

# 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) | X                               | Candidate | Committee | Lobbyist |
| Name of Filing Committee, Candidate or Lobbyist |                          | Friends of Grace Crampsie Smith |           |           |          |
| Street Address                                  |                          | 1403 Lorain 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 type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/>                 | <input checked="" type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>     |
| Date Of Election (MM/DD/YYYY)          |                                       | 11/02/2021               | Year                                     | 2021                                    | Amendment Report         | <input type="checkbox"/> | Termination Report                          | <input type="checkbox"/>     |

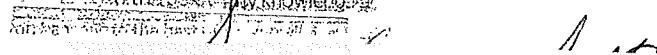
| Summary of Receipts and Expenditures                           | From Date  | To Date    | For Office Use Only |
|--|------------|------------|---------------------|
|  | 06/08/2021 | 10/18/2021 |                     |
| A. Amount Brought Forward From Last Report                     | \$         | 10,680.26  |                     |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$         | 500.00     |                     |
| C. Total Funds Available (Sum of Lines A and B)                | \$         | 11,180.26  |                     |
| D. Total Expenditures (From Schedule III)                      | \$         | 817.77     |                     |
| E. Ending Cash Balance (Subtract Line D from Line C)           | \$         | 10,362.49  |                     |
| 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.

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)

|   |           |                                 |    |           |       |           |                                     |          |                          |
|---|-----------|---------------------------------|----|-----------|-------|-----------|-------------------------------------|----------|--------------------------|
| Filer Identification Number                     |           | Report Filed By (Mark X)        |    | Candidate |       | Committee | <input checked="" type="checkbox"/> | Lobbyist | <input type="checkbox"/> |
| Name of Filing Committee, Candidate or Lobbyist |           | Friends of Grace Crampsie Smith |    |           |       |           |                                     |          |                          |
| Street Address                                  |           | 1403 Lorain 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 type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/>                 | <input checked="" type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>     |
| Date Of Election (MM/DD/YYYY)          |                                       | 11/02/2021               | Year                                     | 2021                                    | Amendment Report         | <input type="checkbox"/> | Termination Report                          | <input type="checkbox"/>     |

| Summary of Receipts and Expenditures                           | From Date  | To Date    | For Office Use Only |
|--|------------|------------|---------------------|
|  | 06/08/2021 | 10/18/2021 |                     |
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| 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 |  |
|-----------------------------|--|

| 1. Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor   |     |           |
|---|-----|-----------|
| Total for the reporting period  | (1) | \$ 0      |
| 2. Contributions of \$ 50.01 to \$ 250.00 (From Part A and Part B)  |     |           |
| Contributions Received from Political Committees (Part A)   | \$  | 0         |
| All Other Contributions (Part B)  | \$  | 0         |
| Total for the reporting period  | (2) | \$ 0      |
| 3. Contributions Over \$ 250.00 (From Part C and Part D)  |     |           |
| 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 Checks, ETC. (From Part E)   |     |           |
| 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> | \$  | 500.00    |

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 Number         |  |  |       |  |          |                   |  |                   |  |        |  |
|                                     |  |  |       |  |          |                   |  |                   |  | Amount |  |
| Full Name of Contributing Committee |  |  |       |  |          | Date [MM/DD/YYYY] |  |                   |  | \$     |  |
| House #                             |  |  |       |  |          | Street Address    |  | Date [MM/DD/YYYY] |  | \$     |  |
| City                                |  |  | State |  | Zip Code |                   |  | Date [MM/DD/YYYY] |  | \$     |  |
| Full Name of Contributing Committee |  |  |       |  |          | Date [MM/DD/YYYY] |  |                   |  | \$     |  |
| House #                             |  |  |       |  |          | Street Address    |  | Date [MM/DD/YYYY] |  | \$     |  |
| City                                |  |  | State |  | Zip Code |                   |  | Date [MM/DD/YYYY] |  | \$     |  |
| Full Name of Contributing Committee |  |  |       |  |          | Date [MM/DD/YYYY] |  |                   |  | \$     |  |
| House #                             |  |  |       |  |          | Street Address    |  | Date [MM/DD/YYYY] |  | \$     |  |
| City                                |  |  | State |  | Zip Code |                   |  | Date [MM/DD/YYYY] |  | \$     |  |
| Full Name of Contributing Committee |  |  |       |  |          | Date [MM/DD/YYYY] |  |                   |  | \$     |  |
| House #                             |  |  |       |  |          | Street Address    |  | Date [MM/DD/YYYY] |  | \$     |  |
| City                                |  |  | State |  | Zip Code |                   |  | Date [MM/DD/YYYY] |  | \$     |  |
| Full Name of Contributing Committee |  |  |       |  |          | Date [MM/DD/YYYY] |  |                   |  | \$     |  |
| House #                             |  |  |       |  |          | Street Address    |  | Date [MM/DD/YYYY] |  | \$     |  |
| City                                |  |  | State |  | Zip Code |                   |  | Date [MM/DD/YYYY] |  | \$     |  |
| Full Name of Contributing Committee |  |  |       |  |          | Date [MM/DD/YYYY] |  |                   |  | \$     |  |
| House #                             |  |  |       |  |          | Street Address    |  | Date [MM/DD/YYYY] |  | \$     |  |
| City                                |  |  | State |  | Zip Code |                   |  | Date [MM/DD/YYYY] |  | \$     |  |
| Full Name of Contributing Committee |  |  |       |  |          | Date [MM/DD/YYYY] |  |                   |  | \$     |  |
| House #                             |  |  |       |  |          | Street Address    |  | Date [MM/DD/YYYY] |  | \$     |  |
| City                                |  |  | State |  | Zip Code |                   |  | Date [MM/DD/YYYY] |  | \$     |  |

PART B

# All Other Contributions

\$ 50.01 TO \$ 250

Use this Part to itemize all other contributions with an aggregate value from \$ 50.01 TO \$ 250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

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

|                          |                |  |          |                   |                   |    |  |
|--------------------------|----------------|--|----------|-------------------|-------------------|----|--|
| Full Name of Contributor |                |  |          |                   | Date [MM/DD/YYYY] | \$ |  |
| House #                  | Street Address |  |          | Date [MM/DD/YYYY] |                   | \$ |  |
| City                     | State          |  | Zip Code |                   | Date [MM/DD/YYYY] | \$ |  |
| Full Name of Contributor |                |  |          |                   | Date [MM/DD/YYYY] | \$ |  |
| House #                  | Street Address |  |          | Date [MM/DD/YYYY] |                   | \$ |  |
| City                     | State          |  | Zip Code |                   | Date [MM/DD/YYYY] | \$ |  |
| Full Name of Contributor |                |  |          |                   | Date [MM/DD/YYYY] | \$ |  |
| House #                  | Street Address |  |          | Date [MM/DD/YYYY] |                   | \$ |  |
| City                     | State          |  | Zip Code |                   | Date [MM/DD/YYYY] | \$ |  |
| Full Name of Contributor |                |  |          |                   | Date [MM/DD/YYYY] | \$ |  |
| House #                  | Street Address |  |          | Date [MM/DD/YYYY] |                   | \$ |  |
| City                     | State          |  | Zip Code |                   | Date [MM/DD/YYYY] | \$ |  |
| Full Name of Contributor |                |  |          |                   | Date [MM/DD/YYYY] | \$ |  |
| House #                  | Street Address |  |          | Date [MM/DD/YYYY] |                   | \$ |  |
| City                     | State          |  | Zip Code |                   | Date [MM/DD/YYYY] | \$ |  |
| Full Name of Contributor |                |  |          |                   | Date [MM/DD/YYYY] | \$ |  |
| House #                  | Street Address |  |          | Date [MM/DD/YYYY] |                   | \$ |  |
| City                     | State          |  | Zip Code |                   | Date [MM/DD/YYYY] | \$ |  |

PART C

# Contributions Received From Political Committees

Over \$ 250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$ 250.00 in the reporting period.

