

Commonwealth of Pennsylvania - Campaign Finance Report



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

Filer Identificati Number	ion		AND STATE OF	ort Filed B rk X)	y Candida	ate	X	Comm	ittee			Lobbyi	st	
Name of Filing (Lobbyist	Committee, (Candidate or	Colle	en Laird										
Street Address			1871	West Unio	on Boulevard									
City	Bethlel	hem			State	PA		Zip Code 18018		18018				
Type of Report (Place x unde	r report type)	7.50									5001205		
1-6 th Tuesday Pre-Primary	2- 2 nd Frida Pre-Primary	y 3- 30 Day Post Primary		Tuesday lection	5- 2 nd Friday Pre- Election		Day Post on	7- Ann	iual	Special 2 nd Pre-Election		Specia Post-E	30 Day ection	
	X								1			100,000,000		0.768
Date Of Election (MM/DD/YYYY)		02/01/2023	Year		2023	Amen Repor	dment t		= 	Terminatio Report	n			
Summary of Rec Expenditures	celpts and	From Date		To Date					For	Office Use Or	nly			
		02/01/2023		05	/01/2023									
A. Amount Brou	ight Forward	From Last Report	\$		0					-				
B. Total Moneta (From Schedule		ions and Receipts	\$		0									
C. Total Funds A (Sum of Lines A	A SECURITION SECURITION OF SECURITION		\$		0									
D. Total Expend (From Schedule			\$, .	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 (From Schedule		tions	\$		0									
D 14 15 11 1 1					Affidavit S		-,,							
		ort, treasurer sign he rt including the atta						dge and h	allef +	rue correct and	d comple	oto.		

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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	ort	\$

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 La	ird			
					Amount
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	•
City	1. Astronomical and a second s	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co Committee	ntributing	1050 TO 1050 T		Date [MM/DD/YYYY] :	3
House #	Street Address			Date [MM/DD/YYYY] ;	5
City		State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Co Committee	ntributing		Professional and a service of the control of the co	Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	S

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	Colleen Laird				
Full Name of Contributo	ı			Date [MM/DD/YYYY]	\$
House # Si	treet Address			Date [MM/DD/YYYY]	\$
		l con			
City	***	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributo	r			Date [MM/DD/YYYY]	\$
	treet Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributo	r			Date [MM/DD/YYYY]	\$
	treet Address	Total School Books		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributo				Date [MM/DD/YYYY]	\$
	treet Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributo				Date [MM/DD/YYYY]	\$
	treet Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributo				Date [MM/DD/YYYY]	\$
	treet 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 Nu	mber: Colleen Laird				
Full Name of Contributing Comm	ittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Comm	ilttee			Date [MM/DD/YYYY] \$	
House #	Street Address	TO STATE OF THE ST		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of		,		Date [MM/DD/YYYY] \$	
Contributing Comm	Street Address			Date [MM/DD/YYYY] \$	
		Total and			
City Full Name of		State	Zip Code	Date [MM/DD/YYYY] \$	
Contributing Comm				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Comm	ittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	2
Full Name of Contributing Comm	lttee			Date [MM/DD/YYYY] \$	
House #	Street Address	NOTE THE PROPERTY OF THE PROPE		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	
·	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City	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	Experimental particular and a second a second and a second a second and a second a second and a second and a second and a
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City	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	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 N				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descripti	on			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descripti	on			N. A.
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descripti	on			12001
Full Name				
House #	Street Address	······································		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descripti	on .		Control Management	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descripti	ion .			1 (2000)
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descripti				

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:	aird		·
UNITEMIZED IN-KIND CONTRIB	LITIONIC DECEIVED VA	ILLE OE ÉER ON OR LECC'RER C	ONTRIBUTOR
			UNTRIBUTUR
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS RECE	IVED-VALUE OF \$50.0	1 TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECEI	VED-VALUE OVER \$25	0.00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)		1 ' 1	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	Colleen Laird		

Full Name of Contribu	lor.			Date [MM/DD/YYYY]	(4)
	tor				\$,
	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	ution	The state of the s	A	A	
Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	ution				
Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$.
House #	Street Address			Date [MM/DD/YYYY]	\$
City	1	State	Zip Code	Date [MM/DD/YYYY]	/ S
Description of Contrib	oution				
Full Name of Contribu	itor :			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	oution				
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	The second secon	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	aution				

