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# Commonwealth of Pennsylvania - Campaign Finance Report

- Proposed June 1977

		(Note: This	rep	ort must	be clear an	d legible. It shou	ild be typer		Lobbylst
Filer Identification Number	ļ			rt Filed By	and the second section of the second section s		Committee		10 m
Name of Filing C Lobbyist	ommittee, Car	ndidate or		n Laird	18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Street Address		1	871 \	Nest Unio	n Boulevard				
City	Bethlehe			***************************************	State	PA	Zip Code	18018	
Type of Report (	Place x under i	report type)							Special 30 Day
1-6 <sup>th</sup> Tuesday	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post 4-	- 6 <sup>th</sup> 1 re- Ei	uesday ection	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Post-Election
						$\times$		Termination	
Date Of Election (MM/DD/YYYY)		11/7/2023	Year		2023	Amendment Report		Report	
Summary of Rec Expenditures	elpts and	From Date		To Date			For	Office Use Only	
N. C.		11/7/2023		11/2	27/2023				
A. Amount Brou			\$		0				
B. Total Moneta (From Schedule	ry Contributio	ns and Receipts	\$	······································	0		÷		
C. Total Funds A (Sum of Lines A			\$		0				
D. Total Expend (From Schedule	itures		\$		0				
E. Ending Cash B (Subtract Line D			\$		0				
F. Value of In-Ki (From Schedule		ns Received	\$		0				T T
G. Unpaid Debts (From Schedule		ins	\$		0				mia Notary Seal Stary Public ty March 9 2024
					Affidavit Se				9 P P 8
Part 1- If this is a C	ommittee repor	t, treasurer sign here	e. If th	is is a Cano	lidate report, c	andidate sign here.		run correct and comple	March 34

# SCHEDULE I Contributions and Receipts

**Detailed Summary Page** 

Fleridassii	
Filer Identification Number Colleen Laird	
1 Hate-	
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)	3
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 8)	\$

#### 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.

				Amount
Full Name of Contributing			Date [MM/DD/YYYY]	\$
Committee				
			Date [MM/DD/YYYY]	\$
House # Street At	ddress			
			Date [MM/DD/YYYY]	\$
City	State	Zip Code		
Full Name of Containment			Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				
			Date [MM/DD/YYYY]	\$
House # Street A	ddress			
		Win Code	Date [MM/DD/YYYY]	\$
City	State	Zip Code		
5.111			Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				
			Date [MM/DD/YYYY]	\$
House # Street A	(aaress		101.00m 5 11.5 11.00m	
N. ARCHE		71.00.45.88	Date [MM/DD/YYYY]	\$
City	State	Zip Code	**************************************	
A444		The confined All Said	Date [MM/DD/YYYY]	\$
Full Name of Contributing  Committee				
House # Street A	ddress		Date [MM/DD/YYYY]	ş
C. C	State	Zip Code	Date [MM/DD/YYYY]	\$
City				
salasi)	Extension of	provide the second second	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				
AND			Date [MM/DD/YYYY]	\$
House # Street A	/aaress			
	State	Zip Code	Date [MM/DD/YYYY]	\$
City	State	""		
NAME OF THE PERSON OF THE PERS		Language Control of the Control of Control o	Date [MM/DD/YYYY]	\$
Full Name of Contributing				]%
Committee Street A	Addrass		Date [MM/DD/YYYY]	\$
House # Street /	Audies,			
	State	Zip Code	Date [MM/DD/YYYY]	\$
City	June			7.4
(전공화]				6.6

#### 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 Identificat	lon Number: Colleen Lai	rd .			
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 0	Contributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of C	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] \$	
Lity		State	Zip Code	Date [MM/DD/YYYY] \$	
uli Name of Co	ntributor			Date [MM/DD/YYYY] \$	
louse #	Street Address			Date [MM/DD/YYYY] \$	100 and 100 an
ity		State	Zip Code	Date [MM/DD/YYYY] \$	

