

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

Commonwealth of Pennsylvania
 County of Northampton

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		L		COMMITTEE		X		CANDIDATE		1			
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <u>Friends of Dana Grubb</u>															
STREET ADDRESS <u>2430 Henderson Place</u>															
CITY <u>Bethlehem</u>				STATE <u>PA</u>				ZIP CODE <u>18017 - 4931</u>							
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE				DISTRICT NO.		PARTY		DATE OF ELECTION					
1. PRE-PRIMARY		<u>Mayor Bethlehem City</u>						<u>D</u>		NO.		DAY		YEAR	
2. POST-PRIMARY										<u>05</u>				<u>2021</u>	
3. 30 DAY POST-PRIMARY										FOR OFFICE USE ONLY					
4. PRE-ELECTION															
5. PRE-ELECTION															
6. POST-ELECTION															
7. ANNUAL REPORT															
		DATES OF REPORTING PERIOD				TO									
		CASH BALANCE AT END OF REPORTING PERIOD: \$ _____													
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ _____													
		AMENDMENT REPORTS		YES		NO									
		TERMINATION REPORTS		YES		NO									

AFFIDAVIT SECTION

PART 16
 If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

a - Notary Seal
 Public



Pennsylvania Department of State
 Bureau of Campaign Finance & Civic Engagement
 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements In lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.**

Name of Filing Committee, Candidate, or Lobbyist				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input checked="" type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-Special Election	

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.



Pennsylvania Department of State

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Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

[Redacted signature area]

Commonwealth of Pennsylvania - Campaign Finance Report

Northampton

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Friends of Dana Grubb			
Street Address	2720 Henderson Place			
City	State	Zip Code	15017-4931	
Bethlehem PA				

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)					Year	Amendment Report	Termination Report	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2020	12/31/2020	
A. Amount Brought Forward From Last Report	\$	200.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2600.00	
C. Total Funds Available (Sum of Lines A and B)	\$	2800.00	
D. Total Expenditures (From Schedule III)	\$	27.95	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2772.05	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	300.12	
G. Unpaid Debts and Obligations (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.

(Vertical text, likely a signature or stamp)

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

PART B

All Other Contributions

\$50.01 TO \$250

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

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

Filer Identification Number										
Full Name of Contributor		Joan Schrei			Date (MM/DD/YYYY)		10/01/2020		\$	100.00
House #	Street Address		Barrett Dr.		Date (MM/DD/YYYY)				\$	
City	Bethlehem		State	PA	Zip Code	18017		Date (MM/DD/YYYY)	\$	
Full Name of Contributor		Judith Dexter			Date (MM/DD/YYYY)		01/22/2020		\$	150.00
House #	Street Address		E. Broad St.		Date (MM/DD/YYYY)				\$	
City	Bethlehem		State	PA	Zip Code	18018		Date (MM/DD/YYYY)	\$	
Full Name of Contributor		Michael Palos			Date (MM/DD/YYYY)		11/17/2020		\$	100.00
House #	Street Address		Colony Dr.		Date (MM/DD/YYYY)				\$	
City	Bethlehem		State	PA	Zip Code	18017		Date (MM/DD/YYYY)	\$	
Full Name of Contributor		Stephen Melnick			Date (MM/DD/YYYY)		12/11/2020		\$	250.00
House #	Street Address		Easton Ave		Date (MM/DD/YYYY)				\$	
City	Bethlehem		State	PA	Zip Code	18017		Date (MM/DD/YYYY)	\$	
Full Name of Contributor		Alan J. Bosch			Date (MM/DD/YYYY)		02/24/2020		\$	250.00
House #	Street Address		Buckingham Dr.		Date (MM/DD/YYYY)				\$	
City	Bethlehem		State	PA	Zip Code	18017		Date (MM/DD/YYYY)	\$	
Full Name of Contributor		Thomas Marshall			Date (MM/DD/YYYY)		11/17/2020		\$	250.00
House #	Street Address		Milford Ln		Date (MM/DD/YYYY)				\$	
City	Emmaus		State	PA	Zip Code	18049		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:	
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Full Name of Contributor	Kathy Hunt				Date (MM/DD/YYYY)	\$	250.00
House #	5202	Street Address	Milford Ln		Date (MM/DD/YYYY)	\$	
City	Emmaus	State	PA	Zip Code	18049	Date (MM/DD/YYYY)	\$
Full Name of Contributor	MJC Reed				Date (MM/DD/YYYY)	\$	250.00
House #	1411	Street Address	Elm St.		Date (MM/DD/YYYY)	\$	
City	Bethlehem	State	PA	Zip Code	18017	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:	
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Full Name of Contributing Committee	Jeffrey Zettlemoyer				Date [MM/DD/YYYY]	\$	50000
House #	1304	Street Address	E. 6th St.		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18015	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	Cynthia & Richard Gibbs				Date [MM/DD/YYYY]	\$	500.00
House #	2815	Street Address	Ivanhoe Rd		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]	\$

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)

Efile Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	0
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	
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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					

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

File Identification Number:	
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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 F)	
TOTAL for the reporting period	(2) \$

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the reporting period	(3) \$ 320.12

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)	\$ 320.12
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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

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

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

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

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

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

Description of Contribution:	
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SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor		Deborah Courville		Date [MM/DD/YYYY]	09/29/2020	\$	320.12
House #	637	Street Address	Doolittle Hill Road	Date [MM/DD/YYYY]		\$	
City	Laceyville	State	PA	Zip Code	18623	Date [MM/DD/YYYY]	\$
Employer Name		Self		Occupation	author		
Employer Mailing Address / Principal Place of Business				Description of Contribution	Campaign pens/masks		
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:	
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To Whom Paid		ESSA Bank - (W. Broad office)		Date [MM/DD/YYYY]	02/29/2020	\$	27.95
House #	300	Street Address	Palmer St	Description of Expenditure			
City	Stroudsburg	State	PA	Zip Code	18360-0160	Check order	
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.

File Identification Number:	
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Name of Creditor				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	0
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					