See .	**
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Print Form



### 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)		y Cand	lida	te 🔀	Committee		Lobbyist	
Name of Filing Co Lobbyist	mmittee, Ca	ndidate or	Colle	en Laird						
Street Address			1871	West Uni	on Boulevan	d	Section of the sectio			
City	Bethlehe	m			State	9	PA	Zip Code	18018	
Type of Report (Pl	lace x under i	report type)				The same				
	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary		Tuesday lection	5- 2 <sup>nd</sup> Frida Pre- Electi	200	6-30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
		$\times$								
Date Of Election (MM/DD/YYYY)		02/01/2023	Year		2023		Amendment Report		Termination Report	
Summary of Rece	elpts and	From Date		To Date	e			For	Office Use Only	
cxpenuitures	05/02/2023			06/05/2023						
A. Amount Broug	ght Forward F	rom Last Report	\$		0					
B. Total Monetar (From Schedule I		ons and Receipts	\$		0					
C. Total Funds Av (Sum of Lines A a			\$	0						
D. Total Expendit (From Schedule I			\$	16,96						
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							
				and the second s	Affidavi					
Part 1- If this is a Co	hat this report							dgg and belief t	rue, correct and comp	ete.

MO. DAY YR.

Area Code

Daytime Telephone Number

## SCHEDULE I Contributions and Receipts

**Detailed Summary Page** 

.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	
. 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)	\$	

Total for the reporting period

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)

### 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.

iler Identification	Colleen La	nird			
		AND THE RESERVE			Amount
ull Name of Cor ommittee	ntributing			Date [MM/DD/YYYY]	\$
louse #	Street Address		Date [MM/DD/YYYY]	\$	
City	1.5- 1-2-2-1-2-3	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing		Date [MM/DD/YYYY]	\$	
louse#	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Committee	ontributing		22.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of C	ontributing		Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zlp 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: Colleen Laird				
Full Name of Co	ntributor		Date [MM/DD/YYYY]	\$	
House#	Street Address		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address	A. D. C.		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor		Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$
City	37.56.288	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				
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	and the state of t		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

Full Name of Contri	butor		SCHOOL COLORS OF CHIEF C	Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		1995			
Employer Name				Occupation	
mployer Mailing A		***************************************			
Principal Place of B	-			Date [MM/DD/YYYY]	151
Full Name of Contri	butor			Date [MM/DD/YYYY]	- 3
					<u> </u>
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	5
Employer Name				Occupation	
Employer Mailing					
Principal Place of B				l p + fass (pp hann)	101
Full Name of Contr	ibutor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing				A	
Principal Place of E				Date [MM/DD/YYYY]	161
Full Name of Contr	ibutor			Date (IMIM/DD/1111)	ş
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		l	- Landau - L	Occupation	
Employer Mailing	Address /				
Principal Place of B					

### 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			
Full Name				
House #	Street Address		and the second s	
City		State	Zip	Date [MM/DD/YYYY]   \$
	200		Code	
Receipt Descrip	tion			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion			Control Control
Full Name				
House #	Street Address	ng ti dagan ang A	ness segent control of the control of the second se	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	rtion			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	otion			
Full Name	111111111111111111111111111111111111111			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	otion		E Alle Alle	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion			

#### 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	
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50	0.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
A MANUAL CONTRIBUTIONS DESCRIPTS VALUE OF SEGON TO SAFA	OR ISPON DART E)
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.	OU (FROM PART F)
TOTAL for the reporting period (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	л 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)	\$

### SCHEDULE II

#### **PART F**

### In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Numb	er; Colleen Laird				
Full Name of Contribut	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	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	2014 C 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribu	ution			J	

### SCHEDULE II

Part G

### In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
The t	
	Colleen Laird

Full Name of Contribu	tor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Add Place of Business	dress / Principal			Description of Contribution	A deline control of the control of t
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Ad Place of Business	dress / Principal			Description of Contribution	
Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Ad Place of Business	dress / Principal			Description of Contribution	
Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zíp Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Ad Place of Business	dress / Principal			Description of Contribution	

# Statement of Expenditures

Filer Identification Number:	
the mentineadon number.	
	Colleen Laird
	world in the second

To Whom Pald				Date [MM/DD/YYYY]   \$	
	Animoto			5/13/2023 16.96	
House #	Street Address			Description of Expenditure	
City		State	Zip Code	Video Creation	
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		name to a part of the last
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid	RG C			Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		

