Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identificatio Number						ort Filed B rk X)	ÿ	Candida	te	X	Co	mmittee	!		Lobby	/ist	
Name of Filing Committee, Candidate or Lobbyist				Frie	riends of Grace Crampsie Smith												
Street Address					1403	Lorain Av	e										
City	Beth	hleher	n					State	PA	Same and the same	Zi	p Code	18018	}			
Type of Report (F	Place x un	nder r	eport typi	∋)													A. C. Santa
1- 6 th Tuesday Pre-Primary	2- 2 nd Fri Pre-Prima		3- 30 Day Primary	/ Post		Tuesday Election	_ ,	nd Friday - Election	6- 30 D Election	ay Post 1	7-	Annual		al 2 nd Friday lection		al 30 E Electio	
					Ī			X									
Date Of Election (MM/DD/YYYY)			11/02/2	021	Yea			2021	*Amend Report				Term Repo	ination rt			
Summary of Rec	eipts and	j	From Da	ite		To Date	ë					Fo	r Office	Use Only	CORRECTION OF STREET	and the state of t	- 40 m 2 3 - 41 m 2 1
Expenditures			06/08	3/2021		10)/18/20	021									
A. Amount Brou	ight Forwa	ard F	rom Last	Repor	t i	3 1	0,680).26							,		
B. Total Moneta (From Schedule		butio	ns and Re	ceipts		3 .	500.0	00				•					
C. Total Funds A (Sum of Lines A						\$ 11,180.26											
D. Total Expend (From Schedule	itures					8	817.7	77									
E. Ending Cash E (Subtract Line D	Balance	ie C)				\$ 1	0,362	2,49									
F. Value of In-Kind Contributions Received (From Schedule II)			red		\$	0											
	G. Unpaid Debts and Obligations \$ 1,000.00 (From Schedule IV)																
								Affidavit Se									
Part 1- If this is a (Committee	e report	t, treasure	r sign h	nere. If	this is a Ca schedules c	ndida n pan	te report-c	andidate : best of it	ign here. V khowle	dae	and belief	true, cor	rect and compl	ete.	1	
Sworn to and sub	I swear (or affirm) that this report, including the attached schedules on paper is to the best of his kilowledge and belief true, correct and complete. Sworn to and subscribed before me this																

Commonwealth of Pennsylvania - Campaign Finance Report

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

		(14010. 11)	-	rt Filed	AND DESCRIPTION OF THE PERSON NAMED IN	Candidat	e IIII	Committee		Lobbyist
Filer Identification	1			(Mark X)			Ĭ			
Number Name of Filing Comr	nittee Can	didate or					11	<u></u>		
Lobbyist	mittee, our	ulduto of	Frien	ന്പ്പ്ട of Grace Crampsie Smith						
Street Address			1403	403 Lorain Ave						
	1-7		1400	LUIAIII		State		Zip Code		
City	Bethleher	m				State	PA	1.p 5000	18018	
Type of Report (Plac	e x under r	eport type)								10 1100 D
1-6 th Tuesday 2-	2 nd Friday	3- 30 Day Post	4-6th	Tuesda	у 5-:	2 nd Friday	6- 30 Day Post	7- Annual	Special 2 ^{no} Friday	Special 30 Day Post-Election
	-Primary	Primary	Pre-	Election	Pr	e- Election	Election		Pre-Election	Post-cleation
						X				
	<u> </u>		Vas	<u> </u>			Amendment	+	Termination	
Date Of Election		11/02/2021	Yea	ſ		2021	Report		Report	
(MM/DD/YYYY)						a aga ngawa saning a sa sa			OWNER HANDS	
Summary of Receip	ts and	From Date		To D	ate			For	Office Use Only	
Expenditures		06/08/2021			10/18/	/2021			•	
			_ i.					,		
A. Amount Brought	t Forward F	rom Last Repor	rt	\$	10,68	30.26				
B. Total Monetary	Contributio	ons and Receipt	s	\$	500.00					
(From Schedule I)	00,12,12	,						,	•	
C. Total Funds Avai	ilable			\$	11,18	30.26			4	
(Sum of Lines A and	d B)						1 .			
D. Total Expenditu			1	\$	817	7.77				
(From Schedule III)				S	400	20.40	-{			
E. Ending Cash Balance				0	10,3	62.49				
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received				8		0	1			
(From Schedule II)		0110 110001100		1		·	1			
G. Unpaid Debts at	G. Unpaid Debts and Obligations 8 1,000.0				00.00	1				
(From Schedule IV)				in with	00.00					
				51:	1.417	Affidavit S	ection		-	
Part 1- If this is a Con	nmittee repo	ort, treasurer sign	here.	if this is	Candi	date report.	candidate sign hei	e.	true correct and comi	Nata

