

# 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"/> | Committee | <input checked="" type="checkbox"/> | Lobbyist | <input type="checkbox"/> |
| Name of Filing Committee, Candidate or Lobbyist |           | Friends of Grace Campsie Smith |    |                          |           |                                     |          |                          |
| Street Address                                  |           | 1403 Locain Ave                |    |                          |           |                                     |          |                          |
| City  | Bethlehem | State                          | PA | Zip Code                 | 18018     |                                     |          |                          |

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       |   |                              |
| 05/18/2021                             |                                       | 2021                     |   | <input type="checkbox"/>               |                          | <input type="checkbox"/> |   |                              |

| Summary of Receipts and Expenditures                           | From Date | To Date      | For Office Use Only |
|--|-----------|--------------|---------------------|
|  | 1/6/2021  | 05/03/2021   |                     |
| A. Amount Brought Forward From Last Report                     |           | \$ 31,672.80 |                     |
| B. Total Monetary Contributions and Receipts (From Schedule I) |           | \$ 15,885.00 |                     |
| C. Total Funds Available (Sum of Lines A and B)                |           | \$ 19,052.80 |                     |
| D. Total Expenditures (From Schedule III)                      |           | \$ 5,550.57  |                     |
| E. Ending Cash Balance (Subtract Line D from Line C)           |           | \$ 13,502.23 |                     |
| F. Value of In-Kind Contributions Received (From Schedule II)  |           | \$ -0-       |                     |
| G. Unpaid Debts and Obligations (From Schedule IV)             |           | \$ 1,000.00  |                     |

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   |     |    |           |
| <b>1. Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor</b>  |     |    |           |
| Total for the reporting period  | (1) | \$ | 1550.00   |
| <b>2. Contributions of \$ 50.01 to \$ 250.00 (From Part A and Part B)</b>   |     |    |           |
| Contributions Received from Political Committees (Part A)   |     | \$ | - 0 -     |
| All Other Contributions (Part B)  |     | \$ | 3,285.00  |
| Total for the reporting period  | (2) | \$ | 3,285.00  |
| <b>3. Contributions Over \$ 250.00 (From Part C and Part D)</b>   |     |    |           |
| Contributions Received from Political Committees (Part C)   |     | \$ | 8,000.00  |
| All Other Contributions (Part D)  |     | \$ | 3,050.00  |
| Total for the reporting period  | (3) | \$ | 11,050.00 |
| <b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>  |     |    |           |
| Total for the reporting period  | (4) | \$ | - 0 -     |
| 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> |     | \$ | 15,885.00 |