### SCHEDULE IV

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

Filer Identifica	Colleen Laird			e end of the reporting period.	
Name of Cre	ditor			Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State		common of the co	
Description o	of Debt				
Name of Cre	ditor			Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zip Code	NAMES OF THE PROPERTY OF THE P	
Description o	of Debt			transferring class	
Name of Cred	ditor			Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zlp Code	_	
Description o	f Debt				
lame of Cred	litor			Outstanding Balance of Debt	
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
ity		State	Zip Code		
escription o	Debt				
ame of Cred	itor			Outstanding Balance of Debt	
ouse#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
ity		State	Zip Code	-	
escription of	Debt				
ame of Credi	tor			Outstanding Balance of Debt	
ouse#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
ty	Date and the second	State	Zip Code	_	

Reset Form	Print Form



### Commonwealth of Pennsylvania - Campaign Finance Report

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

lumber		ort Filed B ark X)	y Candida		Committee		
ame of Filing Committee, Candidate or obbyist	Frier	ids of Colli	een Laird			a barramon anno ambana de de abana da taban da barrama da ma	The state of the s
reet Address	187	West Uni	ion Boulevard			and a second control to the second of a tool and	
ty Bethlehem	!		State	PA	Zip Code	18018	
ype of Report (Place x under report type)	The second secon						
6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3- 30 Day Pore-Primary Pre-Primary Primary	ost 4- 6'	hTuesday 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
rate Of Election MM/DD/YYYY)	Yea	ar	000	Amendment Report		Termination Report	
Summary of Receipts and From Date		To Dat	e		For	Office Use Only	
xpenditures 5/2/202	3		6/5/2023				
A. Amount Brought Forward From Last Rep		\$	68.73			Figure Booker Charles Control of Cart Charles	
3. Total Monetary Contributions and Recei From Schedule I)	pts	\$	650	-			
C. Total Funds Available (Sum of Lines A and B)		\$	718.73	-(			
D. Total Expenditures (From Schedule III)		\$	146.79				
E. Ending Cash Balance (Subtract Line D from Line C)		\$	571.94				
F. Value of In-Kind Contributions Received (From Schedule II)		\$	151,67				
G. Unpaid Debts and Obligations (From Schedule IV)		\$	0				
Part 1- If this is a Committee report, to Sign In a	Town Park	- William and a second	Affidavit S				

### SCHEDULE I

### **Contributions and Receipts**

Detailed Summary Page

Filer Identification Number

Cover Page, Item B)

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$ 150	Carlotte Comments
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$ 250	The second secon
All Other Contributions (Part B)		\$ 250	Million Million Court of the Co
Total for the reporting period	(2)	\$ 500	a variable and a variable and a second representations
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)	T	\$ 0	
All Other Contributions (Part D)	+	\$ 0	
Total for the reporting period	3)	\$ 0	tida trakonakus sandan sarusi daan ju, dada Anna ilah Anan eri adaa an

Total for the reporting period

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

### 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 Identificatio		of Colleen Laird				
					07 a A	Amount
Full Name of Co	ontributing			Date [MM/DD/YYYY]	15	
Committee	Committee Friends of Bob Donchez			5/5/2023		250
House #	Street Address			Date [MM/DD/YYYY]	\$	
	31,001,1001,000	377 Devonshire D	drive			
City Bethleh	om	State	Zip Code	Date [MM/DD/YYYY]	\$	
			10017			
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
	to an artist					-
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$	
Committee						
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
ilouse w	Street Address					
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$	
House#	Street Address			Date [MM/DD/YYYY]	\$	
nouse #	Street Address			5220 (0.00,0.27,0.17)		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
				Date Issas (no boost	1	
ull Name of Co Committee	intributing			Date [MM/DD/YYYY]	\$	
louse#	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
					1	

#### 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

	CONTRACTOR AND THE CONTRACTOR OF THE CONTRACTOR					
Full Name of Co					Date [MM/DD/YYYY]	\$ 
	Joseph d'Edw	/ardo		5/4/2023	250	
House #	Street Address	Date [MM/DD/YYYY]	\$			
City Bethlehe	em	State PA	Zip Code	18020-2041	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor				Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor				Date [MM/DD/YYYY]	\$
House #	Street Address	· · · · · · · · · · · · · · · · · · ·			Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor				Date [MM/DD/YYYY]	\$
House #	Street Address	and the same of th			Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor		Mac Service		Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor				Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code		Date [MM/DD/YYYY]	\$