#### PART C

### **Contributions Received From Political Committees**

Over \$250.00

Filer Identification Number:

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

	Colleen	Laird			
Full Name of Contributing C	Ommittee			Date [MM/DD/YYYY]	\$
House #	Street Addre	<b>353</b>		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY)	
pri e		state	Ap code		
Full Name of Contributing C	ommittee			Date [MM/DD/YYYY]	\$
House #	Street Addre			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	<b>3</b>
Full Name of Contributing C	ommittee			Date [MM/DD/YYYY]	\$
House #	Street Addre	55		Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	   \$
Full Name of Contributing Co	ommittee		Date [MM/DD/YYYY]		
House #	Street Addre	<b>SS</b>		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	\$
House #	Street Addres	<b>8</b>		Date [MM/DD/YYYY]	\$
ity		State	Zip Code	Date [MM/DD/YYYY]	\$
ull Name of ontributing Co	mmittee			Date [MM/DD/YYYY]	\$
louse#	Street Addres	\$		Date [MM/DD/YYYY]	\$
ity		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)

DX4)	clude contribut	tions from political commit	(tees reported in Part C)
Filer Identification Number: College Laire	rd		4300
	4		
Full Name of Contributor			Date [MM/DD/YYYY]   \$
			Date [wiw/DD/1111]
House #		· · · · · · · · · · · · · · · · · · ·	<u> </u>
Street Address		Laborate de communicación como a construidad y que a salençada e acuadro mentan de frances e e e e	Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
	12.		
Employer Name	I Colored Color		Occupation
Employer Mailing Address /			
Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
			Date (wini) 84,111.1
City	100.000	- Charles Color Page Call	
L'IIY	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			
			Occupation
Employer Mailing Address / Principal Place of Business	AND THE RESIDENCE OF THE PARTY		Parameter
Full Name of Contributor			
Full Maine of Community			Date [MM/DD/YYYY] \$
House # Street Address	***************************************		Date [MM/DD/YYYY] \$
			pare [min/po/ tiri]
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			To application control for the
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
House #			
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
mployer 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 Nur	omber: Colleen Laird	Tuj murum ==		
Full Name				New York Control of the Control of t
House #	Street Address		Annual Van Annual Control of the Con	
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description	1	And the second s		
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
Decelor Description			Code	
Receipt Description	1			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name	Assembly and the second			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
1.15	A second		Cour	
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Receipt nassir				

#### 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	DOO OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.	OO (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	n Number of		VALUE OF \$30.01 TO		
	Collegn Laird	d			
Full Name of Co	intributor			Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	5
Description of C	ontribution		\$2000 000 000 000 000 000 000 000 000 00	4	Validad Communication Communic
Full Name of Co	ontributor			Date [MM/DD/YYYY]	[5]
				No. of the control of	
House #				Date [MM/DD/YYYY]	\$
	Street Address				
City	20.000	LIE ROUNDS	1-11-6-11-	Date [MM/DD/YYYY]	\$
		State	Zip Code	<b>VA.</b> 1	
Description of C	Contribution				
				Parameter Control (VVVV)	1 or <b>a</b> col
Full Name of Co	intributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	S
Description of C	^eskielon				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
				ľ	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	•••••				
Description of C					
Full Name of Co	intributor			Date [MM/DD/YYYY]	\$
	9 (19				
House #	Street Address			Date [MM/DD/YYYY]	\$
					i
City		State	Zip Code	Date [MM/DD/YYYY]	3
Description of C	ontribution		_		300000

