

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 26-02-9184		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 HILARY KWIATEK																		
STREET ADDRESS 638 Spring Street																		
CITY BETHLEHEM		STATE PA	ZIP CODE 18018															
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT <input checked="" type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE CITY COUNCIL MEMBER CITY of Bethlehem		DISTRICT NO.	PARTY D	DATE OF ELECTION													
	DATES OF REPORTING PERIOD				FOR OFFICE USE ONLY													
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>1</td><td>1</td><td>23</td></tr> </table> TO <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>12</td><td>31</td><td>23</td></tr> </table>		MO.	DAY	YEAR	1	1	23	MO.	DAY	YEAR	12	31	23				
	MO.	DAY	YEAR															
	1	1	23															
	MO.	DAY	YEAR															
	12	31	23															
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.

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 AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 31st DAY OF December 2024

[Signature]
 SIGNATURE LISA E. MAGYARICS, Notary Public
 Northampton County
 My Commission Expires June 25, 2027
 MD: DAY Commission Number 1199737

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

____ DAY OF _____ 20____

 SIGNATURE

 PRINTED NAME

 AREA CODE

 DAYTIME TELEPHONE NUMBER

MY COMMISSION EXPIRES _____
 MO. DAY YR.

CAMPAIGN FINANCE STATEMENT

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FILER IDENTIFICATION NUMBER 264291120		REPORT FILED ON BEHALF OF	CANDIDATE <input type="checkbox"/>	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST <input type="checkbox"/>													
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST FRIENDS OF HILARY KWIATK																		
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CITY BETHLEHEM		STATE PA	ZIP CODE 18018 -															
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	MO.	DAY	YEAR															
	1	1	23															
	MO.	DAY	YEAR															
	12	31	23															
CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>17.00</u>																		
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>Ø</u>																		
<table border="1" style="display: inline-table;"> <tr><td>AMENDMENT REPORT?</td><td>YES</td><td>NO</td></tr> <tr><td>TERMINATION REPORT?</td><td>YES</td><td>NO</td></tr> </table>		AMENDMENT REPORT?	YES	NO	TERMINATION REPORT?	YES	NO											
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SWORN TO AND SUBSCRIBED BEFORE ME THIS 31st DAY OF November 2024

[Signature]
SIGNATURE OF PERSON SUBMITTING REPORT

[Signature]
PRINTED NAME: David C. Rind

DAYTIME TELEPHONE NUMBER: 410 322-6657

Commonwealth of Pennsylvania - Notary Seal
 LISA E. MAGYARICS, Notary Public
 Northampton County
 My Commission Expires June 25, 2027
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