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 ON BEHALF OF	COMMITTEE 2 LOBBYIST 3.
NAME OF FILING COMMITTEE, C.	ANDIDATE OR COBBYIST		
STREET ADDRESS	D L DI		***************************************
16/2	BIST KACE	- I	
BeTHLEH	EM	STATE PA	ZIP CODE 18017
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO. PARTY	DATE OF ELECTION MO. DAY YEAR
6TH TUESDAY 1. PRE-PRIMARY	MAYOR		1/ OZ 3021
2ND FRIDAY PRE-PRIMARY.	DATES OF REPORTING PERIOD 11 Q2 3021	OI 3/ JOJJ	-1:-
30 day 3. POST-PRIMARY.	CASH BALANCE AT END		TEASTH FI
6TH.TUESDAY 4- PRE-ELECTION	OF REPORTING PERIOD:	\$	
2ND FRIDAY FRE-ELECTION	OUTSTANDING DEBTS OR LIABILITI AT THE END OF REPORTING PERIO		A 186
30 DAY POST-ELECTION	AMENDMENT YES REPORT?	NO	7 2: 41 1042 1042
ANNUAL X	TERMINATION YES	NO	
	AFEID	AVIT SECTION	Enamentary and the second seco

PARTI-

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 Lobbyish the Lobbyish must sign here.

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Repo (Mai	rt Filed B k X)	y Gandida	te	Committee		Lobbyist
Name of Filing Committee, Ca Lobbyist	ndidate or	È	RIEN	DS OF	JOHN	KACHM	AR	Some
Street Address			1 /	12 BA	ST PLAC	Ē		
City BE	THLEHER	1	,	State	PA	Zip Code	1801	7
Type of Report (Place x under r								
1-6 th Tuesday 2: 2 rd Friday Pre-Primary Pre-Primary			Tuesday lection	5- 2 rd Friday Pre-Election		7- Annual	Special 2 nd I Pre-Election	
Date Of Election		Year			Amendment	X	Termination	
(MM/DD/YYYY)					Report		Report	
Summary of Receipts and Expenditures	From Date 11/1/ 9 2/20) i	To Date	·, 2022		For	Office Use Or	ly
A. Amount Brought Forward F	rom Last Repor	\$	(5				
B: Total Monetary Contributio (From Schedule I)	ns and Receipts	*/	189	6,00		•		
G: Total Funds Available (Sum of Lines A and B)		8	184	(, OO.				Transport
D. Total Expenditures (From Schedule III)		\$	1.85	5.00	·			
E Ending Cash Balance (Subtract Line D from Line C)		\$	()		, : · · · · · · · · · · · · · · · · · ·		J. Commercial Commerci
F. Value of in-Kind Contributio (From Schedule II)		\$		>		- - !	RASS L	Party State
G. Unpaid Debts and Obligation (From Schedule IV)	ins .	\$		2			1,7 150	The second second
Part 1- If this is a Committee repor	t, treasurer sian h	erė, lf t	ỗ ⋛ His is a€Car	≧Affidavit Se idid ate report, c				
			~1~~~					

SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number		
1. Unitemized Contributions and Receipts \$ 50.00 or Less per Contributor		
Total for the reporting period (1)	8	38,00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	8	
All Other Contributions (Part B)	8	150,00
Total for the reporting period (2)	8	150,00
3. Contributions Over \$ 250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	8	
Total for the reporting period (3)	S	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	8	
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	8	186.00

PART A **Contributions Received From Political Committees**

 $\$\,50.01\,\text{TO}\,\$\,250.00$ 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 Cor Committee	ntributing			Date [MM/DD/YYYY]	***
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	*Zip Code	Date [MM/DD/YYYY]	8
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	8.
House #	Street Address			Date [MM/DD/YYYY]	7 \$ 0 5 0
City		State	*Zip Code	Date [MM/DD/YYYY]	8
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8 (1) (2) (3)
City	roses i selle	State	Zip Code	Date [MM/DD/YYYY]	10.5 3.5 10.5
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$ 7 \
House #	Street Address			Date [MM/DD/YYYY]	8
City	1873 - 1 1884 <u>L</u>	State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Co Committee				Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8.0
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	. S
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	8.
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8

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:

					n togan de militaria de la competition
Full Name of Co	ntributor			Date [MM/DD/YYYY] 8	
	MAT	THEW	[HOMAS	11/26/2021 58 Date [MM/DD/YYYY] \$	>,00
House # r	Street Address	1844 A	THOMAS THUNGTON ST. ZID COOLE 18017	Date [MM/DD/YYYY] \$	
City Boy	THLOHEM	State PA	Zip Code 19017	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor	g community and a section of the section of the section of the		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] 8	
City		State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor	(A) 基础基础		Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	otributor.			Date [MM/DD/YYYY] \\$	
House #	Street Address			Date [MM/DD/YYYY] 8	* · · · · · · · · · · · · · · · · · · ·
City		State	Zip Code	Date [MM/DD/YYYY] 3.	
Full Name of Co	ntributor			Date [MM/DD/YYYY] 8	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] 8	
City		State	Zip Code	Date [MM/DD/YYYY] \$	

PART C

Contributions Received From Political Committees

Over \$ 250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$ 250.00 in the reporting period.