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

|                                     |                |       |  |          |                   |                   |    |
|-------------------------------------|----------------|-------|--|----------|-------------------|-------------------|----|
| Full Name of Contributing Committee |                |       |  |          | Date [MM/DD/YYYY] | \$                |    |
| House #                             | Street Address |       |  |          | Date [MM/DD/YYYY] | \$                |    |
| City                                |                | State |  | Zip Code |                   | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributing Committee |                |       |  |          | Date [MM/DD/YYYY] | \$                |    |
| House #                             | Street Address |       |  |          | Date [MM/DD/YYYY] | \$                |    |
| City                                |                | State |  | Zip Code |                   | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributing Committee |                |       |  |          | Date [MM/DD/YYYY] | \$                |    |
| House #                             | Street Address |       |  |          | Date [MM/DD/YYYY] | \$                |    |
| City                                |                | State |  | Zip Code |                   | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributing Committee |                |       |  |          | Date [MM/DD/YYYY] | \$                |    |
| House #                             | Street Address |       |  |          | Date [MM/DD/YYYY] | \$                |    |
| City                                |                | State |  | Zip Code |                   | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributing Committee |                |       |  |          | Date [MM/DD/YYYY] | \$                |    |
| House #                             | Street Address |       |  |          | Date [MM/DD/YYYY] | \$                |    |
| City                                |                | State |  | Zip Code |                   | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributing Committee |                |       |  |          | Date [MM/DD/YYYY] | \$                |    |
| House #                             | Street Address |       |  |          | Date [MM/DD/YYYY] | \$                |    |
| City                                |                | State |  | Zip Code |                   | Date [MM/DD/YYYY] | \$ |

PART D  
**All Other Contributions**

Over \$ 250.00

Use this Part to itemize all other contributions with an aggregate value over \$ 250.00 in the reporting period.  
 (Exclude contributions from political committees reported in Part C)

|                                     |  |
|-------------------------------------|--|
| <b>Filer Identification Number:</b> |  |
|-------------------------------------|--|

|   |                                |                       |  |                                   |  |                                     |  |           |
|---|--------------------------------|-----------------------|--|-----------------------------------|--|-------------------------------------|--|-----------|
| <b>Full Name of Contributor</b> MaryAnn Costello Crampsie     |                                |                       |  |                                   |  | <b>Date [MM/DD/YYYY]</b> 07/07/2021 |  | \$ 500.00 |
| <b>House #</b> 3516   | <b>Street Address</b> Pheasant |                       |  |                                   |  | <b>Date [MM/DD/YYYY]</b>            |  | \$        |
| <b>City</b> Allentown   | <b>State</b> PA                | <b>Zip Code</b> 18106 |  | <b>Date [MM/DD/YYYY]</b>          |  | \$                                  |  |           |
| <b>Employer Name</b> N/A                                      |                                |                       |  | <b>Occupation</b> Retired Teacher |  |                                     |  |           |
| <b>Employer Mailing Address / Principal Place of Business</b> |                                |                       |  |                                   |  |                                     |  |           |

|   |                       |                 |  |                          |  |                          |  |    |
|---|-----------------------|-----------------|--|--------------------------|--|--------------------------|--|----|
| <b>Full Name of Contributor</b>                               |                       |                 |  |                          |  | <b>Date [MM/DD/YYYY]</b> |  | \$ |
| <b>House #</b>  | <b>Street Address</b> |                 |  |                          |  | <b>Date [MM/DD/YYYY]</b> |  | \$ |
| <b>City</b>   | <b>State</b>          | <b>Zip Code</b> |  | <b>Date [MM/DD/YYYY]</b> |  | \$                       |  |    |
| <b>Employer Name</b>  |                       |                 |  | <b>Occupation</b>        |  |                          |  |    |
| <b>Employer Mailing Address / Principal Place of Business</b> |                       |                 |  |                          |  |                          |  |    |

|   |                       |                 |  |                          |  |                          |  |    |
|---|-----------------------|-----------------|--|--------------------------|--|--------------------------|--|----|
| <b>Full Name of Contributor</b>                               |                       |                 |  |                          |  | <b>Date [MM/DD/YYYY]</b> |  | \$ |
| <b>House #</b>  | <b>Street Address</b> |                 |  |                          |  | <b>Date [MM/DD/YYYY]</b> |  | \$ |
| <b>City</b>   | <b>State</b>          | <b>Zip Code</b> |  | <b>Date [MM/DD/YYYY]</b> |  | \$                       |  |    |
| <b>Employer Name</b>  |                       |                 |  | <b>Occupation</b>        |  |                          |  |    |
| <b>Employer Mailing Address / Principal Place of Business</b> |                       |                 |  |                          |  |                          |  |    |