**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] | \$                |        |
| Friends of Lira Boscola                             |           |                |    |                  | 04/29/2021        |                   | 200.00 |
| House #   | 385       | Street Address |    | Palmetto Dr.     | Date [MM/DD/YYYY] | \$                |        |
| City  | Easton    | State          | PA | Zip Code         | 18045-3795        | Date [MM/DD/YYYY] | \$     |
| Full Name of Contributor                            |           |                |    |                  | Date [MM/DD/YYYY] | \$                |        |
| Anne Marie + Jim Whildin, Jr.                       |           |                |    |                  | 04/29/2021        |                   | 200.00 |
| House #   | 596       | Street Address |    | Riverwoods Way   | Date [MM/DD/YYYY] | \$                |        |
| City  | Bethlehem | State          | PA | Zip Code         | 18018             | Date [MM/DD/YYYY] | \$     |
| Full Name of Contributor                            |           |                |    |                  | Date [MM/DD/YYYY] | \$                |        |
| Betty Compton                                       |           |                |    |                  | 04/29/2021        |                   | 200.00 |
| House #   | 2529      | Street Address |    | Hampshire Rd.    | Date [MM/DD/YYYY] | \$                |        |
| City  | Bethlehem | State          | PA | Zip Code         | 18017             | Date [MM/DD/YYYY] | \$     |
| Full Name of Contributor                            |           |                |    |                  | Date [MM/DD/YYYY] | \$                |        |
| United Steelworkers of America<br>DIO L+E Committee |           |                |    |                  | 04/29/2021        |                   | 100.00 |
| House #   | 53        | Street Address |    | Lehigh St.       | Date [MM/DD/YYYY] | \$                |        |
| City  | Bethlehem | State          | PA | Zip Code         | 18018             | Date [MM/DD/YYYY] | \$     |
| Full Name of Contributor                            |           |                |    |                  | Date [MM/DD/YYYY] | \$                |        |
| Terrence + Linda Houck                              |           |                |    |                  | 04/29/2021        |                   | 100.00 |
| House #   | 2445      | Street Address |    | Liberty Terrace  | Date [MM/DD/YYYY] | \$                |        |
| City  | Easton    | State          | PA | Zip Code         | 18046             | Date [MM/DD/YYYY] | \$     |
| Full Name of Contributor                            |           |                |    |                  | Date [MM/DD/YYYY] | \$                |        |
| Beth Lesniak  |           |                |    |                  | 04/29/2021        |                   | 100.00 |
| House #   | 3237      | Street Address |    | Clear Stream Dr. | Date [MM/DD/YYYY] | \$                |        |
| City  | Whitetail | State          | PA | Zip Code         | 18052             | 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 |  |  |       |                | Ed + Shirley O'Brien      |                   | Date [MM/DD/YYYY] | \$ | 100.00 |
| House #                  |  |  |       |                | 56                        |                   | Date [MM/DD/YYYY] | \$ |        |
| Street Address           |  |  |       |                | W. Miner St.              |                   |                   |    |        |
| City                     |  |  | State | Zip Code       |                           | Date [MM/DD/YYYY] |                   | \$ |        |
| Coaldale                 |  |  | PA    | 18218          |                           |                   |                   |    |        |
| Full Name of Contributor |  |  |       |                | Frank + Barb Crampsie     |                   | Date [MM/DD/YYYY] | \$ | 100.00 |
| House #                  |  |  |       |                | 944                       |                   | Date [MM/DD/YYYY] | \$ |        |
| Street Address           |  |  |       |                | Catasaugua Rd.            |                   |                   |    |        |
| City                     |  |  | State | Zip Code       |                           | Date [MM/DD/YYYY] |                   | \$ |        |
| Whitehall                |  |  | PA    | 18052          |                           |                   |                   |    |        |
| Full Name of Contributor |  |  |       |                | Tracy + Chris Beck Briggs |                   | Date [MM/DD/YYYY] | \$ | 100.00 |
| House #                  |  |  |       |                | 2506                      |                   | Date [MM/DD/YYYY] | \$ |        |
| Street Address           |  |  |       |                | Hampshire Rd.             |                   |                   |    |        |
| City                     |  |  | State | Zip Code       |                           | Date [MM/DD/YYYY] |                   | \$ |        |
| Bethlehem                |  |  | PA    | 18017          |                           |                   |                   |    |        |
| Full Name of Contributor |  |  |       |                | Linda Weiss               |                   | Date [MM/DD/YYYY] | \$ | 100.00 |
| House #                  |  |  |       |                | 1411                      |                   | Date [MM/DD/YYYY] | \$ |        |
| Street Address           |  |  |       |                | Lorain Ave.               |                   |                   |    |        |
| City                     |  |  | State | Zip Code       |                           | Date [MM/DD/YYYY] |                   | \$ |        |
| Bethlehem                |  |  | PA    | 18018          |                           |                   |                   |    |        |
| Full Name of Contributor |  |  |       |                | Diane + James Fleming     |                   | Date [MM/DD/YYYY] | \$ | 100.00 |
| House #                  |  |  |       |                | 2540                      |                   | Date [MM/DD/YYYY] | \$ |        |
| Street Address           |  |  |       |                | Country Top Trail         |                   |                   |    |        |
| City                     |  |  | State | Zip Code       |                           | Date [MM/DD/YYYY] |                   | \$ |        |
| Bethlehem                |  |  | PA    | 18020          |                           |                   |                   |    |        |
| Full Name of Contributor |  |  |       |                | Amy Scott                 |                   | Date [MM/DD/YYYY] | \$ | 100.00 |
| House #                  |  |  |       |                | 2605                      |                   | Date [MM/DD/YYYY] | \$ |        |
| Street Address           |  |  |       |                | Ambassador Dr.            |                   |                   |    |        |
| City                     |  |  | State | Zip Code       |                           | Date [MM/DD/YYYY] |                   | \$ |        |
| Bethlehem                |  |  | PA    | 18017-<br>7704 |                           |                   |                   |    |        |

