

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 JOHN RATHMAR																		
STREET ADDRESS 1612 BOST PLACE																		
CITY BUTLERTOWN		STATE PA	ZIP CODE 17017															
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION														
				MO.	DAY	YEAR												
6TH TUESDAY PRE-PRIMARY 1.	DATES OF REPORTING PERIOD <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>MO.</td><td>DAY</td><td>YEAR</td> <td>TO</td> <td>MO.</td><td>DAY</td><td>YEAR</td> </tr> <tr> <td>04</td><td>27</td><td>2021</td> <td></td> <td>05</td><td>03</td><td>2021</td> </tr> </table> CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>4,657.01</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>	MO.	DAY	YEAR	TO	MO.	DAY	YEAR	04	27	2021		05	03	2021	FOR OFFICE USE ONLY		
MO.		DAY	YEAR	TO	MO.	DAY	YEAR											
04		27	2021		05	03	2021											
2ND FRIDAY PRE-PRIMARY 2. <input checked="" type="checkbox"/>																		
30 DAY POST-PRIMARY 3.																		
6TH TUESDAY PRE-ELECTION 4.																		
2ND FRIDAY PRE-ELECTION 5.																		
30 DAY POST-ELECTION 6.																		
ANNUAL REPORT 7.																		
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.

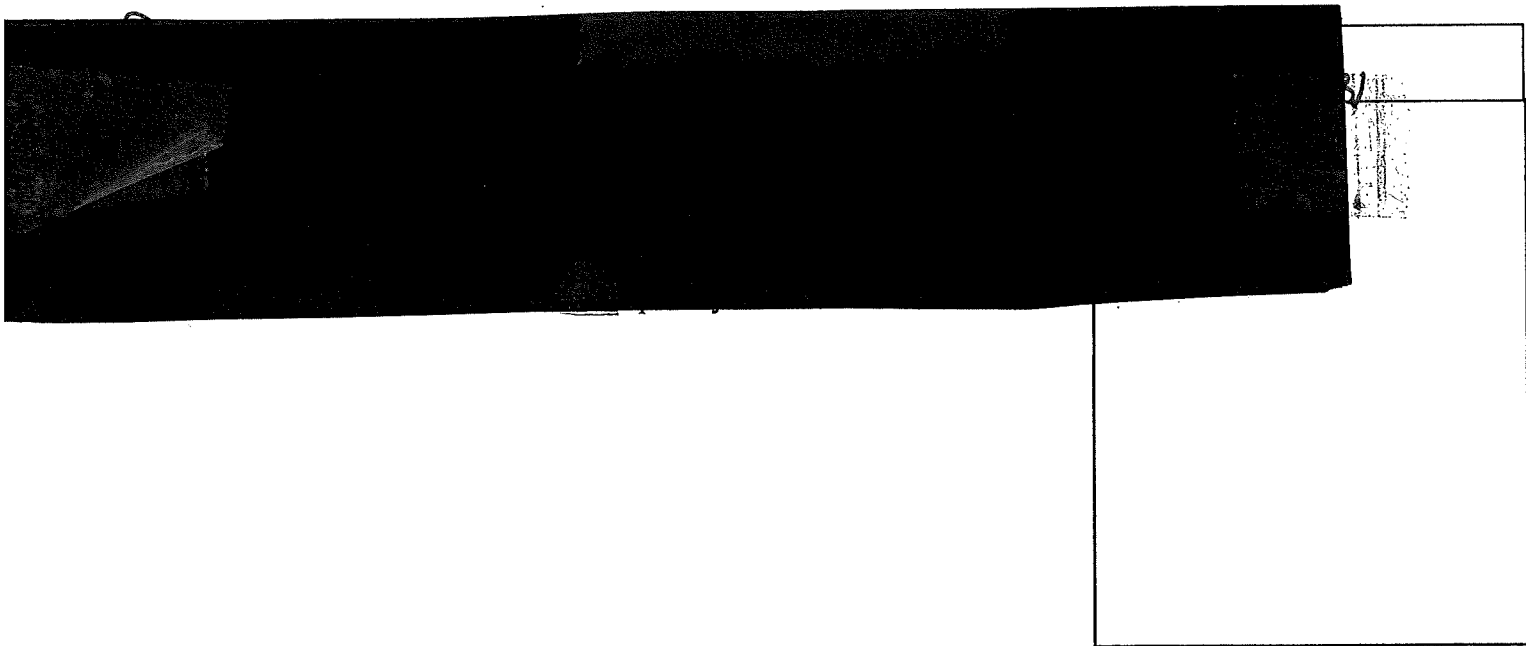
COMMONWEALTH OF PENNSYLVANIA
**AUTHORIZATION FOR A POLITICAL COMMITTEE
TO RECEIVE FUNDS ON BEHALF OF A CANDIDATE**

