### CAMPAIGN FINANCE STATEMENT

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

FILER IDENTIFICATION NUMBER		REPORT FILED CANDIDATES	COMMITTEE 2 LOBBY(ST. 1:
NAME OF FILING COMMITTEE, CA	NDIDATE OR LOBBYIST		
	OHN KARHUAR		
street Address	BUST PLACE		
BUTHLOH.	ž M	STATE PA	KIOLT —
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO, PARTY	DATE OF ELECTION MO
GTH_TUESDAY PRE-PRIMARY	**MO: ** DAY* **YEAR*	∰Ö?° DAY° S. YEAR S.	FOR OFFICE USE ONLY
2ND FRIDAY PRE-PRIMARY	PERIOD OY 27 2021 TO	05 03 2021	
30 DAY 3. POST-PRIMARY 4.	CASH BALANCE AT END OF REPORTING PERIOD:	\$ 4,157,01	
PRE-ELECTION 5.  2ND FRIDAY 5.  PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIE AT THE END OF REPORTING PERIOR		
30 DAY FOST-ELECTION	AMENDMENT YES	NO.	
ANNUAL 7.	JERMINATION: YES	NÖ	
	AFFID	AVIT SECTION	

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

#### COMMONWEALTH OF PENNSYLVANIA

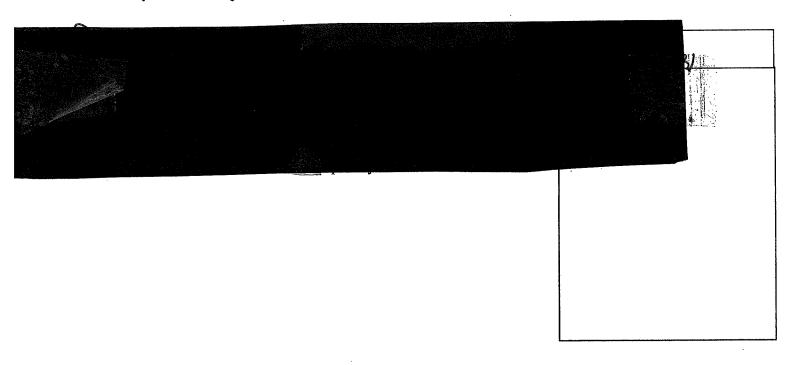
#### AUTHORIZATION FOR A POLITICAL COMMITTEE TO RECEIVE FUNDS ON BEHALF OF A CANDIDATE

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  FISHERS OF VOHN KACHMAR		DAYTIME TELEPHONE NUMBER AREA/NUMBER 843-263-7262
ADDRESS OF COMMITTEE 1613 BEST PLACE		1
BATALAN	STATE PA	ZIP PLUS FOUR  18017

NAME OF CANDIDATE AUTHORIZING POLITICAL COMMITTEE		
JOHN KACHMAR		
OFFICE SOUGHT BY CANDIDATE	DISTRICT NUMBER	NAME OF POLITICAL PARTY/BODY
MAYOR CITY OFBOTHLOHOM		Republican
ADDRESS OF CANDIDATE 1612 Bast Place		
CITY	STATE	ZIP PLUS FOUR
BeTHLoHery	PA	18017

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



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#### COMMONWEALTH OF PENNSYLVANIA

