

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	1.	COMMITTEE	2.	LOBBYIST	3.	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST JOHN KACHMAR										
STREET ADDRESS 1612 BEST PLACE										
CITY BETHLEHEM				STATE PA		ZIP CODE 18017				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY	DATE OF ELECTION				
6TH TUESDAY PRE-PRIMARY	1.	MAYOR				R	MO.	DAY	YEAR	
2ND FRIDAY PRE-PRIMARY	2.	DATES OF REPORTING PERIOD	TO	MO.	DAY	YEAR	MO.	DAY	YEAR	
30 DAY POST-PRIMARY	3.	MO.	DAY	YEAR	MO.	DAY	YEAR	MO.	DAY	YEAR
6TH TUESDAY PRE-ELECTION	4.	06	07	2021	10	18	2021	11	02	2021
2ND FRIDAY PRE-ELECTION	5.	CASH BALANCE AT END OF REPORTING PERIOD:								
30 DAY POST-ELECTION	6.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:								
ANNUAL REPORT	7.	\$	9772.29	\$	0					
		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.

STATEMENTS OF RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED \$250.00 AND COMPLETE.

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filed By (Mark X)		Candidate		Committee		Lobbyist	
Name of Filing Committee, Candidate or Lobbyist		FRIENDS OF JOHN KACHGAR							
Street Address		1612 BEST PLACE							
City	BETLEHEM	State	PA	Zip Code	18017				

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Date Of Election (MM/DD/YYYY)		11/02/2021		Year			Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report	06/07/2021	10/18/2021	
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 3,878.01	
C. Total Funds Available (Sum of Lines A and B)		\$ 13,430.00	
D. Total Expenditures (From Schedule III)		\$ 17,308.01	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 7,535.72	
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 9,772.29	
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 1,409.50	
		\$ 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 or paper, is to the best of my knowledge and belief true, correct and complete.

I, _____, Treasurer/Candidate, do hereby swear (or affirm) that the above is true and correct.

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor		
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	Total for the reporting period	(1)	\$	30.00
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
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Contributions Received from Political Committees (Part A)			\$	
All Other Contributions (Part B)			\$	
	Total for the reporting period	(2)	\$	1,100.00

3. Contributions Over \$250.00 (From Part C and Part D)		
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Contributions Received from Political Committees (Part C)			\$	
All Other Contributions (Part D)			\$	
	Total for the reporting period	(3)	\$	12,300.00

4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
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	Total for the reporting period	(4)	\$	12,300.00
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>				13,430.00

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]	\$	0
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:						
Full Name of Contributor:				Date [MM/DD/YYYY]	\$	
WILLIAM METRO				10/11/2021	\$	250.00
House #	Street Address		Date [MM/DD/YYYY]	\$		
5	ROLLING HILL RD			\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
SKILLMAN	NJ	08559		\$		
Full Name of Contributor:				Date [MM/DD/YYYY]	\$	
LARRY CONSALVOS				10/11/2021	\$	250.00
House #	Street Address		Date [MM/DD/YYYY]	\$		
80	NEW RD.			\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
LAMBERTVILLE	NJ	08530		\$		
Full Name of Contributor:				Date [MM/DD/YYYY]	\$	
MARK BROZHOUSKI				10/12/2021	\$	150.00
House #	Street Address		Date [MM/DD/YYYY]	\$		
8	ASTOR RIDGE DR			\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
AMHERST	NY	14228		\$		
Full Name of Contributor:				Date [MM/DD/YYYY]	\$	
STEVE MELNIK				10/15/2021	\$	50.00
House #	Street Address		Date [MM/DD/YYYY]	\$		
1624	EASTON AVE			\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
BETHLEHEM	PA	18017		\$		
Full Name of Contributor:				Date [MM/DD/YYYY]	\$	
DANA GRUBB				10/15/2021	\$	50.00
House #	Street Address		Date [MM/DD/YYYY]	\$		
2440	ANDERSON PLACE			\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
BETHLEHEM	PA	18017		\$		
Full Name of Contributor:				Date [MM/DD/YYYY]	\$	
MARY JO REED				10/15/2021	\$	200.00
House #	Street Address		Date [MM/DD/YYYY]	\$		
1411	ELM ST.			\$		
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]	\$	
DOBRA ROSA					10/16/2021	\$	50.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
180	GROUSE DRIVE				\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
BATH	PA	18014			\$		
Full Name of Contributor:					Date [MM/DD/YYYY]	\$	
SCOTT HOUGH					8/27/2021	\$	100.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
2037	EDGEHILL RD.				\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
BETHLEHEM	PA	18017			\$		
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										
Full Name of Contributing Committee							Date [MM/DD/YYYY]		\$	0
House #		Street Address				Date [MM/DD/YYYY]		\$		
City		State		Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$		
City		State		Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$		
City		State		Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$		
City		State		Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$		
City		State		Zip Code		Date [MM/DD/YYYY]		\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$		
City		State		Zip Code		Date [MM/DD/YYYY]		\$		