|   |                       |                 |  |                          |  |                          |  |    |
|---|-----------------------|-----------------|--|--------------------------|--|--------------------------|--|----|
| <b>Full Name of Contributor</b>                               |                       |                 |  |                          |  | <b>Date [MM/DD/YYYY]</b> |  | \$ |
| <b>House #</b>  | <b>Street Address</b> |                 |  |                          |  | <b>Date [MM/DD/YYYY]</b> |  | \$ |
| <b>City</b>   | <b>State</b>          | <b>Zip Code</b> |  | <b>Date [MM/DD/YYYY]</b> |  | \$                       |  |    |
| <b>Employer Name</b>  |                       |                 |  | <b>Occupation</b>        |  |                          |  |    |
| <b>Employer Mailing Address / Principal Place of Business</b> |                       |                 |  |                          |  |                          |  |    |

PART E

# Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

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

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

|                     |                |       |  |          |  |                      |
|---------------------|----------------|-------|--|----------|--|----------------------|
| Full Name           |                |       |  |          |  |                      |
| House #             | Street Address |       |  |          |  |                      |
| City                |                | State |  | Zip Code |  | Date [MM/DD/YYYY] \$ |
| Receipt Description |                |       |  |          |  |                      |

|                     |                |       |  |          |  |                      |
|---------------------|----------------|-------|--|----------|--|----------------------|
| Full Name           |                |       |  |          |  |                      |
| House #             | Street Address |       |  |          |  |                      |
| City                |                | State |  | Zip Code |  | Date [MM/DD/YYYY] \$ |
| Receipt Description |                |       |  |          |  |                      |

|                     |                |       |  |          |  |                      |
|---------------------|----------------|-------|--|----------|--|----------------------|
| Full Name           |                |       |  |          |  |                      |
| House #             | Street Address |       |  |          |  |                      |
| City                |                | State |  | Zip Code |  | Date [MM/DD/YYYY] \$ |
| Receipt Description |                |       |  |          |  |                      |

|                     |                |       |  |          |  |                      |
|---------------------|----------------|-------|--|----------|--|----------------------|
| Full Name           |                |       |  |          |  |                      |
| House #             | Street Address |       |  |          |  |                      |
| City                |                | State |  | Zip Code |  | Date [MM/DD/YYYY] \$ |
| Receipt Description |                |       |  |          |  |                      |

|                     |                |       |  |          |  |                      |
|---------------------|----------------|-------|--|----------|--|----------------------|
| Full Name           |                |       |  |          |  |                      |
| House #             | Street Address |       |  |          |  |                      |
| City                |                | State |  | Zip Code |  | Date [MM/DD/YYYY] \$ |
| Receipt Description |                |       |  |          |  |                      |

|                     |                |       |  |          |  |                      |
|---------------------|----------------|-------|--|----------|--|----------------------|
| Full Name           |                |       |  |          |  |                      |
| House #             | Street Address |       |  |          |  |                      |
| City                |                | State |  | Zip Code |  | Date [MM/DD/YYYY] \$ |
| Receipt Description |                |       |  |          |  |                      |



SCHEDULE II

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD  
 DETAILED SUMMARY PAGE

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

|  |     |    |
|--|-----|----|
| <b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b> |     |    |
| TOTAL for the reporting period   | (1) | \$ |

|   |     |    |
|---|-----|----|
| <b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b> |     |    |
| TOTAL for the reporting period  | (2) | \$ |

|   |     |    |
|---|-----|----|
| <b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b> |     |    |
| TOTAL for the reporting period  | (3) | \$ |

