

**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 <input type="checkbox"/>	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST <input type="checkbox"/>														
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <u>Friends of Dana Grubb</u>																		
STREET ADDRESS <u>2420 Henderson Pl.</u>																		
CITY <u>Bethlehem</u>	STATE <u>PA</u>	ZIP CODE <u>18017-4913</u>																
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <u>Mayor - Bethlehem City</u>	DISTRICT NO.	PARTY	DATE OF ELECTION														
				MO.	DAY	YEAR												
1. 6TH TUESDAY PRE-PRIMARY	DATES OF REPORTING PERIOD <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>MO.</td><td>DAY</td><td>YEAR</td> <td>TO</td> <td>MO.</td><td>DAY</td><td>YEAR</td> </tr> <tr> <td><u>03</u></td><td><u>30</u></td><td><u>2021</u></td> <td></td> <td><u>05</u></td><td><u>03</u></td><td><u>2021</u></td> </tr> </table> CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>9382.25</u>  TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>	MO.	DAY	YEAR	TO	MO.	DAY	YEAR	<u>03</u>	<u>30</u>	<u>2021</u>		<u>05</u>	<u>03</u>	<u>2021</u>			
MO.		DAY	YEAR	TO	MO.	DAY	YEAR											
<u>03</u>		<u>30</u>	<u>2021</u>		<u>05</u>	<u>03</u>	<u>2021</u>											
2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/>																		
3. 30 DAY POST-PRIMARY																		
4. 6TH TUESDAY PRE-ELECTION																		
5. 2ND FRIDAY PRE-ELECTION																		
6. 30 DAY POST-ELECTION																		
7. ANNUAL REPORT																		
				FOR OFFICE USE ONLY														

**AFFIDAVIT SECTION**

**PART I -**  
 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.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT

3 - Notary Seal  
 Public

# Commonwealth of Pennsylvania - Campaign Finance Report

County of Northampton

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Dana Grubb					
Street Address		2420 Henderson Pl					
City	Bethlehem	State	PA	Zip Code	18017-4913		

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year		Amendment Report		Termination Report		<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	03/30/2021	05/03/2021	
A. Amount Brought Forward From Last Report	\$	9053.42	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	6848.41	
C. Total Funds Available (Sum of Lines A and B)	\$	15901.83	
D. Total Expenditures (From Schedule III)	\$	6519.58	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	9382.25	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	1904.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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 order, is to the best of my knowledge and belief true, correct and complete.

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

Filer Identification Number			
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	325.00
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	Ø
All Other Contributions (Part B)		\$	2650.00
Total for the reporting period	(2)	\$	2650.00
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	Ø
All Other Contributions (Part D)		\$	3800.00
Total for the reporting period	(3)	\$	3800.00
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period	(4)	\$	73.41
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>		\$	6878.41

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]	\$	/
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					Date [MM/DD/YYYY]	\$	
Steve & Tru Meinick					04/01/2021	\$	250.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
1624	Easton Ave						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Bethlehem	PA	18017					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Janet Barry					04/07/2021	\$	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
2402	Dreighton Ct.						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Bethlehem	PA	18020					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Kathleen Ardoline					04/10/2021	\$	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
403	Carver Drive						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Bethlehem	PA	18017					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Robin Metzger					04/10/2021	\$	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
401	Carver Drive						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Bethlehem	PA	18017					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Fred + Nancy J. Fenselau					04/12/2021	\$	250.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
1413	Sholbourne Dr.						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Bethlehem	PA	18018					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
MJ & RL Reed					04/27/2021	\$	250.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
1411	Elm St.						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Bethlehem	PA	18017					

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					Date [MM/DD/YYYY]	\$	
Rusty Sullivan					04/01/2021		200.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
002	Henderson St.						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Bethlehem	PA	18017					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Maria Fernandes					04/09/2021		200.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
2741	Superior Ct.						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Bethlehem	PA	18014					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
William Scherrier					04/17/2021		150.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
1890	Easton Ave						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Bethlehem	PA	18018					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Phyllis Hummel					04/13/2021		100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
1631	Bayard St.						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Bethlehem	PA	18017					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Kathleen Daus					04/03/2021		100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
2003	Hart St.						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Bethlehem	PA	18017					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Christopher Spadoni					04/05/2021		100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
1413	Easton Ave						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Bethlehem	PA	18018					

## 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					Date [MM/DD/YYYY]	\$	
Ziona Brotlett					04/12/2021	\$	100.00
House #	Street Address		Date [MM/DD/YYYY]		\$		
912	Second Av.				\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Bethlehem	PA	18015			\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Tim Fox & Michael Beletti					04/11/2021	\$	100.00
House #	Street Address		Date [MM/DD/YYYY]		\$		
2243	Henderson St.				\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Bethlehem	PA	18017			\$		
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 Rd				\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Emhurst	IL	60126			\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Richard Beligitz					04/28/2021	\$	100.00
House #	Street Address		Date [MM/DD/YYYY]		\$		
406	E Washington Ave.				\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Bethlehem	PA	18017			\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Ann L Engle					05/03/2021	\$	100.00
House #	Street Address		Date [MM/DD/YYYY]		\$		
8876	Breinig Run				\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Breinigsville	PA	18031			\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
William Majors					05/03/2021	\$	250.00
House #	Street Address		Date [MM/DD/YYYY]		\$		
782	Public Rd				\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Bethlehem	PA	18015			\$		