**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] | \$ |        |
| Robert + Kathleen Crampsie |                |          |  |                   | 04/29/2021        |    | 100.00 |
| House #                    | Street Address |          |  | Date [MM/DD/YYYY] | \$                |    |        |
| 324                        | W. White St.   |          |  |                   |                   |    |        |
| City                       | State          | Zip Code |  |                   | Date [MM/DD/YYYY] | \$ |        |
| Summit Hill                | PA             | 18250    |  |                   |                   |    |        |
| Full Name of Contributor   |                |          |  |                   | Date [MM/DD/YYYY] | \$ |        |
| Shirley Morganello         |                |          |  |                   | 04/29/2021        |    | 100.00 |
| House #                    | Street Address |          |  | Date [MM/DD/YYYY] | \$                |    |        |
| 33                         | W. Locust St.  |          |  |                   |                   |    |        |
| City                       | State          | Zip Code |  |                   | Date [MM/DD/YYYY] | \$ |        |
| Bethlehem                  | PA             | 18018    |  |                   |                   |    |        |
| Full Name of Contributor   |                |          |  |                   | Date [MM/DD/YYYY] | \$ |        |
| Deb Messling               |                |          |  |                   | 04/29/2021        |    | 100.00 |
| House #                    | Street Address |          |  | Date [MM/DD/YYYY] | \$                |    |        |
| 1264                       | Butztown Rd.   |          |  |                   |                   |    |        |
| City                       | State          | Zip Code |  |                   | Date [MM/DD/YYYY] | \$ |        |
| Bethlehem                  | PA             | 18017    |  |                   |                   |    |        |
| Full Name of Contributor   |                |          |  |                   | Date [MM/DD/YYYY] | \$ |        |
| Megan Beste                |                |          |  |                   | 04/29/2021        |    | 100.00 |
| House #                    | Street Address |          |  | Date [MM/DD/YYYY] | \$                |    |        |
| 345                        | 9th Ave.       |          |  |                   |                   |    |        |
| City                       | State          | Zip Code |  |                   | Date [MM/DD/YYYY] | \$ |        |
| Bethlehem                  | PA             | 18018    |  |                   |                   |    |        |
| Full Name of Contributor   |                |          |  |                   | Date [MM/DD/YYYY] | \$ |        |
| Matt + Dorothy Henderson   |                |          |  |                   | 04/29/2021        |    | 100.00 |
| House #                    | Street Address |          |  | Date [MM/DD/YYYY] | \$                |    |        |
| 115                        | E. Wall St.    |          |  |                   |                   |    |        |
| City                       | State          | Zip Code |  |                   | Date [MM/DD/YYYY] | \$ |        |
| Bethlehem                  | PA             | 18018    |  |                   |                   |    |        |
| Full Name of Contributor   |                |          |  |                   | Date [MM/DD/YYYY] | \$ |        |
| Loren Marquardt            |                |          |  |                   | 04/29/2021        |    | 100.00 |
| House #                    | Street Address |          |  | Date [MM/DD/YYYY] | \$                |    |        |
| 738                        | Maple St.      |          |  |                   |                   |    |        |
| 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] |    | \$ |        |
| Michael + Melissa Crampsie |                  |          |                   |                   | 04/29/2021        |    |    | 100.00 |
| House #                    | Street Address   |          |                   | Date [MM/DD/YYYY] |                   | \$ |    |        |
|                            |                  |          |                   |                   |                   |    |    |        |
| City                       | State            | Zip Code | Date [MM/DD/YYYY] |                   | \$                |    |    |        |
| Summit Hill                | PA               | 18250    |                   |                   |                   |    |    |        |
| Full Name of Contributor   |                  |          |                   |                   | Date [MM/DD/YYYY] |    | \$ |        |
| Tami Peters                |                  |          |                   |                   | 04/29/2021        |    |    | 100.00 |
| House #                    | Street Address   |          |                   | Date [MM/DD/YYYY] |                   | \$ |    |        |
| 1601B                      | Briarwood Ln     |          |                   |                   |                   |    |    |        |
| City                       | State            | Zip Code | Date [MM/DD/YYYY] |                   | \$                |    |    |        |
| Bethlehem                  | PA               | 18020    |                   |                   |                   |    |    |        |
| Full Name of Contributor   |                  |          |                   |                   | Date [MM/DD/YYYY] |    | \$ |        |
| Marianne Finnegan          |                  |          |                   |                   | 04/29/2021        |    |    | 75.00  |
| House #                    | Street Address   |          |                   | Date [MM/DD/YYYY] |                   | \$ |    |        |
| 416                        | Drayton Rd.      |          |                   |                   |                   |    |    |        |
| City                       | State            | Zip Code | Date [MM/DD/YYYY] |                   | \$                |    |    |        |
| Oreland                    | PA               | 19075    |                   |                   |                   |    |    |        |
| Full Name of Contributor   |                  |          |                   |                   | Date [MM/DD/YYYY] |    | \$ |        |
| Friends of Patti Bruno     |                  |          |                   |                   | 04/29/2021        |    |    | 60.00  |
| House #                    | Street Address   |          |                   | Date [MM/DD/YYYY] |                   | \$ |    |        |
| 719                        | Springgarden St. |          |                   |                   |                   |    |    |        |
| City                       | State            | Zip Code | Date [MM/DD/YYYY] |                   | \$                |    |    |        |
| Easton                     | PA               | 18042    |                   |                   |                   |    |    |        |
| Full Name of Contributor   |                  |          |                   |                   | Date [MM/DD/YYYY] |    | \$ |        |
| Collette Hogan             |                  |          |                   |                   | 04/22/2021        |    |    | 100.00 |
| House #                    | Street Address   |          |                   | Date [MM/DD/YYYY] |                   | \$ |    |        |
| 1626                       | Seidersville Rd. |          |                   |                   |                   |    |    |        |
| City                       | State            | Zip Code | Date [MM/DD/YYYY] |                   | \$                |    |    |        |
| Bethlehem                  | PA               | 18018    |                   |                   |                   |    |    |        |
| Full Name of Contributor   |                  |          |                   |                   | Date [MM/DD/YYYY] |    | \$ |        |
| Marian Huffner             |                  |          |                   |                   | 02/08/2021        |    |    | 100.00 |
| House #                    | Street Address   |          |                   | Date [MM/DD/YYYY] |                   | \$ |    |        |
| 456                        | Edgemont Ave.    |          |                   |                   |                   |    |    |        |
| City                       | State            | Zip Code | Date [MM/DD/YYYY] |                   | \$                |    |    |        |
| Palmerton                  | PA               | 18071    |                   |                   |                   |    |    |        |

