### Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed) Lobbyist Filer Identification Committee Report Filed By Candidate Number (Mark X) Name of Filing Committee, Candidate or Friends of Colleen Laird Lobbyist Street Address 1871 West Union Boulevard City Zip Code 18018 Bethlehem Type of Report (Place x under report type) Special 30 Day Special 2<sup>nd</sup> Friday 6- 30 Day Post 7- Annual 1-6th Tuesday 2-2nd Friday 3-30 Day Post 4-6th Tuesday 5-2nd Friday Post-Election Pre-Election Election Pre-Primary Pre-Primary Pro- Election Primary Pre- Election Termination **Date Of Election** Amendment Year 11/07/2023 2023 Report (MM/DD/YYYY) Report For Office Use Only Summary of Receipts and From Date To Date Expenditures 10/23/2023 6/6/2023 A. Amount Brought Forward From Last Report 571.94 B. Total Monetary Contributions and Receipts 1250 (From Schedule I) C. Total Funds Available \$ 1821.94 (Sum of Lines A and B) D. Total Expenditures \$ 217,05 (From Schedule III) Commonwealth of Pennsylvania - Notary Seal E. Ending Cash Balance \$ 1604.89 Jordan Gunn, Notary Public (Subtract Line D from Line C) Northampton County F. Value of In-Kind Contributions Received My commission expires May 16, 2027 O (From Schedule II) Commission number 1351998 G. Unpaid Debts and Obligations Member, Pennsylvania Association of Notaries 0 (From Schedule IV)

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

# SCHEDULE I Contributions and Receipts

Detailed Summary Page

Friends of Colleen Laird		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	50
2. Contributions of \$50,01 to \$250,00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	500
All Other Contributions (Part 8)	\$	700
Total for the reporting period (2)	\$	1200
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)		
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)	\$	1250

#### 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.

	Friends o	of Colleen Laird			
					Amount
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee	Friends	of Bob Donchez		09/25/2023	250
House #	Street Address	377 Devonshire Ro	oad	Date [MM/DD/YYYY]	\$
City Bethleh	em	State PA	Zip Code 18017	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing	1.5 (0.00)	2000年の大学研究が	Date [MM/DD/YYYY]	\$
Committee	Friends	of Ken Kraft		10/04/2023	250
House #	Street Address	2030 Chester Roa	d	Date [MM/DD/YYYY]	\$
City Bethleh	nem	State PA	Zip Code 18017	Date [MM/DD/YYYY]	\$ 
Full Name of Co Committee	ontributing	**************************************	Page Series and Series and Series	Date [MM/DD/YYYY]	\$ ·
House #	Street Address			Date [MM/DD/YYYY]	\$
City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing	0.0000000000000000000000000000000000000		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$ 
Full Name of Committee	ontributing	1 000 000 000 000 000 000 000 000 000 0	1 (2015) 1 (	Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

#### 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 C	olleen Laird				
Full Name of Co	ontributor			Date [MM/DD/YY	77]   \$	
	Jack Kane		200			
House #	Street Address		Date (MM/DD/YY)	(Y) \$		
		2610 Belaire Road		<u> </u>		
City Bethleh	em	State PA	Zip Code	Date [MM/DD/YY	(Y) \$	Mar
Full Name of Co	ontributor	***************************************		Date [MM/DD/YY)	(Y] \$	
	Evelyn Kan	9		200		
House #	Street Address	2610 Belaire Road		Date [MM/DD/YY)	ryj \$	Maria and an analysis of the second
City Bethleh	nem	State PA	Zip Code 1	Date [MM/DD/YY)	<u>(Y)</u> \$	
Full Name of Co	ontributor	3 994 000 A415 MIN-15		Date [MM/DD/YY)	(Y) S	
	Robert Hop	kins		100		
House #	Street Address			Date (MM/DD/YY)	Y) \$	
		726 W Market Stree	t			
City Bethleh	nem	State PA	Zip Code	Date [MM/DD/YY)	(Y) \$	***************************************
Full Name of Co	10% (15% (15% N. N. 15% A. ASE)			Date (MM/DD/YY)	(Y) \$	en general General Antonoologist Ingeles Com
	Mark Moss			100		
House #	Street Address	360 16th Ave		Date [MM/DD/YY)	YY] \$	4
City Bethleh	em	State PA	Zip Code	Date [MM/DD/YYY	(Y) \$	
Full Name of Co	ontributor			Date [MM/DD/YY)	(X) \$	
	Kiera Wilhel	m		100		
House #	Street Address	126 East Market Str	eel #6	Date (MM/DD/YYY	<u>ry)</u>   \$	
City Bethleh	em	State PA	Zip Code	Date [MM/DD/YY)	<u>(Y)</u> \$	
Full Name of Co	ntrlbutor			Date [MM/DD/YY)	(Y) \$	
House #	Street Address			Date [MM/DD/YY	(Y) \$	
City		State	Zip Code	Date (MM/DD/YY)	<u>(Y)</u> \$	

## 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: Erianda at C	Colleen Laird			
	, mends of C	oncen Land			
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	8
House #	Street Address	TOTAL CONTRACTOR CONTR		Date [MM/DD/YYYY]	\$
City	- 经分别人的股票的股票	State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	<b>\$</b>
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	<b>  5</b>
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee		eny piana makay pianis bahiri ili kaninapi mitana dahaminda bishirini dah	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip 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]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	<b>\$</b>
City	The second secon	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)

ull Name of Co	ntributor		Date [MM/DD/YYYY]	\$		
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	1945 PHENTO(1999-1955)	State	Zip Code	Date [MM/DD/YYYY]		
Employer Name				Occupation		
Employer Maili Principal Place						
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	The Assess Assess	State	Zip Code	Date [MM/DD/YYYY]	s	
Employer Name			Occupation			
Employer Maili Principal Place						
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name	9			Occupation		
Employer Maili Principal Place				Solidanti e rigorio nontitarioni		
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name		THE PROPERTY.	100000 100000 100000 100000 100000 100000 100000 100000 1000000	Occupation		

Employer Mailing Address / Principal Place of Business

#### PART E

### **Other Receipts**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

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

Filer Identificatio	n Number: Friends of C	olleen Laird		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	ption			
Full Name				
House #	Street Address	***************************************	11111	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	ption	**************************************		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	otion			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	rtion (1)	The state of the s		1 222
Full Name				
House #	Street Address			
City		State.	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion	[ POSIBLE VISCON]	The constant of the constant	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion	*		

#### SCHEDULE II

## IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

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

Filer Identification Number: Friends	of Colleen Laird			
UNITEMIZED IN-KIND CONTRI	BUTIONS BECEIVED VALUE	Or 450 00 0	OD LESS BED CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	OR LESS PER CONTRIBUTOR	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01 TO	\$250,00 (F)	FROM PART F)	
TOTAL for the reporting period	(2)	\$	0	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.00	(FROM PAR	RT G)	
TOTAL for the reporting period	(3)	\$	0	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for page 1, Report Cover Page, Item F)			0	

## SCHEDULE II PART F

## In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:

	Friends of Co	lleen Laird			
Full Name of Contri	butor			Date [MM/DD/YYYY]	[5]
House #	Street Address			Date [MM/DD/YYYY]	\$.
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Cont	ribution				
Full Name of Contri	butor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Cont	ribution				
Full Name of Contri	butor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Cont	rlbutlon				
Full Name of Contri	butor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Cont	ribution				
Full Name of Contri	butor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$ 1
City	10 10 10 10 10 10 10 10 10 10 10 10 10 1	State	Zip Code	Date [MM/DD/YYYY]	Š
Description of Contr	lbution				

## SCHEDULE II Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:		
A Luct inclinication (anubet)		
	Established Administration	
	Friends of Colleen Laird	

Full Name of Contributor			Date [MM/DD/YYYY]   \$		
			Date [MM/DD/YYYY] \$		
House # Street Address			Date [MINI/DD/1111]		
City	State	Zip Code	Date [MM/DD/YYYY] \$		
			200.000.41		
Employer Name	12.54 23.54		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	19.50 19.50 19.50		Description		
Place of Business			of Contribution		
Full Name of Contributor			Date [MM/DD/YYYY] \$		
Full Maille of Colltinator					
House # Street Address			Date [MM/DD/YYYY] \$		
City	State	Zip Code	Date (MM/DD/YYYY) \$		
			Occupation		
Employer Name					
Employer Mailing Address / Principal Place of Business			Description of		
Mace of priviless			Contribution		
Full Name of Contributor			Date [MM/DD/YYYY] \$		
House # Street Address			Date [MM/DD/YYYY] \$		
- September 1997 - Sept	State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name			Occupation		
Employer Mailing Address / Principal	1		Description		
Place of Business			of		
			Contribution		

## Statement of Expenditures

FO S MANUE	
Filer Identification Number:	
I Friends of College Laird	
Paragraph of the control of the cont	
Friends of Colleen Laird	

To WI	om Paid						Speed (MANA/mm/VVVVV)	1 6	vi
	iom rana	Act Blue					Date [MM/DD/YYYY] 10/23/2023	\$	4.5
House	#	Street Address					Description of Expand	iture	
		366 Summer Street				passibitan or releans			
City	Somerville		State	МА	Zip Code	02144	Processing Fee Aggregate as of 10/23/2023		
To W	om Pald	Dollar Tree					Date [MM/DD/YYYY]	\$	10.00
							9/5/2023		10.60
House	#	Street Address	124 Union E	Boulevard			Description of Expendi	ture	
City	Bethlehem		State	PA	Zip Code	18018	Decorations		
To Wi	iom Pald	Stripe					Date [MM/DD/YYYY]	\$	7.29
House	#	Street Address 3	54 Oyster	Point Boulev	ard		Description of Expendit	ure	I
City	South San I	Francisco	State	CA	Zip Code	94080	Processing Fee Aggregat	le as	of 10/23/2023
To Wh	om Paid	Marking Dog Brook					Date [MM/DD/YYYY]	\$	470.44
		Working Dog Press	<b>.</b>				10/06/2023		179.14
House	#	Street Address 1	928 Union	Boulevard			Description of Expenditure		
City	Allentown		State	PA	Zip Code	18109	Palm Cards		
To Wh	om Pald	Yurconic Agency					Date [MM/DD/YYYY] 06/09/2023	\$	15.52
House	#	Street Address 101 N Cedar Crest Boulevard				Description of Expendit	ure		
City	Allentown	To a service and	State	PA	Zip Code	18104	Notary Services		
To Wh	om Pald						Date [MM/DD/YYYY]	\$	
House	#	Street Address					Description of Expendit	ure	
City	<u> </u>	[10] 192-99, weep class-self-and filter on [1]	State		Zip Code		Elizabeth consequences and and appropriate and the elizabeth consequences are a second and a sec		
To Who	m Pald						Date [MM/DD/YYYY]	\$	
House !	1	Street Address				***************************************	Description of Expendit	ure	]
City		2000 2000 2000 2000 2000 2000 2000 200	State		Zip Code		Security of the second security of the second secon	533 A.S.	
To Who	m Pald						Date [MM/DD/YYYY]	\$	
House #		Street Address					Description of Expendit	ure	
City			State		Zip Code	***************************************		16/14/2010	

#### SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period. Filer Identification Number: Friends of Colleen Laird

Street Address			Outstanding Balance of Debt
	-	DATE DEBT INCURRED [MM/DD/YYYY]	\$
	State	Zip	
		Cone	
			Outstanding Balance of Debt
Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
1	State	Zip Code	
<b>t</b> (8.8)			
			Outstanding Balance of Debt
Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
	State	Zip Code	
			Outstanding Balance of Debt
Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
	State	Zip Code	
			Outstanding Balance of Debt
Street Address	2000 2001	DATE DEBT INCURRED [MM/DD/YYYY]	S
	State	Zip Code	
			Outstanding Balance of Debt
Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
	State	Zip Code	
	Street Address  Street Address  Street Address	Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address	Street Address    Street Address   DATE DEBT INCURRED [MM/DD/YYYY]

- 110501	TUNE	13565

THIEL VIIII

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

11/111	y and the second se		CONTRACTOR DESCRIPTION	Flied B	AND DESCRIPTION OF THE PARTY OF	legible, it shou	Committee		Lobbyist
lier identification			( Mark						The state of the s
lame of Filing Com	mittee, Can	didate or	Friends	of Colle	en Laird				
treet Address	1.5		1871 V	Vest Uni	on Boulevard				
itγ	Bethleher	m			State	PA .	Zip Code	18018	
Type of Report (Plac	ce x under r	eport type)	Section of the second	a o possas spilledes de Alberto				Special 2 <sup>nd</sup> Friday	Special 30 Day
1-6 <sup>th</sup> Tuesday 2-	2 <sup>nd</sup> Friday e-Primary	8-30 Day Post	4-6 <sup>th</sup> T Pre-El	uesday ection	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Pre-Election	Post-Election
	1 100000 84-0		T	1	X				
Date Of Election (MM/DD/YYYY)	<u> </u>	11/07/2023	Year		2023	Amendment Report		Termination Report	
Summary of Recei	pts and	From Date	1	To Dat			For	Office Use Only	
Expenditures		6/6/2023		10	/23/2023				
A. Amount Brough	t Forward I	From Last Report	\$		.0				
B. Total Monetary (From Schedule I)	Contribution	ons and Receipts	\$		0				
C. Total Funds Ava (Sum of Lines A ar			\$		0				
D. Total Expanditu (From Schadule III	ures		\$		0 , .				
E. Ending Cash Ba	lance rom Lina C)		\$		0			Ivania - Notary Seal	
F. Value of In-Kind (From Schedule II	d Contributi )	1949/1943	\$		0		dan Gunn, No Northampton mission expir		
G. Unpaid Debts a (From Schedule I)	and Obligati	ons	Ś		0	Corr Member, P	ımlssion num		My con Ca Namber,
	The second second				Affidavit S	ection	•		<u> </u>
n i d Mahile in a Co	mmittee repo	ort, treasurer sign h	ierė. If i	his is a C	andidate report, o	andidate sign here		true, correct and comp	lete.

### SCHEDULE I

## **Contributions and Receipts**

Detailed Summary Page

Friends of Colleen Laird	
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)	\$ 0
Total for the reporting period (2)	\$ 0
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)	
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

#### 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		of Colleen Laird		and the state of t	
					Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	<b>S</b>
House #	Street Address			Date [MM/DD/YYYY]	<b>.</b>
City	1.000	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontcibuting	g, www.esepty.com	s converting that set	Date [MM/DD/YYYY]	<b>S</b>
House #	Street Address			Date [MM/DD/YYYY]	
City	1	State	Zip Code	Date [MM/DD/YYYY]	<b>5</b>
Full Name of Co Committee	ontributing	and the second	1 2 2 2 2 2 3	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	I HARRING SARRES I	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Coi Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$ 64 64 64 64 64 64 64 64 64 64 64 64 64
City	e septembries de la constantina della constantin	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Con Committee	ntributing			Date [MM/DD/YYYY]	\$
louse #	Street Address			Date [MM/DD/YYYY]	5
ity	3 No. 2 No. 19 (1971)	State	Zip Code	Date [MM/DD/YYYY]	<b>S</b>

#### 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 Co	lleen Laird			
	7 herida di Od	moon Land			
Full Name of				Date [MM/DD/YYYY]	5
Contributing Co	ommittee				
House #	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	multas			Date [MM/DD/YYYY]	\$
				***************************************	
House #	Street Address			Date [MM/DD/YYYY]	\$
		Transcort .	N-127-24 2888	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date Imm/DD/11111	
Full Name of				Date [MM/DD/YYYY]	S
Contributing Co	ommittee			gerind beginn men innere med felha and 15 - Madel de 1950 ferrang y pepara attended in team (101), it is the selection of	
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Sec. (2014) - Land Challe (2014) - 2014 (2014)	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
nouse #	Street Address			(Satisfall)	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of			T	Date [MM/DD/YYYY]	\$
Contributing Co	ommittee				
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date (MM/DD/YYYY)	\$
Full Name of	Note the second second			Date [MM/DD/YYYY]	<b>S</b>
Contributing Co	ommittee				
House#	Street Address			Date [MM/DD/YYYY]	\$
	574.50				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		1			20.

#### 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: Friend	ds of Colleen Laird		
Full Name of Contributor			Date [MM/DD/YYYY] 5
			Date [MM/DD/YYYY] 5
House # Street Add	lress		Date [MM/DD/YYYY] 5
City	State	Zip Code	Date [MM/DD/YYYY] \$
			Occupation
Employer Name			
Emploγer Malling Address / Principal Place of Business			Date [MM/DD/YYYY] \$
Full Name of Contributor			
House # Street Add	ress		Date [MM/DD/YYYY] \$
	State	Zip Code	Date [MM/DD/YYYY] \$
City	Side	grafisher blad	Occupation
Employer Name			
Employer Mailing Address / Principal Place of Business			Date [MM/DD/YYYY] \$
Full Name of Contributor			Date [MM/DD/YYYY] 5
	ress		Date (illing)
House #   Street Au		Zip Code	Date [MM/DD/YYYY] \$
City	State		Occupation
mployer Name			[2023/2025/2011
Mailing Address /			Date [MM/DD/YYYY] \$
employer Maning Principal Place of Business Full Name of Contributor			Date [MM/DD/YYYY] \$
Street Add	ress		
louse #		Zip Code	Date [MM/DD/YYYY] \$
ity	State	Sylve	Occupation
Name			Name of the state
mployer Name mployer Mailing Address /	100.00		
mployer Mailing Addition of Mailing Addition of 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.