#### SCHEDULE II Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

iler Identification Number:		VALUE OVER \$230	
Colleen La	aird		
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Addres	a		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
-			
Employer Name			Occupation
Employer Mailing Address / Principa	1		Description
Place of Business			of Contribution
Full Name of Contributor			Date [MM/DD/YYYY]   \$
House #			Date [MM/DD/YYYY] \$
Street Addres	5		
City		Fall Carlo	Date [MM/DD/YYYY] \$
	State	Zip Code	
Employer Name			Occupation
Employer Mailing Address / Princip	1		Description
Place of Business			of
Full Name of Contributor			Contribution   S   Date [MM/DD/YYYY]   \$
			Date [MM/DD/1111]
House # Street Addres	9		Date [MM/DD/YYYY] \$
Salvet Audijes	8		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Princip	<u>.                                    </u>		Description
Place of Business			of
	4600		Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Addres	35		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		productions green	Occupation
			Description
Employer Mailing Address / Princip Place of Business	"		of
Liera of Pasitions			Contribution

# Statement of Expenditures

Filer Identification Number:		
	Colleen Laird	

To Whom Pald				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address		and an analysis of the second	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 Pald				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Pald				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	The state of the s	State	Zip Code	
To Whom Paid	<b>!</b>			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Pale				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.

Name of Credito	n assessed			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
			[MM/DD/YYYY]	
City		State	Zip Code	
Description of De	abt		PARAMETERS 1	Barbarg
Name of Credito	r Avegge			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
			[MM/DD/YYYY]	
City		State	Zip Code	
Description of De	ebt	L	Elizabeth Statement in B. L. Commission of the C	
Name of Credito	19 4 10 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of De	abt confi			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	5
City	A SECOND COMPANY OF THE SECOND COMPANY OF TH	State	Zip Code	
Description of De	bt			
Name of Creditor				Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of De	bt			A Company of the Comp
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
particular security of	PSDA PRESIDENT AND		Zip	

a serverent l	4	1.77	11	1		Ι.		