**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] | § | 100.00 |
| Ruth Gladwin             |                 |                  |    |          | 03/10/2021        |   |        |
| House #                  | 89              | Street Address   |    |          | Date [MM/DD/YYYY] | § |        |
|                          |                 | Windsor Rd.      |    |          |                   |   |        |
| City                     | London, England | State            |    | Zip Code | Date [MM/DD/YYYY] | § |        |
|                          |                 |                  |    |          |                   |   |        |
| Full Name of Contributor |                 |                  |    |          | Date [MM/DD/YYYY] | § | 100.00 |
| Joan Bauer               |                 |                  |    |          | 03/10/2021        |   |        |
| House #                  | 3943            | Street Address   |    |          | Date [MM/DD/YYYY] | § |        |
|                          |                 | Autumn Ridge Rd. |    |          |                   |   |        |
| City                     | Bethlehem       | State            | PA | Zip Code | Date [MM/DD/YYYY] | § |        |
|                          |                 | 18017            |    |          |                   |   |        |
| Full Name of Contributor |                 |                  |    |          | Date [MM/DD/YYYY] | § | 100.00 |
| Pam Bridg                |                 |                  |    |          | 02/20/2021        |   |        |
| House #                  | 2463            | Street Address   |    |          | Date [MM/DD/YYYY] | § |        |
|                          |                 | W. Rock Road     |    |          |                   |   |        |
| City                     | Allentown       | State            | PA | Zip Code | Date [MM/DD/YYYY] | § |        |
|                          |                 | 18103            |    |          |                   |   |        |
| Full Name of Contributor |                 |                  |    |          | Date [MM/DD/YYYY] | § | 100.00 |
| Pat + Wanda Finelli      |                 |                  |    |          | 03/07/2021        |   |        |
| House #                  | 1466            | Street Address   |    |          | Date [MM/DD/YYYY] | § |        |
|                          |                 | Loram Ave.       |    |          |                   |   |        |
| City                     | Bethlehem       | State            | PA | Zip Code | Date [MM/DD/YYYY] | § |        |
|                          |                 | 18018            |    |          |                   |   |        |
| Full Name of Contributor |                 |                  |    |          | Date [MM/DD/YYYY] | § | 150.00 |
| Robin Fleming            |                 |                  |    |          | 03/06/2021        |   |        |
| House #                  | 1982            | Street Address   |    |          | Date [MM/DD/YYYY] | § |        |
|                          |                 | Easthill Dr.     |    |          |                   |   |        |
| City                     | Bethlehem       | State            | PA | Zip Code | Date [MM/DD/YYYY] | § |        |
|                          |                 | 18017            |    |          |                   |   |        |
| Full Name of Contributor |                 |                  |    |          | Date [MM/DD/YYYY] | § | 100.00 |
| Linda Weiss              |                 |                  |    |          | 03/04/2021        |   |        |
| House #                  | 1411            | Street Address   |    |          | Date [MM/DD/YYYY] | § |        |
|                          |                 | Loram Ave.       |    |          |                   |   |        |
| City                     | Bethlehem       | State            | PA | Zip Code | Date [MM/DD/YYYY] | § |        |
|                          |                 | 18018            |    |          |                   |   |        |