The Pennsylvania Election Code provides that no treasurer of a political committee shall receive any money on behalf of a candidate until such political committee has been authorized in writing by the candidate on a form designed by the Secretary of the Commonwealth. The written authorization shall be filed with the appropriate supervisor prior to receiving funds on behalf of the candidate.

NAME OF POLITICAL COMMITTEE <i>Friends of John Kachmar</i>		DAYTIME TELEPHONE NUMBER AREA/NUMBER <i>843-263-7262</i>
ADDRESS OF COMMITTEE <i>1612 Best Place</i>		
CITY <i>Bethlehem</i>	STATE <i>PA</i>	ZIP PLUS FOUR <i>18017</i>

NAME OF CANDIDATE AUTHORIZING POLITICAL COMMITTEE <i>John Kachmar</i>		
OFFICE SOUGHT BY CANDIDATE <i>MAYOR CITY OF BETHLEHEM</i>	DISTRICT NUMBER	NAME OF POLITICAL PARTY/BODY <i>Republican</i>
ADDRESS OF CANDIDATE <i>1612 Best Place</i>		
CITY <i>Bethlehem</i>	STATE <i>PA</i>	ZIP PLUS FOUR <i>18017</i>

I hereby authorize the political committee named above to receive contributions on behalf of my candidacy.



Department of State • Bureau of Commissions, Elections and Legislation
210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

COMMONWEALTH OF PENNSYLVANIA
POLITICAL COMMITTEE REGISTRATION STATEMENT

THIS REGISTRATION STATEMENT IS BEING FILED ON BEHALF OF COMMITTEE CONTRIBUTING LOBBYIST DATE 4/27/2021

NAME OF COMMITTEE OR LOBBYIST <u>Friends of John Kachmar</u>			CHECK BELOW: <input checked="" type="checkbox"/> INITIAL REGISTRATION <input type="checkbox"/> AMENDED REGISTRATION IF THIS IS AN AMENDMENT: FILER ID NUMBER _____ CHECK ALL THAT APPLY: <input type="checkbox"/> NEW COMMITTEE ADDRESS <input type="checkbox"/> NEW CHAIRPERSON <input type="checkbox"/> NEW TREASURER <input type="checkbox"/> OTHER _____ (SPECIFY)
ADDRESS <u>1612 Best Place</u>			
CITY <u>Bethlehem</u>	STATE <u>PA</u>	ZIP-PLUS FOUR <u>18017</u>	
COUNTY <u>NORTHAMPTON</u>			
DAYTIME TELEPHONE NUMBER: AREA <u>482</u> <u>263-7282</u> E-MAIL ADDRESS: <u>KCHMRD@AOL.COM</u>			
IS THIS A CANDIDATE'S AUTHORIZED POLITICAL COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

SUPPORTED CANDIDATES

List below the names of candidates the committee/lobbyist intends to support, or candidates who have authorized the committee to receive funds on their behalf. A committee that is not a candidate's authorized political committee may list the offices of candidates it intends to support (e.g., Statewide, Legislative, Judicial, Local, All) and need not list names of specific candidates.