#### POLITICAL COMMITTEE REGISTRATION STATEMENT

F31 inds of John Kachmar  Address  16/2 B 55 T PLAGE  AMENDED REGISTRATION  AMENDED REGISTRATION		*	NG LOBBYIST DATE	1		
STATE   ZEP-PLUS FOUR   IF THIS IS AN AMENDMENT:   PA	NAME OF COMMITTEE OR LOBBYIST	A) Kandana	CHECK BELOW:			
STATE   ZEP-PLUS FOUR   IF THIS IS AN AMENDMENT:   PA	ADDRESS PORT PLA	ALE				
COUNTY   VIEW   VA	CITY					
CHECK ALL THAT APPLY:  DAYTIME TELEPHONE NUMBER: ARE \$\frac{143}{243} = 26.3 - 72.82 \\  E-MAIL ADDRESS: KCHMRD & AOL. COM \\  IS THIS A CANDIDATE'S AUTHORIZED POLITICAL COMMITTEE? YES 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	BetH) v How		3111.			
Is this a candidate's authorized political committee? Yes 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		CHECK ALL THAT APPL	<b>Y</b> :			
Is this a candidate's authorized political committee? Yes 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	DAYTIME TELEPHONE NUMBER: AREA 14	3 263-7282	☐ NEW COMM	☐ NEW COMMITTEE ADDRESS		
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	E-MAIL ADDRESS: KCHMRD	AOL. COM				
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	IS THIS A CANDIDATE'S AUTHORIZED POLI	TICAL COMMITTEE? X YES \( \Boxed{1}\) NO		URER		
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			(	SPECIFY)		
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		SUPPORTED CANDIDATES				
	receive funds on their behalf. A	committee that is not a candidate's authorized politic	al committee may list the	offices of candidates it		
JOHN KACHMAR 1612 BIST PLACE BOTHLY OF BUTHLY REGULLICAN	Name of Candidate(s)			Political Party/Body		
	JOAN KACAMAR	1612 BIST PLACE BOTALHON PAISOF	1 BF BUTHLUMPAN	REPUBLICAN		
				:		
	1					
If the committee intends to support or oppose a ballot question, please complete this section.						
THIS COMMITTEE SUPPORTS OPPOSES THE FOLLOWING BALLOT QUESTION:	IF THE COMMITTEE INTENDS TO SUPPO	rt or oppose a ballot question, please complete this s	SECTION.			
		. ,		QUESTION:		
		. ,		QUESTION:		
		. ,		QUESTION:		
FOR OFFICE USE ONLY		. ,	THE FOLLOWING BALLOT O	1		
HOW LONG DOES THE COMMITTEE (OR LOBBYIST) INTEND TO OPERATE:	THIS COMMITTEE	SUPPORTS OPPOSES	THE FOLLOWING BALLOT O	1		
HOW LONG DOES THE COMMITTEE (OR LOBBYIST) INTEND TO OPERATE:	THIS COMMITTEE  HOW LONG DOES THE COMMITTEE	SUPPORTS OPPOSES  G (OR LOBBYIST) INTEND TO OPERATE:	THE FOLLOWING BALLOT O	1		
HOW LONG DOES THE COMMITTEE (OR LOBBYIST) INTEND TO OPERATE:	THIS COMMITTEE  HOW LONG DOES THE COMMITTEE	SUPPORTS OPPOSES  G (OR LOBBYIST) INTEND TO OPERATE:	THE FOLLOWING BALLOT O	1		
		. ,		QUESTION:		
FOR OFFICE USE ONLY		. ,	THE FOLLOWING BALLOT O	1		
	THIS COMMITTEE	SUPPORTS OPPOSES	THE FOLLOWING BALLOT O	1		
HOW LONG DOES THE COMMITTEE (OR LOBBYIST) INTEND TO OPERATE:	THIS COMMITTEE  HOW LONG DOES THE COMMITTEE	SUPPORTS OPPOSES  G (OR LOBBYIST) INTEND TO OPERATE:	THE FOLLOWING BALLOT O	1		
HOW LONG DOES THE COMMITTEE (OR LOBBYIST) INTEND TO OPERATE:	HOW LONG DOES THE COMMITTEE	SUPPORTS OPPOSES  G (OR LOBBYIST) INTEND TO OPERATE:	THE FOLLOWING BALLOT O	1		

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#### 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.

as a corporation, an unincorporated association, a membersh	ip organization, a cooperative of a trade associat	ion.			
NAME OF AFFILIATED/CONNECTED ORGANIZATIONS	MAILING ADDRESS AND ZIP CODE	* RELATIONSHIP	TO REGISTRANT		
APPOIN	TIMENT AND ACCEPTANCE OF CHAIRP	<u>ERSON</u>			
TULL NAME OF CHAIRPERSON	<u> </u>	MAILING ADDRESS AND ZIP COI	DE		
TOANT KANAD	1612 Br	1612 BOST PLACE			
DAYTIME TELEPHONE NUMBER	7010 020	0.	· · · · · · · · · · · · · · · · · · ·		
	Bol H Lo Ho.	M, VA. 19017			
area <u>843</u> number <u>363-7262</u>					
accept the appointment of chairperson of this commappropriate supervisor is notified. I understand the case in writing to the committee					
· V	ON	, BATE			
APPOI	INTMENT AND ACCEPTANCE OF TREAS	<u>UKEK</u>			
FULL NAME OF TREASURER	<u>~</u>	MAILING ADDRESS AND ZIP COI	DE '		
PAI BROSLIN	4501 64	SION AVE,			
DAYTIME TELEPHONE NUMBER	TRATUS	How Phicago			
area <u>494</u> number <u>241-9211</u>	Daille	1011, 19000			
I accept the appointment of treasurer of this committee appropriate supervisor is notified. I understand the case in writing to the committee.	te until the final campaign finance report is ampaign finance reporting law requirements	filed, or until my successor is s. I also understand that if I w	duly chosen and the vish to resign, I must do		
SIGNATURE OF TREASURER		HA DATE			
LIST BELOW NAMES OF NAME OF BANKS, REPOSITORIES, ETC.	BANKS, SAFETY DEPOSIT BOXES OR OTHER FI	NANCIAL REPOSITORIES			
EMBASSY BANK	100 GATEWAY BATALOHEN	DRIVE PA 18017			
PRINTED NAME OF PERSON SUBMITTING THIS STATEMEN		TTING THIS STATEMENT	DATE		
	>				
Tota J. Kactagas JR.	) X	***	4/07/200		