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:	
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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	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Robert Pfenning					04/08/2021		1000.00
House #	Street Address	Date [MM/DD/YYYY]		\$			
2830	Linden St. 7A						
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Bethlehem	PA	18017					
Employer Name					Occupation		
Retired							
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Breana Holland					04/04/2021		300.00
House #	Street Address	Date [MM/DD/YYYY]		\$			
379	Carrer Drive						
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Bethlehem	PA	18017					
Employer Name					Occupation		
Lehigh University					Assoc. Professor		
Employer Mailing Address / Principal Place of Business							
27 Memorial Dr. W Bethlehem PA 18015							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Frank Nhele					04/15/2021		\$500.00
House #	Street Address	Date [MM/DD/YYYY]		\$			
3993	Autumn Ridge Rd						
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Bethlehem	PA	18017					
Employer Name					Occupation		
Mama Ninas					owner		
Employer Mailing Address / Principal Place of Business							
546 Main St. Bethlehem PA 18018							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Dominic Villani					04/23/2021		1000.00
House #	Street Address	Date [MM/DD/YYYY]		\$			
709	Jennings St.						
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Bethlehem	PA	18017					
Employer Name					Occupation		
Self-employed					Builder		
Employer Mailing Address / Principal Place of Business							
Same as above							

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:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
John Augustino					04/26/2021	500.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
09154	Stanbridge Ct.					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Bethlehem	PA	18020				
Employer Name				Occupation		
Honeywell				Solutions Architect		
Employer Mailing Address / Principal Place of Business						
560 Park St Trenton NJ 08618						

Full Name of Contributor					Date [MM/DD/YYYY]	\$
Steven Diamond					04/28/2021	500.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
425	Center St					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Bethlehem	PA	18018				
Employer Name				Occupation		
Self				Physician		
Employer Mailing Address / Principal Place of Business						
Same as above						

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:	
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Full Name	Vantiv Fee credit						
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$ 73.41
Receipt Description	Merchant card credit - offered thru ESSA Bank						
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:	
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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)	\$	139.00
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**3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)**

TOTAL for the reporting period	(3)	\$	1765.00
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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)		\$	1904.00
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SCHEDULE II  
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Dana Grubb							139.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
2400	Henderson Place						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Bethlehem	PA	807					
Description of Contribution							
postage & notary fees							

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:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
Lisa Lake					04/26/2021	1765.00
House #	Street Address				Date [MM/DD/YYYY]	\$
6201	Acorn Dr.					
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Emmraus	PA	1804				
Employer Name					Occupation	
Self					Photographer	
Employer Mailing Address / Principal Place of Business					Description of Contribution	
Same as above					photo & video work	
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

Filer Identification Number:

To Whom Paid		Times News			Date [MM/DD/YYYY]	\$	495.24
House #	Street Address	PO Box 298			Description of Expenditure		
City	Palmerton	State	PA	Zip Code	18071	Ads - Beth Press, LV Press	
To Whom Paid		Bethlehem Business Forms			Date [MM/DD/YYYY]	\$	421.88
House #	Street Address	PO Box 4250			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Door handles	
To Whom Paid		Bethlehem Business Forms			Date [MM/DD/YYYY]	\$	475.94
House #	Street Address	PO Box 4250			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	masks	
To Whom Paid		Lehigh County Democratic Committee			Date [MM/DD/YYYY]	\$	300.00
House #	Street Address	6460 Red Sunset Cir			Description of Expenditure		
City	Coopersburg	State	PA	Zip Code	18036	working lists	
To Whom Paid		Bethlehem Business Forms			Date [MM/DD/YYYY]	\$	99.64
House #	Street Address	PO Box 4250			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Buttons	
To Whom Paid		Bethlehem Business Forms			Date [MM/DD/YYYY]	\$	739.88
House #	Street Address	PO Box 4250			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	masks	
To Whom Paid		Bethlehem Business Forms			Date [MM/DD/YYYY]	\$	3769.74
House #	Street Address	PO Box 4250			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	postcard mailing	
To Whom Paid		Lisa Lake Photo & Design LLC			Date [MM/DD/YYYY]	\$	20000
House #	Street Address	6201 Acorn Dr.			Description of Expenditure		
City	Emmaus	State	PA	Zip Code	18049	photo & videos	

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid	ActBlue - World Pay LLC			Date [MM/DD/YYYY]	\$	17.26
House #	8520	Street Address	Governors Hill Dr	Description of Expenditure		
City	Symmes Twp	State	OH	Zip Code	45249	Service Charges
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:	
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Name of Creditor					Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code				
Description of Debt						