COMMONWEALTH OF PENNSYLVANIA

## 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	D					REPORT FILE	D OF	CAHDIDATE	1.	COMMITTEE	<sup>2</sup> X	LOBBYIST	
hame of filing commi Friends of Kie	rree, co era V	VIIhelm											***************************************
street address 126 E Market	St #	<sup>‡</sup> 6	<del></del>						ZIP CO	.06			
Bethlehem						STATE PA			18018  DATE OF ELECTION				
TYPE OF REPORT (CHECK ONE)  NAME OF OFFICE SOUGHT BY CANDIDATE						CT NO.	PARTY D		мо. 11		DAY YEA 02 202		
6TH TUESDAY PRE-PRIMARY	1.	Bethlehem Cit	- No		YEAR	 		FOR C	FFICE	USE ONLY			
2ND. FRIDAY PRE-PRIMARY	2.	DATES OF REPORTING PERIOD	202	2									
30 day Post-Primary	3.	CASH BALANCE AT END 1,164.55							***************************************				
6TH TUESDAY PRE-ELECTION	4.	TOTAL AMOUNT OF FILER'S											
2ND FRIDAY PRE-ELECTION	5. X	OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:											
30 DAY POST-ELECTION	8.		AMENOMENT REPORT?	YES	N	10 X							
ANNUAL REPORT	7.		TERMINATION REPORT?	YES	N	ю Х							

## AFFIDAVIT SECTION

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.

A THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR MABILITIES THOURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT