

# 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"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/07/2023	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
	6/6/2023	10/23/2023	
A. Amount Brought Forward From Last Report	\$	571.94	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">                     Commonwealth of Pennsylvania - Notary Seal                      Jordan Gunn, Notary Public                      Northampton County                      My commission expires May 16, 2027                      Commission number 1351998                      Member, Pennsylvania Association of Notaries                 </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1250	
C. Total Funds Available (Sum of Lines A and B)	\$	1821.94	
D. Total Expenditures (From Schedule III)	\$	217.05	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1604.89	
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

SCHEDULE I  
**Contributions and Receipts**

Detailed Summary Page

Filer Identification Number	Friends of Colleen Laird
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<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>
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Total for the reporting period (1)	\$	50
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<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>
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Contributions Received from Political Committees (Part A)	\$	500
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All Other Contributions (Part B)	\$	700
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Total for the reporting period (2)	\$	1200
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<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>
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Contributions Received from Political Committees (Part C)	\$	0
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All Other Contributions (Part D)	\$	0
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Total for the reporting period (3)	\$	0
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<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>
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Total for the reporting period (4)	\$	0
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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
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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
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							Amount
Full Name of Contributing Committee					Friends of Bob Donchez		\$ 250
					Date [MM/DD/YYYY]		
					09/25/2023		
House #	Street Address			Date [MM/DD/YYYY]			\$
	377 Devonshire Road						
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Friends of Ken Kraft		\$ 250
					Date [MM/DD/YYYY]		
					10/04/2023		
House #	Street Address			Date [MM/DD/YYYY]			\$
	2030 Chester Road						
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]	\$

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.)

<b>Filer Identification Number:</b>	Friends of Colleen Laird
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$
Jack Kane					200	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$
	2610 Belaire Road					
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		\$	
Bethlehem	PA	18017				
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$
Evelyn Kane					200	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$
	2610 Belaire Road					
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		\$	
Bethlehem	PA	18017				
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$
Robert Hopkins					100	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$
	726 W Market Street					
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		\$	
Bethlehem	PA	18018				
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$
Mark Moss					100	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$
	360 16th Ave					
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		\$	
Bethlehem	PA	18108				
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$
Kiera Wilhelm					100	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$
	126 East Market Street #6					
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		\$	
Bethlehem	PA	18018				
<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>		\$	

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				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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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.

Filer Identification Number:	Friends of 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:	Friends of 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)	\$ 0

<b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the reporting period	(2)	\$ 0

<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>		
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)		\$ 0
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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

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

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
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Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	State	Zip Code		\$
City						
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	State	Zip Code		\$
City						
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	State	Zip Code		\$
City						
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	State	Zip Code		\$
City						
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	State	Zip Code		\$
City						
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 checked="" type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/07/2023	Year	2023	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date
		6/6/2023
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

**For Office Use Only**

Commonwealth of Pennsylvania - Notary Seal  
 Jordan Gunn, Notary Public  
 Northampton County  
 My commission expires May 16, 2027  
 Commission number 1351998

Member, Pennsylvania Association 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.

Contributed by  
 Jord  
 N  
 My comm  
 Comm  
 Member, Par

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

<b>Filer Identification Number</b>	Friends of Colleen Laird
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<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>
---

Total for the reporting period (1)	\$	0
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<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>
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Contributions Received from Political Committees (Part A)	\$	0
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All Other Contributions (Part B)	\$	0
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Total for the reporting period (2)	\$	0
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<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>
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Contributions Received from Political Committees (Part C)	\$	0
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All Other Contributions (Part D)	\$	0
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Total for the reporting period (3)	\$	0
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<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>
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Total for the reporting period (4)	\$	0
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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
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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					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 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.

<b>Filer Identification Number:</b>	Friends of Colleen Laird
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<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 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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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.

Filer Identification Number:	Friends of 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:	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)	\$	0
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**2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)**

TOTAL for the reporting period	(2)	\$	0
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**3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)**

TOTAL for the reporting period	(3)	\$	0
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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)		\$	0
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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 #				Date [MM/DD/YYYY]	\$
Street Address					
City		State		Zip Code	
Description of Contribution				Date [MM/DD/YYYY]	\$

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

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

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

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

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

<b>Filer Identification Number:</b>	Friends of 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>Description of Contribution</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>Description of Contribution</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>Description of Contribution</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>Description of Contribution</b>			

SCHEDULE III  
Statement of Expenditures

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