

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

| | | | | | | | | | |
|--|--|---|-------------|-----------|-------------------------------------|-------------------|--------------------------|----------|--------------------------|
| FILER IDENTIFICATION NUMBER | | REPORT FILED ON BEHALF OF | | CANDIDATE | <input checked="" type="checkbox"/> | COMMITTEE | <input type="checkbox"/> | LOBBYIST | <input type="checkbox"/> |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST HILLARY KWIATEK | | | | | | | | | |
| STREET ADDRESS 638 SPRING STREET | | | | | | | | | |
| CITY BETHLEHEM | | | STATE PA | | | ZIP CODE 18018 | | | |
| TYPE OF REPORT (CHECK ONE) | | NAME OF OFFICE SOUGHT BY CANDIDATE | | | DISTRICT NO. | PARTY | DATE OF ELECTION | | |
| 6TH TUESDAY PRE-PRIMARY | | CITY OF BETHLEHEM | | | | D | MO. | DAY | YEAR |
| 2ND FRIDAY PRE-PRIMARY | | CITY COUNCIL | | | | | 05 | 18 | 2021 |
| 30 DAY POST-PRIMARY | | DATES OF REPORTING PERIOD | | | | | FOR OFFICE USE ONLY | | |
| 6TH TUESDAY PRE-ELECTION | | MO. DAY YEAR | | | | | | | |
| 2ND FRIDAY PRE-ELECTION | | MO. DAY YEAR | | | | | | | |
| 30 DAY POST-ELECTION | | 01 25 2021 TO 05 03 2021 | | | | | | | |
| ANNUAL REPORT | | CASH BALANCE AT END OF REPORTING PERIOD: \$ | | | | | | | |
| | | TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ | | | | | | | |
| | | AMENDMENT REPORT? | | | YES | NO | | | |
| | | TERMINATION REPORT? | | | YES | NO | | | |

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

Commonwealth of Pennsylvania - Campaign Finance Report

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

| | | | | | | | | | |
|--|---------------------------------------|-----------------------------|--|---|--------------------------|--------------------------|---|------------------------------|--------------------------|
| Filer Identification Number | 26-4291120 | Report Filed By (Mark X) | <input type="checkbox"/> | Candidate | <input type="checkbox"/> | Committee | <input checked="" type="checkbox"/> | Lobbyist | <input type="checkbox"/> |
| Name of Filing Committee, Candidate or Lobbyist | | Hillary Kwiatek, Friends of | | | | | | | |
| Street Address | | 638 Spring Street | | | | | | | |
| City | Bethlehem | State | PA | Zip Code | 18018 | | | | |
| Type of Report (Place x under report type) | | | | | | | | | |
| 1- 6 th Tuesday Pre-Primary | 2- 2 nd Friday Pre-Primary | 3- 30 Day Post Primary | 4- 6 th Tuesday Pre- Election | 5- 2 nd Friday Pre- Election | 6- 30 Day Post Election | 7- Annual | Special 2 nd 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"/> | <input type="checkbox"/> |
| Date Of Election (MM/DD/YYYY) | | 05/18/2021 | 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 | | | | |
| | | | 1/25/2021 | 5/3/2021 | | | | | |
| A. Amount Brought Forward From Last Report | | | \$ | 0 | | | | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | | | \$ | 4,985 | | | | | |
| C. Total Funds Available (Sum of Lines A and B) | | | \$ | 4,985 | | | | | |
| D. Total Expenditures (From Schedule III) | | | \$ | 2,779.49 | | | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | | \$ | 2,205.51 | | | | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | | | \$ | 0 | | | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | | \$ | 0 | | | | | |
| 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 | | | | | | | | | |

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

| | |
|------------------------------------|------------|
| Filer Identification Number | 26-4291120 |
|------------------------------------|------------|

| | | |
|---|-----|-------------|
| 1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor | | |
| Total for the reporting period | (1) | \$ 2,390.00 |
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B) | | |
| Contributions Received from Political Committees (Part A) | \$ | 450.00 |
| All Other Contributions (Part B) | \$ | 2,145.00 |
| Total for the reporting period | (2) | \$ 2,495.00 |
| 3. Contributions Over \$250.00 (From Part C and Part D) | | |
| Contributions Received from Political Committees (Part C) | \$ | 0 |
| All Other Contributions (Part D) | \$ | 0 |
| Total for the reporting period | (3) | \$ 0 |
| 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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B) | | \$ 4,985.00 |

