

Commonwealth of Pennsylvania - Campaign Finance Report

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

11/2

Filer Identification Number		Report Filed By (Mark X)		<input checked="" type="checkbox"/>	Committee		Lobbyist	
Name of Filing Committee, Candidate or Lobbyist		Colleen Laird						
Street Address		1871 West Union Boulevard						
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)		02/01/2023	Year	2023	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	02/01/2023	05/01/2023	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	239.85	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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.

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

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

Filler Identification Number:	Colleen Laird
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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:	Colleen Laird
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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]	\$	

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:	Colleen Laird
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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								
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, 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:	Colleen Laird
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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:	Colleen Laird		
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
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TOTAL for the reporting period	(1)	\$	
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
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TOTAL for the reporting period	(2)	\$	
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)			
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TOTAL for the reporting period	(3)	\$	
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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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9/18

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

Filer Identification Number: Colleen Laird

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					

10/16

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number: Colleen Laird

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		

11/11k

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:	Colleen Laird
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To Whom Paid	Google	Date [MM/DD/YYYY]	\$	9.6
		08/08/2023		
House #	Street Address	1600 Amphitheatre Parkway		
City	Mountain view	State	CA	Zip Code 94043
		Domain		
To Whom Paid	Animoto	Date [MM/DD/YYYY]	\$	16.96
		02/13/2023		
House #	Street Address	436 Lafayette Street		
City	New York	State	NY	Zip Code 10003
		Video Creation		
To Whom Paid	Staples	Date [MM/DD/YYYY]	\$	4.13
		02/14/2023		
House #	Street Address	2138 West Union Blvd		
City	Bethlehem	State	PA	Zip Code 18018
		Petition Copies		
To Whom Paid	Northampton County	Date [MM/DD/YYYY]	\$	25
		03/06/2023		
House #	Street Address	669 Washington Street		
City	Easton	State	PA	Zip Code 18042
		Petition Packet		
To Whom Paid	Lehigh Valley Apparell Creations	Date [MM/DD/YYYY]	\$	17.5
		03/09/2023		
House #	Street Address	513 Clewell Street		
City	Fountain Hill	State	PA	Zip Code 18105
		Buttons		
To Whom Paid	Animoto	Date [MM/DD/YYYY]	\$	16.96
		03/13/2023		
House #	Street Address	436 Lafayette Street		
City	New York	State	NY	Zip Code 10003
		Video Creation		
To Whom Paid	Labor Union/G.J Green-O'brien	Date [MM/DD/YYYY]	\$	60
		04/26/2023		
House #	Street Address	53 E Lehigh Street		
City	Bethlehem	State	PA	Zip Code 18018
		Dinner Ticket		
To Whom Paid	Working Dog Press	Date [MM/DD/YYYY]	\$	89.70
		04/27/2023		
House #	Street Address	1928 Union Blvd		
City	Allentown	State	PA	Zip Code 18109
		Mailer Remaining balance		

12/15

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:	Colleen Laird
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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						

115

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 Colleen Laird								
Street Address	1871 West Union Boulevard								
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)	5/16/2023	Year	2023		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	2/1/2023	5/1/2023	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	3650	
C. Total Funds Available (Sum of Lines A and B)	\$	3650	
D. Total Expenditures (From Schedule III)	\$	3581.27	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	68.73	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	190	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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 page(s) is to the best of my knowledge and belief true, correct and complete

2/15

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filler Identification Number	Friends of Colleen Laird
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period	(1)	\$	175
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

Contributions Received from Political Committees (Part A)	\$	250
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All Other Contributions (Part B)	\$	1925
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Total for the reporting period	(2)	\$	2175
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3. Contributions Over \$250.00 (From Part C and Part D)
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Contributions Received from Political Committees (Part C)	\$	0
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All Other Contributions (Part D)	\$	1300
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Total for the reporting period	(3)	\$	1300
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4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)
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Total for the reporting period	(4)	\$	0
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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>	\$	3650
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315

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	Friends of Colleen Laird
-----------------------------	--------------------------