SCHEDULE II

Part G

In-Kind Contributions Received VALUE OVER \$250

Filer Identification Number:	
Colleen Laird	

Full Name of Contributor		Date [MM/DD/YYYY] \$
		T
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
Truce of business		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		Description
Place of Business		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	Annual Control of Cont	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	Parameter Section 1	Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution

Statement of Expenditures

	.
Filer Identification Number: Colleer	n Laird

To Whom Paid			Date [MM/DD/YYYY]	\$
Google			08/08/2023	9.6
	00 Amphitheatre Parkw		Description of Expenditu	re
City Mountain view	State CA	Zip Code 94043	Domain	
To Whom Paid Animoto			Date [MM/DD/YYYY] 02/13/2023	16.96
House # Street Address 439	6 Lafayette Street		Description of Expenditu	(8)
City New York	State NY	Zip Code 10003	Video Creation	
To Whom Paid Staples			Date [MM/DD/YYYY] 02/14/2023	\$ 4.13
House # Street Address 213	38 West Union Blvd		Description of Expenditu	'e
City Bethlehem	State PA	Zip 18018	Petition Copies	
To Whom Paid Northampton County		■ The confidence of the property	Date [MM/DD/YYYY] 03/06/2023	\$ 25
House # Street Address 666	Washington Street		Description of Expenditur	re
City Easton	State PA	Zip Code 18042	Petition Packet	
To Whom Paid Lehigh Valley Appare	ell Creations	Date [MM/DD/YYYY] 3	\$ 17.5	
House # Street Address 513	3 Clewell Street		Description of Expenditu	(e
City Fountain Hill	State PA	Zip 18105	Buttons	
To Whom Paid Animoto			Date [MM/DD/YYYY] 03/13/2023	\$ 16.96
House # Street Address 436	3 Lafayette Street		Description of Expenditur	(Company)
City New York	State	Zip Code 10003	Video Creation	
To Whom Paid Labor Union/G,J Gre	en-O'brien		Date [MM/DD/YYYY] 04/26/2023	60
House # Street Address 53	E Lehigh Street		Description of Expenditur	(e
Bethlehem	State PA	Zip Code 18018	Dinner Ticket	
To Whom Paid Working Dog Press		Date [MM/DD/YYYY] 04/27/2023	\$ 89.70	
	28 Union Blvd		Description of Expenditur	' e
City Allentown	State PA	Zip 18109	Mailer Remaining balance	

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		

Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zip. Code	
Description of Debt			(Manageria)
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			Ø888 I
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zip Code	
Description of Debt			[Section]
Name of Creditor			Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zip Code	
Description of Debt			[Managed]
Name of Creditor	45-557		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zip Code	
Description of Debt		Trop and processing the state of the state o	I respect

1115

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification	on		THE TOTAL STATE	ort Filed B ark X)	y Candida	ite		Commit	tee		X	Lobb	yist	
Name of Filing C Lobbyist	ommittee, Ca	ndidate or	Frier	nds of Colle	en Laird									
Street Address			187	1 West Unio	on Boulevard									
City	Bethlehe	em			State	PA		Zip Code		18018				
Type of Report (I	Place x under i	report type)								of the second second second		Part Harry		
A CONTRACTOR OF THE PROPERTY OF THE PARTY OF	2- 2 nd Friday Pre-Primary	3-30 Day Post Primary		h Tuesday Election	5- 2 nd Friday Pre- Election	6-30 D		7- Annu	al	Special 2 Pre-Elect		CONTRACTOR OF THE PARTY OF THE	al 30 C Electio	1000
	X													
Date Of Election (MM/DD/YYYY)		5/16/2023	Yea	ır	2023	Amend Report	ment		2	Termina Report	tion			
Summary of Receipts and From Date			To Date For Office Use Only											
Expenditures		2/1/2023		5	/1/2023									
A. Amount Brou	ght Forward F	rom Last Report		\$	0			arraya arab karab iya a rasa saran				-		
B. Total Moneta (From Schedule		ons and Receipts		\$	3650									
C. Total Funds A (Sum of Lines A	vailable			\$	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 (From Schedule		ons		\$	0									
					Affidavit S									
		rt, treasurer sign h , including the atta									and comple	ete		

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	Friends of Colleen Laird
	Thomas of Concort Edito

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period (1) \$	\$	175
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)	,	Ŝ	250
All Other Contributions (Part B)	,	\$	1925
Total for the reporting period (2	2) !	\$	2175
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)	1	\$	1300
Total for the reporting period (3	1)	\$	1300
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		1	
Total for the reporting period (4) :	\$	0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$	3650

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.