## 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:        |                |   |    |                      |            |                   |    |          |  |
| Full Name of Contributing Committee |                | Insulators International PAC                        |    |                      |            | Date [MM/DD/YYYY] | \$ | 1,000.00 |  |
| House #                             | 9602           | Street Address                                      |    | ML King Hwy          |            | Date [MM/DD/YYYY] | \$ |          |  |
| City                                | Landham        | State   | MD | Zip Code             | 20706      | Date [MM/DD/YYYY] | \$ |          |  |
| Full Name of Contributing Committee |                | International Union of Printers & Allied Trades PAC |    |                      |            | Date [MM/DD/YYYY] | \$ | 500.00   |  |
| House #                             | 2980           | Street Address                                      |    | Southampton Rd.      |            | Date [MM/DD/YYYY] | \$ |          |  |
| City                                | Philadelphia   | State   | PA | Zip Code             | 19154      | Date [MM/DD/YYYY] | \$ |          |  |
| Full Name of Contributing Committee |                | Steamfitters Local # 420                            |    |                      |            | Date [MM/DD/YYYY] | \$ | 1,000    |  |
| House #                             | 14920          | Street Address                                      |    | Townsend Rd. Ste A   |            | Date [MM/DD/YYYY] | \$ |          |  |
| City                                | Philadelphia   | State   | PA | Zip Code             | 19154      | Date [MM/DD/YYYY] | \$ |          |  |
| Full Name of Contributing Committee |                | IBEW  |    |                      |            | Date [MM/DD/YYYY] | \$ | 2,500.00 |  |
| House #                             | 900            | Street Address                                      |    | Sercath St N.W.      |            | Date [MM/DD/YYYY] | \$ |          |  |
| City                                | Washington DC  | State   | DC | Zip Code             | 20001      | Date [MM/DD/YYYY] | \$ |          |  |
| Full Name of Contributing Committee |                | Int'l Union of Operating Engineers                  |    |                      |            | Date [MM/DD/YYYY] | \$ | 2,500.00 |  |
| House #                             | 1375           | Street Address                                      |    | Virginia Dr. Ste 100 |            | Date [MM/DD/YYYY] | \$ |          |  |
| City                                | Ft. Washington | State   | PA | Zip Code             | 19034-3257 | Date [MM/DD/YYYY] | \$ |          |  |
| Full Name of Contributing Committee |                | Plumbers Union Local 690                            |    |                      |            | Date [MM/DD/YYYY] | \$ | 500.00   |  |
| House #                             | 2791           | Street Address                                      |    | Southampton Rd.      |            | Date [MM/DD/YYYY] | \$ |          |  |
| City                                | Philadelphia   | State   | PA | Zip Code             | 19154      | 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: |  |
|------------------------------|--|