110701-0101

# Commonwealth of Pennsylvania Campaign Finance Report

Filer Identity	(Note: Th	is report mu	st be clear an	d legible. It sho	Committee		Lobbyist
Filer Identification Number	1	Report Filed	By   Candid	ate			
Name of Filing Committee, C Lobbyist		(Mark X)					
Lobbyist Committee, C	endidate or		Cerl				which is made to present the few managements or with the grown about the party of
Street Address		Friends of Col	leen Lairo	ng a galangan na magang panggan panggan na magan na maga	og - allegane for skeldersjon by any og		
City		1871 West Un	ion Boulevard		Int. Cada		
Bethlab	100	nder steller der in Annalde der Salter Soft der Freigher Stelle Steller	State	PA	Zip Code	18018	
Type of Report (Place x under	icit;		[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]				
- 6th Tuesday under	report type)					Special 2 <sup>nd</sup> Friday	Special 30 Day
2- 2nd Friday	V 2 20 D	i. 6th Tuesday	5- 2"d Friday	6- 30 Day Post	7- Annual	Pre-Election	Post-Election
Pre-Primary	Primary F	re- Election	Pre- Election	Election			
	+			-57			
ate Of Election				X		Ladan	
MM/DD/YYYY)		Year	<del>                                     </del>	Amendment		Termination	
				Report		Report	[
ummary of Receipts and					For	Office Use Only	
Mondie							
changitates	From Date	To Dat	0				
the suntfil 63							
the suntfil 63		11	/27/2023				
. Amount Brought Forward	11/7/2023 From Last Report	11	/27/2023				
. Amount Brought Forward	11/7/2023 From Last Report	11					
Amount Brought Forward   Total Monetary Contribution Total Monetary Contribution	11/7/2023 From Last Report	11	/27/2023				
. Amount Brought Forward I . Total Monetary Contribution from Schedule I) Total Funds Available ium of Lines A and D	11/7/2023 From Last Report	11	/27/2023 1604.89				
. Amount Brought Forward I . Total Monetary Contribution from Schedule I) Total Funds Available ium of Lines A and B) . Total Expenditure	11/7/2023 From Last Report	5 5	/27/2023 1604.89				
. Amount Brought Forward i . Amount Brought Forward i . Total Monetary Contribution from Schedule i) Total Funds Available um of Lines A and B) Total Expenditures from Schedule III	11/7/2023 From Last Report	11 5 5	/27/2023 1604 89 250 1854.89				
. Amount Brought Forward I . Amount Brought Forward I . Total Monetary Contributlo from Schedule I) . Total Funds Available ium of Lines A and B) . Total Expenditures from Schedule III) Ending Cash Balanco	11/7/2023 From Last Report	11   5   5   5   5   5   5   5   5   5	/27/2023 1604.89 250				
. Amount Brought Forward I . Amount Brought Forward I . Total Monetary Contributlo from Schedule I) . Total Funds Available ium of Lines A and B) . Total Expenditures from Schedule III) Ending Cash Balance ubtract Line D from Line Co	11/7/2023 From Last Report ons and Receipts	11   5   5   5   5   5   5   5   5   5	/27/2023 1604 89 250 1854 89 25 01				
. Amount Brought Forward in Total Monetary Contribution Schedule i) Total Funds Available um of Lines A and B) Total Expenditures from Schedule III) Ending Cash Balance ubtract Line D from Line C) Value of In-Kind Contributed	11/7/2023 From Last Report ons and Receipts	11   5   5   5   5   5   5   5   5   5	/27/2023 1604 89 250 1854.89				
Amount Brought Forward in Total Monetary Contribution Schedule i)  Total Funds Available um of Lines A and B)  Total Expenditures from Schedule III)  Ending Cash Balance ubtract Line D from Line C)  Value of In-Kind Contribution Schedule III)	11/7/2023 From Last Report ons and Receipts ons Received	11   5   5   5   5   5   5   5   5   5	/27/2023 1604 89 250 1854.89 25 01 1829.88				Soo 20
. Amount Brought Forward in Total Monetary Contribution Schedule i) Total Funds Available um of Lines A and B) Total Expenditures rom Schedule III) Ending Cash Balance ubtract Line D from Line C) Value of In-Kind Contribution Schedule III) Unpaid Debts and Obligation	11/7/2023 From Last Report ons and Receipts ons Received	11   5   5   5   5   5   5   5   5   5	/27/2023 1604 89 250 1854 89 25 01				ary Soal
Amount Brought Forward in Total Monetary Contribution Schedule i) Total Funds Available um of Lines A and B) Total Expenditures rom Schedule III) Ending Cash Balance ubtract Line D from Line C) Value of In-Kind Contribution Schedule III) Unpaid Debts and Oblication	11/7/2023 From Last Report ons and Receipts ons Received	11   5   5   5   5   5   5   5   5   5	/27/2023 1604 89 250 1854.89 25 01 1829.88				Votary Seal Dublic 19 2024
Amount Brought Forward in Total Monetary Contribution Schedule i) Total Funds Available um of Lines A and B) Total Expenditures from Schedule III) Ending Cash Balance ubtract Line D from Line C) Value of In-Kind Contribution Schedule III) Unpaid Debts and Obligation Schedule IV	11/7/2023 From Last Report ons and Receipts ons Received	11   5   5   5   5   5   5   5   5   5	27/2023 1604 89 250 1854.89 25 01 1829.88 0				a-Notary Seal iny Public iron 9, 2024
. Amount Brought Forward I . Amount Brought Forward I . Total Monetary Contributlo from Schedule I) . Total Funds Available um of Lines A and B) . Total Expenditures from Schedule III) . Ending Cash Balanco	11/7/2023 From Last Report ons and Receipts ons Received	11   5   5   5   5   5   5   5   5   5	/27/2023 1604 89 250 1854.89 25.01 1829.88 0 0				nnsylvaria - Notary Seal fon, Notary Public T. Coulnty spires March 9, 2024

# Contributions and Receipts

Detailed Summary Page

Filer Identification Number	and the same	
Friends of Colleen Lakd		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
	-	
Total for the reporting period (1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	250
Total for the reporting period (2)	\$	250
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	L	
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)		0

### Contributions Received From Political Committees PART A

\$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.

