

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 <b>HILLARY G. KWIAIEK</b>										
STREET ADDRESS <b>638 SPRING STREET</b>										
CITY <b>BETHLEHEM</b>				STATE <b>PA</b>		ZIP CODE <b>18018</b>				
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		COUNCIL MEMBER						11	02	2021
30 DAY POST-PRIMARY		DATES OF REPORTING PERIOD					FOR OFFICE USE ONLY			
6TH TUESDAY PRE-ELECTION		MO.	DAY	YEAR	MO.	DAY	YEAR			
2ND FRIDAY PRE-ELECTION		1	1	2021	12	31	2021			
30 DAY POST-ELECTION		CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>								
ANNUAL REPORT		AMENDMENT REPORT?		YES		NO	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>		TERMINATION REPORT?		YES		NO	<input checked="" type="checkbox"/>			

**AFFIDAVIT SECTION**

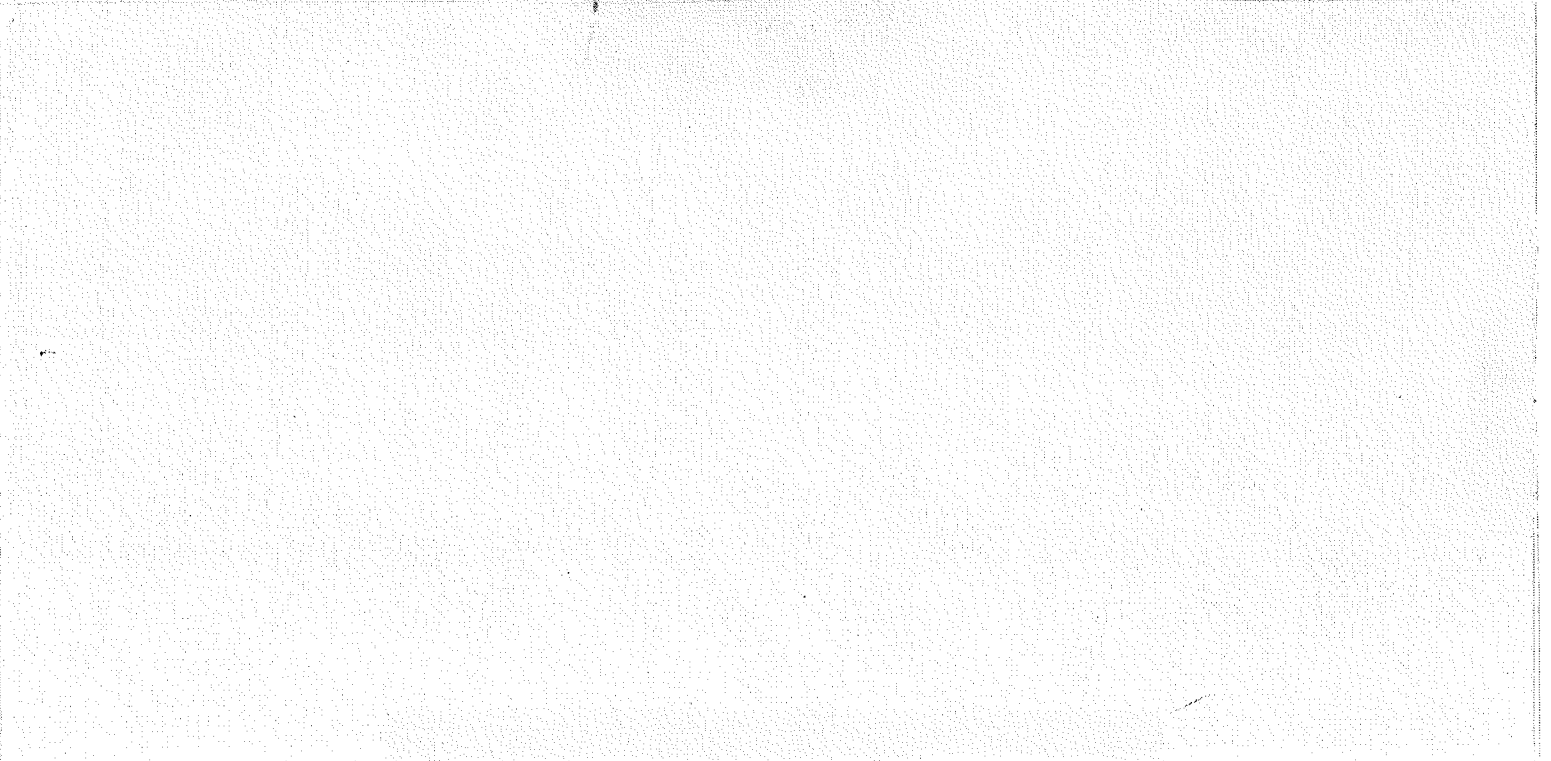
**PART I -**

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.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT



## 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 KWIATCK, Friends of.							
Street Address		638 SPRING STREET							
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)			Year		Amendment Report	Termination Report		

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/2021	12/31/2021	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	5,245.00	
C. Total Funds Available (Sum of Lines A and B)	\$	5,245.00	
D. Total Expenditures (From Schedule III)	\$	4,840.70	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	404.75	
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: \_\_\_\_\_

**1. Unitemized Contributions and Receipts - \$50.00 or Less per Contributor**

Total for the reporting period (1) \$ 2,290.00

**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) \$ 2,505.00

Total for the reporting period (2) \$ 2,955.00

**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) \$ 5,245.00

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]				\$	
McNeill for PA						3/21/2021				200.00	
House #		Street Address				Date [MM/DD/YYYY]				\$	
3103		FRONT STREET.									
City			State		Zip Code		Date [MM/DD/YYYY]		\$		
WHITEHALL			PA		18052						
Full Name of Contributing Committee						Date [MM/DD/YYYY]				\$	
FRIENDS OF J. WILLIAM REYNOLDS.						3/18/2021				250.00	
House #		Street Address				Date [MM/DD/YYYY]				\$	
34		W. ELIZABETH AVE.									
City			State		Zip Code		Date [MM/DD/YYYY]		\$		
BETHLEHEM			PA		18018						
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.)

Filler Identification Number:	
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Full Name of Contributor: HILLARY KWIATK					Date [MM/DD/YYYY]: 1/25/2021	\$	100.00
House #:	6038	Street Address:	SPRING STREET		Date [MM/DD/YYYY]:	\$	
City:	BETHLEHEM	State:	PA	Zip Code:	18018	Date [MM/DD/YYYY]:	\$
Full Name of Contributor: Donald Flad.					Date [MM/DD/YYYY]: 3/7/2021	\$	100.00
House #:	231	Street Address:	E. MARKET STREET		Date [MM/DD/YYYY]: 4/15/2021	\$	100.00
City:	BETHLEHEM	State:	PA	Zip Code:	18018	Date [MM/DD/YYYY]:	\$
Full Name of Contributor: LAWRENCE GLATT					Date [MM/DD/YYYY]: 3/7/2021	\$	100.00
House #:	3346	Street Address:	ETHSWICK CT. #1-B		Date [MM/DD/YYYY]: 3/27/2021	\$	100.00
City:	Silver Spring	State:	MD	Zip Code:	20906	Date [MM/DD/YYYY]:	\$
Full Name of Contributor: Angela Zanelli					Date [MM/DD/YYYY]: 2/14/2021	\$	100.00
House #:	802	Street Address:	Dodson Street		Date [MM/DD/YYYY]:	\$	
City:	Fountain Hill	State:	PA	Zip Code:	19015	Date [MM/DD/YYYY]:	\$
Full Name of Contributor: Celena Ribault					Date [MM/DD/YYYY]: 4/6/2021	\$	50.00
House #:	730	Street Address:	Bargmore Lane		Date [MM/DD/YYYY]: 4/17/2021	\$	50.00
City:	BETHLEHEM	State:	PA	Zip Code:	18018	Date [MM/DD/YYYY]:	\$
Full Name of Contributor: Robert Hopkins					Date [MM/DD/YYYY]: 3/21/2021	\$	35.00
House #:	726	Street Address:	W. Market Street		Date [MM/DD/YYYY]: 4/21/2021	\$	35.00
City:	Bethlehem	State:	PA	Zip Code:	18018	Date [MM/DD/YYYY]: 5/11/2021	\$
							50.00
					5/21/2021		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:	.....
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	100.00
Angela Pandolfo Ray					4/6/2021		
House #	Street Address			Date [MM/DD/YYYY]	\$		
62	Tuxedo Road						
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Montclair	NJ						
Full Name of Contributor					Date [MM/DD/YYYY]	\$	100.00
MARIA RODALE					4/15/2021		
House #	Street Address			Date [MM/DD/YYYY]	\$	100.00	
2807	Honeysuckle Rd			5/3/2021			
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
BETHLEHEM	PA	18015					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	100.00
Eileen Smee					3/27/2021		
House #	Street Address			Date [MM/DD/YYYY]	\$		
5532	Wellesley Ave.						
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Pittsburgh	PA	15206					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	150.00
Beata Kramer					4/15/2021		
House #	Street Address			Date [MM/DD/YYYY]	\$		
852	Robin Road.						
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Hillsborough	NJ						
Full Name of Contributor					Date [MM/DD/YYYY]	\$	150.00
Susan Wild					4/17/2021		
House #	Street Address			Date [MM/DD/YYYY]	\$		
1386	Doe Trail Rd.						
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Allentown	PA	18104					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	200.00
Megan Beste					4/5/2021		
House #	Street Address			Date [MM/DD/YYYY]	\$		
345	9th Avenue						
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Bethlehem	PA	18015					

