Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By Candidate Committee Lobbyist Lobbyist				
Name of Filing Committee, Candidate or Lobbyist	Friends of Dana Grubb				
Street Address	2420 Henderson Pl.				
Bethlehem	State PA Zip Code 18017-4913				
Type of Report (Place x under report type)					
1-6 th Tuesday 2-2 nd Friday 3-30 Day Pos Pre-Primary Primary Primary	t 4- 6 th Tuesday 5- 2 nd Friday 6- 30 Day Post 7- Annual Special 2 nd Friday Special 30 Day Pre- Election Pre- Election Pre- Election Post-Election				
Date Of Election (MM/DD/YYYY) 5-18-2 17	Year 2021 Amendment Termination Report				
Summary of Receipts and From Date Expenditures 05-04-2	To Date For Office Use Only				
A. Amount Brought Forward From Last Repo	s 9382.25				
B. Total Monetary Contributions and Receip (From Schedule I)	ts \$ 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)	\$ <i>D</i>				
D. 14 If this is Council to constitute the same of the	Affidavit Section				
	tached schedules on tagger, is to the best of my knowledge and belief true, correct and complete.				
- · · · · · · · · · · · · · · · · · · ·	21 6 Landle and Control of the Contr				

SCHEDULE I

Contributions and Receipts Detailed Summary Page

Filer Identification Number	
No. of the state o	
* Not marked 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

	comenentis	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	11500
2 Castillaria		no.w
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	
All Other County of the County		φ
All Other Contributions (Part B)	\$	800.10
Total for the reporting period (2)	\$	800.00
		X00.00
3. Contributions Over \$250.00 (From Part C and Part D)	-177	
關係 - 1 전하는 1, 1 He	24.71.	
Contributions Received from Political Committees (Part C)	\$	
·	\$	\$\varphi\$
Contributions Received from Political Committees (Part C) All Other Contributions (Part D)	\$	Ø 700.00
·	\$ \$	Ø 700.00
All Other Contributions (Part D)	·	Ø 700.00
All Other Contributions (Part D)	·	Ø 700.00
All Other Contributions (Part D) Total for the reporting period (3)	·	Ø 700.00
All Other Contributions (Part D) Total for the reporting period (3) 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) Total for the reporting period (4)	·	\$\\\700.00\ \$\phi\$
All Other Contributions (Part D) Total for the reporting period (3) 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) Total for the reporting period (4) Total Monetary Contributions and Receipts during this reporting period (Add and	·	\$\\ 700.00\ \$\phi\$
All Other Contributions (Part D) Total for the reporting period (3) 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) Total for the reporting period (4)	\$	φ 700.00 φ 1615.00

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 Num	iber						
					Amount		
Full Name of Contrib				Date [MM/DD/YYYY]	\$		
Committee	$n \mid q$				1		
House #	Street Address			Date [MM/DD/YYYY]	\$		
110036 11	1			pace liantit polititi	3		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
].		
Full Name of Contrib	uting			Date [MM/DD/YYYY]	\$		
Committee]		
House #	Street Address			Data Intha/DD (1000)	<u> </u>		
1100001	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
					1		
Full Name of Contrib	uting			Date [MM/DD/YYYY]	\$		
Committee					1 1		
11 4							
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contrib	uting			Date [MM/DD/YYYY]			
Committee				Date figural DD 11111	\$		
House #	Street Address			Date Installed Applyone	<u> </u>		
nouse #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contrib	uting I			Data Isass (DD boogs)			
Committee	utilis			Date [MM/DD/YYYY]	\$		
		•					
House #	Street Address		**************************************	Date [MM/DD/YYYY]	\$		
City	<u> </u>	State	Zip Code	Data INANA (DD boog)			
City		State		Date [MM/DD/YYYY]	\$		
Full Name of Contrib Committee	uting			Date [MM/DD/YYYY]	\$		
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
·		State	Lip code	Date fraital DD 11111	\$		
		v . 3					