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 | | | | | | | 26-4291120 | | |
|-------------------------------------|-----------|----------------|-------|-----------------|----------|-------------------------------|-------------------|--------|--------|
| | | | | | | | | Amount | |
| Full Name of Contributing Committee | | | | | | McNeill for PA | Date [MM/DD/YYYY] | \$ | 200.00 |
| | | | | | | | 03/21/2021 | | |
| House # | 3163 | Street Address | | Front Street | | Date [MM/DD/YYYY] | \$ | | |
| City | Whitehall | | State | PA | Zip Code | 18052 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributing Committee | | | | | | Friends of J William Reynolds | Date [MM/DD/YYYY] | \$ | 250.00 |
| | | | | | | | 03/18/2021 | | |
| House # | 34 | Street Address | | W Elizabeth Ave | | Date [MM/DD/YYYY] | \$ | | |
| City | Bethlehem | | State | PA | Zip Code | 18018 | 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: | 26-4291120 |
|-------------------------------------|------------|

| | | | | | | | |
|---------------------------------|---------------|-----------------------|----------------------|-----------------|--------------------------|--------------------------|--------|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| Hillary Kwiatek | | | | | 01/25/2021 | | 100.00 |
| House # | 638 | Street Address | Spring Street | | Date [MM/DD/YYYY] | \$ | |
| City | Bethlehem | State | PA | Zip Code | 18018 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| Donald Flad | | | | | 03/7/2021 | | 100.00 |
| House # | 231 | Street Address | E Market Street | | Date [MM/DD/YYYY] | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| | | | | | 04/15/2021 | | 100.00 |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| Lawrence Glatt | | | | | 03/7/2021 | | 100.00 |
| House # | 3346 | Street Address | Chiswick Court, #1-B | | Date [MM/DD/YYYY] | \$ | |
| City | Silver Spring | State | MD | Zip Code | 20906 | Date [MM/DD/YYYY] | \$ |
| | | | | | 03/27/2021 | | 100.00 |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| Angela Zanelli | | | | | 02/14/2021 | | 100.00 |
| House # | 802 | Street Address | Dodson Street | | Date [MM/DD/YYYY] | \$ | |
| City | Fountain Hill | State | PA | Zip Code | 18015 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| Celena Ribault | | | | | 04/06/2021 | | 50.00 |
| House # | 730 | Street Address | Barymore Lane | | Date [MM/DD/YYYY] | \$ | |
| City | Bethlehem | State | PA | Zip Code | 18017 | Date [MM/DD/YYYY] | \$ |
| | | | | | 04/17/2021 | | 50.00 |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| Robert Hopkins | | | | | 03/21/2021 | | 35.00 |
| House # | 726 | Street Address | W Market Street | | Date [MM/DD/YYYY] | \$ | |
| City | Bethlehem | State | PA | Zip Code | 18018 | Date [MM/DD/YYYY] | \$ |
| | | | | | 04/21/2021 | | 35.00 |

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: | 26-4291120 |
|-------------------------------------|------------|

| | | | | | | | | |
|---------------------------------|--------------|-----------------------|------------------|-----------------|-------|--------------------------|----|--------|
| Full Name of Contributor | | Angela Pandolfo Roy | | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| | | | | | | 04/06/2021 | | |
| House # | 62 | Street Address | Tuxedo Road | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | Montclair | State | NJ | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributor | | Maria Rodale | | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| | | | | | | 04/15/2021 | | |
| House # | 2807 | Street Address | Honeysuckle Road | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | Bethlehem | State | PA | Zip Code | 18015 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributor | | Eileen Smee | | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| | | | | | | 03/27/2021 | | |
| House # | 5532 | Street Address | Wellesley Avenue | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | Pittsburgh | State | PA | Zip Code | 15206 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributor | | Beata Kramer | | | | Date [MM/DD/YYYY] | \$ | 150.00 |
| | | | | | | 04/15/2021 | | |
| House # | 852 | Street Address | Robin Road | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | Hillsborough | State | NJ | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributor | | Susan Wild | | | | Date [MM/DD/YYYY] | \$ | 150.00 |
| | | | | | | 04/17/2021 | | |
| House # | 1386 | Street Address | Doe Trail Road | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | Allentown | State | PA | Zip Code | 18104 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributor | | Megan Beste | | | | Date [MM/DD/YYYY] | \$ | 200.00 |
| | | | | | | 04/05/2021 | | |
| House # | 345 | Street Address | 9th Avenue | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | Bethlehem | State | PA | Zip Code | 18018 | 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: | 26-4291120 |
|-------------------------------------|------------|

| | | | | | | | | |
|---------------------------------|-------------|-----------------------|---------------|-----------------|-------|--------------------------|----|--------|
| Full Name of Contributor | | Eva Burkhart | | | | Date [MM/DD/YYYY] | \$ | 75.00 |
| | | | | | | 04/19/2021 | | |
| House # | 307 | Street Address | Tuxedo | | | Date [MM/DD/YYYY] | \$ | |
| City | Bethlehem | State | PA | Zip Code | 18018 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | | Julie Benjamin | | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| | | | | | | 04/15/2021 | | |
| House # | 623 | Street Address | W Market | | | Date [MM/DD/YYYY] | \$ | |
| City | Bethlehem | State | PA | Zip Code | 18018 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | | Kerry Greene | | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| | | | | | | 03/27/2021 | | |
| House # | 5 | Street Address | Madison Way | | | Date [MM/DD/YYYY] | \$ | |
| City | Loudon | State | NH | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | | Deirdre Kwiatek | | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| | | | | | | 03/22/2021 | | |
| House # | 811 | Street Address | N 2nd Street | | | Date [MM/DD/YYYY] | \$ | |
| City | Emmaus | State | PA | Zip Code | 18049 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | | Carol Leif | | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| | | | | | | 03/15/2021 | | |
| House # | 10960 | Street Address | Wilshire Blvd | | | Date [MM/DD/YYYY] | \$ | |
| City | Los Angeles | State | CA | Zip Code | 90210 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributor | | Jeremy Littau | | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| | | | | | | 03/16/2021 | | |
| House # | 139 | Street Address | Wharton Lane | | | Date [MM/DD/YYYY] | \$ | |
| City | Bethlehem | State | PA | Zip Code | 18017 | 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: | 26-4291120 |
|------------------------------|------------|

