenter				Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 44.04
				05/03/2019			
City	Bethlehem	State	PA	Zip Code	18018		
Description of Debt							

Name of Creditor		Will Carpenter				Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 65.00
				05/04/2019			
City	Bethlehem	State	PA	Zip Code	18018		
Description of Debt							

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		Will Carpenter				Outstanding Balance of Debt	
House #	224	Street Address		E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]	\$ 2911.05
City		Bethlehem	State	PA	Zip Code		
Description of Debt		Campaign Mailing					

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							