County of NOT + hampton

CAMPAIGN FINANCE STATEMENT

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	CANDIDATE	COMMITTEE	LOBBYST I.
NAME OF FILING COMMITTEE, CANDID	DATE OR LOBBYIST		 		1
Friends	L Dana Grubb	7-24			
STREET ADDRESS	Henderson Pl				
Bethle	lem	STATE		18017	-4913
THE OF KEPOKI	ME OF OFFICE SOUGHT BY CANDIDATE	DIŚTRICT NO.	PARTY		E OF ELECTION DAY
6TH TUESDAY	Magor-Bothlehom City			05	18 2021
PRE-PRIMARY 2ND-PRIMARY PRE-PRIMARY		5 03 DO-1		FORC	EFICE USE ONLY
3. 30 DAY 3. POST-PRIMARY 6THATUESDAY EPRE-ELECTION	CASH BALANCE AT END OF REPORTING PERIOD:	\$ 9382.	<u>35</u>		
2ND FRIDAY 5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:				
30:DAY: POST-ELECTION ANNUAL: REPORT	REPORT.	ио по			
	AFEIDA	VIT SECTION		Land State of State o	

RART I | Estatement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
| It statement is filed on behalf of a Candidate, the Candidate must sign here.
| It statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

SWEER (OR AFFIRM) THAT THE LOCOBERATE DECEMBER OR DISRURSEMENTS OR LIANUTHER WORLD

commonwealth of Pennsylvania Commonwealth of Pennsylvania - Campaign Finance Report County of Northan (Note: This report must be clear and legible. It should be typed) Committee Lobbyist Report Filed By Candidate Filer Identification (Mark X) Number Name of Filing Committee, Candidate or Grubb Lobbyist Street Address Zip Code State City : 18017-4913 Athlelum Type of Report (Place x under report type) Special 2nd Friday Special 30 Day 6-30 Day Post 7- Annual 5- 2nd Friday 2- 2nd Friday 3-30 Day Post 4-6th Tuesday 1-6th Tuesday Pre-Election Post-Election Election Pre-Election Pre-Election Pre-Primary Pre-Primary Primary Termination Amendment Date Of Election Year Report Report (MM/DD/YYYY) For Office Use Only Summary of Receipts and To Date From Date **Expenditures** A. Amount Brought Forward From Last/Report B. Total Monetary Contributions and Receipts (From Schedule I) \$ C. Total Funds Available (Sum of Lines A and B) \$ D. Total Expenditures (From Schedule III) \$ E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received

Affidavit Section

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

\$

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

(From Schedule II)

(From Schedule IV)

G. Unpaid Debts and Obligations

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
The location attorition is	
)	
	·

	•	considerate	
1.Unitemized Contributions and Receipts-\$50.0	0 or Less per Contributor		
	Total for the reporting period (1)	\$	3250)
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committee	es (Part A)	\$	Ø .
All Other Contributions (Part B)		\$	2650.00
	Total for the reporting period (2)	\$	2650.W
3. Contributions Over \$250.00 (From Part C an	d Part D)		
Contributions Received from Political Committe	es (Part C)	\$	Ø
All Other Contributions (Part D)		\$	3800.00
	Total for the reporting period (3)	\$	3200.00
4. Other Receipts-Refunds, Interest Earned, Re	eturned Checks, ETC. (From Part E)		
	Total for the reporting period (4)	\$	13.41
		1	,

