

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	<input checked="" type="checkbox"/>	Candidate	<input 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	Belhlehem	State	PA	Zip Code	18018			

Type of Report (Place x under report type)								
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 90 Day Post-Election
<input type="checkbox"/>	<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"/>
Date of Election (MM/DD/YYYY)		11/7/2023	Year	2023	Amendment Report	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date
		1/1/2023
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)	\$	256.81
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

For Office Use Only

ENTERED

2024 JAN 30 P 2:31

NOTARY PUBLIC
COUNTY
10042

Affidavit Section

Part I- 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 true and correct and complete.

Sworn to and subscribed before me this

20th day of January 2024

Colleen I. Martorez

Signature

My Commission expires 10 / 4 / 25

MO. DAY YR.

Notary Seal
Public
Exp 04/2025
2-16-24

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO. 320) as amended.

Sworn to and subscribed before me this

_____ day of _____ 20____

Signature

My Commission expires _____

MO. DAY YR.

Signature of Candidate

Printed Name

Area Code _____ Daytime Telephone Number _____

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

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

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

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

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

							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] \$

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 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.

File 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		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)

Pier Identification Number:	Colleen Laird
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Full Name of Contributor				Date (MM/DD/YYYY)	\$
House #	Street Address		Date (MM/DD/YYYY)		
City	State	Zip Code	Date (MM/DD/YYYY)		
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date (MM/DD/YYYY)	\$
House #	Street Address		Date (MM/DD/YYYY)		
City	State	Zip Code	Date (MM/DD/YYYY)		
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date (MM/DD/YYYY)	\$
House #	Street Address		Date (MM/DD/YYYY)		
City	State	Zip Code	Date (MM/DD/YYYY)		
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date (MM/DD/YYYY)	\$
House #	Street Address		Date (MM/DD/YYYY)		
City	State	Zip Code	Date (MM/DD/YYYY)		
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					

PART E
Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

File Identification Number	Colleen Laird
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Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
Receipt Description					
Full Name					
House #	Street Address				
City	State	Zip Code	Date (MM/DD/YYYY)	S	
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

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

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

3. IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00 (FROM PART E)	
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

Plan 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					
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

Taxpayer Identification Number	Colleen Laird
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Full Name of Contributor				Date (MM/DD/YYYY)	\$
House #	Street Address		Date (MM/DD/YYYY)		
City	State	Zip Code	Date (MM/DD/YYYY)		
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business				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

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

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	Colleen Laird
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To Whom Paid	Animoto	Date (MM/DD/YYYY)	\$	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		
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
--

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)	<input type="checkbox"/> Candidate	<input type="checkbox"/> 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 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/2023	12/31/2023	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	5800	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	5800	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	341.67	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section

Part I- 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 _____ 20_____

Signature

My Commission expires _____
MO. DAY YR.

Signature of Person Submitting report

Printed Name

Area Code Daytime Telephone Number

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

_____ day of _____ 20_____

Signature

My Commission expires _____
MO. DAY YR.

Signature of Candidate

Printed Name

Area Code Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	Friends of Colleen Laird		
1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 375
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	250
All Other Contributions (Part B)		\$	1625
Total for the reporting period		(2)	\$ 1875
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	750
All Other Contributions (Part D)		\$	2800
Total for the reporting period		(3)	\$ 3550
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
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.

Filer Identification Number	Friends of Colleen Laird
-----------------------------	--------------------------

							Amount	
Full Name of Contributing Committee		Friends of Ken Kraft			Date [MM/DD/YYYY]	\$	250	
House #	Street Address		2030 Chester Road		Date [MM/DD/YYYY]	\$		
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$		
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
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.)