State PA Zip Code 18017 Date [MM/DD/YYYY] S	riici identiincation		of Colleen Laird			
Street Address Street Address Date [MM/DD/YYYY] S						
Street Address Street Address State PA Zip Code 18017 Date [MM/DD/YYYY] S					Date [MM/DD/YYYY]	1 40 PM 5 1 4
State PA Zip Code 18017 Date [MM/DD/YYYY] S	commutee	Friends	of Bob Donchez			#150 160 - 170 - 170
State PA Zip Code 18017 Date [MM/DD/YYYY] S	House #		. May 199		Date [MM/DD/YYYY]	\$
Bethiehem PA 18017			377 Devonshire Driv			
Street Address Date [MM/DD/YYYY] S	City Bethlehe	·m	State PA	Zip Code 18017	Date [MM/DD/YYYY]	Š
State Zip Code Date [MM/DD/YYYY] S	Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	\$
Date [MM/DD/YYYY] S	House #	Street Address			Date [MM/DD/YYYY]	\$
Street Address Date [MM/DD/YYYY] \$	City		State	Zip Code	Date [MM/DD/YYYY]	\$
State Zip Code Date [MM/DD/YYYY] S	Full Name of Col Committee	ntributing	1		Date [MM/DD/YYYY]	\$
Date [MM/DD/YYYY] S	House #	Street Address			Date [MM/DD/YYYY]	S
Committee Comm	City		State	Zip Code	Date [MM/DD/YYYY]	\$
Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S City Street Address Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S City City State Zip Code Date [MM/DD/YYYY] S City City City State Zip Code Date [MM/DD/YYYY] S City City	Full Name of Co Committee	ntributing	· 公共企业经济企业	《沙田·卡安德斯·加州》的《安斯德》下	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee House # Street Address State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	House #	Street Address			Date [MM/DD/YYYY]	\$
Committee Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S State Date [MM/DD/YYYY] S Committee Date [MM/DD/YYYY] S Street Address Date [MM/DD/YYYY] S Street Address Date [MM/DD/YYYY] S S S S S S S S S	Clty		State	Zip Code	Date [MM/DD/YYYY]	Š
State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$	Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee Street Address Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	House#	Street Address			Date [MM/DD/YYYY]	\$
Committee House # Street Address Date [MM/DD/YYYY] \$	City		State	Zip Code	Date [MM/DD/YYYY]	\$
House # Street Address Date [MM/DD/YYYY] \$	Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
City State Zip Code Date [MM/DD/YYYY] \$	House #	Street Address			Date [MM/DD/YYYY]	\$
A CONTRACT OF THE PARTY OF THE	City		State	Zip Code	Date [MM/DD/YYYY]	Į s

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.)

Friends of Colleen Laird	

Full Name of Contributor Deb Laird Deb Lai	
1030 Hardman Ave.	
	•
City State Zip Code Date [MM/DD/YYYY] \$	
Napa CA 94558	
Full Name of Contributor \$ Date [MM/DD/YYYY] \$	
Nancy Laird 02/15/2023 250	l
House # Street Address Date [MM/DD/YYYY] \$	
1800 Benjamin Franklin Dr.	:
City State Zip Code Date [MM/DD/YYYY] \$	
Sarasota FL 34236	
Full Name of Contributor \$ Date [MM/DD/YYYY] \$	
Robert Hopkins 02/16/2023 100	1
House # Street Address Date [MM/DD/YYYY] \$	
726 Market St. 04/07/2023 100)
City State Zip Code Date [MM/DD/YYYY] \$	
Bethlehem PA 18018	
Full Name of Contributor Date [MM/DD/YYYY] \$	
Emily Hoffert 02/22/2023 50	
House # Street Address Date [MM/DD/YYYY] \$	
Apt 2 105 E. Market Street 04/12/2023 40	
City State Zip Code Date [MM/DD/YYYY] \$	
Bethlehem PA 18018 04/20/2023 35	
Full Name of Contributor Date [MM/DD/YYYY] \$	
Rachel Reynolds 04/14/2023 100)
House # Street Address Date [MM/DD/YYYY] \$	
1106 Linden Street	
City State Zip Code Date [MM/DD/YYYY] \$	
Bethlehem State PA ZIP Code 18018	
Full Name of Contributor Date [MM/DD/YYYY] \$	
Matthew Sarro 04/20/2023 100	l
House # Street Address Date [MM/DD/YYYY] \$	
2414 Greencrest Dr.	
City State Zip Code 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.)

