

# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Colleen Laird					
Street Address		1871 West Union Boulevard					
City	Bethlehem	State	PA	Zip Code	18018		

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/7/2023	Year	2023	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11/7/2023	11/27/2023	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	0	
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	

Notary Seal  
 Notary Public  
 March 9, 2024  
 R-1366339  
 Notary of Notaries

Affidavit Section

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

SCHEDULE I  
**Contributions and Receipts**

Detailed Summary Page

<b>Filer Identification Number</b>	Colleen Laird		
<b>1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor</b>			
Total for the reporting period			(1) \$
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)			\$
All Other Contributions (Part B)			\$
Total for the reporting period			(2) \$
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)			\$
All Other Contributions (Part D)			\$
Total for the reporting period			(3) \$
<b>4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period			(4) \$
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>			\$

PART A  
**Contributions Received From Political Committees**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees  
 with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

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

**PART C**  
**Contributions Received From Political Committees**

Over \$250.00

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

Filer Identification Number:	Colleen Laird
------------------------------	---------------

<b>Full Name of Contributing Committee</b>				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
<b>Full Name of Contributing Committee</b>				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
<b>Full Name of Contributing Committee</b>				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
<b>Full Name of Contributing Committee</b>				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
<b>Full Name of Contributing Committee</b>				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
<b>Full Name of Contributing Committee</b>				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
<b>Full Name of Contributing Committee</b>				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)

<b>Filer Identification Number:</b>	Colleen Laird
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<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>				<b>Occupation</b>	
<b>Employer Mailing Address / Principal Place of Business</b>					
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>				<b>Occupation</b>	
<b>Employer Mailing Address / Principal Place of Business</b>					
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>				<b>Occupation</b>	
<b>Employer Mailing Address / Principal Place of Business</b>					
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>				<b>Occupation</b>	
<b>Employer Mailing Address / Principal Place of Business</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
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Full Name					
House #	Street Address				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					

Full Name					
House #	Street Address				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					

Full Name					
House #	Street Address				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					

Full Name					
House #	Street Address				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					

Full Name					
House #	Street Address				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					

Full Name					
House #	Street Address				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Receipt Description					

SCHEDULE II

**IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD  
DETAILED SUMMARY PAGE

Filer Identification Number:	Colleen Laird
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the reporting period (1)	\$

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

<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>	
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)	\$
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SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

Filer Identification Number:	Colleen Laird
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]		

Description of Contribution	
-----------------------------	--

Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]		

Description of Contribution	
-----------------------------	--

Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]		

Description of Contribution	
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]		

Description of Contribution	
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]		

Description of Contribution	
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SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

Filer Identification Number:	Colleen Laird
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Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address		State	Zip Code	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]			\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address		State	Zip Code	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]			\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address		State	Zip Code	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]			\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address		State	Zip Code	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]			\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	Colleen Laird
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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		
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:	Colleen Laird
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Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						

# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		Friends of Colleen Laird			
Street Address		1871 West Union Boulevard			
City	Bethlehem	State	PA	Zip Code	18018

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

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11/7/2023	11/27/2023	
A. Amount Brought Forward From Last Report		\$	1604.89
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	250
C. Total Funds Available (Sum of Lines A and B)		\$	1854.89
D. Total Expenditures (From Schedule III)		\$	25.01
E. Ending Cash Balance (Subtract Line D from Line C)		\$	1829.88
F. Value of In-Kind Contributions Received (From Schedule II)		\$	0
G. Unpaid Debts and Obligations (From Schedule IV)		\$	0

Affidavit Section

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

Pennsylvania - Notary Seal  
 Notary Public  
 Berks County  
 Expires March 9, 2024  
 Number 1366359  
 a Association of Notaries

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

<b>Filer Identification Number</b>	Friends of Colleen Laird	
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
Total for the reporting period (1)	\$	0
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	250
Total for the reporting period (2)	\$	250
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)	\$	0
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period (4)	\$	0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	0

**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.

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

**PART B**  
**All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 TO \$250 in the reporting period.

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

Filer Identification Number:	Friends of Colleen Laird
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Full Name of Contributor		Date [MM/DD/YYYY]		\$	250
Deborah Laird		11/7/2023			
House #	Street Address	Date [MM/DD/YYYY]		\$	
	1030 Hardman Ave.				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Napa	CA	94558			
Full Name of Contributor		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	