	Park and the				
Full Name of				Date [MM/DD/YYYY]	
Contributing Co	mmutee				
House #	Street Addre	G 7 m 1		Date [MM/DD/YYYY] \$	
City.		State	Zip Code	Date [MM/DD/YYYY] \$	
				AA	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House #	Street Addre	ISS		Date [MM/DD/YYYY] \$	the second secon
1					
City		State;	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of	7 - 7 - 7 - 7 - 7 - 1 - 1 - 1 - 1 - 1 -		paragraphic and the Mark Traff	Date [MM/DD/YYYY] \$	
Contributing Co	mmittee				
House #	Street Addre	188		Date [MM/DD/YYYY] \$	
led to		7 (5) (5) (7) (7)			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	253A			Date [MM/DD/YYYY] 8	Section of the sectio
Contributing Co	mmittee				
House #	Street Addre)\$\$		Date [MM/DD/YYYY] \$	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
Full Name of				Date [MM/DD/YYYY] 8	
Contributing Co	mmittee			Same Canado and Livid Sec.	
House #	 Street Addre	`SS		Date [MM/DD/YYYY] 8	····
City	Takin mengangang	State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House #	Street Addre	<u> </u>		Date [MM/DD/YYYY] 8	
	Geroot Audit			7. THE STANDARD TO SEE SAID AND	
City	As a Second way.	State	Zip Code	Date [MM/DD/YYYY] \$	

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 Identificatio	n Number:			
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] 8.
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam Employer Maili Principal Place	ing Address /			Occupation
Full Name of Co				Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$.
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam Employer Mail Principal Place	ing Address /			Occupation
Full Name of C				Date [MM/DD/YYYY] \$
House #	Street Address	A		Date [MM/DD/YYYY] \$
City.	** \$P\$ \$P\$	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam Employer Mail Principal Place	ing Address /	A		Occupation
Full Name of C	ontributor			Date [MM/DD/YYYY] 8
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	ie			Occupation
Employer Mail Principal Place	ing Address / of Business			The state of the s

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 N	umber:			
Full Name				
rate of the second second				
House # City	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Description	in			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] . \$
Receipt Description	on .	B24-9580,46.	IN THE PERSONS	Post
Full Name				
House #	Street Address	CONTRACTOR AND		
City		State	Zîp Codê	Date [MM/DD/YYYY] \$
Receipt Descripti			大學等差別	
Full Name			en deutsche der der der der der der der der der de	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Descripti	on		[25 (25 (25 (25 (25 (25 (25 (25 (25 (25	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descripti	ion:	[A 2728425]		[[[]] [] [] [] [] [] [] [] [
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Descripti	lon	[100 (N - 80 ())	DE NOT THEMSE IN	

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:				
			NO LITORUTOR	
1. UNITEMIZED IN-KIND CONTRIB	BUTIONS RECEIVED-VALUE		CONTRIBUTOR	
TOTAL for the reporting period	(1)	8		
2. IN-KIND CONTRIBUTIONS RECE		O \$ 250.00 (FROM PART F)	이 병원이 하는 시간에 살아왔다. 그는 후 한 경기에 가는 것이 되었다는 가수는 사람이 있다.	
TOTAL for the reporting period	(2)	8		
3. IN-KIND CONTRIBUTION RECEI	VED-VALUE OVER \$ 250.00	0 (FROM PART G)		
TOTAL for the reporting period	(3)	8		
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals fro		1 1		
on Page 1, Report Cover Page, Item F)	טווו טטאסס ד, ב, מווט ט, מוסט	, enter	0	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number					
Full Name of Contributo)[*]			Date [MM/DD/YYYY] \$	
House #1			VII.	Date [MM/DD/YYYY] 8	0
House #	treet Address			7	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Description of Contribut	tion	a see Staff	P. C. O. S. J. W. S.	<u> </u>	<u>- 1 </u>
Full Name of Contributo				Date [MM/DD/YYYY] \$	\\
					왕 영
House # S	street Address			Date [MM/DD/YYYY] 8	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
				20020 Contract Contract SA	(2) (6) (7)
Description of Contribu	tion				-
Full Name of Contributo	or			Date [MM/DD/YYYY] \$	
House # S	troot Addis-			Date [MM/DD/YYYY] 8	(2) (4) (5) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7
S	Street Address				
City	The second second	State	Zip Code	Date [MM/DD/YYYY] 8	
Description of Contribu	ition	#85850# 079;	STATE OF THE STATE	A No.	26%
Full Name of Contribute	or			Date [MM/DD/YYYY] 8	\$ a
House #	Street Address			Date [MM/DD/YYYY] 8	
City		State	Zip Code	Date [MM/DD/YYYY] 8	\$ () () () () () () () () () (
Description of Contribu	tion				(5) (3)
Full Name of Contribute				Date [MM/DD/YYYY] 8	9
Full Name of Contribute					
	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY] (\$
		State	ZID GOOG		
Description of Contribu	ution				