										Amount		
Full Name of Contributing Committee						Friends of Bob Donchez				Date [MM/DD/YYYY]	\$	250
										03/25/2023		
House #	Street Address					377 Devonshire Drive				Date [MM/DD/YYYY]	\$	
City	Bethlehem				State	PA	Zip Code	18017		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]	\$	

415

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:	Friends of Colleen Laird
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Full Name of Contributor		Deb Laird			Date [MM/DD/YYYY]	\$	250
					02/16/2023		
House #		Street Address	1030 Hardman Ave.		Date [MM/DD/YYYY]	\$	
City	Napa	State	CA	Zip Code	94558	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Nancy Laird			Date [MM/DD/YYYY]	\$	250
					02/15/2023		
House #		Street Address	1800 Benjamin Franklin Dr.		Date [MM/DD/YYYY]	\$	
City	Sarasota	State	FL	Zip Code	34236	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Robert Hopkins			Date [MM/DD/YYYY]	\$	100
					02/16/2023		
House #		Street Address	726 Market St.		Date [MM/DD/YYYY]	\$	100
						04/07/2023	
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Emily Hoffert			Date [MM/DD/YYYY]	\$	50
					02/22/2023		
House #	Apt 2	Street Address	105 E. Market Street		Date [MM/DD/YYYY]	\$	40
						04/12/2023	
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$
						04/20/2023	35
Full Name of Contributor		Rachel Reynolds			Date [MM/DD/YYYY]	\$	100
					04/14/2023		
House #		Street Address	1106 Linden Street		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Matthew Sarro			Date [MM/DD/YYYY]	\$	100
					04/20/2023		
House #		Street Address	2414 Greencrest Dr.		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	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.)

Filler Identification Number:	Friends of Colleen Laird
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Full Name of Contributor		Evelyn Kane				Date [MM/DD/YYYY]	\$	150
House #	Street Address	2610 Belaire Rd				Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Jack Kane				Date [MM/DD/YYYY]	\$	150
House #	Street Address	2610 Belaire Rd				Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Richard Laird				Date [MM/DD/YYYY]	\$	100
House #	Street Address	24 Riverview Drive				Date [MM/DD/YYYY]	\$	
City	Cohasset	State	MA	Zip Code	02025	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Katherine Harrington				Date [MM/DD/YYYY]	\$	100
House #	Street Address	6460 Red Sunset Circle				Date [MM/DD/YYYY]	\$	
City	Coopersburg	State	PA	Zip Code	18036	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Stephen Thompson				Date [MM/DD/YYYY]	\$	100
House #	Street Address	895 Wafford Lane				Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Janice Laird				Date [MM/DD/YYYY]	\$	100
House #	Street Address	225 Grand Ave				Date [MM/DD/YYYY]	\$	
City	Blackwood	State	NJ	Zip Code	08012	Date [MM/DD/YYYY]	\$	

6/15

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:	FrFriends of Colleen Laird
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Full Name of Contributor						Date [MM/DD/YYYY]	\$	
Lisa Laird						04/18/2023		100
House #	Street Address				Date [MM/DD/YYYY]		\$	
	218 County Road 519							
City	State			Zip Code	Date [MM/DD/YYYY]		\$	
Philli	NJ			08865				
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
Amy Thompson						04/20/2023		100
House #	Street Address				Date [MM/DD/YYYY]		\$	
	1440 Chelsea Ave							
City	State			Zip Code	Date [MM/DD/YYYY]		\$	
Bethlehem	PA			18018				
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.

Filler Identification Number:	Friends of Colleen Laird
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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]	\$		

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)

Filler Identification Number:	Friends of Colleen Laird
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Full Name of Contributor		Sue Larson			Date [MM/DD/YYYY]	\$	1000
					04/20/2023		
House #		Street Address	2607 Pioneer Road		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$
Employer Name		Not Employed			Occupation	Not Employed	
Employer Mailing Address / Principal Place of Business		Not Employed					

Full Name of Contributor		Emily Koontz			Date [MM/DD/YYYY]	\$	300
					02/15/2023		
House #		Street Address	922 Beverly Ave		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$
Employer Name		Alcon			Occupation	Supply Chain manager	
Employer Mailing Address / Principal Place of Business		6201 S Fwy Fort Worth Texas 76134					

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							

a15

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.