Plan Item/Column Number	Friends of Colleen Laird
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Full Name of Contributor	Joseph DiEdwardo	Date (MM/DD/YYYY)	5/4/2023	\$	250
House #	Street Address	Date (MM/DD/YYYY)		\$	
	3435 Dartmouth Drive				
City	State	Zip Code	Date (MM/DD/YYYY)	\$	
Bethlehem	PA	18020			
Full Name of Contributor	Nancy Laird	Date (MM/DD/YYYY)	2/15/2023	\$	250
House #	Street Address	Date (MM/DD/YYYY)		\$	
	1800 Benjamin Franklin Drive, 402				
City	State	Zip Code	Date (MM/DD/YYYY)	\$	
Sarasota	FL	34236			
Full Name of Contributor	Emily Hoffert	Date (MM/DD/YYYY)	2/22/2023	\$	50
House #	Street Address	Date (MM/DD/YYYY)		\$	
	105 E Market Street				
City	State	Zip Code	Date (MM/DD/YYYY)	\$	
Bethlehem	PA	18018			
			4/12/2023	\$	40
			4/20/2023	\$	35
Full Name of Contributor	Kiera Wilhelm	Date (MM/DD/YYYY)	9/5/2023	\$	100
House #	Street Address	Date (MM/DD/YYYY)		\$	
	126 East Market Street				
City	State	Zip Code	Date (MM/DD/YYYY)	\$	
Bethlehem	PA	18018			
Full Name of Contributor	Richard Laird	Date (MM/DD/YYYY)	2/17/2023	\$	100
House #	Street Address	Date (MM/DD/YYYY)		\$	
	24 Riverview Drive				
City	State	Zip Code	Date (MM/DD/YYYY)	\$	
Cohasset	MA	02025			
Full Name of Contributor	Janice Laird	Date (MM/DD/YYYY)	2/16/2023	\$	100
House #	Street Address	Date (MM/DD/YYYY)		\$	
	225 Grand Ave				
City	State	Zip Code	Date (MM/DD/YYYY)	\$	
Blackwood	NJ	08012			

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.)

Plan Identification Number	Friends of Colleen Laird
----------------------------	--------------------------

Full Name of Contributor	Lisa Laird				Date (MM/DD/YYYY)	\$	100
House #	Street Address			218 County Road 519	Date (MM/DD/YYYY)	\$	
City	Phillipsburg	State	NJ	Zip Code	08865	Date (MM/DD/YYYY)	\$
Full Name of Contributor	Katherine Harrington				Date (MM/DD/YYYY)	\$	100
House #	Street Address			6460 Sunset Circle	Date (MM/DD/YYYY)	\$	
City	Coopersburg	State	PA	Zip Code	18036	Date (MM/DD/YYYY)	\$
Full Name of Contributor	Steven Thompson				Date (MM/DD/YYYY)	\$	100
House #	Street Address			895 Wafford Lane	Date (MM/DD/YYYY)	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date (MM/DD/YYYY)	\$
Full Name of Contributor	Matthew Sarro				Date (MM/DD/YYYY)	\$	100
House #	Street Address			2414 Greencrest Drive	Date (MM/DD/YYYY)	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date (MM/DD/YYYY)	\$
Full Name of Contributor	Mark Moss				Date (MM/DD/YYYY)	\$	100
House #	Street Address			360 16th Avenue	Date (MM/DD/YYYY)	\$	
City	Bethlehem	State	PA	Zip Code	18018	Date (MM/DD/YYYY)	\$
Full Name of Contributor	Amy Thompson				Date (MM/DD/YYYY)	\$	100
House #	Street Address			1440 Chelsea Avenue	Date (MM/DD/YYYY)	\$	
City	Bethlehem	State	PA	Zip Code	18018	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
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Full Name of Contributing Committee	Friends of Bob Donchez	Date (MM/DD/YYYY)	3/5/2023	\$	250
House #	Street Address	Date (MM/DD/YYYY)	377 Devonshire Road	Date (MM/DD/YYYY)	5/5/2023
City	State	Zip Code	Bethlehem	PA	18017
Date (MM/DD/YYYY)		Date (MM/DD/YYYY)	9/25/2023	\$	250
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)