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 Cor Committee				Date [MM/DD/YYYY] \$	1
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee			Red CHARLE	Date [MM/DD/YYYY] \$	
House #	Street Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date [MM/DD/YYYY] \$	
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	1.2.2.2.2.2.2.3.2.2.2.2.2.2.2.2.2.2.2.2.	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] \$	
Full Name of Co Committee	ontributing	<u> </u>		Date [MM/DD/YYYY] \$	
House #	Street Address	Đ		Date [MM/DD/YYYY] \$	
City	N. A.	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	<u> </u>	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:	
発展・運動・企業を持ちます。 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Full Name of Contributor	Date [MM/DD/YYYY] \$
Steve 3 Tru Melnick	04/01/2021 250.00
House # Street Address	Date [MM/DD/YYYY] S
House # 1624 Street Address Easton Ave	- 12000 - 1200
	Date [MM/DD/YYYY] \$
BEEN HEAVING THE PARTY OF THE P	Date [MM/DD/YYYY] \$
Full Name of Contributor Jaine + Barry House # Street Address	04/07/2021 100.00
are F Dayry	Date [MM/DD/YYYY] \$
House # Street Address Dreightin Ct.	
City State O Zip Code	Date [MM/DD/YYYY] \$
Statement Branch	Date [MM/DD/YYYY]
Full Name of Contributor	Committee the committee of the committee
Kathleen Ardoline	04/10/2021 10000
House # HOB Street Address Carver Drive City Dribbon State D Zip Code 18017	
1703 Carver DVIVE	Date [MM/DD/YYYY] \$
city Bathlehem State PA Zip Code 18017	CONTRACT AND CONTRACT OF A CON
West Name of Contributors	Date [MM/DD/YYYY] \$
Robin Metzler	04 / 10 /2021 100.00 pate [MM/bb/YYYY] \$
	Date [MM/DD/YYYY] \$
City Bethlehem State PA Zip Code 18017	Date [MM/DD/YYYY] \$
Full Name of Contributor:	Date [MM/DD/YYYY] \$
Fred + Nanci J. Ferselau	04/12/2021 250.00
House # Street Address	04 12 202 250.00
1413 Shollbourne Dr.	
The code	Date [MM/DD/YYYY] \$
Bethelion 12 18018	In the second of
Full Name of Contributor	Date [MM/DD/YYYY] \$
MJ & RL Read	04/27/2021 250.00 pate [MM/bp/YYYY] \$
House # Street Address	Pare IMMAPA/11117
1411 Zlm St.	Date [MM/DD/YYYY] \$\frac{1}{2} \frac{1}{2} \frac{1} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \f
city Bothehern State Pa Zip Code 1807	THE PARTY OF THE P

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.)