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	
1	

		go sancial design	to Real State Proper	
1.Unitemized Contributions and Receipts-\$ 50.00 or Less	per Contributor			•
Total fo	r the reporting period	(1)	S	
Totalio	t the reporting period	\'''	٠	0
2. Contributions of \$50.01 to \$250.00 (From	garan da ar shekaran ƙwaran ƙwaran ƙwallon ƙwallon ƙwallon ƙwallon ƙwallon ƙwallon ƙwallon ƙwallon ƙwallon ƙwa	separa manggalan		
Part A and Part B)	the state of the s		سيستست	
Contributions Received from Political Committees (Part A)			\$	0
All Other Contributions (Part B)			\$	0
Total for	r the reporting period	(2)	\$. 0
3. Contributions Over § 250.00 (From Part C and Part D)		gin A 11 - 4 1 1		
Contributions Received from Political Committees (Part C)		\$. 0
All Other Contributions (Part D)			\$	500.00
Total for	the reporting period	(3)	\$	500.00
4. Other Receipts-Refunds, Interest Earned, Returned C	hecks, ETC. (From Part E)		<u> </u>	
Total for	r the reporting period	(4)	8	0
Total Monetary Contributions and Receipts during this re enter amount totals from Boxes 1, 2, 3 and 4; also enter a Cover Page, Item B)	porting period (Add and this amount on Page 1, Re	port	\$	500.00

PART A

Contributions Received From Political Committees

 $\$\,50.01\,\text{TO}\,\$\,250.00$ Use this Part to itemize only contributions received from Political Committees with an aggregate value from $\$\,50.01$ TO $\$\,250.00$ in the reporting period.

Filer Identification Number				,		
					Amount	
Full Name of Contributi Committee	ng			Date [MM/DD/YYYY]	\$	10 000
				Date [MM/DD/YYYY]	8	
House #	Street Address			Date [WIM/DD/1111]	•	
City		State	Zip Code	Date [MM/DD/YYYY]	\$.	
Full Name of Contribut Committee	ing			Date [MM7DD/YYYY]	\$	
	Street Address			Date [MM/DD/YYYY]	8	<u></u>
City		State	Zip Code	Date [MM/DD/YYYY]	8	
Full Name of Contribut Committee	ing	·		Date [MM/DD/YYYY]	\$	ा अपने अपने अपने व्यक्तिया व्यक्तिया विकास
	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	8	
Full Name of Contribut Committee	ting			Date [MM/DD/YYYY]	-8	
House #	Street Address			Date [MM/DD/YYYY]	8	
City		State	Zip Code	Date [MM/DD/YYYY]	8	
Full Name of Contribu Committee	ting			Date [MM/DD/YYYY]	8	
House #	Street Address	<u>, , , , , , , , , , , , , , , , , , , </u>	,	Date [MM/DD/YYYY]	8	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	· · · · · · · · · · · · · · · · · · ·
Full Name of Contribu Committee	tíng			Date [MM/DD/YYYY]	S	
House #	Street Address			 Date [MM/DD/YYYY]	8	
City .		State	Zip Code	 Date [MM/DD/YYYY]	8	
				0,000,000		