| | | | | | | | |
|-------------------------------------|----------------|-------|--|----------|-------------------|----|--|
| 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 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: | 26-4291120 |
|-------------------------------------|------------|

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

**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: | 26-4291120 |
|-------------------------------------|------------|

| | | | | | | |
|----------------------------|-----------------------|--------------|--|-----------------|--|-----------------------------|
| 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: | 26-4291120 |
|------------------------------|------------|

| | | |
|--|-----|------|
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | |
| TOTAL for the reporting period | (1) | \$ 0 |

| | | |
|---|-----|------|
| 2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | |
| TOTAL for the reporting period | (2) | \$ 0 |

| | | |
|---|-----|------|
| 3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G) | | |
| TOTAL for the reporting period | (3) | \$ 0 |

| | | |
|---|--|------|
| 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) | | \$ 0 |
|---|--|------|

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

| | |
|-------------------------------------|------------|
| Filer Identification Number: | 26-4291120 |
|-------------------------------------|------------|

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

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$ 250

| | |
|-------------------------------------|------------|
| Filer Identification Number: | 26-4291120 |
|-------------------------------------|------------|

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

**SCHEDULE III
Statement of Expenditures**

| | |
|-------------------------------------|------------|
| Filer Identification Number: | 26-4291120 |
|-------------------------------------|------------|

| | | | | | | | | |
|---------------------|------------|--------------------------------|-----------------|-----------------|-------|-----------------------------------|----|----------|
| To Whom Paid | | LV Print Center/Harkin's Signs | | | | Date [MM/DD/YYYY] | \$ | 508.80 |
| | | | | | | 03/31/2021 | | |
| House # | 1701 | Street Address | Union Boulevard | | | Description of Expenditure | | |
| City | Allentown | State | PA | Zip Code | 18109 | Printing Services | | |
| To Whom Paid | | Capitol Promotions, Inc. | | | | Date [MM/DD/YYYY] | \$ | 561.80 |
| | | | | | | 03/31/2021 | | |
| House # | | Street Address | P.O. Box 231 | | | Description of Expenditure | | |
| City | Glenside | State | PA | Zip Code | 19038 | Printing Services | | |
| To Whom Paid | | PNC Bank | | | | Date [MM/DD/YYYY] | \$ | 16.90 |
| | | | | | | 02/04/2021 | | |
| House # | | Street Address | P.O. Box 609 | | | Description of Expenditure | | |
| City | Pittsburgh | State | PA | Zip Code | 15230 | Check Printing Fee | | |
| To Whom Paid | | ActBlue | | | | Date [MM/DD/YYYY] | \$ | 25.21 |
| | | | | | | 03/31/2021 | | |
| House # | | Street Address | P.O. Box 44146 | | | Description of Expenditure | | |
| City | Somerville | State | MA | Zip Code | 02144 | Fundraising Fees | | |
| To Whom Paid | | ActBlue | | | | Date [MM/DD/YYYY] | \$ | 29.34 |
| | | | | | | 04/30/2021 | | |
| House # | | Street Address | P.O. Box 44146 | | | Description of Expenditure | | |
| City | Somerville | State | MA | Zip Code | 02144 | Fundraising Fees | | |
| To Whom Paid | | ActBlue | | | | Date [MM/DD/YYYY] | \$ | 2.55 |
| | | | | | | 05/03/2021 | | |
| House # | | Street Address | P.O. Box 44146 | | | Description of Expenditure | | |
| City | Somerville | State | MA | Zip Code | 02144 | FUNDRAISING FEES | | |
| To Whom Paid | | LV Print Center/Harkin's Signs | | | | Date [MM/DD/YYYY] | \$ | 1,634.89 |
| | | | | | | 04/22/2021 | | |
| House # | 1701 | Street Address | Union Boulevard | | | Description of Expenditure | | |
| City | Allentown | State | PA | Zip Code | 18109 | Printing and Mailing Services | | |
| 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: | 26-4291120 |
|-------------------------------------|------------|

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

| | | | | | | |
|----------------------------|-----------------------|---|--|----|------------------------------------|--|
| Name of Creditor | | | | | Outstanding Balance of Debt | |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | | |
| City | State | | | | | |
| | | Zip Code | | | | |
| Description of Debt | | | | | | |