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

|                                     |  |
|-------------------------------------|--|
| <b>Filer Identification Number:</b> |  |
|-------------------------------------|--|

|                                 |                       |              |                 |                          |    |  |
|---------------------------------|-----------------------|--------------|-----------------|--------------------------|----|--|
| <b>Full Name of Contributor</b> |                       |              |                 | <b>Date [MM/DD/YYYY]</b> | \$ |  |
| <b>House #</b>                  | <b>Street Address</b> |              |                 | <b>Date [MM/DD/YYYY]</b> | \$ |  |
| <b>City</b>                     |                       | <b>State</b> | <b>Zip Code</b> | <b>Date [MM/DD/YYYY]</b> | \$ |  |

|                                    |  |
|------------------------------------|--|
| <b>Description of Contribution</b> |  |
|------------------------------------|--|

|                                 |                       |              |                 |                          |    |  |
|---------------------------------|-----------------------|--------------|-----------------|--------------------------|----|--|
| <b>Full Name of Contributor</b> |                       |              |                 | <b>Date [MM/DD/YYYY]</b> | \$ |  |
| <b>House #</b>                  | <b>Street Address</b> |              |                 | <b>Date [MM/DD/YYYY]</b> | \$ |  |
| <b>City</b>                     |                       | <b>State</b> | <b>Zip Code</b> | <b>Date [MM/DD/YYYY]</b> | \$ |  |

|                                    |  |
|------------------------------------|--|
| <b>Description of Contribution</b> |  |
|------------------------------------|--|

|                                 |                       |              |                 |                          |    |  |
|---------------------------------|-----------------------|--------------|-----------------|--------------------------|----|--|
| <b>Full Name of Contributor</b> |                       |              |                 | <b>Date [MM/DD/YYYY]</b> | \$ |  |
| <b>House #</b>                  | <b>Street Address</b> |              |                 | <b>Date [MM/DD/YYYY]</b> | \$ |  |
| <b>City</b>                     |                       | <b>State</b> | <b>Zip Code</b> | <b>Date [MM/DD/YYYY]</b> | \$ |  |

|                                    |  |
|------------------------------------|--|
| <b>Description of Contribution</b> |  |
|------------------------------------|--|

|                                 |                       |              |                 |                          |    |  |
|---------------------------------|-----------------------|--------------|-----------------|--------------------------|----|--|
| <b>Full Name of Contributor</b> |                       |              |                 | <b>Date [MM/DD/YYYY]</b> | \$ |  |
| <b>House #</b>                  | <b>Street Address</b> |              |                 | <b>Date [MM/DD/YYYY]</b> | \$ |  |
| <b>City</b>                     |                       | <b>State</b> | <b>Zip Code</b> | <b>Date [MM/DD/YYYY]</b> | \$ |  |

|                                    |  |
|------------------------------------|--|
| <b>Description of Contribution</b> |  |
|------------------------------------|--|

|                                 |                       |              |                 |                          |    |  |
|---------------------------------|-----------------------|--------------|-----------------|--------------------------|----|--|
| <b>Full Name of Contributor</b> |                       |              |                 | <b>Date [MM/DD/YYYY]</b> | \$ |  |
| <b>House #</b>                  | <b>Street Address</b> |              |                 | <b>Date [MM/DD/YYYY]</b> | \$ |  |
| <b>City</b>                     |                       | <b>State</b> | <b>Zip Code</b> | <b>Date [MM/DD/YYYY]</b> | \$ |  |

|                                    |  |
|------------------------------------|--|
| <b>Description of Contribution</b> |  |
|------------------------------------|--|

SCHEDULE II

Part G

**In-Kind Contributions Received**

VALUE OVER \$ 250

|                                     |  |
|-------------------------------------|--|
| <b>Filer Identification Number:</b> |  |
|-------------------------------------|--|

|   |                       |  |              |                 |                                    |                          |                          |    |
|---|-----------------------|--|--------------|-----------------|------------------------------------|--------------------------|--------------------------|----|
| <b>Full Name of Contributor</b>                               |                       |  |              |                 | <b>Date [MM/DD/YYYY]</b>           | \$                       |                          |    |
|   |                       |  |              |                 |                                    |                          |                          |    |
| <b>House #</b>  | <b>Street Address</b> |  |              |                 |                                    | <b>Date [MM/DD/YYYY]</b> | \$                       |    |
|   |                       |  |              |                 |                                    |                          |                          |    |
| <b>City</b>   |                       |  | <b>State</b> | <b>Zip Code</b> |                                    |                          | <b>Date [MM/DD/YYYY]</b> | \$ |
|   |                       |  |              |                 |                                    |                          |                          |    |
| <b>Employer Name</b>  |                       |  |              |                 | <b>Occupation</b>                  |                          |                          |    |
| <b>Employer Mailing Address / Principal Place of Business</b> |                       |  |              |                 | <b>Description of Contribution</b> |                          |                          |    |