Full Name of Contributor Rusey Silver Address Fruil Name of Contributor Rusey Silver Address Fruil Name of Contributor Many Fernances Rouse # 741 Street Address Ro	House # Date IMM/DD/YYYI S Street Address Hencle is on St. Full Name of Contributor: City Bathleham State: PA Zip Gode 200 8014 Date IMM/DD/YYYI S City Bathleham State: PA Zip Gode 200 8014 Date IMM/DD/YYYI S City Bathleham State: PA Zip Gode 200 8014 Date IMM/DD/YYYI S City Bathleham State: PA Zip Gode 200 8014 Date IMM/DD/YYYI S City Bathleham State: PA Zip Gode 200 8014 Date IMM/DD/YYYI S City Bathleham State: PA Zip Gode 200 Date IMM/DD/YYYI S	Filer identification Number:	
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City Both Full Name of Contributor Will am Schervey Date [MM/DD/YYY] Street Address Easton Ave City Both Lom State Pa Zip Code State Mall Rame of Contributor Full Name of Contributor City Both Lom State Pa Zip Code ISU7 Date [MM/DD/YYYY] Supplied Date [MM/DD/YYYY] Supplied Full Name of Contributor Christopher Spacion Date [MM/DD/YYYY] Supplied D	City Both State A Zip Code 18014 Full Name of Contributor William Scherrey House # 1890 Street Address Easton Ave City Both hom Full Name of Contributor Full Name of Contributor Fall Name of Contributor Fall Name of Contributor House # 2 Zip Code 1807 Fall Name of Contributor Fall Name of Contributor Fall Name of Contributor City Both hom Fall Name of Contributor Fall Name of Contributor City Both hom State A Zip Code 1807 Date [MM/DD/YYYY] \$ 10000 Fall Name of Contributor Fall Name of Contributor Fall Name of Contributor City Both hom State A Zip Code 1807 Date [MM/DD/YYYY] \$ 10000 Date [MM/DD/YYYY] \$ 10000	2741 GAREVINE C.F.	2000 2000 2000
Full Name of Contributor. Full Name of Contributor. William Scheifer Address Date [MM/DD/YYY] \$ \$ \$ \$ \$ \$ \$ \$ \$	Full Name of Contributor House # 1890 Street Address Eashon Ave City Bathleham State Pa Zip Code 1807 Full Name of Contributor Full Name of Contributor Full Name of Contributor House # 21p Code 1807 Full Name of Contributor State Pa Zip Code 1807 Date [MM/DD/YYYY] \$	City State CA Zip Code 18014	Date [MM/DD/YYYY] \$
House # 890 Street Address Easton Ave City Bethelom State PA Zip Code 18U8 Full Name of Contributor House # Street Address City Bethelom State PA Zip Code 18U8 Date [MM/DD/YYYY] \$ 100.00 House # Street Address Full Name of Contributor City Bethelom Days Full Name of Contributor Full Name of Contributor City Bethelom Days Full Name of Contributor City Bethelom Street Address Full Name of Contributor Christopher Spaden Date [MM/DD/YYYY] \$ 100.00	House # Street Address Easton Ave City Bethle Lam State PA Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor City: Bethle ham State PA Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor Full Name of Contributor City: Bethle ham State PA Zip Code BUT Full Name of Contributor Full Name of Contributor City: Bethle ham State PA Zip Code BUT Full Name of Contributor Full Name of Contributor City: Bethle ham State PA Zip Code BUT Full Name of Contributor City: Bethle ham State PA Zip Code But PA Date [MM/DD/YYYY] \$ Full Name of Contributor City: Bethle ham State PA Zip Code But PA Date [MM/DD/YYYY] \$ Full Name of Contributor City: State PA Zip Code But PA Date [MM/DD/YYYY] \$ Full Name of Contributor Chys to pher Spaden Bate [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	Let 11 September 1	Date [MM/DD/YYYY] \$
House # Street Address Date [MM/DD/YYYY] S	House # State Address Date [MM/DD/YYYY] S. Full Name of Contributor Paul Pa		04/17/2021 /50.00
State Participation Part	State Pa Zip Code Date [MM/DD/YYYY] S	House # Charact Address	Date (MM/DD/YYYY) \$
Eity Betheron PA Zip Code SUS Date [MM/DD/YYY] \$ Full Name of Contributor Hullis Hum me Date [MM/DD/YYY] \$ House # Street Address Date [MM/DD/YYY] \$ City Betheron Days Date [MM/DD/YYY] \$ Full Name of Contributor Date [MM/DD/YYY] \$ Full Name of Contributor Date [MM/DD/YYY] \$ City Betheron Days Date [MM/DD/YYY] \$ City Betheron Days Date [MM/DD/YYY] \$ Full Name of Contributor Date [MM/DD/YYYY] \$ Full	Full Name of Contributor Full Name of Contributor State A Zip Code SU/8 Date [MM/DD/YYYY] \$	1890 Easton Ave	
Full Name of Contributor. Full Name of Contributor. House # Street Address City: Bathle hem State Ra Zip.Code 1827 Full Name of Contributor Full Name of Contributor Full Name of Contributor City: Bathle hem State Ra Zip.Code 1827 Full Name of Contributor Full Name of Contributor City: Street Address Full Name of Contributor Street Address City: Street Address City: Street Address Street Address Chylis: Topher Spacion Date [MM/DD/YYYY] \$ Chylis: Topher Spacion Date [MM/DD/YYYY] \$	Full Name of Contributor	State Zip Code	Date [MM/DD/YYYY] \$
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Bayard State Paragraphic State Paragraphic Par	Full Name of Contributor State Paragraphic Paragra	Hullis Hummel	04/13/2021 100.00
State Fall Name of Contributor State Fall Name of Contributor Street Address Date [MM/DD/YYYY] S Date [MM/DD/Y	State Part	House # Street Address	Date [MM/DD/YYYY] \$
State Fall Name of Contributor State Fall Name of Contributor Street Address Date [MM/DD/YYYY] S Date [MM/DD/Y	State Part		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Full Name of Contributor House # Street Address Hart St. City Betholom State Parisip Code Date [MM/DD/YYYY] \$ Full Name of Contributor. Date [MM/DD/YYYY] \$	Full Name of Contributor House # Street Address City Betholom State Pa Zip Code Full Name of Contributor Chystopher Spadon Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Full Name of Contributor Chystopher Spadon Date [MM/DD/YYYY] \$ City Street Address Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	City State Zip Code	Date [MM/DD/YYYY] S
House # Street Address Hart St. City Both Lem Pa Zip Code 1877 Full Name of Contributor. Christopher Spadeni Date [MM/DD/YYYY] \$ Whouse # Street Address 1473 202 100.00	House # Street Address Hart St. City Botholom State Pa Zip Code Date [MIM/DD/YYYY] \$ Full Name of Contributor Date [MIM/DD/YYYY] \$ Full Name of Contributor Date [MIM/DD/YYYY] \$ House # Street Address Date [MIM/DD/YYYY] \$ House # Street Address Date [MIM/DD/YYYY] \$ City State Zip Code Date [MIM/DD/YYYY] \$ City State Zip Code Date [MIM/DD/YYYY] \$		
House # Street Address Hay + St. City Betholom Par Zip Code WT Date [MIM/DD/YYYY] St. Full Name of Contributor Date [MIM/DD/YYYY] St. House # Street Address Street Address Date [MIM/DD/YYYY] St.	House # Street Address Date [MIM/DD/YYYY] \$ City Both Community State Part State Date [MIM/DD/YYYY] \$ Full Name of Contributor. Date [MIM/DD/YYYY] \$ Chys to pher Spaden Date [MIM/DD/YYYY] \$ Phouse # 143 Street Address Date [MIM/DD/YYYY] \$ City State Zip Code Date [MIM/DD/YYYY] \$	是 医神经病 (1995年1975年1975年1975年1975年1975年1975年1975年	
City Botholom Pa Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor. Christopher Spadeni Date [MM/DD/YYYY] \$ House # 1413 Street Address Easton Ave.	City BAHOLOM FA Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributor. Christopher Spadeni Date [MM/DD/YYYY] \$ House # Street Address Saston Ave. City State Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	23350 MAY 133 M	07/03 202
City Both Cham State Pa Zip Code 1807 Date [MM/DD/YYYY] \$ Full Name of Contributor. Chars to pher Spaden Date [MM/DD/YYYY] \$ House # 1413 Street Address Saston Ave.	City BHNOLOM FA Zip Code 1807 Full Name of Contributor. Christopher Spaden Date [MM/DD/YYYY] \$ House # Street Address Saston Ave. City State Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	House # 2003 Street Address Hav+ St.	\$500 mm. \$700 mm. \$700 mm.
Full Name of Contributor. Christopher Spadeni Date [MM/DD/YYYY] \$ House # Street Address Saston Ave.	Full Name of Contributor. Christopher Spadeni Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Phouse # Street Address Street Address City State Date [MM/DD/YYYY] \$	City State Zip Code	Date [MM/DD/YYYY] \$
Christopher Spadeni 04/05/2021 100.00 House # 143 Street Address Easton Ave.	Christopher Spadeni 04/05/2021 100.00 House # 143 Street Address Easton Ave. City City State Display Street Address Date [MM/DD/YYYY] \$		Date [MW/DD/YYYY] \$
House # 143 Street Address Easton Ave.	City Date [MM/DD/YYYY] S	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
1413 Zaston tve	City Date [MM/DD/YYYY] S	House # Street Address	Date (MM/DD/YYYY) 5
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City Rethlologo State PA INDICORE INDICORE	With the state of		Date [MIM/DD/XXXY]

