

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 G. 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		
				NO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY 1.				5	18	2021
2ND FRIDAY PRE-PRIMARY 2.				FOR OFFICE USE ONLY		
30 DAY POST-PRIMARY 3. <input checked="" type="checkbox"/>						
6TH TUESDAY PRE-ELECTION 4.						
2ND FRIDAY PRE-ELECTION 5.						
30 DAY POST-ELECTION 6.						
ANNUAL REPORT 7.						
DATES OF REPORTING PERIOD		MO. DAY YEAR	TO			
		5 4 2021		6 7 2021		
CASH BALANCE AT END OF REPORTING PERIOD:		\$ <u>Ø</u>				
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <u>Ø</u>				
AMENDMENT REPORT?	YES		NO	<input checked="" type="checkbox"/>		
TERMINATION REPORT?	YES		NO	<input checked="" type="checkbox"/>		

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.

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	<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 type="checkbox"/>	<input checked="" 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)		05182021	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
	5/4/2021	6/7/2021	
A. Amount Brought Forward From Last Report	\$	2205.51	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	185.00	
C. Total Funds Available (Sum of Lines A and B)	\$	2390.51	
D. Total Expenditures (From Schedule III)	\$	1944.71	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	445.80	
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.

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period	(1)	\$	25.00
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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)	\$	160.00
Total for the reporting period	(2)	\$

3. Contributions Over \$250.00 (From Part C and Part D)

Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	
Total for the reporting period	(3)	\$

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)

Total for the reporting period	(4)	\$	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>			\$

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	
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							Amount
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City	State			Zip Code	Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City	State			Zip Code	Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City	State			Zip Code	Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City	State			Zip Code	Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City	State			Zip Code	Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
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:	
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Full Name of Contributor		Robert Hopkins			Date [MM/DD/YYYY]	\$	50.00
					5/11/2021		
House #	726	Street Address	W Market Street		Date [MM/DD/YYYY]	\$	35.00
					5/21/2021		
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Clyde Thomas			Date [MM/DD/YYYY]	\$	75.00
					5/4/2021		
House #	315	Street Address	Hamilton Avenue		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	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:	
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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:	
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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:	
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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:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	0
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	0
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	0
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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
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SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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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				

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:	
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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:	
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To Whom Paid		ActBlue			Date [MM/DD/YYYY]	\$	4.96
					6/1/2021		
House #		Street Address	PO Box 44146		Description of Expenditure		
City	Somerville	State	MA	Zip Code	02144	fundraising fee	
To Whom Paid		LV Print Center/Harkin's Signs			Date [MM/DD/YYYY]	\$	1785.17
					5/11/2021		
House #	1701	Street Address	Union Boulevard		Description of Expenditure		
City	Allentown	State	PA	Zip Code	18109	printing and mailing	
To Whom Paid		Community Labor Administrative Services			Date [MM/DD/YYYY]	\$	154.58
					5/19/2021		
House #	77	Street Address	Sands Street, 6th Floor		Description of Expenditure		
City	Brooklyn	State	NY	Zip Code	11201	textbanking tool	
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:	
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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						