Name of Candidate(s)	Address	Office Sought	Political Party/Body
<u>JOHN KACHMAR</u>	<u>1612 BEST PLACE BETHLEHEM PA 18017</u>	<u>MAYOR OF BETHLEHEM</u>	<u>REPUBLICAN</u>

IF THE COMMITTEE INTENDS TO SUPPORT OR OPPOSE A BALLOT QUESTION, PLEASE COMPLETE THIS SECTION.

THIS COMMITTEE SUPPORTS OPPOSES THE FOLLOWING BALLOT QUESTION:

--

HOW LONG DOES THE COMMITTEE (OR LOBBYIST) INTEND TO OPERATE:

ELECTION YEAR 2021 ONLY INDEFINITELY

FOR OFFICE USE ONLY

AFFILIATED AND CONNECTED ORGANIZATIONS

Affiliated means (1) authorized committees of the same candidate, and (2) committees, including separate segregated funds, established, administered, maintained or controlled by the same corporation, unincorporated association, person or group of persons, including a parent, subsidiary, branch, division, dept. or local unit.

Connected means an organization which is not a political committee but which directly or indirectly establishes, maintains, controls or administers the registrant, such as a corporation, an unincorporated association, a membership organization, a cooperative or a trade association.

NAME OF AFFILIATED/CONNECTED ORGANIZATIONS	MAILING ADDRESS AND ZIP CODE	RELATIONSHIP TO REGISTRANT

APPOINTMENT AND ACCEPTANCE OF CHAIRPERSON

FULL NAME OF CHAIRPERSON JOHN J. KACHMAR	MAILING ADDRESS AND ZIP CODE 1612 BOST. PLACE
DAYTIME TELEPHONE NUMBER	BETHLEHEM, PA. 19017
AREA 843 NUMBER 263-7252	

I accept the appointment of chairperson of this committee until the final campaign finance report is filed, or until my successor is duly chosen and the appropriate supervisor is notified. I understand the campaign finance reporting law requirements. I also understand that if I wish to resign, I must do so in writing to the committee.

 SIGNATURE OF CHAIRPERSON

 APR. 27, 2021

 DATE

APPOINTMENT AND ACCEPTANCE OF TREASURER

FULL NAME OF TREASURER PAT BROSLIN	MAILING ADDRESS AND ZIP CODE 4501 EASTON AVE.
DAYTIME TELEPHONE NUMBER	BETHLEHEM, PA 18020
AREA 484 NUMBER 241-9211	

I accept the appointment of treasurer of this committee until the final campaign finance report is filed, or until my successor is duly chosen and the appropriate supervisor is notified. I understand the campaign finance reporting law requirements. I also understand that if I wish to resign, I must do so in writing to the committee.

 SIGNATURE OF TREASURER

 4/27/21

 DATE

LIST BELOW NAMES OF BANKS, SAFETY DEPOSIT BOXES OR OTHER FINANCIAL REPOSITORIES		
NAME OF BANKS, REPOSITORIES, ETC.	MAILING ADDRESS	
EMBASSY BANK	100 GATEWAY DRIVE	
	BETHLEHEM, PA 18017	
PRINTED NAME OF PERSON SUBMITTING THIS STATEMENT JOHN J. KACHMAR JR.	SIGNATURE OF PERSON SUBMITTING THIS STATEMENT <i>[Signature]</i>	DATE 4/27/2021

Northampton

Commonwealth of Pennsylvania - Campaign Finance Report

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

Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist <i>Friends of John Kalamann</i>					
Street Address <i>1612 Best Place</i>					
City <i>Bethlehem</i>	State <i>PA</i>	Zip Code <i>18017</i>			

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"/>
Date of Election (MM/DD/YYYY) <i>05/19/2021</i>		Year <i>2021</i>		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report			
B. Total Monetary Contributions and Receipts (From Schedule I)		<i>5,600.00</i>	
C. Total Funds Available (Sum of Lines A and B)		<i>5,600.00</i>	
D. Total Expenditures (From Schedule II)		<i>1,442.99</i>	
E. Ending Cash Balance (Subtract Line D from Line C)		<i>4,157.01</i>	
F. Value of In-Kind Contributions Received (From Schedule II)		<i>250.00</i>	
G. Unpaid Debts and Obligations (From Schedule IV)		<i>0</i>	

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 or copies, is to the best of my knowledge and belief true, correct and complete.