Number				
Friends of	Colleen Laird			Amount
ntributing			Date [MM/DD/YYYY] 5	
Street Address			Date [MM/DD/YYYY] \$	
	State	Zip Code	Date [MM/DD/YYYY] \$	
ntributing			Date [MM/DD/YYYY] \$	
Street Address			Date [MM/DD/YYYY] \$	
	State	Zip Code	Date [MM/DD/YYYY] \$	
ntributing			Date [MM/DD/YYYY] \$	
Street Address			Date [MM/DD/YYYY] \$	
	State	Zip Code	Date [MM/DD/YYYY] \$	
ntributing			Date [MM/DD/YYYY] \$	
Street Address	<u> </u>	, , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY] \$	
	State	Zip Code	Date [MM/DD/YYYY] \$	
ntributing	2 - Charles A (1992)	Page 2 control and page 30	Date [MM/DD/YYYY] \$	
Street Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date [MM/DD/YYYY] \$	
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	State	Zip Code	Date [MM/DD/YYYY] 5	
ntributing			Date [MM/DD/YYYY] 5	
Street Address			Date [MM/DD/YYYY]	
	State	Zip Code	Date [MM/DD/YYYY]	\$
	Street Address  Street Address	Street Address  Street Address  State  Address  State  State  State  State  Address  State  Address  State  State  Address  State	Street Address   State   Zip Code	Street Address   Date   MM/DD/YYYY    State   Zip Code   Date   MM/DD/YYYY    State

#### 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.)

- recittificatio	n Number:	Colleen Laird				
	i neilus Di	Ouicen Falla				
Full Name of Co	Intributor			Date [MM/DD/YYYY]	\$	
1				11/7/2023	250	
House #	Deborah L			Date [MM/DD/YYYY]	\$	
	Street Address					
City		1030 Hardman Av		Date [MM/DD/YYYY]	\$	
Napa		State	Zip Code 94558			
Full Name of Co	entdiantor	CA	94300	Date [MM/DD/YYYY]	\$	Parameter Contract
House #	les vivi			Date [MM/DD/YYYY]	\$	
	Street Address			•		
City	10 mm			Date [MM/DD/YYYY]	\$	
		State	Zip Code			
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
House #	Fa			Date [MM/DD/YYYY]	\$	
	Street Addres	5				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
·		Julie		-		
Full Name of Co	ontelbutor			Date [MM/DD/YYYY]	\$	
					1	
House #	Street Addres			Date [MM/DD/YYYY]	\$	
	-11-11-11-11-11-11-11-11-11-11-11-11-11					
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
-7.1			Liposau			
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
House #	Street Address	1		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]	\$	
Linnsa M	Street Walley			5-7-00-00-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-		
Class I	Section 1	State	Zip Code	Date [MM/DD/YYYY]	\$	
City						
T07000077730000000000		MANAGER FRANCISCO	######################################		1 vost (2004)	

### 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.

	n Numbers Friends of C	iolleen Laird			
Full Name of Contributing G				Date [MM/DD/YYYY]	15
House #	Street Address	1990-telebri Olemani, militari paragana pada kaji kaji kaji kaji kaji kaji kaji kaj		Date [MM/DD/YTYY]	\$
City		State	Zip Cods	Oate [MM/DD/YYYY]	•
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	\$
Full Name of		State	Zip Code	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$
Contributing Co	Street Address	Pinking		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co				Date [MM/DD/YYYY]	<b>5</b>
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zlp Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee		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