|   |                       |  |              |                 |                                    |                          |                          |    |
|---|-----------------------|--|--------------|-----------------|------------------------------------|--------------------------|--------------------------|----|
| <b>Full Name of Contributor</b>                               |                       |  |              |                 | <b>Date [MM/DD/YYYY]</b>           | \$                       |                          |    |
|   |                       |  |              |                 |                                    |                          |                          |    |
| <b>House #</b>  | <b>Street Address</b> |  |              |                 |                                    | <b>Date [MM/DD/YYYY]</b> | \$                       |    |
|   |                       |  |              |                 |                                    |                          |                          |    |
| <b>City</b>   |                       |  | <b>State</b> | <b>Zip Code</b> |                                    |                          | <b>Date [MM/DD/YYYY]</b> | \$ |
|   |                       |  |              |                 |                                    |                          |                          |    |
| <b>Employer Name</b>  |                       |  |              |                 | <b>Occupation</b>                  |                          |                          |    |
| <b>Employer Mailing Address / Principal Place of Business</b> |                       |  |              |                 | <b>Description of Contribution</b> |                          |                          |    |

|   |                       |  |              |                 |                                    |                          |                          |    |
|---|-----------------------|--|--------------|-----------------|------------------------------------|--------------------------|--------------------------|----|
| <b>Full Name of Contributor</b>                               |                       |  |              |                 | <b>Date [MM/DD/YYYY]</b>           | \$                       |                          |    |
|   |                       |  |              |                 |                                    |                          |                          |    |
| <b>House #</b>  | <b>Street Address</b> |  |              |                 |                                    | <b>Date [MM/DD/YYYY]</b> | \$                       |    |
|   |                       |  |              |                 |                                    |                          |                          |    |
| <b>City</b>   |                       |  | <b>State</b> | <b>Zip Code</b> |                                    |                          | <b>Date [MM/DD/YYYY]</b> | \$ |
|   |                       |  |              |                 |                                    |                          |                          |    |
| <b>Employer Name</b>  |                       |  |              |                 | <b>Occupation</b>                  |                          |                          |    |
| <b>Employer Mailing Address / Principal Place of Business</b> |                       |  |              |                 | <b>Description of Contribution</b> |                          |                          |    |

|   |                       |  |              |                 |                                    |                          |                          |    |
|---|-----------------------|--|--------------|-----------------|------------------------------------|--------------------------|--------------------------|----|
| <b>Full Name of Contributor</b>                               |                       |  |              |                 | <b>Date [MM/DD/YYYY]</b>           | \$                       |                          |    |
|   |                       |  |              |                 |                                    |                          |                          |    |
| <b>House #</b>  | <b>Street Address</b> |  |              |                 |                                    | <b>Date [MM/DD/YYYY]</b> | \$                       |    |
|   |                       |  |              |                 |                                    |                          |                          |    |
| <b>City</b>   |                       |  | <b>State</b> | <b>Zip Code</b> |                                    |                          | <b>Date [MM/DD/YYYY]</b> | \$ |
|   |                       |  |              |                 |                                    |                          |                          |    |
| <b>Employer Name</b>  |                       |  |              |                 | <b>Occupation</b>                  |                          |                          |    |
| <b>Employer Mailing Address / Principal Place of Business</b> |                       |  |              |                 | <b>Description of Contribution</b> |                          |                          |    |