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 Numbers		
Full Name of Contributor	Date [MM/DD/YYYY] \$	
Scott Davis	05/06/2021 200.00	No.
House # Street Address	Date [MM/DD/YYYY] \$	
House # 198 Street Address Laferra Circle #101		
St. Augustine State FL Zipcode 32092	Date [MM/DD/YXYY] \$	
Full Name of Contributor.	Date [MM/DD/YYY] \$	Ealistiches - Lo
Michael Corrière	05/06/2021 100.00	
House # 433 Street Address E. Broad St.	Date [MM/DD/YYYY]	
City Bethlehem State PA Zip Code 13018	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY]	Section Section 12
Kalph 3 Sandra Dech	05/06/2021 100,00	
House# 1438 Street Address Main St.	- Date [MM/DD/YYYY] = \$	
Bethlehem State PA 18018	Date [MW/DD/YYYY] \$	<u>.</u>
Full Name of Contributor	Date [MM/DD/YYYY] \$	
Linda Shay Gardner	05/06/2021 [100.00]	
381 Street Address Bierys Bridge Rd	Date MM/DD/YYYY] \$	
City Bethken State PA Zip Gode 18017	Date [MM/DD/XXXI] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
Kaymond Alpha	05/03/2021 100.00	
House# Street Address Wood bury Rd	Date [MM/DD/YYYY] - 5	
Bethlehem State PA ZIP. Gode 18017	Date [MM/DD/YYY] \$	
Full Name of Contributor	Date MM/DD/YYYY] \$	
Elizabeth Dang	05/19/2021 100.00	

Street Address

E. North St.

Zip Code

54911

State

House #

City

\$

\$

Date [MM/DD/YYYY]

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 Numbers						
	4030					
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Full Name of Contribut	TI TI	D -	r		\$	
	Iroma	s repai	sch	05/12/2021	[00,00	
House #	Street Address	s Repas Falcon D		Date [MM/DD/YYYY]	\$	
1774 K		alcon I)r.			
City	(State	Zip Code	Date [MM/DD/YYYY]		
Bethle		TA	18017			
Full Name of Contribu	tor			Date [MM/DD/YYYY]		
House #	Street Address			Date [MM/DD/YYYY]	\$	
Section 1 and 1 an					1	
City		State	Zip Code	Date [MM/DD/YYYY]	S.	
And the second						
Full Name of Contribu	itor			Date [MM/DD/YYYY]		
					# 1	
House #	Street Address			Date [MM/DD/YYYY]	**- *\$:	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
7 () () () () () () () () () (100 mg / 100	
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
eranin in di Militar di Region II Bilandi al III					3	
City	Programme Allert	State	Zîp Code	Date [MM/DD/YYYY]	\$	
Full Name of Contribu	itor=			Date [MM/DD/YYYY]		
	1 X 1					
House #	Street Address			Date [MM/DD/YYYY]	\$	
					100 mg	
City	<u> Linguis and a constant and a const</u>	State	Zip Code	Date [MM/DD/YYYY]	\$	
					<u>東</u> 登 - (2) -	
Full Name of Contribu	itor			Date [MM/DD/YYYY]		
	e di Liu di di Salam di di Salam pros					
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	[4] 1 (1) 2 (4) 2 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	State	Zip Code	Date [MM/DD/YYYY]	\$	
en la companya di salah di sa			Zip Code			