Print Form

## Jorthanjoton Commonwealth of Pennsylvania - Campaign Finance Report

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

		وأستناه والمستنا	C. Taylor		mu ichibici ic si			I HAMES OF COURSE CONTROL OF
amberamber	•	Repo (Mai	rt:Filed:B rk:X)	Y Cand	idate	Committee	X	tobbyist
Name of Filing Committee	e, Candidate or	t.	7		ETIL	1 1) and.	4. )	
Lobbyist			RIGOR	De o	F John	1 BACHW	mo	
Street Address		/	16/2	B 61	PLANE			
City:	BATALAHIN			/ State	PA	ZipiCode	18017	
Type of Report (Place x ur	ider report type)		***************************************					
1-6 Tuesday 2-2" Fr						ost 7-Annual	Special 2 <sup>nd</sup> Frida	The state of the s
Pre-Primary :: Pre-Prim	ary Primary	Pre-E	lection	Pre-Electi	on Election		Pre-Election	Post-Election
X								
Date Of Election: (MM/DD/YYYY)	25/19/202	Year		2021	Amendmen Report		Termination Report	
Summary of Receipts and	سيطار الشاهار بالمطاعات		To Date		974.39464425-3945 270 - 33433845-3445	esel Establisher For	Office Use Only	
Expenditures								
A. Amount Brought Forw	ard From Last Repo	<b>ft</b> \$		· · · · · · · · · · · · · · · · · · ·				
B. Total Monetary Contri	butions and Receipt	<b>s.</b> \$	F 10	N 6 6/2	<u>.                                    </u>	<i>i.</i>		
(From Schedule )		\$ \$		0.00				
(Sum of Lines A and B)			5 60	00,00				
Dr. Total Expenditures (From Schedule III)		\$	1.44	12,99		٠.		
E Ending Cash Balance (Sübtrac Ence Dinom Un	e Ch	\$	4/10	7 01				
E. Value of in-Kind Contri	deliging the facilities of the same of the same of	\$	7/ 25	50,00				
(From Schedule II) G. Unpaid Debts and Obl	gations (7	発達。 第8章 \$	011	<u> </u>				
(From Scriedule W)								
		Мея	£ 1-1-	음 Affidavi	t Section			
Part 1- If this is a Committee	report, treasurer sign	here. I	his st Car	idida le repoi	t, candidate sign he	ere.		
I swear (or affirm) that this re	eport, including the att	ached 50	inguues oi	r∟papper; is to	tne pest of my kno	wiedge an <del>d b</del> elief t	rue, correct and corr	ipiete.

Name of Filing Committee, Candidate, or Lobbyist

## 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.

Reporting Cycle	Name				
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3		Cycle 4	☐ Cycle 5
6 <sup>th</sup> Tuesday	2 <sup>nd</sup> Friday	30 Day	6 <sup>th</sup> T	uesday	2 <sup>nd</sup> Friday
Pre-Primary	Pre-Primary	Post Primary	Pre-f	Election	Pre-Election
☐ Cycle 6	☐ Cycle 7	☐ Cycle 8		☐ Cy	cle 9
30 Day Post-Election	Annual Report	2 <sup>nd</sup> Friday Pre-Specia	l Election	30 Day Po	ost-Special Election
this form is submit is submitted with our line of that the foregoing	a report by a cont nalty of perjury ប	ributing lobbyist,	the lobb	yist must s	ign here.
	1:1-1-			<b>67/05/</b> Date (DD/N	102
Signature of Trea	asurer, candidate	e, or Lobbyist	But	Alfa P	q USA
Pr	rinted Name		Locat	tion (City)S	State/Country)



## 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

**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.

· ·	67/05/2021
Signature of Treasurer, Candidate, or Lobbyist	Date (DD/MM/YYYY)
Noto Kartman	Bothleyfon PA USA
Printed Name	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.