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	instance (1987)				
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	8
Pro and	4.6				1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
House #	Street Address			Date [MM/DD/YYYY]	\$
		l		,	* 150 * 150 * 100
City		State	Zip Code	Date [MM/DD/YYYY]	8.
		\$161.			
Full Name of Co	ntributor	Manufacture of the		Date [MM/DD/YYYY]	1.8
House #	Street Address			Date [MM/DD/YYYY]	1 8 1
City		State	Zip Code	Date [MM/DD/YYYY]	187
		4 - 新華			7.1
Full Name of Co	intributor	The second secon		Date [MM/DD/YYYY]	8
					- No. (42)
House #	Street Address	1		Date [MM/DD/YYYY]	\$ 8
	J-1 001 11441 081				C 1.00
City		State	Zip Code	Date [MM/DD/YYYY]	1 - 4 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Full Name of Co	intributor		province to delice	Date [MM/DD/YYYY]	
House #	Street Address	3		Date [MM/DD/YYYY]	
	officer Additions				
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	8
			,	SAME TO A STATE OF THE STATE OF	[16] [4]
Full Name of Co	ontributor			Date [MM/DD/YYYY]	8
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				N 12 - 1
House #	Street Address	3		Date [MM/DD/YYYY]	8.0
	<u>। । । । । । । । । । । । । । । । । । । </u>				1
City		State	Zip Code	Date [MM/DD/YYYY]	8
			Andrew Control of the		
Full Name of Co	ontributor			Date [MM/DD/YYYY]	3. 8.
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
House #	Street Address	\$		Date [MM/DD/YYYY]	8
, unit	J. J. J. Hadioe				- 44
CHV		State	Zip Code	Date [MM/DD/YYYY]	
City		J. J		e a company de propose popular de com field 40°C 4	1
1		12 T	t. 1	i i	i i

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				Date [MM/DD/YYYY] 8	
Contributing Con	nmittee				7
House #	Street Addres	18	<u> </u>	Date [MM/DD/YYYY] \$	· ·
					:
Gity	17.	State	Zip Code	Date [MM/DD/YYYY] \$	N
		1 1997 1 1997 1 1997	<u> </u>	We will be a second of the sec	
Full Name of	um!ii			Date [MM/DD/YYYY] \$	
Contributing Cor				e e e e e e e e e e e e e e e e e e e	
House #	Street Addres			Date [MM/DD/YYYY] 8	1981 1982 1983 1983 1984
			1 201 10 10	100 mg/s	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Fill Name of				Date [MM/DD/YYYY] 8	
Full Name of Contributing Co	mmīttee			Petro IMIMURISTATION IN	数 33
House #	Street Addres	SS		Date [MM/DD/YYYY] 8	.6 \ \ \{\bar{\partial} \}
	on vot muult			<u>でもその前の名の集合できるですが、できてもまたが、間から</u>	
City		State	Zip Code	Date [MM/DD/YYYY] \$	Ž
		12 SEC. 18 SEC	1 · · · · · · · · · · · · · · · · · · ·		2007. 金数:
Full Name of	200 - 11 (100 pt 100 pt			Date [MM/DD/YYYY]	
Contributing Co	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
House #	Street Addre	188		Date [MM/DD/YYYY] 8	\$
					2007
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of	nak naje jeznekogo			Date [MM/DD/YYYY]	
Contributing Co	mmittee			Initial set 11111	- # 1
House#	Street Addre	SS		Date [MM/DD/YYYY]	18. \$2
	ou our nault	RET			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
City		State	Zip Code	Date [MM/DD/YYYY]	8.1.
		12.00 (5 : 10) (5 : 20)			100 mg / 100
Full Name of	ever gran sa			Date [MM/DD/YYYY]	8
Contributing Co	18-18-18-18-18-18-18-18-18-18-18-18-18-1				
House #.	Street Addre	188		Date [MM/DD/YYYY]	8
				F	
City		State	Zip Code	Date [MM/DD/YYYY]	8
				· i	