**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.)

Filler Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
Eva Burkhardt					4/19/2021	75.00
House #	Street Address		Date [MM/DD/YYYY]		\$	
307	Hanover Avenue					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Bethlehem	PA	18018				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Julie Benjamin					4/5/2021	100.00
House #	Street Address		Date [MM/DD/YYYY]		\$	
623	W. Market St.					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Bethlehem	PA	18018				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Kerry Greene					3/27/2021	100.00
House #	Street Address		Date [MM/DD/YYYY]		\$	
5	Madison Way					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
London	NA					
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Deirdre Kwiatek					3/22/2021	100.00
House #	Street Address		Date [MM/DD/YYYY]		\$	
811	N. 2nd street					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Emmans	PA	18049				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Carol Leaf					3/15/2021	100.00
House #	Street Address		Date [MM/DD/YYYY]		\$	
10960	Wilshire Blvd.					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Los Angeles	CA	90210				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Jeremy Littau					3/10/2021	100.00
House #	Street Address		Date [MM/DD/YYYY]		\$	
139	Wharton Lane					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Bethlehem	PA	18017				

**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:					Date [MM/DD/YYYY]	\$
CLYDE THOMAS					5/4/2021	75.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
315	Hamilton Avenue.					
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Bethlehem	PA	18017.				
Full Name of Contributor:					Date [MM/DD/YYYY]	\$
Megan Hull					10/23/2021	100.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
2226	Hall Place, NW					
City	State	Zip Code			Date [MM/DD/YYYY]	\$
WASHINGTON	DC	20007.				
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:	114
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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)

Filler 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

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

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

Filler 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: \_\_\_\_\_

To Whom Paid		LU PRINT CENTER			Date (MM/DD/YYYY)	\$	508.80
House #	1701	Street Address	UNION BLVD.		Description of Expenditure		
City	ALLENTOWN	State	PA	Zip Code	18019.	PRINTING SVCS.	
To Whom Paid		CAPITOL PROMOTIONS			Date (MM/DD/YYYY)	\$	561.80
House #		Street Address	POB 231		Description of Expenditure		
City	GLENSIDE	State	PA	Zip Code	19038.	PRINTING SVCS.	
To Whom Paid		PNC Bank			Date (MM/DD/YYYY)	\$	16.90
House #		Street Address	POB 609		Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code	15230	CHECK PRINTING FEE.	
To Whom Paid		Act Blue			Date (MM/DD/YYYY)	\$	25.21
House #		Street Address	PO Box 44146.		Description of Expenditure		
City	Somerville	State	MA	Zip Code	02144	Fundraising Fees.	
To Whom Paid		Act Blue			Date (MM/DD/YYYY)	\$	29.34
House #		Street Address	POB 44146.		Description of Expenditure		
City	Somerville	State	MA	Zip Code	02144.	Fundraising Fees	
To Whom Paid		LU PRINT CENTER			Date (MM/DD/YYYY)	\$	1,634.89.
House #	1701	Street Address	Union Blvd.		Description of Expenditure		
City	Alentown	State	PA	Zip Code	18019.	PRINTING & MAILING SVCS	
To Whom Paid		Act Blue			Date (MM/DD/YYYY)	\$	4.96
House #		Street Address	POB 44146		Description of Expenditure		
City	Somerville	State	MA	Zip Code	02144	Fundraising Fee	
To Whom Paid		Lu Print Center			Date (MM/DD/YYYY)	\$	1,795.17
House #	1701	Street Address	Union Blvd.		Description of Expenditure		
City	Alentown	State	PA	Zip Code	18019	Printing and mailing	

**SCHEDULE III  
Statement of Expenditures**

Filer Identification Number: 26-4291120

To Whom Paid		Community Labor Administrative Svcs.			Date [MM/DD/YYYY]	\$	154.58
House #	77	Street Address	Sands St. 6th Floor		Description of Expenditure		
City	Brooklyn	State	NY	Zip Code	11201.		
To Whom Paid		Act Blue			Date [MM/DD/YYYY]	\$	1.50
House #		Street Address	PO Box 44146		Description of Expenditure		
City	Somerville	State	MA	Zip Code	02144 Fundraising Fee		
To Whom Paid		STAPLES			Date [MM/DD/YYYY]	\$	117.55
House #		Street Address	Union Blvd		Description of Expenditure		
City	Allentown	State	PA	Zip Code	MISC. OFFICE SUPPLIES		
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.

File/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					