

# 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"/>	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 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)		5-19-2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	
Summary of Receipts and Expenditures		From Date	To Date		For Office Use Only				
		05-04-21							
A. Amount Brought Forward From Last Report		\$	9382.25						
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	161500						
C. Total Funds Available (Sum of Lines A and B)		\$	10997.25						
D. Total Expenditures (From Schedule III)		\$	7001.81						
E. Ending Cash Balance (Subtract Line D from Line C)		\$	3995.44						
F. Value of In-Kind Contributions Received (From Schedule II)		\$	30,900.57						
G. Unpaid Debts and Obligations (From Schedule IV)		\$	Ø						

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.

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

Filer Identification Number	
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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)	\$	115.00
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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
All Other Contributions (Part B)	\$	800.00
Total for the reporting period (2)	\$	800.00

<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
All Other Contributions (Part D)	\$	700.00
Total for the reporting period (3)	\$	

<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>	\$	1615.00
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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	
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							Amount
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
n/a							
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:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Scott Davis					05/06/2021		200.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
198	Laferra Circle #101						
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
St. Augustine	FL	32092					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Michael Corriere					05/06/2021		100.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
433	E. Broad St						
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Bethlehem	PA	18018					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Ralph & Sandra Dech					05/06/2021		100.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
1438	Main St.						
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Bethlehem	PA	18018					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Linda Shay Gardner					05/06/2021		100.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
391	Bierys Bridge Rd						
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Bethlehem	PA	18017					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Raymond Alpha					05/08/2021		100.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
1128	Woodbury Rd						
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Bethlehem	PA	18017					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Elizabeth Dana					05/19/2021		100.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
1125	E. North St.						
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Appleton	WI	54911					

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]	\$	
Thomas Repasch				05/12/2021		100.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
1774 K	Falcon Dr.					
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Bethlehem	PA	18017				
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.

Filer Identification Number:	
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Full Name of Contributing Committee					n/a	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]	\$
Bruce Haines					05/17/2021	400.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
15742	Glenisk Way					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Ft Myers	FL	33912				
Employer Name				Occupation		
Historic Hotel Bethlehem				Managing Partner		
Employer Mailing Address / Principal Place of Business						
437 Main St., Bethlehem 18018						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Demetrios Herron					05/19/2021	300.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
452	Center Street					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Bethlehem	PA	18018				
Employer Name				Occupation		
Herron Funeral Home				Funeral Director		
Employer Mailing Address / Principal Place of Business						
452 Center St., Bethlehem PA 18018						
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						

# 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	n/a						
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:	
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**1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the reporting period	(1)	\$	Ø
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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)	\$	Ø
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**3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)**

TOTAL for the reporting period	(3)	\$	30,900.57
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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)		\$	30,900.57
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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]	\$
n/a					
House #	Street Address	State	Zip Code	Date [MM/DD/YYYY]	\$
City					

Description of Contribution	
-----------------------------	--

Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #				Date [MM/DD/YYYY]	\$
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 #				Date [MM/DD/YYYY]	\$
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 #				Date [MM/DD/YYYY]	\$
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 #				Date [MM/DD/YYYY]	\$
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

Filler Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$
Deborah Courville				06/01/2021		30,600
House #	Street Address	Date [MM/DD/YYYY]		\$		
637	Doddtle Hill Rd					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Laceyville	PA	18623				
Employer Name			Occupation			
Self - Iris Associates			author, publicist			
Employer Mailing Address / Principal Place of Business			Description of Contribution			
637 Doddtle Hill Rd Laceyville, PA 18623			campaign PR work - Feb - May 18			

Full Name of Contributor				Date [MM/DD/YYYY]		\$
Brooke McDermott				06/01/2021		300.57
House #	Street Address	Date [MM/DD/YYYY]		\$		
332	7th Ave.					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Bethlehem	PA	18018				
Employer Name			Occupation			
Progressive Emporium			Partner / Marketing			
Employer Mailing Address / Principal Place of Business			Description of Contribution			
414 W. Broad St Bethlehem PA 18018			Facebook ad underwriting			

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:	
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To Whom Paid	Bev's Notary	Date [MM/DD/YYYY]	\$	20.00
House #	Street Address	Description of Expenditure		
2910	Easton Ave.	05/03/2021		
City	State	Zip Code		
Bethlehem	PA	18017	notary fees	
To Whom Paid	Staples	Date [MM/DD/YYYY]	\$	6.18
House #	Street Address	Description of Expenditure		
5764	Easton Nazareth Highway	05/03/2021		
City	State	Zip Code		
Easton	PA	18045	May report copies	
To Whom Paid	Dana Grubb	Date [MM/DD/YYYY]	\$	22.00
House #	Street Address	Description of Expenditure		
3400	Henderson A.	05/05/2021		
City	State	Zip Code		
Bethlehem	PA	18017	Postage	
To Whom Paid	Bethlehem Business Forms	Date [MM/DD/YYYY]	\$	1469.11
House #	Street Address	Description of Expenditure		
1928	Union Blvd	05/12/2021		
City	State	Zip Code		
Allentown	PA	18109	postcard mailing	
To Whom Paid	Bethlehem Business Forms	Date [MM/DD/YYYY]	\$	1766.39
House #	Street Address	Description of Expenditure		
1928	Union Blvd	05/12/2021		
City	State	Zip Code		
Allentown	PA	18109	Duck postage	
To Whom Paid	Bethlehem Business Forms	Date [MM/DD/YYYY]	\$	1469.11
House #	Street Address	Description of Expenditure		
1928	Union Blvd	05/20/2021		
City	State	Zip Code		
Allentown	PA	18109	postcard mailing	
To Whom Paid	Bethlehem Business Forms	Date [MM/DD/YYYY]	\$	1766.39
House #	Street Address	Description of Expenditure		
1928	Union Blvd	05/20/2021		
City	State	Zip Code		
Allentown	PA	18109	Duck postage	
To Whom Paid	Dana Grubb	Date [MM/DD/YYYY]	\$	480.00
House #	Street Address	Description of Expenditure		
3400	Henderson A.	05/20/2021		
City	State	Zip Code		
Bethlehem	PA	18017	cc broadcasting ads	

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid	ActBlue - World Pay LLC	Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
8520	Governors Hill Dr.			
City	State	Zip Code	Description of Expenditure	
Symmes Twp	OH	45249	Processing fees - May	

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code	Description of Expenditure	

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code	Description of Expenditure	

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code	Description of Expenditure	

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code	Description of Expenditure	

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code	Description of Expenditure	

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code	Description of Expenditure	

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code	Description of Expenditure	

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		n/a			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						