Plan Identification Number	Friends of Colleen Laird
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Full Name of Contributor		Sue Larson			Date (MM/DD/YYYY)	\$	1000
House #	Street Address	2607 Pioneer Road			Date (MM/DD/YYYY)	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date (MM/DD/YYYY)	\$
Employer Name		Not Employed			Occupation	Not Employed	
Employer Mailing Address / Principal Place of Business		Not Employed					
Full Name of Contributor		Deborah Laird			Date (MM/DD/YYYY)	\$	250
House #	Street Address	1030 Hardman Avenue			Date (MM/DD/YYYY)	\$	250
City	Napa	State	CA	Zip Code	94558	Date (MM/DD/YYYY)	\$
Employer Name		Not Employed			Occupation	Not Employed	
Employer Mailing Address / Principal Place of Business		Not Employed					
Full Name of Contributor		Evelyn Kane			Date (MM/DD/YYYY)	\$	150
House #	Street Address	2610 Belaire Road			Date (MM/DD/YYYY)	\$	200
City	Bethlehem	State	PA	Zip Code	18017	Date (MM/DD/YYYY)	\$
Employer Name		Not Employed			Occupation	Not Employed	
Employer Mailing Address / Principal Place of Business		Not Employed					
Full Name of Contributor		Jack Kane			Date (MM/DD/YYYY)	\$	150
House #	Street Address	2610 Belaire Road			Date (MM/DD/YYYY)	\$	200
City	Bethlehem	State	PA	Zip Code	18017	Date (MM/DD/YYYY)	\$
Employer Name		Not Employed			Occupation	Not Employed	
Employer Mailing Address / Principal Place of Business		Not Employed					

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.

File Identification Number	Friends of Colleen Laird
----------------------------	--------------------------

Full Name					
House #		Street Address			
City		State	Zip Code		Date (MM/DD/YYYY) S
Receipt Description					
Full Name					
House #		Street Address			
City		State	Zip Code		Date (MM/DD/YYYY) S
Receipt Description					
Full Name					
House #		Street Address			
City		State	Zip Code		Date (MM/DD/YYYY) S
Receipt Description					
Full Name					
House #		Street Address			
City		State	Zip Code		Date (MM/DD/YYYY) S
Receipt Description					
Full Name					
House #		Street Address			
City		State	Zip Code		Date (MM/DD/YYYY) S
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:	Friends of Colleen Laird
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the reporting period	(1)	\$	40

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the reporting period	(2)	\$	301.67

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the reporting period	(3)	\$	0

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)		\$	341.67
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SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

File Identification Number	Friends of Colleen Laird
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Full Name of Contributor		Ashli Novak			Date (MM/DD/YYYY)	\$	150
House #	Street Address		1415 Winston Circle	Date (MM/DD/YYYY)	\$		
City	Bethlehem	State	PA	Zip Code	18018	Date (MM/DD/YYYY)	\$
Description of Contribution		Photos					
Full Name of Contributor		LV4All			Date (MM/DD/YYYY)	\$	151.67
House #	Street Address		P.O. Box 442	Date (MM/DD/YYYY)	\$		
City	Bethlehem	State	PA	Zip Code	18016	Date (MM/DD/YYYY)	\$
Description of Contribution		Mailers					
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

Plan Identification Number	Friends of Colleen Laird
----------------------------	--------------------------

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

SCHEDULE III
Statement of Expenditures

Filer Identification Number	Friends of Colleen Laird
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To Whom Paid	Staples	Date (MM/DD/YYYY)	03/31/2023	\$	54.54
House #	Street Address	2138 W Union Blvd			
City	Bethlehem	State	PA	Zip Code	18018
To Whom Paid	USPS	Date (MM/DD/YYYY)	4/1/2023	\$	126
House #	Street Address	2114 W Union Blvd			
City	Bethlehem	State	PA	Zip Code	18018
To Whom Paid	Working Dog Press	Date (MM/DD/YYYY)	04/27/2023	\$	2300
House #	Street Address	1928 Union Blvd			
City	Allentown	State	PA	Zip Code	18109
To Whom Paid	Working Dog Press	Date (MM/DD/YYYY)	03/29/2023	\$	179.14
House #	Street Address	1928 Union Blvd			
City	Allentown	State	PA	Zip Code	18109
To Whom Paid		Date (MM/DD/YYYY)		\$	
House #	Street Address				
City		State		Zip Code	
To Whom Paid		Date (MM/DD/YYYY)		\$	
House #	Street Address				
City		State		Zip Code	
To Whom Paid		Date (MM/DD/YYYY)		\$	
House #	Street Address				
City		State		Zip Code	
To Whom Paid		Date (MM/DD/YYYY)		\$	
House #	Street Address				
City		State		Zip Code	