#### STRAG

### Contributions Received From Political Committees

Over \$250.00

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

south districtions	Energy of C	Stre Frigalis			
Full Name of Contributing C	Washington			Dete (404/00/1111)	18
House #	Street Address			Onto [MM/OD/YYYY]	8
City.		State	Try Code	Date (MM/OO/YYYY)	8
Full Name of Contributing C	ommittee			Date (NIM/Ob/YYYY)	8
Nouse It	Street Address			Date [MM, 00, 1111]	
Cito		State	Zip Code	Oute (MM/00/1111)	
Full Name of Contributing C	ommittee			0866 (WW/,00/)1111)	8
House #	Street Address			(1111/66/MM) 9945	
City		State	Zip Code	Date (MM/30/1111)	
Full Name of Contributing C	ommittee			Onto [MM/OG/1111]	\$
House II	Street Address			Owite (MM/DD/YYYY)	\$
City		State	Zip Code	Date (MM/00/NYY)	3
Full Name of Contributing C	ominittee			Date (NIM/00/1111)	3
Neuse #	Street Address			Date [MW/00/YYYY]	\$
Chy		State	21p Code	CALLACTOR   New York	3
Full Name of Contributing C	ommittee			Date (MM/SOATYY)	\$
Nouse II	Street Address			Date [NIM/00/1111]	3
CITY		State	Zip Code	Oere (NM/OO/YYY)	3
					No.

#### 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]	\$
House # Str	eet Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	
Employer Mailing Addres Principal Place of Busines	s/			
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Str	eet Address		Date [MM/DD/YYYY]	\$ .
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		Occupation		
Employer Mailing Addres Principal Place of Busines				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Str	eet Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	
Employer Mailing Address Principal Place of Busines	s /			
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Str	eet Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	136
mployer Mailing Address rincipal Place of Business	1			

### 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: Friends of Collec	n Laird		
Full Name	Stranger and the strang			
House #	Street Address			
City	Street Address	61-1-	Light.	Date Issas Inn Banati   6
City		State	Zīp Code	Date [MM/DD/YYYY] \$
Receipt Descrip	ition			
Full Name	and the second s			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	otlon			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	otion			
Full Name				
House #	Street Address			
City		State	Zlp Code	Date [MM/DD/YYYY] \$
Receipt Descrip	otion			
Full Name				
House #	Street Address	CONTRACTOR OF THE PROPERTY OF		
City	1 2	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	itlon			
Full Name				
House #	Street Address			
City		State	Zíp Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion			

#### SCHEDULE III

### 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: Frier	nds of Colisen Laird		
Unitemized in-kind cor	TRIBUTIONS RECEIVED-VALUE OF SS	0.000	PRILESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	5	D
IN-KIND CONTRIBUTIONS	RECEIVED-VALUE OF \$50.01 TO \$250	.00 (F	ROM PART F)
TOTAL for the reporting period	{7}	5	151,67
3. IN-KIND CONTRIBUTION F	ECEIVED-VALUE OVER \$250,00 (FRO	M PAR	1G)
TOTAL for the reporting period	(3)	5	0
TOTAL VALUE OF IN-KIND CONTRIBI PERIOD (Add and enter amount tota on Page 1, Report Cover Page, Item	als from boxes 1, 2, and 3; also enter	\$	151.67

### SCHEDULE II PART F

### In-Kind Contributions Received

VALUE OF \$50,01 TO \$250

	Friends of Co				
full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
LV4AII				151,67	5/10/2023
House #	Street Address			Date [MM/DD/YYYY)	\$
	P	.O.Box 442			
City		5tate	Zip Code   18016	Date [MM/DD/YYYY]	\$
Bethleh		PA	18018		
Description of C	Contribution	Mailers			
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
Sin	<b>大型装置器</b>				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					1 1 1
Description of	Contribution				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of	Contribution				i și dit
				and fared on thomas	
Full Name of C	ontributor			Date [MM/DD/YYYY]	\$
				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [IMM/DD/1111]	
		State	Zip Code	Date [MM/DD/YYYY]	\$
City		State	Zip Code	bate (mm/pb/t/11)	
Description of	Contribution		1 400 000 000 0000		<u> </u>
Full Name of C	ontributor	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		Date [MM/DD/YYYY]	\$
ruii ivanie ul C	VIII IDUICOI			10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (	18
House #	Street Address			Date [MM/DD/YYYY]	\$
TIOUSE #	Street Audress				
				Data Tassa Inn hound	131
City		State	Zip Code	Date [MM/DD/YYYY]	\$