SCHEDULE III  
Statement of Expenditures

|                                     |  |
|-------------------------------------|--|
| <b>Filer Identification Number:</b> |  |
|-------------------------------------|--|

|                     |              |   |                |                 |       |                                   |    |        |
|---------------------|--------------|---|----------------|-----------------|-------|-----------------------------------|----|--------|
| <b>To Whom Paid</b> |              | PNC Bank                                  |                |                 |       | <b>Date [MM/DD/YYYY]</b>          | \$ | 3.00   |
|                     |              |   |                |                 |       | 07/01/2021                        |    |        |
| <b>House #</b>      | 1481         | <b>Street Address</b>                     | 8th Ave        |                 |       | <b>Description of Expenditure</b> |    |        |
| <b>City</b>         | Bethlehem    | <b>State</b>                              | Pa             | <b>Zip Code</b> | 18018 | Service Charge                    |    |        |
| <b>To Whom Paid</b> |              | Think Big Campaigns, LLC                  |                |                 |       | <b>Date [MM/DD/YYYY]</b>          | \$ | 111.28 |
|                     |              |   |                |                 |       | 07/09/2021                        |    |        |
| <b>House #</b>      | 100          | <b>Street Address</b>                     | S. Commons     |                 |       | <b>Description of Expenditure</b> |    |        |
| <b>City</b>         | Pittsburgh   | <b>State</b>                              | PA             | <b>Zip Code</b> | 15212 | Text messages for campaign        |    |        |
| <b>To Whom Paid</b> |              | USPS                                      |                |                 |       | <b>Date [MM/DD/YYYY]</b>          | \$ | 27.50  |
|                     |              |   |                |                 |       | 07/13/2021                        |    |        |
| <b>House #</b>      | 535          | <b>Street Address</b>                     | Wood St        |                 |       | <b>Description of Expenditure</b> |    |        |
| <b>City</b>         | Bethlehem    | <b>State</b>                              | PA             | <b>Zip Code</b> | 18016 | Stamps                            |    |        |
| <b>To Whom Paid</b> |              | Ron Heckman for County Council            |                |                 |       | <b>Date [MM/DD/YYYY]</b>          | \$ | 50.00  |
|                     |              |   |                |                 |       | 07/27/2021                        |    |        |
| <b>House #</b>      | 2104         | <b>Street Address</b>                     | Huntington St. |                 |       | <b>Description of Expenditure</b> |    |        |
| <b>City</b>         | Bethlehem    | <b>State</b>                              | Pa             | <b>Zip Code</b> | 18017 | Campaign Contribution             |    |        |
| <b>To Whom Paid</b> |              | Act Blue Tara Zrinski for County Council  |                |                 |       | <b>Date [MM/DD/YYYY]</b>          | \$ | 46.00  |
|                     |              |   |                |                 |       | 08/02/2021                        |    |        |
| <b>House #</b>      | 4715         | <b>Street Address</b>                     | Harriet Lane   |                 |       | <b>Description of Expenditure</b> |    |        |
| <b>City</b>         | Bethlehem    | <b>State</b>                              | PA             | <b>Zip Code</b> | 18017 | Campaign contribution             |    |        |
| <b>To Whom Paid</b> |              | Zac Cole Borghi for Lehigh County Council |                |                 |       | <b>Date [MM/DD/YYYY]</b>          | \$ | 50.00  |
|                     |              |   |                |                 |       | 08/03/2021                        |    |        |
| <b>House #</b>      | 435          | <b>Street Address</b>                     | W. Lehigh St   |                 |       | <b>Description of Expenditure</b> |    |        |
| <b>City</b>         | Bethlehem    | <b>State</b>                              | PA             | <b>Zip Code</b> | 18018 | Campaign Contribution             |    |        |
| <b>To Whom Paid</b> |              | PNC Bank                                  |                |                 |       | <b>Date [MM/DD/YYYY]</b>          | \$ | 79.99  |
|                     |              |   |                |                 |       | 09/23/2021                        |    |        |
| <b>House #</b>      | 1481         | <b>Street Address</b>                     | 8th Ave        |                 |       | <b>Description of Expenditure</b> |    |        |
| <b>City</b>         | Bethlehem    | <b>State</b>                              | PA             | <b>Zip Code</b> | 18018 | Checks                            |    |        |
| <b>To Whom Paid</b> |              | Maria McLaughlin for Supreme Court        |                |                 |       | <b>Date [MM/DD/YYYY]</b>          | \$ | 100.00 |
|                     |              |   |                |                 |       | 10/12/2021                        |    |        |
| <b>House #</b>      |              | <b>Street Address</b>                     | PO Box 15943   |                 |       | <b>Description of Expenditure</b> |    |        |
| <b>City</b>         | Philadelphia | <b>State</b>                              | PA             | <b>Zip Code</b> | 19103 | Campaign Contribution             |    |        |