	Amount
Full Name of Contributing	M/DD/YYYY]   \$
Full Name of Contributing Date [MN Committee	mu (1941) 11 0
House # Street Address Date [MN	M/DD/YYYY] 8
City State Zip Code Date [Mi	M/DD/YYYY] \$
	M/DD/YYYY] \$
Committee	
House #   Street Address   Date [MI	M/DD/YYYY] \$
City   State   Zip Code   Date [MI	M/DD/YYYY] \$
	THE THE PARTY OF T
Full Name of Contributing Date [M	M/DD/YYYY]   *\$
Committee Date (and	
House # Street Address Date [M	M/DD/YYYY] 8
City   State   Zip Code   Date [M	M/DD/YYYY] \$
	M/DD/YYYY] 8
Committee	
House # Street Address Date [M	IM/DD/YYYY] \$
	IM/DD/YYYY] \$
Full Name of Contributing Date [M	IM/DD/YYYY]
Committee	2 .
House #   Street Address   Date [M	IM/DD/YYYY] \$
House # Street Address Date [M	
	MM/DD/VVVVI A
	MM/DD/YYYY] \$
Full Name of Contributing	MM/DD/VVVVI   e
Full Name of Contributing Date [M	MM/DD/YYYY] 8
	MM/DD/YYYY] \$
House # Street Address Date [M	4
Date III	444/DD/00000
City State Zip Code Date [M	MM/DD/YYYY] 8
range in the control of the control	s * - t

### 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.)

ı	Filer	lden	tifica	tion N	lum	b	9 <b>r</b> :
ı	A			٠,			

Full Name of Contributor	Date [MM/DD/YYYY] \$	
BLAKE MARLES	04/20/2021	250.00
B HOUSE # 1 (Sifeet Autress)	04/28/2021   Date [MM/DD/YYYY]   \$	100.00
1935 MILL CREEK RD		
State     \rightarrow Zip code	Date [MM/DD/YYYY] \$	
MACUNGIE PA 18062		
Füll Name of Contributor	Date [MM/DD/YYYY] \$	
MICHAEL D O'HARE	04/27/2021 Date [MM/DD/YYYY] \$	200.00
House # Street Address	Date [MM/DD/YYYY] \$	á .
432 4TH AVENUE		
City BETHLEHEM State PA Zip Code 18018	Date [MM/DD/YYYY] 8	
Full Name of Contributor	Date [MM/DD/YYYY] 8	
House #   Street Address   HACKETT		100.00
a rearrant (ancer anness)	Date [MM/00/YYYY] 1	100100
201 E. MACA DA	The state of the s	
City State Zip Code	Date [MM/DD/YYYY] \$	
BETHLOHEM PA 18017		Ì
Full Name of Contributor	Date [MM/DD/YYYY] \$	
House # Street Address Ac Governo		100.00
House # Street Address	Date [MM/0D/YYYY] 8	
House # Street Address FOX BIDGE		
City &ASTON State PA Zip Code 18040	Date [MM/DD/YYYY]/ \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
ALATOLIA TUDAL CO. TO	Olllonin	100.00
House #   Street Address   Street	04/29/2021   Date MM/DD/YYYYI   \$	100,00
City R TAL USA State PA Zip Code	Date [wiw/DD/11:11]	
City State Zip Code	Date [MM/DD/YYYY] \$	<del>(1)</del>
BETALVHEM PA 18020		
Full Name of Contributor	Date [MM/DD/YYYY]   \$	
ROBERT D. KILBANKS	į.	100,00
House # Street Address	Date [MM/DD/YYYY] / 8	
House # 2906 Street Address William Pann Hwy City State Pa Zip Code		
City FASTON State PA Zip Code 18045	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	
BEERE IUENBINGALION WILLIOME.	
a reservoir resource and the contract of the c	
The state of the s	

