



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

Filer Identification Number	eke est tellimine ett telli	· · · · · · · · · · · · · · · · · · ·	Repo ( Mai	rt Filed E	ý Candid	ate		Committee		$ \mathbf{X} $	Lobbyist	
Name of Filing Comn Lobbyist	nittee, Car	ndidate or		riends of Klera Wilhelm							11	
Street Address				126 East Market Street, #6								
City	Bethlehe	mi			State	PA		Zip Code	18018	· · · · · ·		
Type of Report (Place	x under r	eport type)	***********									
1-6 <sup>th</sup> Tuesday   2-2 Pre-Primary   Pre-	<sup>2nd</sup> Friday Primary			Tuesday ection	5-2 <sup>nd</sup> Friday Pre-Election			7- Annual	Special 2 <sup>o</sup> Pre-Electi		Special 30 E Post-Electio	
				1	X	1						
Date Of Election (MM/DD/YYYY)			Year			Amend Report			Terminati Report	on		
Summary of Receipt Expenditures	s and	From Date		To Dat	9	***************************************		For	Office Use (	Only	Transport of the same	revolute de fron
	. •	5/2/23			0/23/23			· · · · · · · · · · · · · · · · · · ·				
A. Amount Brought		·	- 1		1,164.55							
B. Total Monetary C (From Schedule I)	ontributio	ns and Receipts	\$	\$ 0		1						
C. Total Funds Availa (Sum of Lines A and			\$	1,164.55		1						•
D. Total Expenditure (From Schedule III)			\$		309.50	1						
E. Ending Cash Balar (Subtract Line D from			1	855.05								
F. Value of In-Kind C (From Schedule II)		ons Received	1	:0.		1						
G. Unpaid Debts and	l Obligatio	on <b>s</b>	\$		.0	1					,	
(From Schedule IV)			1	<u> </u>	Affidavit S							
Part 1- If this is a Comn	nittee repo	rt, treasurer sign h	erë. If t	nis is a Ca	ndidate report,	candidate s	gn here.	dae and holles	hawaii -	nd above to	ba	
I swear (or affirm) that Sworn to and subscribe			cúg <b>a s</b> á	neadles O	n paper, is to th	e nest of M	/ KIIOWI8	uye and Deitel I	iue, correct 3	na comple	ra.	
day of	-,-,nimi v 101	20	_	. 1								
usy (/				L		3;	Ignature	of Person Subn	nitting report			
Signature				1,	÷		<del></del>	Printed Nan	10		·········	
My Commission expires MO. DAY YR					<del>,-</del>	Area Code	<del></del>	Da	ytime Teleph	one Numb	ęŕ.	
Part II- If this is a report	of a Candi	date's Authorized	Comm	ttee, can	lidate shall sign	here.			-1			
I swear (or allirm) that amended.	to the best	of my knowledge	and bel	lef this po	litical committe	e has not vi	olated ar	iy provisions of	the Act of Ju	ne 3, 1937	(P.L. 1333; NO.	320) as

# 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	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	L	L
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	8	0
Total for the reporting period (2)	8	0
3. Contributions Over \$250.00 (From Part C and Part D)	-	
Contributions Received from Political Committees (Part C)	3	o
All Other Contributions (Part D)	8	0
Total for the reporting period (3)	8	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	<u> </u>	
Total for the reporting period (4)	1	