SCHEDULE II Part G

In-Kind Contributions Received

And the second s	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		VALUE OVER \$ 250		
Filer Identification Nu	mber:				
The strain of the second of th					
Full Name of Contri	butor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	2.		to indicate and the second	Occupation	
Employer Mailing A Place of Business	Address / Principal			Description of Contribution	
Full Name of Contr	ibutor			Date [MM/DD/YYYY] (\$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City:	A STATE OF THE STA	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Mailing / Place of Business	Address / Principal	7. 1 7. 1 7. 1 7. 1		Description of Contribution	
Full Name of Contr	ibutor:			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] . \$	
City	Particular Assertance and a second	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name	a villa		1	Occupation	
Employer Mailing A Place of Business	Address / Principal			Description of Contribution	
Full Name of Conti	ibutor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] 8	

Employer Name

Employer Mailing Address / Principal Place of Business

Occupation

Description of · Contribution

Statement of Expenditures

and the second control of the second of the	
Filer Identification Number:	
发展的现在分词 化双氯化物 经	
是3的"新"等是是否是1944年4年4月2日的	

To Whom Paid	1/ 1 ~		Date [MM/DD/YYYY] \$
NOHN	KACHMAR		O//27/2022 188,00 Description of Expenditure
House # Street Address		CE	Description of Expenditure
City BAALHom	State PA	Zip Code <i>14017</i>	RomBorgant for Furtherson
To Whom Paid			Date [MM/DD/YYYY] \$
House # Street Address			Description of Expenditure
City	State	Zip Code	The property of the second
To Whom Paid	Not district a		Date [MM/DD/YYYY] \$
House # Street Address			Description of Expenditure
City	State	Zip Code	
To Whom Paid	Upo Afficia (Eg.)	[1663] 4 (1664) 627 (1675)	Date [MM/DD/YYYY] \$
House # Street Address		* ** AND	Description of Expenditure
City	State	Zip Code	ASSESSMENT OF STREET AND A STREET OF STREET AND A STREET ASSESSMENT OF A STREET ASSESSMENT A
Tö Whom Paid	V.00(192893)	p. seetasta 1	Date [MM/DD/YYYY] \$
House # Street Address			Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] 8
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] 8
House # Street Address			Description of Expenditure
City	State	Zip Code	Lawrence of communications and the communication of

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:		Control of the Contro	
Name of Creditor				Outstanding Balance of Debt
House #	Street Address	70 14	DATE DEBT INCURRED	**************************************
			[MM/DD/YYYY]	
City		State	Zip Code	
Description of De	ebt	N 554 257 8 5 75	1:55550	1.0004
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	
		<u> </u>	[MM/DD/YYYY]	
City		State	Zip Code	
Description of De	ebt	[Page 28 S.]		
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	
			[MM/DD/YYYY]	
City		State	Zip Code	- ``
Description of De	ebt		l ring	[75]
Name of Creditor				Outstanding Balance of Debt
House #	Street Address	S. C.	DATE DEBT INCURRED [MM/DD/YYYY]	8
City		State	Zip Code	
Description of De		LACOSTATAL	Lating Andread Andreas	nor-karrière de succession de conserva anno en conserva anno en conserva anno en conserva anno en conserva ann
Name of Creditor	 Section 19 (a) 10 (a) 10 (b) 10 (b) 10 (c) 10			Outstanding Balance of Debt
House #	Street Address	A S	DATE DEBT INCURRED [MM/DD/YYYY]	8.
City		State	Zip Code	
Description of De	ebt	1 2 (80 %)	<u> </u>	
Name of Credito	r.			Outstanding Balance of Debt.
House #	Street Address	· ·	DATE DEBT INCURRED [MM/DD/YYYY]	8
City		State	Zip. Code	
Description of De	ebt	J. 2017 2015 4	্নান্ত কুক্সের সং	122.50