SCHEDULE III  
Statement of Expenditures

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

|              |                |                               |    |          |       |                            |    |        |
|--------------|----------------|-------------------------------|----|----------|-------|----------------------------|----|--------|
| To Whom Paid |                | Friends of Lori Vargo Heffner |    |          |       | Date [MM/DD/YYYY]          | \$ | 100.00 |
|              |                |                               |    |          |       | 10/17/21                   |    |        |
| House #      | Street Address | PO Box 358                    |    |          |       | Description of Expenditure |    |        |
| City         | Hellertown     | State                         | PA | Zip Code | 18055 | Campaign Contribution      |    |        |
| To Whom Paid |                | Friends of Ron Heckman        |    |          |       | Date [MM/DD/YYYY]          | \$ | 100.00 |
|              |                |                               |    |          |       | 10/17/21                   |    |        |
| House #      | Street Address | Huntington St                 |    |          |       | Description of Expenditure |    |        |
| City         | Berthlehem     | State                         | Pa | Zip Code | 18017 | Campaign Contribution      |    |        |
| To Whom Paid |                | Lehigh Valley Labor Council   |    |          |       | Date [MM/DD/YYYY]          | \$ | 150.00 |
|              |                |                               |    |          |       | 10/08/2021                 |    |        |
| House #      | Street Address | Lehigh St                     |    |          |       | Description of Expenditure |    |        |
| City         | Whitehall      | State                         | Pa | Zip Code | 18052 | Ad- Annual dinner          |    |        |
| To Whom Paid |                |                               |    |          |       | Date [MM/DD/YYYY]          | \$ |        |
|              |                |                               |    |          |       |                            |    |        |
| House #      | Street Address |                               |    |          |       | Description of Expenditure |    |        |
| City         |                | State                         |    | Zip Code |       |                            |    |        |
| To Whom Paid |                |                               |    |          |       | Date [MM/DD/YYYY]          | \$ |        |
|              |                |                               |    |          |       |                            |    |        |
| House #      | Street Address |                               |    |          |       | Description of Expenditure |    |        |
| City         |                | State                         |    | Zip Code |       |                            |    |        |
| To Whom Paid |                |                               |    |          |       | Date [MM/DD/YYYY]          | \$ |        |
|              |                |                               |    |          |       |                            |    |        |
| House #      | Street Address |                               |    |          |       | Description of Expenditure |    |        |
| City         |                | State                         |    | Zip Code |       |                            |    |        |
| To Whom Paid |                |                               |    |          |       | Date [MM/DD/YYYY]          | \$ |        |
|              |                |                               |    |          |       |                            |    |        |
| House #      | Street Address |                               |    |          |       | Description of Expenditure |    |        |
| City         |                | State                         |    | Zip Code |       |                            |    |        |
| To Whom Paid |                |                               |    |          |       | Date [MM/DD/YYYY]          | \$ |        |
|              |                |                               |    |          |       |                            |    |        |
| House #      | Street Address |                               |    |          |       | Description of Expenditure |    |        |
| City         |                | State                         |    | Zip Code |       |                            |    |        |

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

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

|                     |      |                      |       |            |          |                                 |  |
|---------------------|------|----------------------|-------|------------|----------|---------------------------------|--|
| Name of Creditor    |      | Grace Crampsie Smith |       |            |          | Outstanding Balance of Debt     |  |
| House #             | 1403 | Street Address       |       | Lorian Ave |          | DATE DEBT INCURRED [MM/DD/YYYY] |  |
| City                |      | Bethlehem            | State | PA         | Zip Code | 18018                           |  |
| Description of Debt |      | Campaign loan        |       |            |          |                                 |  |
|                     |      |                      |       |            |          | \$ 1,000.00                     |  |

|                     |  |                |       |  |          |                                 |  |
|---------------------|--|----------------|-------|--|----------|---------------------------------|--|
| 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 |  |                |       |  |          |                                 |  |
|                     |  |                |       |  |          | \$                              |  |