		Noge (1000) Fri He	
Full Name of Contributor	Date [MM/DD/YYYY]	8	
HOUSE # Street Address	04/29/2021 Date [MM/DD/YYYY]		100,00
otroci Address	Date [MM/DD/YYYY]	8	
City   MEYOR RD			
	Date [MM/DD/YYYY]	\$	
NAZAROTH PA 19064			
Full Name of Contributor	Date [MM/DD/YYYY]	8	
VOSEPH TEMRICK	64/29/2021 Date [MM/DD/YYYY]		100.00
House #   Street Address	Date [MM/DD/YYYY]	8	
City   BLUE JAY DRIVE			
City NAZARTH State PA Zip Code 18064	Date [MM/DD/YYYY]	8	
Full Name of Contributor		_	
	Date [MM/DD/YYYY]	2	
DEAN N. BROWNING	04/29/3021		75,00
House # Street Address	Date [MM/DD/YYYY]	\$	
CONGINES    2432   CONGINES   State   Zip Code		*:	
City State Zip Code	Date [MM/DD/YYYY]	8	
ALLENTOWN PA 18104			
Full Name of Contributor	Date [MM/DD/YYYY]	8	
Full Name of Contributor  MARK S. HOTFMAN	Date [MM/DD/YYYY]	8	75.00
Full Name of Contributor  MARK S, HOFFMAR  House #   Street Address	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$	75,00
Full Name of Contributor  MARK S, HOFFMAR  House #   Street Address		\$	75,00
Full Name of Contributor  MARK S, HOFFMAN  House # Street Address  JASMINE DRIVE City State Zip Code		\$	75,00
Full Name of Contributor  MARIX S. HOFFMAN  House # Street Address  1578 JASMINE DRIVE  City Contor Valley State PA Zip Code 18034	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$	75.00
Full Name of Contributor  MARK S, HOFFMAN  House # Street Address  TASMINE DRIVE  City Contributor  Full Name of Contributor	Date [MM/DD/YYYY]	\$	
Full Name of Contributor  MARK S, HOFFMAN  House # Street Address  TASMINE DRIVE  City Contributor  Full Name of Contributor	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$	100.00
Full Name of Contributor  MARK S, HOFFMAN  House # Street Address  JASMINE DRIVE  City CONTOR VALLEY  Full Name of Contributor  GLENN TOCKHART  House # Street Address	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$	
Full Name of Contributor  MARK S, HOFFMAN  House # Street Address  TAGMINE DRIVE  City CENTOR VALLEY  Full Name of Contributor  GLEND TOCKHART  House # Street Address  E. FEDERAL ST.	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$	
Full Name of Contributor  MARIX S. HOFFMAN  House # Street Address  City Contributor  Full Name of Contributor  Full Name of Contributor  Full Name of Contributor  Figure 18034  Full Name of Contributor  Figure 250  Figure	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$	
Full Name of Contributor  MARK S, HOFFMAN  House # Street Address  TAGMINE DRIVE  City CENTOR VALLEY  Full Name of Contributor  GLEND TOCKHART  House # Street Address  E. FEDERAL ST.	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]		
Full Name of Contributor  MARIX S. HOFFMAN  House # Street Address  City Contributor  Full Name of Contributor  Full Name of Contributor  Full Name of Contributor  Figure 18034  Full Name of Contributor  Figure 250  Figure	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	3	
Full Name of Contributor  MARK S, HOFFMAN  House # Street Address  City Control Valley  Full Name of Contributor  GLEND TOCKHART  House # Street Address  E. FEDERAL ST.  City ALLONTOWN  Full Name of Contributor	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Old/Ap/202  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	3	100.00
Full Name of Contributor  MARK S, HOFFMAN  House # Street Address  City Control Valley  Full Name of Contributor  GLEND TOCKHART  House # Street Address  E. FEDERAL ST.  City ALLONTOWN  Full Name of Contributor	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	3	
Full Name of Contributor  MARK S, HOFFMAN  House # Street Address  City Control Valley  Full Name of Contributor  GLEND TOCKHART  House # Street Address  E. FEDERAL ST.  City ALLONTOWN  Full Name of Contributor	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	3	100.00
House # Street Address   Street Address   State   PA   Street Address	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	3	100.00

### 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.)

	ler Identification Number:	
	ier menimication Number:	Age of the control of
	OLIMPITATION CONTRACTOR	
100	. 44, 24, 14, 44, 47, 414, 414, 414, 414, 414,	
4.1		
1.5		
-	A STATE OF THE PARTY OF THE PAR	