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:				
N SELECTION PROGRAMMENT FRANCE	ZENENIED MEETIN			Big Scott May Free Consequence (const	
Full Name of Contributing Cor				Date [MM/DD/YYYY] \$	
	11/4 · 14			(A)	
House #	Street Address			Date [MM/DD/YYYY] \$	
(A)					
City	1.00	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of		F 7.1	recent Carlot Park	Date [MM/DD/YYYY] \$	Charles Constitution of the Constitution of th
Contributing Cor				AND THE RESERVE AND A SECOND S	
House #	Carle August			DESCRIPTION OF A	
nouse #	Street Addres	5		Date [MM/DD/YYYY] \$	
Andrews of the second					
City		State	Zip Code	Date [MM/DD/YYYY] = \$	
Full Name of				Date [MM/DD/YYYY] \$	
Contributing Co	nmittee				
House#	Street Addres	s		Date [MM/DD/YYYY] \$	
	Mary garage description				
le de la		. 	Laster Coulcours	Data INDA (DS 1/4999 LLA	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of		1.2 (2.5%)		Date [MM/DD/YYYY] \$	
Contributing Co	mmittee			A THE PROPERTY OF THE PARTY OF	
		al			
House #	Street Addres	Š		Date [MM/DD/YYYY] \$	
		-			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
THE RESERVE TO SERVE THE PROPERTY OF THE PROPE				70-10-00-00-00-00-00-00-00-00-00-00-00-00	
Full Name of				Date [MM/DD/YYYY] \$	
Contributing Co	mmittee			海域	
House #	Street Addres	s		Date [MM/DD/YYYY] \$	
		[]		The state of the s	
		50 ACC 450 ACC	[@ 3 :25762327	DESCRIPTION OF THE PROPERTY OF	
City	•	State	Zip Code	Date [MM/DD/YYYY] \$	
		基。左門			
Full Name of Contributing Co				Date [MM/DD/XYYY] \$	
Continuoning Co	un allege .			# 15 min	
House #	Street Addres	Š		Date [MM/DD/YYYY] \$	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
■ 300 (10/20)		長進行を行わり		2000 CONTROL OF THE PROPERTY O	

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)

Programme Control of the Control of	
Filer Identification Number:	
tiler identification Number:	i de la companya de
[[[[]]] [[]] [[]] [[]] [[]] [[]] [[]]	
The second of the second was a second of the	
the control of the state of the	

Full Name of Contributor	Date [MM/DD/YYYY] (\$
Bruce Haines	05/17/2021 400.00
House # Street Address	Date [MM/DD/YYYY] \$
15742 Glenise Way	
City FL Myers FL Zip Code 33912	Date [MM/DD/YYYY] \$
Period Marian	Occupation Navage
Employer Mailing Address / Historic Hotel Bethlehem	Marageng tarther
Principal Place of Business 437 Main St., Bethleke	M 18018
Full Name of Contributor	Date [MM/DD/YYYY] :::
Demetrios Herron	05/19/2021 30000
House # Street Address	Date [MM/DD/YYYY] = \$
Genter Street	7.9
Bethlelem State PA Zip Code 1808	Date [MM/DD/YYYY] 5 3
Employer Name Herron Funeral Home	Occupation Funeral Director
Employer Mailing Address / 453 Center St. Bethleho	
Full Name of Contributor	Date [MM/DD/YYYY] \$
最大を与えない。 こうじょう Appen singles (
House # Street Address	Date MM/DD/YYYYI \$ \$
本的是1985年	Date [MM/DD/YYYY] \$
City	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
City	
City State Zip Code Employer Name	Date [MM/DD/YYYY] \$
City Zip Code	Date [MM/DD/YYYY] \$
City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor	Date [MM/DD/YYYY] \$
City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor	Date [MM/DD/YYYY] \$
City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor	Date [MM/DD/YYYY] \$ Occupation Date [MM/DD/YYYY] \$
City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address City State Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address City State Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address City State Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
City State Zip Code Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address City State Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC. ceived, interest earned, returned checks and prior expenditure

ose this Part to rep	ort retund	s received, inte	rest earned, rett	irnea checks and prior e	expenditures that were returned to the filer.
Filer Identification Numb	er:				
Full Name	n	la l			
House #	Street Add				
<u>Gity</u>			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	Control of the contro			مدين و المراجعة و المر	l Provid
Full Name					
House #	Street Add	ress		Alleria del de conservacione de dependente de la conservacione de dependente de la conservacione del conservacione de la conservacione del conservacione de la conservacione del conservacione de la conservacione del conservacione de la conservacione del conservacione de la conservacione del la conservacione de la conservacione del la conservacione de la conservacione del la conservacione della conservaci	
CHV		A CONTRACT OF THE CONTRACT OF	Teces Paragraphic		Parateur Innihonan - E A
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description					- Acceptance of the second of
Full Name					
House #	Street Add	ress			
City	Service of the servic		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			1/3/4/2017 8	<u> </u>	
Full Name					
House #	Street Add	ress			
Chy			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	· .				
Full Name					
House #	Street Add	Iress			
City	780.7 V 6.2 74.13		State	Zip Code	Date [MM/DD/YYYY] \$
City:				Code	
Receipt Description	(2.65 m)				11.22.1
Full Name					
House #	Street Add	iress			
Clty			State	Zip	Date [MM/DD/YYYY] 5
Receipt Description			Production of the second		I POTE TO THE POTE