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.)

Nier Remonation Aumority		·
Full Name of Contributor	Date [MM/DD/YYYY] \$	
Ziona Brotleit	04/12/2021	100.00
House# 917 Street Address Second Av.	Date [MM/DD/YXYX] \$	
字字字字		77 94 85
Bethlehem State PA Zipcode 1845.	Date [MM/DD/YWY] \$	
Full Name of Contributor	Date [MM/BD/YYYY] \$	
TimFax 3 Michael Beleti	04/11/2021	ω . ω
House # Street Address	Date [MM/DD/YYYY] S	24. 24.
Days Henslerson St		
BATHLE Lem PA ZD CODE 18017	Date [MM/DD/YYYY]	
Full Name of Contributor	Date [MM/DD/YYYY]	
Tim Grebs	04/13/2021	100.00
House # Street Address	Date [MM/DD/YYYY]	
714 S. Spring Kd		
Emhurst State IL Zip Code 6012L	Date [MM/DD/YYYY]	
Secretary Programmes and Control of the Control of	. <u>陈</u>	
Full Name of Contributor	Date [MM/DD/XYYY]	<u>162</u>
House # Street Address St.	04/28/2021 Date MM/DD/YYYY	100.00
House # 401 Street Address E Washington Ave.	Date Initity DDJ FFFF	
City Zip Code	Date [MM/DD/YYYY]	
Bothlehom. BA 18017		
Full Name of Contributor	Date [MM/DD/YYYY]	
Ann L Engle	05/63/2021	100.00
House # Street Address	Date (MM/DD/YYY)	
8876 Breng Kun		
Breinissville State /4 ZD. Code 1831	Date [VIM/DD/YXY]	
Full Name of Contributor	Date [MM/DD/YYY]	
William Mapis,	05/03/2021	250.00
THE PARTY OF THE P		\$
782 Public Rd		
Bethleten State PA Zip Code 18015	Date [MM/DD/YYY]	5