Filer Identification Number:	
Therida of Collecti Edito	

Full Name of Contributor		Date [MM/DD/YYYY]	\$ 450
Evelyn Kane		03/25/2023	150
House # Street Address		Date [MM/DD/YYYY]	\$
26	10 Belaire Rd		
City	State Zip Code	Date [MM/DD/YYYY]	\$
Bethlehem	PA 18017		
Full Name of Contributor		Date [MM/DD/YYYY]	\$
Jack Kane		03/25/2023	150
House # Street Address		Date [MM/DD/YYYY]	\$
	10 Belaire Rd		
City	State Zip Code	Date [MM/DD/YYYY]	\$:
Bethlehem	PA 18017		.
Full Name of Contributor		Date [MM/DD/YYYY]	\$
Richard Laird		02/17/2023	100
House # Street Address			\$
0.1001.100.000	Riverview Drive	Date Introl/DD/1111]	9
		b that he board	A
City Cohasset	State Zip Code 02025	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Date [MM/DD/YYYY]	\$.
Katherine Har	rington	04/12/2023	100
House # Street Address		Date [MM/DD/YYYY]	\$
[460 Red Sunset Circle		
City	State Zip Code	Date [MM/DD/YYYY]	\$
Coopersburg	PA 18036		
Full Name of Contributor		Date [MM/DD/YYYY]	\$ 100
Stephen Thor	mpson	04/22/2023	100
House # Street Address		Date [MM/DD/YYYY]	\$
	95 Wafford Lane		
City	State Zip Code	Date [MM/DD/YYYY]	\$
Bethlehem	PA 18017		
Full Name of Contributor	Los weedings and generalized	Date [MM/DD/YYYY]	\$
Janice Laird		02/16/2023	100
House # Street Address	<u> </u>	§	\$
	25 Grand Ave		
*		Date (NACA /DD /VVVV)	<u> </u>
City Blackwood	State NJ Zip Code 08012	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 $$50.01\,\text{TO}$$ 250 in the reporting period.

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

File: Identification	FrFriends of Colleen Laird	
Full Name of Con	itributor	Date [MM/DD/YYYY] \$
	Lisa Laird	04/18/2023
House #	Street Address 218 County Road 519	Date [MM/DD/YYYY] \$
City Philli	State NJ Zip Code 08865	Date [MM/DD/YYYY] \$
Full Name of Cor	itributor	Date [MM/DD/YYYY] \$
1000	Amy Thompson	04/20/2023
House#	Street Address 1440 Chelsea Ave	Date [MM/DD/YYYY] \$
City Bethleher	m State PA Zip Code 18018	Date [MM/DD/YYYY] \$
Full Name of Cor	atributor	Date [MM/DD/YYYY] \$
House #	Street Address	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Cor	ntributor	Date [MM/DD/YYYY] \$
House#	Street Address	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Cor	ntributor	Date [MM/DD/YYYY] \$
House #	Street Address	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Cor	ntributor	Date [MM/DD/YYYY] \$
House #	Street Address	Date [MM/DD/YYYY] \$

State

City

Zlp 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.