Filler Identification Number:	Friends of Colleen Laird
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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							

10/15

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:	Friends of Colleen Laird
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	40
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	150
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	0
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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)		\$	190
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14/5

SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	Friends of Colleen Laird
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Full Name of Contributor					Date [MM/DD/YYYY]		\$
Ashli Novak							150
House #	Street Address			Date [MM/DD/YYYY]		\$	
	1415 Winston Circle						
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Bethlehem	PA						
Description of Contribution					Photos for campaign		

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							

10/15

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	Friends of Colleen Laird
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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		

13/15

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:	Friends of Colleen Laird
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To Whom Paid	Act Blue	Date [MM/DD/YYYY]	\$	42.03
		04/22/2023		
House #	Street Address	Description of Expenditure		
	366 Summer Street	Donation Processing Fees Aggregate as of 5/1/2023		
City	State	Zip Code		
Somerville	MA	02144		
To Whom Paid	Stripe	Date [MM/DD/YYYY]	\$	66.66
		04/22/2023		
House #	Street Address	Description of Expenditure		
	354 Oyster Point Boulevard	Donation Processing Fees Aggregate as of 5/1/2023		
City	State	Zip Code		
South San Francisco	CA	94080		
To Whom Paid	CVS	Date [MM/DD/YYYY]	\$	15.89
		2/25/2023		
House #	Street Address	Description of Expenditure		
	2434 Catasauqua Road	Poster Supplies		
City	State	Zip Code		
Bethlehem	PA	18018		
To Whom Paid	Dollar Tree	Date [MM/DD/YYYY]	\$	9.28
		02/27/2023		
House #	Street Address	Description of Expenditure		
	2124 Union Boulevard	Supplies		
City	State	Zip Code		
Bethlehem	PA	18018		
To Whom Paid	Lehigh Valley Apparel Creations	Date [MM/DD/YYYY]	\$	17.50
		02/27/2023		
House #	Street Address	Description of Expenditure		
	513 Clewell St	Buttons		
City	State	Zip Code		
Fountain Hill	PA	18015		
To Whom Paid	LV Chamber of Commerce	Date [MM/DD/YYYY]	\$	80
		03/25/2023		
House #	Street Address	Description of Expenditure		
	74 West Broad Street	State of the City Ticket		
City	State	Zip Code		
Bethlehem	PA	18018		
To Whom Paid	LV Print Center	Date [MM/DD/YYYY]	\$	660.38
		03/25/2023		
House #	Street Address	Description of Expenditure		
	1701 Union Boulevard	Yard Signs		
City	State	Zip Code		
Allentown	PA	18109		
To Whom Paid	Staples	Date [MM/DD/YYYY]	\$	29.85
		03/31/2023		
House #	Street Address	Description of Expenditure		
	2138 W Union Blvd	Letter Copies		
City	State	Zip Code		
Bethlehem	PA	18018		

14/15

SCHEDULE III
Statement of Expenditures

Filler Identification Number:	Friends of Colleen Laird
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To Whom Paid		Staples			Date [MM/DD/YYYY]	\$	54.54
					03/31/2023		
House #	Street Address	2138 W Union Blvd			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Mailing Supplies	
To Whom Paid		USPS			Date [MM/DD/YYYY]	\$	126
					4/1/2023		
House #	Street Address	2114 W Union Blvd			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Stamps	
To Whom Paid		Working Dog Press			Date [MM/DD/YYYY]	\$	2300
					04/27/2023		
House #	Street Address	1928 Union Blvd			Description of Expenditure		
City	Allentown	State	PA	Zip Code	18109	Mailers	
To Whom Paid		Working Dog Press			Date [MM/DD/YYYY]	\$	179.14
					03/29/2023		
House #	Street Address	1928 Union Blvd			Description of Expenditure		
City	Allentown	State	PA	Zip Code	18109	Rack Cards	
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			

15/15

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:	Friends of Colleen Laird
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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						