|  |                  |                                  |                                  |          |                   |                   |        |
|--|------------------|----------------------------------|----------------------------------|----------|-------------------|-------------------|--------|
| Full Name of Contributor                               |                  | <i>MaryAnn Costello Grampsie</i> |                                  |          | Date [MM/DD/YYYY] | \$                | 500.00 |
| House #  | 3516             | Street Address                   | <i>Phasant Ct. Allentown, PA</i> |          | Date [MM/DD/YYYY] | \$                |        |
| City   | <i>Allentown</i> | State                            | <i>PA</i>                        | Zip Code | <i>18104-8844</i> | Date [MM/DD/YYYY] | \$     |
| Employer Name  |                  |                                  |                                  |          | Occupation        | <i>Retired</i>    |        |
| Employer Mailing Address / Principal Place of Business |                  |                                  |                                  |          |                   |                   |        |

|  |                  |                      |                     |          |                   |                   |        |
|--|------------------|----------------------|---------------------|----------|-------------------|-------------------|--------|
| Full Name of Contributor                               |                  | <i>McNeil For PA</i> |                     |          | Date [MM/DD/YYYY] | \$                | 300.00 |
| House #  | 3163             | Street Address       | <i>N. Front St.</i> |          | Date [MM/DD/YYYY] | \$                |        |
| City   | <i>Whitehall</i> | State                | <i>PA</i>           | Zip Code | <i>18052-3138</i> | Date [MM/DD/YYYY] | \$     |
| Employer Name  |                  |                      |                     |          | Occupation        | <i>ST. Rep.</i>   |        |
| Employer Mailing Address / Principal Place of Business |                  |                      |                     |          |                   |                   |        |

|  |                   |                              |                   |          |                   |                   |        |
|--|-------------------|------------------------------|-------------------|----------|-------------------|-------------------|--------|
| Full Name of Contributor                               |                   | <i>Friends of Kevin Lott</i> |                   |          | Date [MM/DD/YYYY] | \$                | 250.00 |
| House #  | 621               | Street Address               | <i>Durham St.</i> |          | Date [MM/DD/YYYY] | \$                |        |
| City   | <i>Hellertown</i> | State                        | <i>PA</i>         | Zip Code | <i>18055-1910</i> | Date [MM/DD/YYYY] | \$     |
| Employer Name  |                   |                              |                   |          | Occupation        | <i>Retired</i>    |        |
| Employer Mailing Address / Principal Place of Business |                   |                              |                   |          |                   |                   |        |