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	
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Full Name of Contributor				Date (MM/DD/YYYY)		Amount
JOHN RINE				08/01/2021		
House #	Street Address		Date (MM/DD/YYYY)			
555	VERA CIRCLE					
City	State	Zip Code		Date (MM/DD/YYYY)		
BETHLEHEM	PA	18017				
Employer Name				Occupation		
AMERICAN ZINC RECYCLING				MANAGER		
Employer Mailing Address / Principal Place of Business						

Full Name of Contributor				Date (MM/DD/YYYY)		Amount
JAMES DEITZ				8/04/2021		
House #	Street Address		Date (MM/DD/YYYY)			
1226	ST FKO BLVD					
City	State	Zip Code		Date (MM/DD/YYYY)		
BETHLEHEM	PA	18018				
Employer Name				Occupation		
DIOTTA BROTHERS				OWNER		
Employer Mailing Address / Principal Place of Business						
SAME AS ABOVE						

Full Name of Contributor				Date (MM/DD/YYYY)		Amount
BROCK HAINES				8/10/2021		
House #	Street Address		Date (MM/DD/YYYY)			
437	MAIN ST					
City	State	Zip Code		Date (MM/DD/YYYY)		
BETHLEHEM	PA	18018				
Employer Name				Occupation		
SELF				HOTEL OWNER		
Employer Mailing Address / Principal Place of Business						
SAME AS ABOVE						

Full Name of Contributor				Date (MM/DD/YYYY)		Amount
SHEILA ESTES				8/17/2021		
House #	Street Address		Date (MM/DD/YYYY)			
313	WASHINGTON AVE					
City	State	Zip Code		Date (MM/DD/YYYY)		
MARIETTA	GA	30060				
Employer Name				Occupation		
ADMINISTRATOR - LAW FIRM						
Employer Mailing Address / Principal Place of Business						

**PART D
All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$
JAMES BARTHA				8/28/2021		300.00
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
SAN FRANCISCO	CA					
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						

Full Name of Contributor				Date [MM/DD/YYYY]		\$
ERNIE STEIGLER				9/22/2021		1000.00
House #	Street Address		Date [MM/DD/YYYY]		\$	
5204	ELMHURST DR.					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
SEHNACKSVILLE	PA	18076				
Employer Name				Occupation		
SBWR				OWNER-CEO		
Employer Mailing Address / Principal Place of Business						
5204 ELMHURST DR.						