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:			
	Algebra () () () () () () () () () (
Full Name of Contributor MaryAn	n Costello Crampsie		Date [MM/DD/YYYY]
House # 3516 Street Addres	Prieasant		Date [MM/DD/YYYY] 8
City Allentown	State PA	Zip Code 18106	Date [MM/DD/YYYY] \$
Employer Name	N/A		Occupation Retired Teacher
Employer Mailing Address / Principal Place of Business	P		
Full Name of Contributor			Bate [MM/DD/YYYY] \$
House # Street Addre	SS		Date [MM/DD/YYYY] 8
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] 8
House # Street Addre			Date [MM/DD/YYYY] \$
City	State	Zip Code	* Date [MM/DD/YYYY] 8
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] 8
House # Street Addre	SS		Date [MM/DD/YYYY] 8
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	 	[PA 11 # 80]	Occupation/
Employer Mailing Address / Principal Place of Business		4	The State of Land

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification I	Number:			
Full Name				
House#	Street Address			
City	C - 1 C.	State	Zip Gode	Date [MM/DD/YYYY] \$
Receipt Descript				l
Full Name				
House #	Street Address			
City		State	Zip Gode	Date [MM/DD/YYYY] \$
Receipt Descript				
Full Name				
House #	Street Address	***************************************		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript		. [5] 香港	\$2000	
Full Name	*			
House #	Street Address			
City		State	Zip Gode	Date [MM/DD/YYYY] \$
Receipt Descrip	N 2 3 1 147 147 19 1			
Full Name				
House#	Street Address			
City	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	State	Zip Gode	Date [MM/DD/YYYY] \$
Receipt Descrip	tion			
Full Name				
House #	Street Address			ı
Gity		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	otion .			

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:	
	22 LESS DER COMERINATION
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$ 50	0.00 OR LESS PER CONTRIBUTOR*
TOTAL for the reporting period (1)	8
2: IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50:01 TO \$250	100 (FROM PART F)
TOTAL for the reporting period (2)	8
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$ 250.00 (FRO)	M PART G)
TOTAL for the reporting period (3)	8
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)	\$

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

White the control of	
Fill of Daniel Continue Mississing	
Filer Identification Number:	
Special contraction of the contr	

	SIMENTANS			Date [MM/DD/YYYY]	
Full Name of Cor	itt indtol	•		Corrections, on the 1111	
House#	Street Address			Date [MM/DD/YYYY]	8
					**
'City'		State	Zip Code	Date [MM/DD/YYYY]	8
Description of C	ontribution		Light Constitution		<u> </u>
Full Name of Co	ntributor			Date [MM/DD/YYYY]	81
	1025 08				
House #	Caucht Adduses			Date [MM/DD/YYYY]	\$ \$
House#	Street Address			SAME COMMENTAL STATE	(2.75.) (3.57.) (3.5.)
		Diago-C	ן בעבת בול	Date HARRIDD HARA	
Gity		State	Zip Code	Date [MM/DD/YYYY]	10 2 W
		1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
Description of C	ontribution	,			
Full Name of Co	ntributor			Date [MM/DD/YYYY]	8
House#	Street Address		•	Date [MM/DD/YYYY]	
		•		The second secon	
City	The state of the s	State	Zip Code	Date [MM/DD/YYYY]	[]
City	·	71414	Leik Apwil 11	55 775 174 194 (Sept.) (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	[2] 등 ()
Description of C	ontribution	- C			115.1
		The second section of the section			
Full Name of Co	(2) (2) (2) (2) (2) (3) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	. –		Date [MM/DD/YYYY]	8
					1
House #	Street Address			Date [MM/DD/YYYY]	44.5
	1. C. Sept. (1) 1. C. Sept. (2) 1. C. Sept. (2) 1. C. Sept. (3) 1. C. Sept. (4) 1. C. Sept. (4				
City		State	Zip Code	Date [MM/DD/YYYY]	8
		7.500			
Description of C	Contribution		. , , , , , , , , , , , , , , , , , , ,	, , <u>, , , , , , , , , , , , , , , , , </u>	, Lange of Language of Langua
Full Name of Co	intributor	J		Date [MM/DD/YYYY]	[8]
House #	Street Address			Date [MM/DD/YYYY]	8