|  |                  |                                  |                 |          |                   |                   |        |
|--|------------------|----------------------------------|-----------------|----------|-------------------|-------------------|--------|
| Full Name of Contributor                               |                  | <i>Friends of Bryan Callahan</i> |                 |          | Date [MM/DD/YYYY] | \$                | 250.00 |
| House #  | 633              | Street Address                   | <i>Main St.</i> |          | Date [MM/DD/YYYY] | \$                |        |
| City   | <i>Bethlehem</i> | State                            | <i>PA</i>       | Zip Code | <i>18018</i>      | Date [MM/DD/YYYY] | \$     |
| Employer Name  |                  |                                  |                 |          | Occupation        | <i>Teacher</i>    |        |
| Employer Mailing Address / Principal Place of Business |                  |                                  |                 |          |                   |                   |        |

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 Contributor                               |                    |          |                   |  | Date [MM/DD/YYYY] |  | \$ | 1,000.00 |
| Murat Guzel  |                    |          |                   |  | 04/30/2021        |  |    |          |
| House #  | Street Address     |          | Date [MM/DD/YYYY] |  | \$                |  |    |          |
| 1139   | Lehigh Ave Ste 300 |          |                   |  |                   |  |    |          |
| City   | State              | Zip Code | Date [MM/DD/YYYY] |  | \$                |  |    |          |
| Whitehall  | PA                 | 18052    |                   |  |                   |  |    |          |
| Employer Name  |                    |          | Occupation        |  |                   |  |    |          |
| Natural Food Group                                     |                    |          | CEO               |  |                   |  |    |          |
| Employer Mailing Address / Principal Place of Business |                    |          |                   |  |                   |  |    |          |
| 1139 Lehigh Ave<br>Whitehall PA 18052                  |                    |          |                   |  |                   |  |    |          |
| Full Name of Contributor                               |                    |          |                   |  | Date [MM/DD/YYYY] |  | \$ | 250.00   |
| Friends of J. William Reynolds                         |                    |          |                   |  | 04/29/2021        |  |    |          |
| House #  | Street Address     |          | Date [MM/DD/YYYY] |  | \$                |  |    |          |
| 34   | W. Elizabeth Ave.  |          |                   |  |                   |  |    |          |
| City   | State              | Zip Code | Date [MM/DD/YYYY] |  | \$                |  |    |          |
| Bethlehem  | PA                 | 18018    |                   |  |                   |  |    |          |
| Employer Name  |                    |          | Occupation        |  |                   |  |    |          |
| Allentown School District                              |                    |          | Teacher           |  |                   |  |    |          |
| Employer Mailing Address / Principal Place of Business |                    |          |                   |  |                   |  |    |          |
|  |                    |          |                   |  |                   |  |    |          |
| Full Name of Contributor                               |                    |          |                   |  | Date [MM/DD/YYYY] |  | \$ | 500.00   |
| Friends of Robert Poncher                              |                    |          |                   |  | 02/01/2021        |  |    |          |
| House #  | Street Address     |          | Date [MM/DD/YYYY] |  | \$                |  |    |          |
| 377  | Devonshire Dr.     |          |                   |  |                   |  |    |          |
| City   | State              | Zip Code | Date [MM/DD/YYYY] |  | \$                |  |    |          |
| Bethlehem  | PA                 | 18017    |                   |  |                   |  |    |          |
| Employer Name  |                    |          | Occupation        |  |                   |  |    |          |
| City of Bethlehem                                      |                    |          | Mayor             |  |                   |  |    |          |
| Employer Mailing Address / Principal Place of Business |                    |          |                   |  |                   |  |    |          |
| 10 E Church 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 |                    |          |                   |  |                   |  |    |          |
|  |                    |          |                   |  |                   |  |    |          |