SCHEDULE III
Statement of Expenditures

Filer Identification Number	Friends of Colleen Laird
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To Whom Paid	Act Blue	Date (MM/DD/YYYY)	10/23/2023	\$	4.5
House #	Street Address	Description of Expenditure			
	366 Summer Street	Processing Fee Aggregate as of 10/23/2023			
City	State	Zip Code			
Somerville	MA	02144			
To Whom Paid	Dollar Tree	Date (MM/DD/YYYY)	9/5/2023	\$	10.60
House #	Street Address	Description of Expenditure			
	124 Union Boulevard	Decorations			
City	State	Zip Code			
Bethlehem	PA	18018			
To Whom Paid	Stripe	Date (MM/DD/YYYY)		\$	7.29
House #	Street Address	Description of Expenditure			
	354 Oyster Point Boulevard	Processing Fee Aggregate as of 10/23/2023			
City	State	Zip Code			
South San Francisco	CA	94080			
To Whom Paid	Working Dog Press	Date (MM/DD/YYYY)	10/06/2023	\$	179.14
House #	Street Address	Description of Expenditure			
	1928 Union Boulevard	Palm Cards			
City	State	Zip Code			
Allentown	PA	18109			
To Whom Paid	Yurconic Agency	Date (MM/DD/YYYY)	08/09/2023	\$	15.52
House #	Street Address	Description of Expenditure			
	101 N Cedar Crest Boulevard	Notary Services			
City	State	Zip Code			
Allentown	PA	18104			
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 III
Statement of Expenditures

File/Identification Number: Friends of Colleen Laird

To Whom Paid		Act Blue		Date (MM/DD/YYYY)	11/27/2023	\$	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)	11/27/2023	\$	5.73
House #	Street Address			Description of Expenditure			
City		State		Zip Code		Contribution Processing Fees Aggregate 11/7-11/27	
To Whom Paid		John Yurconic Agency		Date (MM/DD/YYYY)	10/27/2023	\$	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			
To Whom Paid				Date (MM/DD/YYYY)		\$	
House #	Street Address			Description of Expenditure			
City		State		Zip Code			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	Friends of Colleen Laird
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To Whom Paid	Working Dog Press	Date (MM/DD/YYYY)	\$	12/06/2023	1540.77
House #	Street Address	1928 Union Boulevard			
City	Allentown	State	PA		Zip Code
					18109
Description of Expenditure	Mailers				
To Whom Paid	Friends of Anna Thomas	Date (MM/DD/YYYY)	\$	12/28/2023	272.55
House #	Street Address	3325 Darien Road			
City	Bethlehem	State	PA		Zip Code
					18020
Description of Expenditure	Closeout/Termination Final Donation				
To Whom Paid	Yurkonic Agency	Date (MM/DD/YYYY)	\$	12/06/2023	16.56
House #	Street Address	101 N. Cedar Crest Boulevard			
City	Allentown	State	PA		Zip Code
					18104
Description of Expenditure	Notary				
To Whom Paid		Date (MM/DD/YYYY)	\$		
House #	Street Address				
City		State			Zip Code
Description of Expenditure					
To Whom Paid		Date (MM/DD/YYYY)	\$		
House #	Street Address				
City		State			Zip Code
Description of Expenditure					
To Whom Paid		Date (MM/DD/YYYY)	\$		
House #	Street Address				
City		State			Zip Code
Description of Expenditure					
To Whom Paid		Date (MM/DD/YYYY)	\$		
House #	Street Address				
City		State			Zip Code
Description of Expenditure					

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.

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