Full Name of Contributor	Date [MM/DD/YYYY]	\$	
JOHN S, RINE	04/29/2021 Date [MM/DD/YYYY]	^.	75.00
House #   Street Address	Date [MM/DD/YYYY]	8	
555 D VERA CIRCLE			
City BETHLEHEM State PA Zip Code 19017	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		سجد	
[관련 [제계 전문 전 기계 : 사용 기계 : 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Date [MM/DD/YYYY]	2	
ANTONIO A. PINEDA			75.00
House # Street Address	Date [MM/DD/YYYY]	\$	
644 4THST.			
City WHITE HALL State PA Zip Code 18052	Date [MM/DD/YYYY]	8	
Full Name of Contributor	Date [MM/DD/YYYY]	2	
		ľ	74
House # Street Address	04/29/2031 Date [MM/00/YYYY]	2	75.00
House # Street Address OAK LW.  City State Tin Code			
City   State   Zip Code	Date [MM/DD/YYYY]	8	
NORTHAMOTON PA 18067			
Full Name of Contributor	Date [MM/DD/YYYY]	8	
Full Name of Contributor   Savah Raskall	Date [MM/DD/YYYY]	\$	100,00
Full Name of Contributor  Scrub Rosk House # Street Address	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$	100.00
Full Name of Contributor  Savah Roskott  House # Sob Street Address Orchand Ln			100.00
Full Name of Contributor  Squah Rosk 34  House # 506 Street Address  City Rosk 21 Zip Code 1 12 2 12		8	100.00
Full Name of Contributor  Savah Roskott  House # Street Address  Orchard Ln  City Rething State PA Zip Code 1801	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	8	100.00
Full Name of Contributor  Savah Rosk 34  House # Sob Street Address  Orchard Ln  City Rething State PA Zip Code 1801  Full Name of Contributor	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	8	100.00
Full Name of Contributor  Savah Roskott  House # Sob Street Address  Orchard Ln  City Rething State PA Zip Code 1801  Full Name of Contributor  Tim De 14cd	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	8	250,00
Full Name of Contributor  Scrah Roskott  House # Street Address  State PA Zip Code 1801  Full Name of Contributor  House # Street Address	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	8	250,00
Full Name of Contributor  Savah Roskott  House # Sob Street Address  Orchard Ln  City Rething State PA Zip Code 1801  Full Name of Contributor  Tim De 14cd	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	8	250,00
Full Name of Contributor  Savah Rosk, 34  House # Street Address  Orchand Ln  City Rethinm State PA Zip Code 1801  Full Name of Contributor  Thouse # House # Address  Favmers We Rd	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$	250,00
Full Name of Contributor  Screen Address  Orchard Ln  City Rethres State PA Zip Code 1801  Full Name of Contributor  Full Name of Contributor  Full Name of Contributor  Street Address  Farmers Werd  City Residue (2000)	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$	250,00
Full Name of Contributor  Squah Rosk 34  House # Street Address  State PA Zip Code 1801  Full Name of Contributor  Full Name of Contributor  Full Name of Contributor  Full Name of Contributor	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	8	100.00 250.00
Full Name of Contributor  Scrah Roskett  House # Sob Street Address  State PA Zip Code 1801  Full Name of Contributor  City Rethrap Street Address  Full Name of Contributor  City Rethrap Street Address  Orchard Ln  Zip Code 1801  Full Name of Contributor	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	8	100.00 250.00 350.00
Full Name of Contributor  Scrah Rosks+  House # Street Address  City Reh Address  Full Name of Contributor  Street Address  Farmers Werd  Full Name of Contributor  Full Name of Contributor  Full Name of Contributor  Street Address  State PA Zip Cdde  House # Hou	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]		100.00 250.00
Full Name of Contributor  Scrah Roskett  House # Sob Street Address  State PA Zip Code 1801  Full Name of Contributor  City Rethrap Street Address  Full Name of Contributor  City Rethrap Street Address  Orchard Ln  Zip Code 1801  Full Name of Contributor	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]		100.00 250.00