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:	(Exclude contribution	ons from political committee			
Filenda	of Colleen Laird				
	of Concest Land				
Full Name of Contributor			Date [MM/DD/YYYY] \$		
House #			Date [MM/DD/YYYY] \$		
Street Addr	955	-	<u> </u>		
City					
	State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name					
			Occupation		
Employer Mailing Address /		and the second s			
- 'Pu' Figes of Bush-					
Full Name of Contributor			Date [MM/DD/YYYY] \$		
House # Street Addr	ress		Date [MM/DD/YYYY] \$		
City	State		Date [MM/DD/YYYY] \$		
	State	Zip Code			
Employer Name			Occupation		
Employer Mailing Address /					
Frincipal Place of Business					
Full Name of Contributor			Date [MM/DD/YYYY]   \$		
			233,000,000		
House # Steen Add					
Street Addr	ess		Date [MM/DD/YYYY] \$		
City					
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 Addre	ess		Date [MM/DD/YYYY] \$		
City	State	Zip Code	Date [MM/DD/YYYY] S		
		Til 2422	Date [MM/DD/YYYY] \$		
Employer Name					
			Occupation		
Employer Mailing Address /					

#### 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 Colleen Laird

Full Name				
House #	Street Address			The state of the s
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	on			
Full Name				
House #	Street Address			
City		State	ZIp Code	Date [MM/DD/YYYY] \$
Receipt Description	on			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	on			
Full Name				
House #	Street Address			
City	The state of the s	State.	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	on	[AMARIES OF ]		19992
Full Name		The section of the se		
House #	Street Address			
City	Fig. 1. Space State of State o	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	o))			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descriptio	in .		· ·	

GERNARIA PRI

# IN KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

ther title at the indice preparation and the purpose north industriants are specifically to the properties of the proper THE PRINCIPAL WITH PROPERTY PROPERTY

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r – Danisland fran Francisco de Stadt en 1885	appertie propinsial kinde
TSTAT for the recentled period (1)	
i di king expiniendobe ne rives dende el (1915) 1645/200	TOTAL PORT OF THE PROPERTY OF
UTAL bal the repetiting material [3]	
<ul> <li>In company many measures years over the second second second</li> </ul>	TAVERT OF
PHALLIN THE reporting period (4)	
TOTAL VALUE OF IT PROTECTION BUT INSTANTABLE FOR A SECTION OF THE PROPERTY OF	

#### SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

riier identificati	on Number: Friends of C	Colleen Laird			
Full May				Date [MM/DD/YYYY]	T S T
Full Name of C	Contributor				
House #				Date [MM/DD/YYYY]	5
	Street Address			Date (MINI/OD/FITT)	•
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of	Contellaux				
Full Name of C	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City					- X
		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of	Contribution				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
				Sec. 222   1   2   •	
House #	Street Address			Date [MM/DD/YYYY]	. \$
City				Date [MM/DD/YYYY]	\$
Do-silvi v		State	Zip Code	Date Inim/DD/11111	<b>9</b>
Description of (					
Full Name of Co	ontributor			Date [MM/DD/YYYY]	5
House#	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C					
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		4	-ip	Dave Billin/DD/11111]	
Description of Co	ontribution				