City	INTERPORT NAMES	State	Zip Code	Date [MM/DD/YYYY]	8
					(Page of the control of the cont
Description of C	Contribution				
BOSE SESSE TO A	2000年2月2日 11日 11日 11日 11日 11日 11日 11日 11日 11日 1	- 1		,	

SCHEDULE II Part G

In-Kind Contributions Received

		VALUE OVER \$ 250			
Filer Identification Number:					
Full Name of Contributor			Date [MM/DD/YYYY] \$		
	,				
House # Street A	ddress.		Date [MM/DD/YYYY] 8		
			1		
City	State	Zip Code	Date [MM/DD/YYYY] 8		
Employer Name			Occupation.		
Employer Mailing Address / Pr	incipal		Description		
Place of Business		of Contribution			
Full Name of Contributor			Date [MM/DD/YYYY] \$		
			7 AP		
House # Street A	ddress		Date [MM/DD/YYYY] 8		
			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
City.	State	Zip Code	Date [MM/DD/YYYY] \$		
		(1) 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	· · · · · · · · · · · · · · · · · · ·		
Employer Name			Occupation		
Employer Mailing Address / Pr	rincipal		Description		
Place of Business			of		
Full Name of Contributor:	\$544 N. J.E.D		Date [MM/DD/YYYY] \$		
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
House# Street A	ddress		Date [MM/DD/YYYY] 8		
City		Zip Code	Date [MM/DD/YYYY] 8		
Employer Name			Occupation		
Employer Mailing Address / Pr	rincipal		Description		
Place of Business		·	of		
	Shrift		Contribution		
Full Name of Contributor			Date [MM/DD/YYYY] 8		
House # Street A	Address		Date [MM/DD/YYYY] 8		
	A AND AND A				
City	State	Zip Code	Date [MM/DD/YYYY] \$		
		State of the state	7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
Employer Name		<u>,, ,, ,, ,, , , , , , , , , , , , , , </u>	Occupation		
Employer Mailing Address / P	rincipal		Description		
Place of Business		of Contribution			
	49.50% (4.5)		ែលពេកពេក្តិអស់ពេទ្ធរក		

Statement of Expenditures

	Albert Artist and Artist Con-	
Filer Identification Nu	ımber:	
LINE INPUTION IN	ITIINGIA.	\cdot
	100	
	5.251	
[#] Partiti	5.430	

To Whom Paid	PNC Bank				arabili (1999) sayati sa kebagalangga j	Date [MM/DD/YYYY] \$ 3.00
				07/01/2021		
House # 1481	Street Address 8th Ave					Description of Expenditure
City Bethlehem	1 (1 (1 (2)) 1 (1 (2)) 2 (State	Pa	Zip Code	18018	Service Charge
To Whom Paid	Think Big Campaign	s, LLC				Date [MM/DD/YYYY]
House # 100	Street Address S.	Common	S			Description of Expenditure
City Pittsburgh		State	PA	Zip Code	15212	Text messages for campaign
To Whom Pald	USPS					Date [MM/DD/YYYY] 8 27.50 07/13/2021
House # 535	Street Address W	ood St				Description of Expenditure
City Bethlehem	<u> </u>	State	PA	Zip Çode	18016	Stamps
To Whom Paid	Ron Heckman for C	ounty Cou	ıncil			7 Date [MM/DD/YYYY] \$ 50.00
House # 2104	Street Address Ho	untington S	St.			Description of Expenditure
City Bethlehem		State	Pa	Zip Code	18017	Campaign Contribution
To Whom Paid	Act Blue Tara Zrinsk	ki for Coun	ity Council			Date [MM/DD/YYYY]
House # 4715	Street Address H	arriet Lane)			Description of Expenditure
Gity Bethlehem	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State	PA	Zip Code	18017	Campaign contribution
To Whom Pald	Zac Cole Borghi for	Lehigh C	ounty Council			Date [MM/DD/YYYY] \$ 50.00 08/03/2021
House # 435	Street Address W	. Lehigh S	Bt			Description of Expenditure
City Bethlehem		State	PA	Zip Code	18018	Campaign Contribution
To Whom Paid	PNÇ Bank		·			Date [MM/DD/YYYY]
House # . 1481	Street Address 8	8th Ave				Description of Expenditure
City Bethlehem	andra in a said and a	State	PA	Zip Code	18018	Checks
To Whom Paid	Maria McLaughlin fo	or Suprem	ie Court		e de la companya del la companya de	Date [MM/DD/YYYY] \$ 100.00
						10/12/2021
House #		O Box 159	943	·		10/12/2021 Description of Expenditure