**SCHEDULE III**  
**Statement of Expenditures**

|                              |  |
|------------------------------|--|
| Filer Identification Number: |  |
|------------------------------|--|

|              |           |                                |                      |          |                            |                |          |
|--------------|-----------|--------------------------------|----------------------|----------|----------------------------|----------------|----------|
| To Whom Paid |           | Staples                        |                      |          | Date [MM/DD/YYYY]          | \$             | 39.58    |
| House #      | 2138      | Street Address                 | W. Union Blvd.       |          | Description of Expenditure |                |          |
| City         | Bethlehem | State                          | PA                   | Zip Code | 18018                      | Supplies       |          |
| To Whom Paid |           | Lehigh Valley Print Center     |                      |          | Date [MM/DD/YYYY]          | \$             | 449.44   |
| House #      | 1701      | Street Address                 | Union Blvd. Ste 114  |          | Description of Expenditure |                |          |
| City         | Allentown | State                          | PA                   | Zip Code | 18109                      | Yard Signs     |          |
| To Whom Paid |           | U.S Postal Service             |                      |          | Date [MM/DD/YYYY]          | \$             | 44.00    |
| House #      | 535       | Street Address                 | Wood St.             |          | Description of Expenditure |                |          |
| City         | Bethlehem | State                          | PA                   | Zip Code | 18016                      | Stamps         |          |
| To Whom Paid |           | Forward Motion Consulting, LLC |                      |          | Date [MM/DD/YYYY]          | \$             | 76.00    |
| House #      | 1504      | Street Address                 | N. New St            |          | Description of Expenditure |                |          |
| City         | Bethlehem | State                          | PA                   | Zip Code | 18018                      | Graphic Design |          |
| To Whom Paid |           | Lehigh Valley Print Center     |                      |          | Date [MM/DD/YYYY]          | \$             | 477.00   |
| House #      | 1701      | Street Address                 | Union Blvd. Ste. 114 |          | Description of Expenditure |                |          |
| City         | Allentown | State                          | PA                   | Zip Code | 18109                      | Palm Cards     |          |
| To Whom Paid |           | 21 Crafthouse & Kitchen        |                      |          | Date [MM/DD/YYYY]          | \$             | 642.16   |
| House #      | 21        | Street Address                 | E. Elizabeth Ave.    |          | Description of Expenditure |                |          |
| City         | Bethlehem | State                          | PA                   | Zip Code | 18018                      | Fundraiser     |          |
| To Whom Paid |           | Lehigh Valley Print Center     |                      |          | Date [MM/DD/YYYY]          | \$             | 3,769.89 |
| House #      | 1701      | Street Address                 | Union Blvd. Ste 114  |          | Description of Expenditure |                |          |
| City         | Allentown | State                          | PA                   | Zip Code | 18109                      | Mailer         |          |
| To Whom Paid |           | Paypal                         |                      |          | Date [MM/DD/YYYY]          | \$             | 58.50    |
| House #      | 2211      | Street Address                 | North 1st St.        |          | Description of Expenditure |                |          |
| City         | Austin    | State                          | TX                   | Zip Code |                            | Service fee    |          |

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: |  |
|------------------------------|--|

|                     |      |                |       |             |                      |                                 |  |                             |          |
|---------------------|------|----------------|-------|-------------|----------------------|---------------------------------|--|-----------------------------|----------|
| Name of Creditor    |      |                |       |             | Grace Crampsie Smith |                                 |  | Outstanding Balance of Debt |          |
| House #             | 1463 | Street Address |       | Lorain Ave. |                      | DATE DEBT INCURRED [MM/DD/YYYY] |  | \$                          | 1,000.00 |
| City                |      | Bethlehem      | State | PA          | Zip Code             | 18018                           |  |                             |          |
| Description of Debt |      | Campaign Loan  |       |             |                      |                                 |  |                             |          |

|                     |  |                |       |  |          |                                 |  |                             |  |
|---------------------|--|----------------|-------|--|----------|---------------------------------|--|-----------------------------|--|
| 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 |  |                |       |  |          |                                 |  |                             |  |