#### 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.

iler Identification Number:							
Full Name of Contributing Committee	GOVERN PAC		Date [MM/DD/YYYY]  94/29/2021  Date [MM/DD/YYYY]	1,000.00			
House # Street	GOVERN PAC Address S. Bools	EVARD	Date [MM/DD/YYYY]	8			
City TAMPA	State   FL	Zip Code 3360	6 Date [MM/DD/YYYY]	8			
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$			
House # Street	Address		Date [MM/DD/YYYY]	<b>3</b> .			
City	State	Zip Code	Date [MM/DD/YYYY]	8			
Full Name of Contributing Committee			Date [MM/DD/YYYY]	8			
	t Address	<u> </u>	Date [MM/DD/YYYY]	8.			
City	State	Zip Code	Date [MM/DD/YYYY]	3 3			
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$ 7			
	t Address		Date [MM/DD/YYYY]	8			
City	State	Zip Code	Date [MM/DD/YYYY]	8			
Full Name of Contributing Committee			Date [MM/DD/YYYY]	3			
House # Stree	t Address		Date [MM/DD/YYYY]	8			
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee			Date [MM/DD/YYYY]	3			
	t Address		Date [MM/DD/YYYY]	3			
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 2		Date [MM/DD/YYYY] 8
Lisa	- J. Schaller	04/29/2021 2,000.00
		Date [MM/DD/YYYY] \$
751	BENNER ROAD	
ALLENTOW N	State PA Zip Code 118/04	Date [MM/DD/YYVY] 8
THE PARTY OF THE P	SELF	Occupation
Employer Mailing Address /	SAME AS ABOVE	
Full Name of Contributor		Date [MM/DD/YYYY] 8
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	<u> 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 </u>	Occupation
Employer Mailing Address / Principal Place of Business		i i i i i i i i i i i i i i i i i i i
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] 2 8
City	State Zip Code	Date [MM/DD/YYYY] 8"
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		History A. C.
Full Name of Contributor		Date [MM/DD/XYYY] 4 8
		6 5 proceed 11 11 and 120 con
House #   Street Address		Date [MM/DD/YYYY] 3
		2.7 0.8 0.6 0.6 0.6 0.6
City	State   Zip Code	Date [MM/DD/YYYY] 3
	\$	
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 Numbe	N.			
Full Name				
	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
	Street Address			
	อเเธอเ คนนเชรร		1	L D. A. CRARA (D.D. DOCCO)
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				1 12
Full Name				
House #	Street Address	Section 1		
City		State	Zip	Date [MM/DD/YYYY]
<b>-</b>			Code	
Reseint Description	<u> </u>			1
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip /	Date [MM/DD/YYYY]   \$
~".7	. ]	2.0.40	Code	20-1-10-1-10-1-10-1-10-1-10-1-10-1-10-1
Receipt Description	- 1			
Full Name				
House #	Street Address		manus de la constitución de la c	
City	[27]	State	Zip	Date [MM/DD/YYYY] \$
Vity			Code	
Receipt Description		1 1	Tapa - 40% 1	
Full Name				
House #	Street Address			
City	15	State	Zip Code	Date [MM/DD/YYYY] \$
			Code	
Receipt Description			M Stift and formation in	
		V.		

#### 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 CONTRI	RUTIONS REGEIVED VAI	UE:0E <b>\$</b> 50:00 0B	TESS PER CONTRIBUTOR:
	(1)	8	LEGORER GONTRIDO POR
2. AIN-KIND CONTRIBUTIONS REC	CEIVED=VALUE OF \$ 50:0		
TOTAL for the reporting period	(2)	8	250,00
33 IN-KIND CONTRIBUTION REC	eived-value over \$ 250	D.00 (FROM PART	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)		1 1	250,00

#### 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]   8					
John Kuchmar	4/29/21 250,00					
House # Street Address 0 1 0 1	Date [MM/DD/YYYY] 8					
162 Best Mace	i.					
City Bahlam State PA Zip Code 1201	Date [MM/DD/YYYY] \$					
Description of Contribution Fond for Fundamine	y Evan					
Full Name of Contributor	-Date [MM/DD/YYYY] 8					
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] \$					
Oil.	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] 8					
	Date [MM/DD/YYYY] \$					
House # Street Address	Date [MM/DD/YYYY] \$					
City   State   Zip Code	Date [MM/DD/YYYY] 8					
Description of Contribution						