Statement of Expenditures

Filer Identification Number:	
	l l

To Wh	om Paid						Date [MM/DD/YYYY]	\$
Friends of Lori		Vargo He	ffner			10/17/21	100.00	
House	#	Štreet Address PO Box 358					Description of Expendit	ture
City	Helle	ertown State PA Zip 18055				Campaign Contribution		
To Wh	om Paid		riends of	Ron Heckr	man	•	Date [MM/DD/YYYY]	\$
	:						10/17/21	100.00
House	2104	Street Address	Huntingt	on St			Description of Expendit	ure
City	Berth	nlehem	State	Pa ·	Zip Code	18017	Campaig	gn Contribution
To Wi	iom Paid	l oh	iah Valley	Labor Cou	neil		Date [MM/DD/YYYY]	\$
			igii valicy	Labor Cou	TION	Text	10/08/2021	150.00
House	3614	Street Address		ehigh St			Description of Expendit	ure
City	W	hitehall	State	Pa	Zip Code	18052	Ad-	Annual dinner
To Wi	nom Paid			Andrews II Sander van Joseph (Andrews Spieler)			Date [MM/DD/YYYY]	8
								ire
House	#	Street Address					Description of Expendit	ute
City			State		Zip Code		-	
To W	nom Paid				A STATE OF THE STA		Date [MM/DD/YYYY]	\$
		1100						
House)# 	Street Address			•		Description of Expendit	rure
City			State		Zip Code	•		
To W	nom Paid			in the grant the same states and the same	are the state of t		Date [MM/DD/YYYY]	8
House	e #	Street Address					Description of Expendi	ture
City	÷]		State		Zip Code			
To W	 hom Paid			on the second second second	, oout		Date [MM/DD/YYYY]]: 5 . ² :
House	e# 	Street Address					Description of Expendi	ture
Çity			State		Zip Code			
To W	hom Paid						Date [MM/DD/YYYY]	8
Hous	e#	Street Address			***********		Description of Expendi	
City	i	<u> </u>	State	4	Zip Code		2-03-03-03-03-03-03-03-03-03-03-03-03-03-	

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		an unpaid debts and obligations wi	are catetanding at the c	and to the sales herror.
	AV		, , , , , , , , , , , , , , , , , , ,	
Name of Credito		mpsie Smith		Outstanding Balance of Debt
House # 1403	Street Address	Lorian Ave	DATE DEBT INCURRED [MM/DD/YYYY] 02/19/2019	1,000.00
City	Bethlehen	n State	PA Zip 18018 Code	
Description of De	ebt Campaign	loan	t	I a second
Name of Credito	i l			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$:1
	1.41 2.41		[MM/DD/YYYY]	
City		State	Zip Code	
Description of Description	ebt		· · · · · · · · · · · · · · · · · · ·	
Name of Credito				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of D	ebt			
Name of Credito	i i			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	8
City:		State	Zip Code	
Description of D			de la companya de la	al distribution of the state of
Name of Credito)r			Outstanding Balance of Debt
House #	Ştreet Address		DATE DEBT INCURRED [MM/DD/YYYY]	A Solid
City		State	Zip'	
Description of D	eb †	1.1868 5	T WARMAN S.	125.1
Name of Credito				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
	\$ 100 miles (100 miles	D. Mat. 1		
City		State	Zip Code	7-78-3-4 7-17-1
Description of D	ebt			