

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	<input checked="" type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Kiera Wilhelm								
STREET ADDRESS 105 E Market St #6								
CITY Bethlehem			STATE PA	ZIP CODE 18018				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION			
	Bethlehem City Council		-	D	MO.	DAY	YEAR	
	6TH TUESDAY PRE-PRIMARY	1.			11	02	2021	
	2ND FRIDAY PRE-PRIMARY	2.			FOR OFFICE USE ONLY			
	30 DAY POST-PRIMARY	3.						
	6TH TUESDAY PRE-ELECTION	4.						
	2ND FRIDAY PRE-ELECTION	5. <input checked="" type="checkbox"/>						
30 DAY POST-ELECTION	6.							
ANNUAL REPORT	7.							
DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	MO.	DAY	YEAR
		06	08	2021		10	18	2021
CASH BALANCE AT END OF REPORTING PERIOD:				\$	0			
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:				\$	0			
AMENDMENT REPORT?		YES		NO	<input checked="" type="checkbox"/>			
TERMINATION REPORT?		YES		NO	<input checked="" type="checkbox"/>			

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.

(I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

DAY OF

20

SIGNATURE OF PERSON SUBMITTING REPORT

PRINTED NAME

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NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Friends of Kiera Wilhelm										
STREET ADDRESS 105 E Market St #6										
CITY Bethlehem			STATE PA	ZIP CODE 18018						
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION						
				MO.	DAY	YEAR				
6TH TUESDAY PRE-PRIMARY	Bethlehem City Council	-	D	11	02	2021				
2ND FRIDAY PRE-PRIMARY				FOR OFFICE USE ONLY						
30 DAY POST-PRIMARY				DATES OF REPORTING PERIOD						
6TH TUESDAY PRE-ELECTION				MO.	DAY	YEAR	MO.	DAY	YEAR	
2ND FRIDAY PRE-ELECTION				06	08	2021	TO	10	18	2021
30 DAY POST-ELECTION				CASH BALANCE AT END OF REPORTING PERIOD:		\$ 1,164.55				
ANNUAL REPORT				TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 0				
	AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>						
	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>						

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SWORN TO AND SUBSCRIBED BEFORE ME THIS _____