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements In lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports.** This form must be signed by hand where a signature is required.

Name of Filing Committee, Candidate, or Lobbyist				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-Special Election	

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the foregoing is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

John Kachman
Printed Name

07/05/2021
Date (DD/MM/YYYY)

Butler PA USA
Location (City/State/Country)



Pennsylvania Department of State

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Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the foregoing is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

07/05/2021

Date (DD/MM/YYYY)

Nathan Kautman

Printed Name

Bethlehem PA USA

Location (City/State/Country)

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]		\$	

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]	\$ 250.00
BLAKE MARLES					04/28/2021	
House #	Street Address				Date [MM/DD/YYYY]	
1935	MILL CREEK RD					
City	State	Zip Code		Date [MM/DD/YYYY]		
MACUNGIE	PA	18062				
Full Name of Contributor					Date [MM/DD/YYYY]	\$ 200.00
MICHAEL D O'HARE					04/27/2021	
House #	Street Address				Date [MM/DD/YYYY]	
632	4TH AVENUE					
City	State	Zip Code		Date [MM/DD/YYYY]		
BETHLEHEM	PA	18018				
Full Name of Contributor					Date [MM/DD/YYYY]	\$ 100.00
FRANCIS X HACKETT					04/29/2021	
House #	Street Address				Date [MM/DD/YYYY]	
201	E. MACADA					
City	State	Zip Code		Date [MM/DD/YYYY]		
BETHLEHEM	PA	18017				
Full Name of Contributor					Date [MM/DD/YYYY]	\$ 100.00
MICHAEL J. MCGOVERO					04/29/2021	
House #	Street Address				Date [MM/DD/YYYY]	
1383	FOX RIDGE					
City	State	Zip Code		Date [MM/DD/YYYY]		
EASTON	PA	18040				
Full Name of Contributor					Date [MM/DD/YYYY]	\$ 100.00
NATALIE INDELICATO					04/29/2021	
House #	Street Address				Date [MM/DD/YYYY]	
4005	BIGAL COURT					
City	State	Zip Code		Date [MM/DD/YYYY]		
BETHLEHEM	PA	18020				
Full Name of Contributor					Date [MM/DD/YYYY]	\$ 100.00
ROBERT D. KILBANKS						
House #	Street Address				Date [MM/DD/YYYY]	
2906	WILLIAM PENN HWY					
City	State	Zip Code		Date [MM/DD/YYYY]		
EASTON	PA	18045				

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]	\$
JAMES S. BRADLE						04/29/2021	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
212	MEYOR RD						
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
NAZARETH	PA	18064					
Full Name of Contributor						Date [MM/DD/YYYY]	\$
JOSEPH T EMRICK						04/29/2021	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
2312	BLUE JAY DRIVE						
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
NAZARETH	PA	18064					
Full Name of Contributor						Date [MM/DD/YYYY]	\$
DEAN N. BROWNING						04/29/2021	75.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
2432	CONGRESS ST.						
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
ALLENTOWN	PA	18104					
Full Name of Contributor						Date [MM/DD/YYYY]	\$
MARK S. HOFFMAN							75.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
4578	JASMINE DRIVE						
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
CENTON VALLEY	PA	18034					
Full Name of Contributor						Date [MM/DD/YYYY]	\$
GLENN ECKHART						04/29/2021	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
511	E. FEDERAL ST.						
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
ALLENTOWN	PA	18123					
Full Name of Contributor						Date [MM/DD/YYYY]	\$
PATRICK CUBBAGE						04/29/2021	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
4852	YORKSHIRE RD						
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
WALNUTPORT	PA	18088					