OSC WIIS FAIL W	report returns rece	iveu, interest earned, re	eturnea checks and	phot expelicitures that were retained to an
Filer Identification N	umber: Friends of Co	olleen Laird		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descripti	on			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descripti	lon			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion			
Full Name				
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	lon			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descripti	ion	(	1	L

#### 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			
1. UNITEMIZED IN-KINI	D CONTRIBUTIONS RECEIVED-VAL	UE OF \$50,00 O	OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	d (1)	\$	0	
2. IN-KIND CONTRIBUT	IONS RECEIVED-VALUE OF \$50,01	TO \$250.00 (FF	FROM PART F)	
TOTAL for the reporting perior	d (2)	\$	0	Section 1
3. IN-KIND CONTRIBUT	TION RECEIVED-VALUE OVER \$250	.00 (FROM PAR	RT G)	
TOTAL for the reporting perio	d (3)	\$	0	
B	NTRIBUTIONS DURING THIS REPOR int totals from boxes 1, 2, and 3; a s, Item F)	1 -		
			0	e de la constante de la consta

#### SCHEDULE II PART F

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

VALUE OF \$50.01 TO \$250

В	Filer Identification Number:		
		man a ma	
B		Friends of Colleen Laird	
ŧ		. mando of delicen Edito	
		1	 

Full Name of Co	ontributor			Date [MM/DD/YYYY]	<b>  §</b>
				Date [WINDD/1111]	
House #	Street Address		A TOP CONTROL OF BOTH AND A TOP CONTROL OF THE CONT	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date (MM/DD/YYYY)	\$
Description of	Contribution				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	5
City		[ [a.v.ost	T		
City		State	Zlp Code	Date [MM/DD/YYYY]	\$
Description of	Contribution				
Full Name of Co	A supplied to the contract of			EXTENSION TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO TH	
ruii įvame bi Ci	on tributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of	Contribution				
	2.00				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	<b>S</b> .
City	17 35 4 31 - 421 142 143 143 143	State	Zip Code	Date [MM/DD/YYYY]	\$
	48.44.4				
Description of 0	Contribution				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	ontribution				
	1.00				

## SCHEDULE II Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:	O allowed and			
riterias of	Colleen Laird			
Full Name of Contributor		Date [MM/DD/YYYY]   \$		
For Name of Contributor		Pare (may po) 1,		
11	T	Date [MM/DD/YYYY] \$		
House # Street Address		Date [MMA/DD/1111]		
		The state of the s		
City	State Zip Code	Date [MM/DD/YYYY] \$		
Employer Name		Occupation		
Employer Mailing Address / Principal		Description		
Place of Business		of Contribution		
Full Name of Contributor		Date [MM/DD/YYYY] \$		
House # Street Address	1	Date [MM/DD/YYYY] \$		
	1			
City	State Zip Code	Date [MM/DD/YYYY] \$		
	June			
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] \$		
louse # Street Address		Date [MM/DD/YYYY] \$		
City	State   Zip Code	Date [MM/DD/YYYY] \$		
		233 (1111) 20/11/11		
mployer Name		Occupation		
mployer Mailing Address / Principal Place of Business		Description of		
		Contribution		

# Statement of Expenditures

	·
F11 11 110	
Filer Identification Number:	
in cutoutontinti italiibal!	
	dente de la companya
F	riends of Colleen Laird
	TOTAL OF CONCENT CANA

To Whom Paid				Date [MM/DD/YYYY]	
				oute (Mini Dn) (1111)	111
House #	Street Address			Description of Expend	iture
City		State	2lp		
			Code		
To Whom Pald				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendi	ture
		Sireat Audi 655		Description of Experienced	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address	Street Address		Description of Expenditure	
City		State	Zip		
To Whom Pald			Code		
				Date [MM/DD/YYYY]	\$
House #	ise # Street Address		Description of Expenditure		
City		State	Zip		
		Jiale	Code		
To Whom Pald				Date [MM/DD/YYYY]	\$
House # Street Address			Description of Expendi	lure .	
City		State	Zip		
		State	Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendi	ture
		Portion			
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendi	ture
City		State	Zip		
		Table 11	Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address		Description of Expendi	ture	
City		State	Zip		
		4	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	fon Number: Friends of Colleen Laird	into and obligations	All dividuals and a second	e cina of the reporting periods
Name of Credi	Itor			Outstanding Balance of Debt
House #			nare near Michigaen	
	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	<b>-  \$  </b>
City		State	Zip Code	
Description of	Debt	L. Martin, M. J.	[14] (25-54) (14) (25)	1000
Name of Credi	itor (1999)			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of	Debt	PARASER (WARD, 1959)   1		
Name of Credit	tor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
		- 1	[MM/DD/YYYY]	
City		State	Zip Code	
Description of I	Debt		Code	
Name of Credit	tor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zlp Code	
Description of D	Jebt	was a second department	Processor States	(3,5.45)
Name of Credito	or			Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
ity .		State	Zip Code	
Description of D	ebt			
lame of Credito	y.			Outstanding Balanco of Dobt
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
İty		State	Zip   Code	
escription of De	ebt (1985)			