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:				
	Subject of the				
Company of the Company				Project from the first from the continuous and the	
Full Name of Contributing Con				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	1
				100 mg	
City		State	Zip/Code	Date [MM/DD/YYYY]\$	
Full Name of	W 10 10 10 10 10 10 10 10 10 10 10 10 10	3. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	pa要用等(100-10)的	Date [MM/DD/YYYY] \$	
Contributing Cor	mmittee			・ 	
House #	Street Address			Date [MM/DD/YYYY] \$	
		1		(表)	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of				Date [MM/DD/YYYY] \$	
Contributing Co					
House #	Street Address	Made and the second of the sec		Date [MM/DD/YYYY] \$	
Maria de la compania del compania de la compania de la compania del compania de la compania del la compania del la compania de la compania del la compani	All popular				
City		State	ZIP Code	Date [MM/DD/YYYY] \$	
Full Name of				Date [MM/DD/YYYY] \$	
Full Name of Contributing Col				Day Bulling To	
House #	Street Address	ţ		Date [MM/DD/YYYY] \$	
		l			
City	2 −1 ₹ / . tm	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	3327			Date [MM/DD/YYYY] \$	
Contributing Co	mmittee				
House #	Street Address			Date [MM/DD/YYYY] \$	
	100 A				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co			, L	Date [MM/DD/YYYY] \$	
	*학생생님 기기				-
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Manual A. V. Santa	State	Zip Code	Date [MM/DD/YYYY] \$	
				2.000 (200 Tenne 100 Tenne	

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:

		-7-to
Full Name of contributor Robert Plenning	Date [MM/DD/YYYY] 04 08 202	; icco.co
House # Street Address	1	\$
2830 Lunden St. 7A		
Bathlehem state PA zip code 1807	1 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$
Employer Name	Occupation	
Employer Mailing Address / Principal Place of Business	2	
Full Name of Contributor	Date [MM/DD/YYYY]	\$
Breen; Holland	04/04/2021	₹00.00
House # 379 Street Address Carrer Drive	Date [MM/DD/YYYY]	\$ 100 mg
City Bethlehem State PA Zip Gode 18017	Date [MM/DD/YYYY]	5
Employer Name Lekith University.	Occupation	Professor
Employer Mailing Address / 27 Me monal Dr. W Beth!	/)	
Full Name of Contributor:	Date [MM/DD/YYYY]	
Fank Nheie	04/15/2021	\$500.00
House # 3993 Street Address Autumn Ridge Rd	Date [MM/DD/YYYY]	15. 16 17
Bothlehem State PA Zip Gode 18017	Date [MM/DD/YYYY]	
Employer Name Marma Nings	Occupation awner	
Employer Mailing Address / 546 Mans. Buthle hom	PA 18018	*
Full Name of Contributor		37
Dominic Villani	04/23/2021	1000.00
House # 709 Street Address Lennings St.	Date [MM/DD/YYYY]	*\$
City Bothlehem State PA Ziji Code 18017	Date [MM/DD/YYYY]	**
Employer Name	- Occupation	<u> </u>
Exployer Mailing Address / Self-emplred	上 專用 Duk	br
Principal Place of Business Sama a Dove		

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:

Full Name of Contr	ibutor	λ ,		Date [MM/DD/YYYY]	S.
	tieta, granul	Augush		04/26/2021	50000
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city Bath	lehem	State PA	Zip.Code 18020	Date [MM/DD/YYYY]	\$ %
Employer Name	4	onequell		Occupation Selut	ions Architect
Employer Mailing A			St Trenton 1	NJOB618	
Full Name of Conti	ributor		,	Date [MM/DD/YYYY]	\$
	Steve	nDiamo	ond	04/28/2021	500.00
House # 425	Street Address	Jenter St	7	Date [MM/DD/YYYY] (%)	\$
city Bey	hlehem	State PA	2ip Code 1801 &	Date [MM/DD/YYYY]	\$
Employer Name			<u> </u>	Occupation Drus	,
Employer Mailing	Address /	501/	National Control of the Control of t	Drys.	(Clan
Principal Place of I	Business	Same as	a bove		
Full Name of Cont	ributor			Date [MM/DD/YYYY]	*\$

House #	Street Address	•		Date [MM/DD/YYYY]	\$
				:	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	igeria de establica	Kentan		-Occupation	PALATE
Employer Mailing Principal Place of					
Full Name of Cont	CONTRACTOR AND A STREET OF THE			Date [MM/DD/YYYY]	
				The Section of the Se	
House #	Street Address			Date [MM/DD/YYYY]	
City	(基础) (概述是 2000年)	«State»	Zip Code	Date [MM/DD/YYYY]	\$ \$ \$
			要要を表示します。 数は名かでは次す というを表示する。		
Employer Name				Occupation -	
Eigployer Mailing Principal Place of					

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				
TOTAL STATE OF THE				
Full Name	Vantiv Fe	op cycl	1+	
House#	treet Address		~	
City		State	Zip	Date [MM/DD/YYYY] \$ 72 H
			Code	73.41
Receipt Description	Meximant	card or	east-offered	J thru ESSA Bank
Full Name				
House #	Street Address			·
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Code	F
Full Name				
House #	Street Address			
City		State	Zip Code	Date [WM/DD/YYY]. \$
				123
Receipt Description	(1955) 1940년 1958년			
Full Name				
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
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Receipt Description				
Full Name				
House #	Street Address	-		
City	10 10 10 10 10 10 10 10 10 10 10 10 10 1	State	Zip Code	Date [MM/DD/YYYY] \$
	Andrew Comments of the Comment	Committee of the commit	Total	
Receipt Description	(1년) 시 전환 조건 등			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	Unit of the control o		COUC	

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:			
1: UNITEMIZED IN-KIND CONTRIE	SUTIONS RECEIVED+VA	LUE OF \$50.00 OI	R LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	Ø
2. IN-KIND CONTRIBUTIONS RECE	EIVED-VALUE OF \$50.0)1 TO \$250.00 (FR	OM PART E)
A special form within the control of the property of the control o			Heropy (1997) with the property of the state
TOTAL for the reporting period	(2)	\$	139.00
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$25	0.00 (FROM PAR	
TOTAL for the reporting period	(3)	\$	1765.00
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)		3 ' [1904.00

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

The state of the control of the state of the	
Filer Identification Number:	

Full Name of Contribu	for 4			Date [MM/DD/YYYY]	\$	
	Frim	Guibb	•	,,,		120 22
		الماري الماري				139.00
House #	Street Address	1 1	$\overline{}$	Date [MM/DD/YYYY]	\$	
City Both		tenderso	n Place			
City	· Í	State O	Zip Code	Date [MM/DD/YYYY]	\$	
15eth	lelvem	14	1807			
Description of Contrib		Dostage	1807 - 3 notary fee	25		
Full Name of Contribu	itor		,	Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contril					postár Palsa	
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contri	bution	1	1		1	
Full Name of Contrib	utor	an pagas manggan da da kanggan paggan ng dan sa kanggan da		Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
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Description of Contribution						
Full Name of Contrib	utor	en e		Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Court	L			<u> </u>	<u>L</u> _	
Description of Contribution						