### 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 Iden	tification Number							
				 				Amount
Full Nam Committ	ne of Contributin tee	ig				Date [MM/DD/YYYY]	- \$	
House #	Sı	treet Address	<u> </u>	 		Date [MM/DD/YYYY]	- 8	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Committ						Date [MM/DD/YYYY]	\$	
House #	S	treet Address		 		Date [MM/DD/YYYY]	8	
City			State	Zip Code		Date [MM/DD/YYYY]	3	
Committ						Date [MM/DD/YYYY]	8	
House #	S	treet Address				Date [MM/DD/YYYY]	8	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Commit						Date [MM/DD/YYYY]	\$	
House #		treet Address		 -		Date [MM/DD/YYYY]	3	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Nam Commit	ne of Contributir itee	ng				Date [MM/DD/YYYY]	- 8	
House #	S	treet Address			ACCOUNTS OF THE PARTY OF THE PA	Date [MM/DD/YYYY]	*	
City			State	Zip Code		Date [MM/DD/YYYY]	- 1	
Commit				 4		Date [MM/DD/YYYY]	- *	
House #	S	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 Ni	umver:				\$
Full Name of Contr	ributor			Date [MM/DD/YYYY]	- 3
House #	Street Address			Date [MM/DD/YYYY]	
City	1	State	Zip Code	Date [MM/DD/YYYY]	3 3 3:
Full Name of Cont	ributor	<u> </u>	1	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	8
City	i	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Con	tributor			Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Con	itributor			Date [MM/DD/YYYY]	3
House #	Street Address	3		Date [MM/DD/YYYY]	3
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	<b>3</b>
House #	Street Address	S		Date [MM/DD/YYYY]	3
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co				Date [MM/DD/YYYY]	
House #	Street Addres			"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			Date [MM/DD/YYYY]	8
Contributing Committee				9
House # Stree	et Address		Date [MM/DD/YYYY]	\$
			Dea- Massing poor	1
City	State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee				1
House # Stree	et Address		Date [MM/DD/YYYY]	8
City	State	Zip Code	Date [MM/DD/YYYY]	3
Full Name of			Date [MM/DD/YYYY]	8
Contributing Committee			4,,,	
House #   Stre	eet Address		Date [MM/DD/YYYY]	8
City	State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
			Doto (AREA/DD NASSO)	
House # Stre	eet Address		Date [MM/DD/YYYY]	8
City	State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
	eet Address		Date [MM/DD/YYYY]	3
110030 H 31L6	500 11101 000			-
City	State	Zip Code	Date [MM/DD/YYYY]	\$
P. 11 5.1			Date [MM/DD/YYYY]	8
Full Name of Contributing Committee			Date [MIMINDD/1111]	
House # Stre	eet 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 Num	ber:				
Full Name of Contribu	itor			Date [MM/DD/YYYY]	- 8
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Ad Principal Place of Bu	dress /			A COMMAND AND A STATE OF	
Full Name of Contrib				Date [MM/DD/YYYY]	_
House #	Street Address			Date [MM/DD/YYYY]	3
City		State	Zip Code	Date [MM/DD/YYYY]	3
Employer Name				Occupation 1	
Employer Mailing Ac Principal Place of Bu	siness			Date [MM/DD/YYYY]	<b>! !</b>
Full Name of Contrib	outor		•		
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	
Employer Name				Occupation	
Employer Mailing A Principal Place of Bu	ısiness			Date MANAGED INCOME.	
Full Name of Contri	butor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	8
Employer Name		1 1		Occupation	1
Employer Mailing A Principal Place of B	address / usiness				

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		
	et Address	
City	State	Zip Date [MM/DD/YYYY] \$ Code
Receipt Description		
Full Name		
House # Stre	et Address	
City	State	Zip Date [MM/DD/YYYY] \$ Code
Receipt Description		
Full Name		
House # Stre	et Address	
City	State	Zip   Date [MM/DD/YYYY]   \$   Code
Receipt Description		
Full Name		
House # Stre	et Address	
City	State	Zip   Date [MM/DD/YYYY]   \$   Code
Receipt Description	المستحدث المستحدد الم	
Full Name		
House # Stre	et Address	
City	State	Code Date [MM/DD/YYYY] \$
Receipt Description	Company of the compan	<u> </u>
Full Name	·	
House # Stre	eet Address	
City	State	Zip 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.	DO (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)	•
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)	

#### 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	
House # Street Address			Date [MM/DD/YYYY]	8	
City	State	Zip Code	Date [MM/DD/YYYY]	8	
Description of Contribution					WALTER STATE OF THE STATE OF TH
Full Name of Contributor			Date [MM/DD/YYYY]	8	
House # Street Address			Date [MM/DD/YYYY]	8	
City	State	Zip Code	Date [MM/DD/YYYY]	8	
Description of Contribution			<u> </u>	<u> </u>	
Full Name of Contributor			Date [MM/DD/YYYY]	8	
House # Street Address			Date [MM/DD/YYYY]	8	
City	State	Zip Code	Date [MM/DD/YYYY]	\$   <b>8</b>   · · · · · · · · · · · · · · · · · · ·	JANUARY TO SERVICE AND ADDRESS OF THE PROPERTY
Description of Contribution					
Full Name of Contributor			Date [MM/DD/YYYY]	3	
House # Street Address			Date [MM/DD/YYYY]	8	
City	State	Zip Code	Date [MM/DD/YYYY]	3	
Description of Contribution					
Full Name of Contributor			Date [MM/DD/YYYY]		
House # Street Address			Date [MM/DD/YYYY]	3	
City	State	Zip Code	Date [MM/DD/YYYY]	3	
Description of Contribution					