## SCHEDULE II Part G

# **In-Kind Contributions Received**

VALUE OVER \$250

Friends of Co	olleen Laird			
Full M		Date [MM/DD/YYYY] \$		
Full Name of Contributor		Date Dunibasti (1)		
House #		- A FRANK IND (WYW) A		
Street Address	manus francisco notes del del como per que man esta foi esta que del del del como constitución del como del como como como como como como como com	Date [MM/DD/YYYY] \$		
City	State Zip Code	Date [MM/DD/YYYY] S		
Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business		Description		
Place of Business		of Control of Control		
Full Name of Contributor		Contribution		
Continuator		Date [MM/DD/YYYY] \$		
House #		- Jan		
Street Address	-	Date [MM/DD/YYYY] \$		
City				
	State Zip Code	Date (MM/DD/YYYY) \$		
Employer Name				
	Cocupation			
Employer Mailing Address / Principal Place of Business		Description		
and or outsiness		of		
Full Name of Contributor		Contribution		
		Date [MM/DD/YYYY] \$		
House #	***************************************			
Street Address		Date [MM/DD/YYYY] \$		
City				
	State Zip Code	Date [MM/DD/YYYY] \$		
Employer Name	To the control of the	Occupation		
Employer Mailing Address / Principal Place of Business		Description		
riace of Business		of		
Full Name of Contributor		Contribution		
77.17.7.4 44.11.11.11.10.1		Date [MM/DD/YYYY] \$		
House # Street Address				
House # Street Address		Date [MM/DD/YYYY] \$		
Sity	State Zip Code	Date [MM/DD/YYYY] \$		
mployer Name		Occupation		
mployer Malling Address / Principal		Description		
Place of Business		of		
		Contribution		

# Statement of Expenditures

<b>VALUE OF</b>			
1			
	er Identification Number:		
15.0	tentilost!		
	Friends of Colleen Lai	4	
-	I Helias at Conecu Pa		

To Whom Pald				Date [MM/DD/YYYY]	
, 4,14	Act Blue			11/27/2023	3 75
House #	Street Address		Description of Expend	diture	
City	orrest Mdd162	266 Summer Street			
Somervill	е	State MA	Zlp 02144		Fees Aggregate 11/7-11/27
To Whom Pald				Date [MM/DD/YYYY]	5
	Stripe			11/27/2023	5 73
House #	Street Addres	\$		Description of Expend	iture
City					
		State	Zip Code	Contribution Processing	Fees Aggregate 11/7-11/27
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	John Yurconic /	Agency		10/27/2023	15 53
	Street Address	\$ 5		Description of Expand	lture
City		101 N Cedar Crest B			
Allentowr	1	State PA	Zip Code 18104	Notary	
To Whom Paid			1 (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Date [MM/DD/YYYY]	\$
House #					
	Street Address	5		Description of Expendi	ture
City		State	Zip		
To Whom Paid			Code		
. o writem paid				Date [MM/DD/YYYY]	\$
House #					
	Street Address	S		Description of Expendi	ture
City		State	Zip		
To Whom Pald	Section 1		Code		
- William Falo				Date [MM/DD/YYYY]	\$
House #	Street Address	<b>0</b>			
	ou ear wooles			Description of Expendi	ture
City		State	Zip		
To Whom Paid			Code		
				Date [MM/DD/YYYY]	\$
House #	Street Address	S		Description of Expendit	
80				Description of Expendi	cure
City		State	Zip		
To Whom Pald			Code	Date [MM/DD/YYYY]	
				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	Ure
CIL:				9 Sept. 1	
City		State	Zip Code		2000 September 1990 S
			1.774		

### ymmell

### Statement of Unpaid Debts

Use this her that to progine all unpaid states and independent there are introducing to the safety the interpretative.

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		Leans De la company de la comp
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<sup>) g</sup> ariipilan al I	IADI	
derne of Credit	01	(Markey board of Leg
linusa ji	Street Address	GRILDER BELIEFE 6 (MUJOOJITI)
lity		State (29
Justilption of J	Distri	See
Name of Credit Novee #		Outstanding because of Later
	Street Address	DATE DEST INCURSED 6
City		State Ze
Description of	Debt	Con l
Name of Credi	(a)	Outstanding Balance of Celet
House #	Stroot Address	DATE DEST INCURRED \$
City		[MM/DD/YYYY]
Description of		State Zip Code
Name of Credi		Outstanding Balance of Debt
	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City		State Zip
Description of	Debt	Code
Name of Credi	tor	
House #	Street Address	Outstanding Balance of Debt  DATE DEBT INCURRED \$
		[MM/DD/YYYY]
City		State Zip
Description of	Debt	Code