Full Name of Contributor				Date [MM/DD/YYYY]		\$
William Riley				9/16/2021		1,000.00
House #	Street Address		Date [MM/DD/YYYY]		\$	
315	WASHINGTON AVE.					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
MARIETTA	GA	30060				
Employer Name				Occupation		
McClendon + Riley LLC				Lawyer		
Employer Mailing Address / Principal Place of Business						

Full Name of Contributor				Date [MM/DD/YYYY]		\$
LOW PAKTOR				10/18/2021		5,000.00
House #	Street Address		Date [MM/DD/YYYY]		\$	
245	COFFERTOWN RD					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
EASTON	PA	18042				
Employer Name				Occupation		
Asilby Development				OWNER		
Employer Mailing Address / Principal Place of Business						
559 MAIN ST. BATHLETEN						

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$
W. PIKE JONES				10/09/2021		1.000
House #	Street Address		Date [MM/DD/YYYY]		\$	
28	MARTHA MARTHA LANE					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
BLUFFTON	SC	29910				
Employer Name			Occupation			
SELF EMPLOYED			Lead Plumber			
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	
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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

File 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)	\$

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

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 1,409.50

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)		\$ 1,409.50
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor:				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$

Description of Contribution	
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Full Name of Contributor:				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$

Description of Contribution	
------------------------------------	--

Full Name of Contributor:				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$

Description of Contribution	
------------------------------------	--

Full Name of Contributor:				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$

Description of Contribution	
------------------------------------	--

Full Name of Contributor:				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$

Description of Contribution	
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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]		\$	
BUD HACKETT				10/06/2021		1,000.00	
House #	Street Address			Date [MM/DD/YYYY]		\$	
201	E. MACADA RD						
City	State	Zip Code			Date [MM/DD/YYYY]		\$
BETHLEHEM	PA	18017					
Employer Name			Occupation				
SELF EMPLOYED							
Employer Mailing Address / Principal Place of Business			Description of Contribution				
			ASAP MAILING				

Full Name of Contributor:				Date [MM/DD/YYYY]		\$	
MARR HOFFMAN				10/14/2021		409.50	
House #	Street Address			Date [MM/DD/YYYY]		\$	
2019	INDUSTRIAL DR.						
City	State	Zip Code			Date [MM/DD/YYYY]		\$
BETHLEHEM	PA	18017					
Employer Name			Occupation				
HOFFMAN INSURANCE CONSULTANTS			INSURANCE				
Employer Mailing Address / Principal Place of Business			Description of Contribution				
SAME AS ABOVE			FOOD FOR MEET & GREET				

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		Digital Network Superstar			Date [MM/DD/YYYY]	\$	900.00
House #	5309	Street Address	Colony DR		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18017	Web Services	
To Whom Paid		Digital Network Superstar			Date [MM/DD/YYYY]	\$	900.00
House #	5309	Street Address	Colony DR.		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18017	Web Services	
To Whom Paid		Digital Network Superstar			Date [MM/DD/YYYY]	\$	900.00
House #	5309	Street Address	Colony DR		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18017		
To Whom Paid		PAT BRASLIN			Date [MM/DD/YYYY]	\$	1,500.00
House #	PO Box 4501	Street Address	EASTON AVE		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18020	CONSULTANT	
To Whom Paid		PAT BRASLIN			Date [MM/DD/YYYY]	\$	1,500.00
House #	PO Box 4501	Street Address	EASTON AVE.		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18020	CONSULTANT	
To Whom Paid		PAT BRASLIN			Date [MM/DD/YYYY]	\$	1,200.00
House #	PO Box 4501	Street Address	EASTON AVE.		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18020	CONSULTANT	
To Whom Paid		GIANT SUPERMARKET			Date [MM/DD/YYYY]	\$	46.40
House #		Street Address	UNION BLVD		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	STAMPS	
To Whom Paid		CAPITOL PROMOTIONS			Date [MM/DD/YYYY]	\$	497.14
House #	PO Box 231	Street Address	(GLONSIDe)		Description of Expenditure		
City	GLONSIDe	State	PA	Zip Code	19038	YARD SIGNS	

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:	
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To Whom Paid	PAY PAL			Date [MM/DD/YYYY]	\$	92.18
House #	Street Address			Description of Expenditure		
City	State	Zip Code		PAY PAL CHARGES		
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				
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					