### SCHEDULE II Part G

### **In-Kind Contributions Received**

			VALUE OVER \$ 250		
Filer Identification	n Number:				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	8
House #	Street Addres	s		Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Employer Name	)			Occupation	
Employer Maili Place of Busine	ng Address / Principa ss	1		Description of Contribution	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Addres	3		Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	3
Employer Name	Э			Occupation	LiL
Employer Maili Place of Busine	ng Address / Principa ss	al l		Description of Contribution	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Addres	8		Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Employer Name	<del>)                                    </del>			Occupation	J. L.
Employer Maili Place of Busine	ng Address / Principa ss	1	10-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Description of Contribution	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	8
House #	Street Address	3		Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	8
Employer Name	9			Occupation	

Description of Contribution

Employer Mailing Address / Principal Place of Business

## Statement of Expenditures

Filer Identification Number:	
į į	

To W	nom Paid						Date [MM/DD/YYYY]	8	
		Friends of Michael Colon					09/05/2023	-	100.00
House	1956	Street Address Ridgelawn Ave					Description of Expendi	ture	January Company Company
City	Bethlehem		State	PA	Zip Code	18018	Campaign donation		
To W	nom Paid	Friends of Colleen	Laird				Date [MM/DD/YYYY]	8	100.00
							09/05/2023	<u> </u>	100,00
House	1871	Street Address	West Union B	lvd.			Description of Expendit	ure	
City	Bethlehem		State	PA	Zip Code	18018	Campaign donation		
To Wi	nom Paid	Brian Panella for Ju	ıdas				Date [MM/DD/YYYY]	\$	100,00
	j		.~%e				09/06/2023	_	
House	905	Street Address	Iron Lane				Description of Expendit	ure	
City	Easton	·•	State	PA	Zip Code	18040	Campaign donation		
To W	nom Paid			<u> </u>			Date [MM/DD/YYYY]	\$	
House	<b>#</b>	Street Address					Description of Expendit	ure	
City			State		Zip Code				
To W	nom Paid				<u> </u>		Date [MM/DD/YYYY]	8	
									<u> </u>
House	)#	Street Address					Description of Expendit	ure	
City			State		Zip Code				
To W	hom Paid						Date [MM/DD/YYYY]	8	
House	e #	Street Address					Description of Expendit	ure	
City	3		State		Zip Code				
To W	hom Paid						Date [MM/DD/YYYY]	\$	
House	e#[	Street Address					Description of Expendi	ture	<u> </u>
City :	<u>.</u>		State		Zip				
	Ì				Code		D-1- (1884 / DD (1000)	1 A	
To W	hom Paid						Date [MM/DD/YYYY]	8	
House	e#	Street Address					Description of Expendi	ture	
City	<u> </u>		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 Identii	ication Number:				
Name of 0	reditor				Outstanding Balance of Debt
House #	and the second second	et Address		DATE DEBT INCURRED [MM/DD/YYYY]	8
City		<u></u>	State	Zip Code	
Description	n of Debt				
Name of Creditor					Outstanding Balance of Debt
House #	Stree	et Address		DATE DEBT INCURRED [MM/DD/YYYY]	3
City			State	Zip Code	
Description	on of Debt				
Name of	Creditor				Outstanding Balance of Debt
House #	Stre	et Address		DATE DEBT INCURRED [MM/DD/YYYY]	8
City			State	Zip Code	- % - %
Description	on of Debt				
Name of	Creditor				Outstanding Balance of Debt
House #	Stre	et Address		DATE DEBT INCURRED [MM/DD/YYYY]	- 8
City			State	Zip Code	
Description	on of Debt				
Name of	Creditor			•	Outstanding Balance of Debt
House #	Stre	et Address		DATE DEBT INCURRED [MM/DD/YYYY]	8
City			State	Zip Code	
Descripti	on of Debt				
Name of	Creditor				Outstanding Balance of Debt
House #	Stre	et Address		DATE DEBT INCURRED [MM/DD/YYYY]	8
City			State	Zip Code	
Descripti	on of Debt	í			
D 00011p11	011 01 2001				