PART C  
**Contributions Received From Political Committees**

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

Filer Identification Number:	Friends of 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				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
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<b>Full Name of Contributor</b>				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]		
<b>Employer Name</b>				Occupation	
<b>Employer Mailing Address / Principal Place of Business</b>					
<b>Full Name of Contributor</b>				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]		
<b>Employer Name</b>				Occupation	
<b>Employer Mailing Address / Principal Place of Business</b>					
<b>Full Name of Contributor</b>				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]		
<b>Employer Name</b>				Occupation	
<b>Employer Mailing Address / Principal Place of Business</b>					
<b>Full Name of Contributor</b>				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]		
<b>Employer Name</b>				Occupation	
<b>Employer Mailing Address / Principal Place of Business</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.

<b>Filer Identification Number:</b>	Friends of Colleen Laird
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<b>Full Name</b>					
<b>House #</b>	<b>Street Address</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>City</b>					
<b>Receipt Description</b>					

<b>Full Name</b>					
<b>House #</b>	<b>Street Address</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>City</b>					
<b>Receipt Description</b>					

<b>Full Name</b>					
<b>House #</b>	<b>Street Address</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>City</b>					
<b>Receipt Description</b>					

<b>Full Name</b>					
<b>House #</b>	<b>Street Address</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>City</b>					
<b>Receipt Description</b>					

<b>Full Name</b>					
<b>House #</b>	<b>Street Address</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>City</b>					
<b>Receipt Description</b>					

<b>Full Name</b>					
<b>House #</b>	<b>Street Address</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>City</b>					
<b>Receipt Description</b>					

SECTION 170  
**IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

USE THIS SECTION TO REPORT ALL IN-KIND CONTRIBUTIONS OR VALUABLE THINGS RECEIVED FOR THE REPORTING PERIOD  
 TO YOUR CHARITABLE ORG.

THE CHARITABLE ORG.	Federal EIN: 00-0000000
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**1. UNRECORDED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF EACH TO YOUR PER CONTRIBUTION YEAR**

TOTAL for the reporting period	(1)	c	d
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**2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF EACH TO YOUR PER CONTRIBUTION YEAR**

TOTAL for the reporting period	(2)	e	f
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**3. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF EACH TO YOUR PER CONTRIBUTION YEAR**

TOTAL for the reporting period	(3)	g	h
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TOTAL VALUE OF IN-KIND CONTRIBUTIONS REPORTED FOR THE REPORTING PERIOD (Total and enter amount from lines 1, 2, and 3 - also enter on Page 1, Report Form Page, Donor)	(4)	i	j
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SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

Filer Identification Number	Friends of Colleen Laird
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]		\$
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]		\$
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]		\$
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]		\$
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]		\$
Description of Contribution					

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

Filer Identification Number:	Friends of Colleen Laird
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business				Description of Contribution	
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business				Description of Contribution	
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business				Description of Contribution	
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business				Description of Contribution	

SCHEDULE III  
Statement of Expenditures

Filer Identification Number: Friends of Colleen Laird

To Whom Paid		Act Blue			Date [MM/DD/YYYY]	\$	3 75
House #	Street Address	266 Summer Street			Description of Expenditure		
City	Somerville	State	MA	Zip Code	02144 Contribution Processing Fees Aggregate 11/7-11/27		
To Whom Paid		Stripe			Date [MM/DD/YYYY]	\$	5 73
House #	Street Address				Description of Expenditure		
City		State		Zip Code			
To Whom Paid		John Yurconic Agency			Date [MM/DD/YYYY]	\$	15 53
House #	Street Address	101 N Cedar Crest Boulevard			Description of Expenditure		
City	Allentown	State	PA	Zip Code	18104 Notary		
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			

DUPLICATE  
**Statement of Unpaid Debts**

*Use this form to furnish all unpaid debts and obligations shown on the back of the mortgage note.*

File Identification Number	File No. of subject's
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Name of Creditor		Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)	\$
City		State	Zip Code
Description of Debt			

Name of Creditor		Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)	\$
City		State	Zip Code
Description of Debt			

Name of Creditor		Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)	\$
City		State	Zip Code
Description of Debt			

Name of Creditor		Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)	\$
City		State	Zip Code
Description of Debt			

Name of Creditor		Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)	\$
City		State	Zip Code
Description of Debt			

Name of Creditor		Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)	\$
City		State	Zip Code
Description of Debt			