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

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Filer Identification Number:	
Filer Identification Number	
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Full Name of Contributor	Specification (State of the property of the least of the control o
Extraordinate Charles and the Secretary of the Secretary	Date [MM/DD/YYYY] \$
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	04/26/2021 1765.00
House # Street Address	Date [MM/DD/YYYY] \$
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1 	1997 操作者
City State Zip Code	Date [MM/DD/YYYY] \$
Emmas State PA Zip Code 1804	2. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
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Employer Mailing Address / Principal	Description DWTU3 VICLO
Place of Business Principal Same as a boxe	programme y vices
	Contribution WOYL
Full Name of Contributor	Date [MM/DD/YYYY]
	The state of the s
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House # Street Address	Date [MM/DD/YYYY] \$
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And the state of t	
College State State	Date [MM/DD/YYYY] \$
City State Zip Code	
	€ 1.4 7.1.
[일시 부자]	Occupation
Employer Name	
Employer Mailing Address / Principal	Description
Place of Business	of
	Contribution
	State of the state of the Fact of the State
Full Name of Contributor	Date [MM/DD/YYYY] \$
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House # Street Address	Date [MM/DD/YYYY] \$
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Employer Name	Occupation
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Employer Mailing Address / Principal	Description
Employer Mailing Address / Principal Place of Business	Description of
Employer Mailing Address / Principal Place of Business	Description of Contribution
Employer Mailing Address / Principal Place of Business Full Name of Contributor	Description of
Employer Mailing Address / Principal Place of Business Full Name of Contributor	Description of Contribution
Employer Mailing Address / Principal Place of Business Full Name of Contributor	Description of Contribution Date [MM/DD/YYYY]
Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address	Description of Contribution
Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address	Description of Contribution Date [MM/DD/YYYY]
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Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address City State Zip Code	Description of Contribution Date [MM/DD/YYYY] Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation

Statement of Expenditures

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To Whom Paid	Date [MM/DD/YYYY] \$
limes News	04/02/2021 495.24 Description of Expenditure
House # Street Address PUBAY 298	Description of Expenditure
City State Zip	
talmerton ItA Gode 18071	Ads-Bath Press; LVPress
To Whom Paid () C ()	Date [MM/DD/YYYY] \$
Bethlehem Buscness Farms	04/02/2021 421.88
House # Street Address DB4 H250	Description of Expenditure
City Bothlolum State +A Code 18018	Doorhanses
To Whom Paid	Date [MM/DD/YYYY) \$
Bethleton RaisinessTorms	04/02/2021 475.94
House # Street Address Po Box H250	Description of Expenditure
Bethlehem State PA Code 18018	Masks
To Whom Paid	Date [MM/DD/YYYY] \$
Lerugh County Democratic Committee	04/06/2021 300,00
House # 6460 Street Address Red Juns + Cir	Description of Expenditure
City Coopers Mary State PA Code 18036	walking lists
To Whom Paid	Date [MM/DD/YYYY] \$
Byhlohem Exernos Forms	04/10/2021 99.64
Byhlehem Kurnoss Forms	
House # Street Address PO Box 4250 City State District Policy State District Policy P	04/10/2021 99.64
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Statement of Expenditures

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To Whom Paid		, , , , ,		Date [MM/DD/YYYY] \$
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			Description of Expenditure	
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city Symn	res Twp	State OH	Zip Code 45349	Service Charges
To Whom Paid		trin (table and fact)		Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
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House #	Street Address	and all the second seco		Description of Expenditure
City	1,5445	State	Zip	
			Code	
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-City		State	Zip	
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House #	Street Address			Description of Expenditure
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City		State	Zip	
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		· · · · · · · · · · · · · · · · · · ·	Code	
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City		State	-Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
			2	
House #	Street Address			Description of Expenditure
City		State	Zîp Code:	
3. T M	- Paranta - Para	J 	[44-14-1777] 18-14-1	

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 Num	ber:		
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	.
		And the state of t	
Clty		State Zip Code	
Description of Debt	All Control of the Co	1 very 1 Resident	kiin, L.
Name of Creditor			Outstanding Balance of Debt
House #	Street-Address	DATE DEBT INCURRED	**************************************
	Record Commence of	[MM/DD/YYYY]	5
City.		State Code	
Description of Debt	Samuel and the same and the sam	1.28	Jii J
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Name of Creditor	* Comment	14:22 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	* \$
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City		State Zip -Code	32
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Name of Creditor	######################################		Outstanding Balance of Debt
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City		State Zip Code	
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Name of Creditor		,	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	
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City	Manufacture of the Control of the Co	State Zip Code	
Description of Debt		1 South State of the state of t	1.311
Name of Creditor			Qutstanding Balance of Debt
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City	minus de la companya	State Zip	
Description of Debt	THE PART OF THE PA	Code	\[\frac{\tau_{i}}{\tau_{i}} \]
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