Friends of Colleen Laird	
Full Name of Contributing Committee	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 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: Friends of Colleen Laird	

Full Name of Contributor			Date [MM/DD/YYYY]	\$
	Sue Larson		04/20/2023	1000
House # Stree	t Address		Date [MM/DD/YYYY]	\$
	2607 Pioneer Roa	d		:
City Bethlehem	State PA	Zip Code 18017	Date [MM/DD/YYYY]	\$
Employer Name	Not Employed		Occupation Not Employed	l
Employer Mailing Address / Principal Place of Business	Not Employed			
Full Name of Contributor			Date [MM/DD/YYYY]	\$.
	Emily Koontz		02/15/2023	300
House # Stree	et Address		Date [MM/DD/YYYY]	\$
	922 Beverly Ave			
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]	\$
			į į	
House # Stree	et Address		Date [MM/DD/YYYY]	\$
House # Stree	et Address			· ·
House # Stree		Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$ 5
		Zip Code		· ·
City Employer Name Employer Mailing Address	State	Zîp Code	Date [MM/DD/YYYY]	· ·
City Employer Name Employer Mailing Address , Principal Place of Business	State	Zip Code	Date [MM/DD/YYYY] Occupation	\$
City Employer Name Employer Mailing Address , Principal Place of Business Full Name of Contributor	State	Zip Code	Date [MM/DD/YYYY]	· ·
Employer Name Employer Mailing Address , Principal Place of Business Full Name of Contributor	State	Zip Code	Date [MM/DD/YYYY] Occupation	\$
Employer Name Employer Mailing Address , Principal Place of Business Full Name of Contributor	State		Date [MM/DD/YYYY] Occupation Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$ \$
Employer Name Employer Mailing Address , Principal Place of Business Full Name of Contributor	State State State State	Zip Code	Date [MM/DD/YYYY] Occupation Date [MM/DD/YYYY]	\$
City Employer Name Employer Mailing Address , Principal Place of Business Full Name of Contributor House # Street	State State		Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$ \$
City Employer Name Employer Mailing Address , Principal Place of Business Full Name of Contributor House # Street	State State State		Date [MM/DD/YYYY] Occupation Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$ \$

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:

The lucitimeaturi (sum)	Friends of Colleen Laird			
Full Name	· : : :			
House #	Street Address			
City		State	Zîp	Date [MM/DD/YYYY] \$
			Code	
Receipt Description			a de constantinamento de c	1 and 1
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				[6395]
Full Name				
House #	Street Address			
City		State	Zlp Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			4
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address	WILLIAM 14-14-14	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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				12003001

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

Friends of Colleen Laird	
1, UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VAL	UE OF \$50.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$ 40
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01	. TO \$250.00 (FROM PART F)
TOTAL for the reporting period (2)	\$ 150
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250	0.00 (FROM PART G)
TOTAL for the reporting period (3)	\$ 0
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORT PERIOD (Add and enter amount totals from boxes 1, 2, and 3; a on Page 1, Report Cover Page, Item F)	



SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:		
Friends of Colleen Laird		
	•	

Full Name of Contribu				Dota [MANA/DD (VVVVI)	4 W (- 2 M)
ruii ivaine oi contribu	Ashli Novak			Date [MM/DD/YYYY]	\$. 150
House #	Street Address 1415	Winston Circle		Date [MM/DD/YYYY]	\$
City Bethlehem		State PA	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	ution	Photos for campai	gn		
Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$
House #	Street Address		,	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	ution				
Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	_ \$
Description of Contrib	ution				
Full Name of Contribu	tor			Date [MM/DD/YYYY]	_ \$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$.
Description of Contrib	iution				
Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	ution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:				
	Friends of Colleen Laird			
	Friends of Collegn Laird			
	i ilonao oi oonoon Lana			

Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
City	State Zip Code	Date (IMIM) DD/11111
Employer Name	ALEXANDER SOLITION CONTRACTOR SOLITION CONTRAC	Occupation
Employer Mailing Address / Principal Place of Business		Description of
Full Name of Contributor		Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Fmnlover Name		Occupation
Employer Name Employer Mailing Address / Principal		Description
Place of Business		of
Full Name of Contributor		Complete of the Complete of th
- W. J.		Date MANAGEMENT 12
		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
	State Zip Code	
House # Street Address	State Zip Code	Date [MM/DD/YYYY] \$
House # Street Address City		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of
House # Street Address City Employer Name Employer Mailing Address / Principal Place of Business		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution
House # Street Address City Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$
House # Street Address City Employer Name Employer Mailing Address / Principal Place of Business		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution
House # Street Address City Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$
House # Street Address City Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House # Street Address City Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address City	State Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$

Statement of Expenditures

Filer Identification Number:	1		
and the second second	Friends of Colleen Laird		· ·
			!