### SCHEDULE II Part G

## In-Kind Contributions Received

VALUE OVER \$250

Friends of	f Colleen Laird				
Full Name of Contributor	A. C.				
			Date [MM/DD/YYYY]   \$		
House #   Street A					
Street Address	3		Date [MM/DD/YYYY] \$		
			3		
City	State	Zip Code	Date [MM/DD/YYYY] \$		
			Date [MM/DD/YYYY] \$		
Employer Name					
Employer Malling Address / Principal			Occupation		
Place of Business			Description		
			of Contribution		
ull Name of Contributor					
			Date [MM/DD/YYYY] \$		
louse # Street Address			Deb-fosselp-		
			Date [MM/DD/YYYY] \$		
ity	State	Zin Cod			
	S. C. C.	Zip Code	Date [MM/DD/YYYY] \$		
nployer Name					
			Occupation		
nployer Mailing Address / Principal ace of Business			Description		
			of		
Il Name of Contributor			Contribution		
			Date [MM/DD/YYYY] \$		
use #   Stroot Address					
Street Address			Date [MM/DD/YYYY] \$		
У	State	Zip Code	Date [MM/DD/YYYY] \$		
ployer Name			Occupation		
nployer Mailing Address / Principal					
e of Business			Description of		
			Contribution		
Il Name of Contributor			Date [MM/DD/YYYY] \$		
se# Street Address			Date (MANA/DD MANA)		
10000000000000000000000000000000000000			Date [MM/DD/YYYY] \$		
	State	7In Code			
	State	Zip Code	Date [MM/DD/YYYY] \$		
oyer Name					
			Occupation		
oyer Mailing Address / Principal			Description		
of Business			of		
CONTRACTOR OF THE PROPERTY OF			Contribution		

## Statement of Expenditures

Filer Identification Number:		
	Friends of Colleen Laird	

To Whom Paid						Date [MM/DD/YYYY]	15	
10 1110111	Act Blue					6/5/2023		5.25
House #	Street Address		a			Description of Expend	iture	
	2	:66 Summe	r Street	The second secon				
City	le	State	MA	Zip Code	02144	Contribution Processing	Fees	Aggregate 5/2-6/5/2023
To Whom Paid	Stripe		and the second second			Date [MM/DD/YYYY]	\$	8.16
						6/5/2023		0,10
House #	Street Address					Description of Expendi	ture	
City		State		Zip Code		Contribution Processing	Fees	Aggregate 5/2-6/5/2025
To Whom Paid	Working Dog Press	5				Date [MM/DD/YYYY]	\$	103.88
House #	Street Address 1	928 Union	Blvd			Description of Expendi	ture	
City	1	State	PA	Zip Code	18018	Rack Cards		
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address					Description of Expendi	ture	
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address		100 100 100			Description of Expendi	ture	
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address				****	Description of Expendit	ure	
City	- I am a summaria de mu	State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address					Description of Expendi	ure	
City		State		Zip Code			2 2 2 2 2 2 2	
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address					Description of Expendi	ure	
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 Cre	ditor		The second secon	Outstanding Balance of Deb
House #	Street Address	dia kangangangan kangangan dari kangangan dari kangangan dari kangan dari kangan dari kangan dari kangan dari	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description	of Debt			
Name of Cre	ditor			Outstanding Balance of Deb
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description (	of Debt			
lame of Cre	ditor			Outstanding Balance of Debt
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
lity		State	Zíp Code	-
Description o	f Debt			
ame of Cred	litor			Outstanding Balance of Debt
ouse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
ity		State	Zip Code	
escription o	ruebt			
ame of Cred	itor	A A STATE OF THE PARTY OF THE P		Outstanding Balance of Debt
ouse#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
			Zip	
		State	Code	
	Debt	State		
scription of		State		Outstanding Balance of Debt
ty escription of nme of Credi		State		Outstanding Balance of Debt