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]	\$ 75.00
JOHN S. RINE					04/29/2021	
House #	Street Address				Date [MM/DD/YYYY]	
555 D	VERA CIRCLE					
City	State	Zip Code		Date [MM/DD/YYYY]		
BETHLEHEM	PA	18017				
Full Name of Contributor					Date [MM/DD/YYYY]	\$ 75.00
ANTONIO A. PINEDA						
House #	Street Address				Date [MM/DD/YYYY]	
844	4TH ST.					
City	State	Zip Code		Date [MM/DD/YYYY]		
WHITEHALL	PA	18052				
Full Name of Contributor					Date [MM/DD/YYYY]	\$ 75.00
JOSEPH M MANGAN					04/29/2021	
House #	Street Address				Date [MM/DD/YYYY]	
69	OAK LN					
City	State	Zip Code		Date [MM/DD/YYYY]		
NORTHAMPTON	PA	18067				
Full Name of Contributor					Date [MM/DD/YYYY]	\$ 100.00
Sarah Roskoff						
House #	Street Address				Date [MM/DD/YYYY]	
506	Orchard Ln					
City	State	Zip Code		Date [MM/DD/YYYY]		
Bethlehem	PA	18017				
Full Name of Contributor					Date [MM/DD/YYYY]	\$ 250.00
Jim Deifer					4/29/21	
House #	Street Address				Date [MM/DD/YYYY]	
1146	Farmersville Rd					
City	State	Zip Code		Date [MM/DD/YYYY]		
Bethlehem	PA	18020				
Full Name of Contributor					Date [MM/DD/YYYY]	\$ 250.00
Nancy Drenel					4/28/21	
House #	Street Address				Date [MM/DD/YYYY]	
4480	Bayard St.					
City	State	Zip Code		Date [MM/DD/YYYY]		
Bethlehem	PA	18020				

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					GOVERN PAC		Date [MM/DD/YYYY]	\$	1,000.00
House #					610		Date [MM/DD/YYYY]	\$	
Street Address					S. BOULEVARD				
City	TAMPA			State	FL	Zip Code	33606	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 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:	
------------------------------	--

Full Name of Contributor:					Date [MM/DD/YYYY]	\$
LISA J. SCHALLER					04/29/2021	2,000.00
House #	Street Address				Date [MM/DD/YYYY]	\$
751	BENNER ROAD					
City	State	Zip Code		Date [MM/DD/YYYY]		\$
ALLENTOWN	PA	18104				
Employer Name					Occupation	
SELF						
Employer Mailing Address / Principal Place of Business						
SAME AS ABOVE						
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:	
------------------------------	--

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:	
------------------------------	--

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

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

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
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)		\$ 250.00
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

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

Full Name of Contributor					Date [MM/DD/YYYY]		\$
John Kachmar					4/29/21		250.00
House #	Street Address				Date [MM/DD/YYYY]		\$
1612	Best Place						
City	State	Zip Code			Date [MM/DD/YYYY]		\$
Bethlehem	PA	18017					
Description of Contribution							
Food for Fundraising Event							

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		Garry Cobb			Date [MM/DD/YYYY]	\$	650.00
House #	Street Address	122 Society Hill Rd			Description of Expenditure		
City	State	Zip Code	Cherry Hill NJ				
					Spoke for Event		

To Whom Paid		Commuratum Concepts			Date [MM/DD/YYYY]	\$	311.75
House #	Street Address	2906 William Penn Hwy			Description of Expenditure		
City	State	Zip Code	Easton PA 19018				
					Voter List		

To Whom Paid		Capital Promotions			Date [MM/DD/YYYY]	\$	481.24
House #	Street Address	231 PO Box 231			Description of Expenditure		
City	State	Zip Code	Glenside PA 19038				
					Yard Signs		

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:	
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Name of Creditor:				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	0
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					