To Whom Pald			Date [MM/DD/YYYY] \$
Act Blue	Act Blue		04/22/2023 42.03
House # Street Address 36	Street Address 366 Summer Street		Description of Expenditure
City Somerville	State MA	Code 02144	Donation Processing Fees Aggregate as of 5/1/202
To Whom Paid Stripe			Date [MM/DD/YYYY] \$ 66,66
House # Street Address 38	54 Oyster Point Boulevard	d	Description of Expenditure
City South San Francisco	State CA	Zip Code 94080	Donation Processing Fees Aggregate as of 5/1/202
To Whom Paid CVS			Date [MM/DD/YYYY] \$ 15.89
House # Street Address 24	434 Catasauqua Road		Description of Expenditure
City Bethlehem	State PA	Zip 18018	Poster Supplies
To Whom Paid Dollar Tree			Date [MM/DD/YYYY] \$ 9.28
House # Street Address 2	124 Union Boulevard		Description of Expenditure
City Bethlehem	State PA	Zip Code 18018	Supplies
To Whom Paid Lehigh Valley Apparel Creations		Date [MM/DD/YYYY] \$ 17.50	
House # Street Address 5	13 Clewell St		Description of Expenditure
City Fountain Hill	State PA	Zip Code 18015	Buttons
To Whom Paid LV Chamber of Commerce		Date [MM/DD/YYYY] \$ 80	
	Street Address 74 West Broad Street		
House # Street Address 74	4 West Broad Street		Description of Expenditure
House # Street Address 7. City Bethlehem	CLOA	Zip Code 18018	Description of Expenditure State of the City Ticket
City /		President and Anna Control of the Co	
City Bethlehem To Whom Pald LV Print Center House # Street Address	CLOA	President and Anna Control of the Co	State of the City Ticket Date [MM/DD/YYYY] \$ 660.39
City Bethlehem To Whom Pald LV Print Center House # Street Address	State PA	President and Anna Control of the Co	State of the City Ticket Date [MM/DD/YYYY] \$ 660,38
City Bethlehem To Whom Pald LV Print Center House # Street Address	State PA 1701 Union Boulevard	Code 18018	State of the City Ticket Date [MM/DD/YYYY] \$ 660.38 Description of Expenditure
City Bethlehem To Whom Pald LV Print Center House # Street Address City Allentown To Whom Paid Staples House # Street Address	State PA 1701 Union Boulevard	Code 18018	State of the City Ticket Date [MM/DD/YYYY] \$ 660,38 Description of Expenditure Yard Signs Date [MM/DD/YYYY] \$ 29.85

1415

SCHEDULE III

Statement of Expenditures

To Whom Pald	Staples			Date [MM/DD/YYYY] \$ 54,54
House#	·			03/31/2023
	Street Address 2	138 W Union Blvd		Description of Expenditure
City Bethlehem		State PA	Zip	Mailing Supplies
To Whom Paid	USPS			Date [MM/DD/YYYY] \$ 126
House #	Street Address 2	114 W Union Blvd		Description of Expenditure
City Bethlehem		State	Zip Code 18018	Stamps
To Whom Paid	Working Dog Pres	3		Date [MM/DD/YYYY] \$ 2300
House #	Street Address	928 Union Blvd		Description of Expenditure
City		State PA	Zip Code 18109	Mailers
To Whom Paid	Working Dog Press	\$		Date [MM/DD/YYYY] \$ 179.14
House#	Street Address	928 Union Blvd		Description of Expenditure
City		State PA	Zip 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	
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:		
Friends of Colleen Laird		

Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zlp Code	
Description of Debt		Personal	[2008.00]
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State .	Zip Code	
Description of Debt	1	The state of the s	Person
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zip Code	
Description of Debt		37747	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zip Code	
Description of Debt		Laboration and Consultation (Consultation Consultation Co	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zip Code	
Description of Debt	[Procedure of the control of the con	Topicando con circultura (1900/700
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zip Code	
Description of Debt			1200004