## **SCHEDULE II**

## Part G In-Kind Contributions Received

		VALUE OVER \$ 250	
Filer Identification Number:			
Full Name of Contributor			PALATAMA / DD / VVVVI A SAME A SAME
			Date [MM/DD/YYYY] \$
House # Street Add	iress		Date [MM/DD/YYYY] \$
	•		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Ý L			
Employer Name			Occupation
Employer Mailing Address / Prince	cipal		Description
Place of Business			of
			Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Add	ress	TO THE OTHER PROPERTY OF THE STATE OF THE ST	Date [MM/DD/YYYY] 8
City	State   2	Zip Code	Date [MM/DD/YYYY] 8
Employer Name			Occupation
Employer Mailing Address / Prince	rinal		Description
Place of Business			of
			Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Add	ress		Date [MM/DD/YYYY] 8
	1.		
City	State	Zip Code	Date [MM/DD/YYYY] 8
Employer Name			Occupation
Employer Mailing Address / Prin	cipal		Description
Place of Business			of Contribution
Full Name of Contributor			Date [MM/DD/YYYY]
			Date [MIN/DD/1111]
11000011			
House # Street Add	ress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		······································	Occupation
Employer Mailing Address / Prin	cipal		Description
Place of Business			of
			Contribution

# Statement of Expenditures

Filer Ident	ification Nu	mber:	•					
To Whom	n Paid	7					Date MM/DD/YYYY) 8	its Eliver
10 1111011		Our	T. / ( )	5			4121 SO. W	\
House #		Street Address	1 V COR		1 1 1	$\overline{}$	Description of Expenditure	<u>/                                    </u>
	177		2001	141 h		20	en e	
City	Cha	WHAL	State	Ut 1	Zip Code		Speaked for Event	
To Whon	n Paid	1				1_	Date [MM/DD/YYYY] 8	,
House #		M MO	rurenty	n C	MECY	<u> </u>	5/3/21   311. 5	)
	12906	Street Address		m P	<u> </u>	Huy	Description of Expenditure	v
City	Ew	ton	State	PA 1	Zip Code	1201K	Voter List	
To Whon	n Paid	Coal	A = A	-> n			Date MM/DD/YYYY] \$ 40 1	J
House #	721	Street Address	MI I Y	9W )_	tron	ر	Description of Expenditure	1
	23		TU DO	X				
City	Olan	isrde	State	PA	Zip Code	19038	Yard Stans	
To Whon	n Paid		•				Date [MM/DD/YYYY]	
House #		Daniel & daline					December of Francisco distance	
nouse #		Street Address					Description of Expenditure	
City	<u> </u>		State		Zip Code			
To Whor	n Paid			2012-11-2			Date [MM/DD/YYYY] \$	
11		12						
House #		Street Address					Description of Expenditure	
City	1		State		Zip			
					Code			
To Whor	m'Paid'						Date [MM/DD/YYYY] \$	
House #	<u> </u>	Street Address				****	Description of Expenditure	
110030 #		Street Address					Description of Expenditure	
City			State		Zip Code			
To Whor	m Paid						Date [MM/DD/YYYY]: \$	
House #		Street Address					Description of Expenditure	
City		1	State		Zip Code		P SECTION AND ADDRESS OF THE PROPERTY OF THE P	
To Who	m Paid						Date [MM/DD/YYYY] \$	
House #	1	Street Address					Description of Expenditure	
City		[[[2]] [[2]] [[2]] [[2]] [[2]]	State		Zip	I		
J,					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 Num			and the second of the title of	na or the reporting period:
				Decree of the second se
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	0
7.0 - 1.0 - 1.0 - 1.0 - 1.0 - 1.0 - 1.0 - 1.0 - 1.0 - 1.0 - 1.0 - 1.0 - 1.0 - 1.0 - 1.0 - 1.0 - 1.0 - 1.0 - 1.0 - 1			Finite No. 1111	
City		State	Zip. Code	18.0
Description of Debt		<u> </u>	<u> referés l</u>	t iil
Name of Creditor	12.5			Outstanding Balance of Debt
House #	Street Address		B DATE DEBTINGURRED	8
			[MM/DD/YYYY]	
City		State	Zip Code	
Description of Debt		1	1 Monday 1	
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	
			[MM/DD/YYYY]	
City		State	Zip	
	(2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		Code	
Description of Debt	The state of the s			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	8
	教育學院は		[MM/DD/YYYY]	
City		State	Zip	
Description of Debt			Code	<u> </u>
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	3
Š Š			[MM/DD/YYYY]	
City		State	Zip	1
Description of Debt	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Code	
	\$ 15. H			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
	With the Control of t		[MM/DD/YYYY]	
City		State	.7in.\$	4:1
		, sait	Zip Code	
Description of Debt				