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 CONTRI	BUTIONS RECEIVED-VAL	UE OF \$50.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$ 0
	EIVED-VALUE OF \$50:00	LTO \$250.00 (FROM PART F)
TOTAL for the reporting period	(2)	\$ Ø
3. IN-KIND CONTRIBUTION REGE	IVED-VALUE OVER \$250	0.00 (FROM PART G)
TOTAL for the reporting period	(3)	\$ 30,900.57
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for page 1, Report Cover Page, Item F)		'

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

			AWFOE OL 330'0T 10	7 3230	
Filer Identification Numb	eri				
					10
Full Name of Contribut	or 0/			Date [MM/DD/YYYY]	\$3
	1 n/a				
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				. 8	
Description of Contrib	ution				
Full Name of Contribut	tors			Date [MM/DD/YYYY]	\$
					7. 1 2. 1
House #	Street Address			Date [MM/DD/YYYY]	\$
City	G (800 x 200 x 200 x 200 x 31	State	Zip Gode	Date [MM/DD/YYYY]	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Description of Contrib	ution =		A RECOGNISE AND SELECT	E	PER S
Full Name of Contribut	tor			Date [MM/DD/YYYY]	₹
			•	Canada and	9
House#	Street Address			Date [MM/DD/YYYY]	*
	Street Aduress			nare mintroneraria	\$
City	ANGERS STORY	State	Zip Code	Date [MM/DD/YYYY)	\$-1 \$-1
	. •				
Description of Contrib	ution —				23:3
Full Name of Contribut	tor			Date [MM/DD/YYYY]	31
				A TOTAL CONTROL CONTRO	7.00
House #	Street Address			Date [MM/DD/YYYY]	\$:
				A STATE OF THE STA	
City		State	Zip Code	Date [MM/DD/YYYY]	5
Description of Contrib	ùtion	\$60.855.64 1	<u> </u>	<u> </u>	F. O. J.
Full Name of Contribut	ror I	-		Date [MM/DD/XYYY]	(40)
				Date Invitability 11/11	
House #	Street Address			Date [MM/DD/YYYY]	\$3 \$3
		•			
City		St ate	Zip Code	Date [MM/DD/YYYY]	\$
	No. Secretary and the secretary and the second				100 mg/mm
Description of Contrib				,	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250	
Eller Identification Number:	
	PARAMETER PROGRAMME STATE
Full Name of Contributor Deboyah Courville	Date [MM/DD/YYYY] \$
新され、2000年の1997年 名は、4.1500年 第二日	06/01/2021 30,600
House # Street Address	Date [MM/DD/YYYY] \$
637 DooleHle Hill Kd	(4) 1 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)
City State Zip Code	Date [MM/DD/YYYY] \$
Laceyville HA 186	23
Employer Name Self - Fris Associ	otes Occupation author Oublines L
Employer Mailing Address / Principal	Description Campaign PR Contribution WYK-Feb-May 18
Employer Mailing Address / Principal Place of Business 637 Dool, High Hill Royal Ro	of Contribution uzyk-feb-May 18
Lacoyville, PA 18623	
Full Name of Contributor Brooke McDermott	Date [MM/DD/YYYY] \$
22 (1974) 2 (1974) 2 (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974)	06/01/2021 300.57
House # Street Address An Ave.	Date [MM/DD/YYYY] \$
32 EXECUTE 170 AVC.	5.4.4 9 - 1
City Zip Code	Date [MM/DD/YYYY] \$
Bothlehem HA 18	018
Employer Name	Occupation P has a long dula
Employer Mailing Address / Principal	中国企业企业的企业和企业
Place of Rusiness	of Pacebook ad
Bethlehem PA &C	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] + \$
	Remit To:
City State Zip Code	Date [MM/DD/YYYY] \$
	養務
Employer Name	Occupation
Employer Mailing Address / Principal	Description
Place of Business	of
The state of the s	Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
	Agg
House # Street Address	Date [MM/DD/YYYY] \$
	The state of the s
City State Zip Code	Date [MM/DD/YYYY] \$
	3(5)
	Occupation
Employer Name	AND TO A STATE AND
Employer Mailing Address / Principal	Description of
Place of Business	Contribution

Statement of Expenditures

	n Number:
大型技术系	

To Whom Paid	Date MM/DD/YYYY] \$
Bevs Notary.	05/03/2021 20.00
House # 20 Street Address Eusten Ave.	Description of Expenditure
The result is the second of th	
Dethlehem FA code 18017	notary fees
To Whom Paid	Date (MM/DD/YYYY) \$
Slaples	05/03/2021 6.18
House # 5764 Street Address Easton Naga Sth Hofway	Description of Expenditure
City Euston State A Code 18045.	May report cerpies
To Whem Paid	Date [MM/DD/YYYY]
Dara Grubb	05/05/201 2200
House # 3400 Street Address Henderson A.	Description/of Expenditure
Bothlehom State PA Code 18017	Postage
To Whom Paid Rule 1 Rul	Date [MM/dD/YYYY]
Bethlehem Business Forms	05/12/2021 1469.11
House # 1928 Street Address Union Blvd	Description of Expenditure
City Atlantown State A Code 18109	postcard mailing
To Whom Paid	Date [MM/DD/YYY] \$
Bethlehem Business Forms House# Street Address	05/12/2021 1766.39
House # Street Address Union Blvd	Description of Expenditure
City Allention State PA Code 18109	Duik postage
To Whom Paid	Date [MM/DD/YWY/] \$
Bethlehem Business Forms	05/20/2021 1469.11
House # Prze Street Address Union Blvd	Description of Expenditure
Allentrun State /A code 18709	post-card mailing
To Whom Paid	Date [MM/DD/YYYY] \$
Bothlehem Business 1-orms House# 1 Street Address Or	05/20/2021 〒 17 66,39 Description of Expenditure
1928 Union Blvd	Description or Experiorme
City Allentrun State PA Code 18709	Duck postage
To Whom Paid Dana Grubb	05/20/2021 480.00
House # Street Address /	Description of Expenditure
Henderson Fl.	
Bethlehem State PA Code 18017	ca Droadcasting ads

schedule III Statement of Expenditures

Filer Identification Number:	
The second section of the second second section of the section of the second section of the section of the second section of the section of th	

To Whom Paid				Date [MM/DD/YYYY]	\$ -
	KelBlup -	World Face	: 11.0	A COMPANY OF THE PROPERTY OF T	2.63
House # 6520	Street Address	00010100		Description of Expendit	ure
5620		70 Vernors +	till Dr.		
	mes Tup	State OH	code 45349	Processing.	fees-May
To Whom Paid -				Date [MIM/DD/YYYY]	\$=
A STATE OF THE STA					
House#	Street Address			Description of Expenditi	ire
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expendit	ure
-City	A Committee Comm	State	Zip Code		
To Whom Paid			 	Date [MM/DD/YYYY]	\$
					(4 1 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
House #	Street Address			Description of Expendit	ure
risania					
City		State	Zip Code		
To Whom Paid	•			Date [MM/DD/YYYY]	\$
•					* 1.35 1.45 1.45
House #	Street Address			Description of Expendit	ure Ny mandra dia 1900 dia 19
City	Prod. 19 4 534 09 44 1	State	Zip		
			Code Ar		
To Whom Paid				Date [MM/DD/YYYY]	% ::
House #	Street Address			Description of Expendit	ure
en e		-cu-ser	8 712 8878878		
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$.
House #	Street Address			Description of Expendit	
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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	and the finding team for the contract			
Name of Credit	or Λ / Q			Outstanding Balance of Debt
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