

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) | | | Committee | <input checked="" type="checkbox"/> | Lobbyist | <input type="checkbox"/> |
| Name of Filing Committee, Candidate or Lobbyist | | Friends of Kiera Wilhelm | | | | | | |
| Street Address | | 126 East Market Street, #6 | | | | | | |
| City | Bethlehem | State | PA | Zip Code | 18018 | | | |

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) | | | Year | | Amendment Report | <input checked="" type="checkbox"/> | Termination Report | <input type="checkbox"/> |

| Summary of Receipts and Expenditures | From Date | To Date | For Office Use Only |
|--|-----------|----------|---------------------|
| | 5/2/23 | 10/23/23 | |
| A. Amount Brought Forward From Last Report | \$ | 1,164.55 | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ | 0 | |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 1,164.55 | |
| D. Total Expenditures (From Schedule III) | \$ | 309.50 | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 855.05 | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | 0 | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | 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 on paper, is to the best of my knowledge and belief true, correct and complete.
 Sworn to and subscribed before me this _____ day of _____, 2023.

Notary Public
 [Signature]
 2023
 66

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

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] | \$ | |
| | | | | | | | | | | House # Street Address | | |
| City | | | State | | | Zip Code | | | Date [MM/DD/YYYY] | | | |
| Full Name of Contributing Committee | | | | | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | House # Street Address | | |
| City | | | State | | | Zip Code | | | Date [MM/DD/YYYY] | | | |
| Full Name of Contributing Committee | | | | | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | House # Street Address | | |
| City | | | State | | | Zip Code | | | Date [MM/DD/YYYY] | | | |
| Full Name of Contributing Committee | | | | | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | House # Street Address | | |
| City | | | State | | | Zip Code | | | Date [MM/DD/YYYY] | | | |
| Full Name of Contributing Committee | | | | | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | House # Street Address | | |
| City | | | State | | | Zip Code | | | Date [MM/DD/YYYY] | | | |
| Full Name of Contributing Committee | | | | | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | | House # Street Address | | |
| 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] | § | | |
| 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] | | § | |
| 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] | \$ | |
| | | | | | | | |
| 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: | |
|------------------------------|--|

| | | | | | | | |
|--|--|----------------|--|----------|-------------------|-------------------|----|
| 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 | | | | | | | |
| 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: | |
|------------------------------|--|

| | | | | | | | | |
|---------------------|--|----------------|--|----------|--|-------------------|----|--|
| 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
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

| | |
|-------------------------------------|--|
| Filer Identification Number: | |
|-------------------------------------|--|

| | | | | | | | |
|------------------------------------|-----------------------|--|-----------------|--------------------------|--|----|--|
| 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 | | | | | | | |

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$ 250

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | | | | | | |
|--|--|--|--|--|-----------------------------|--|-------------------|--|-------------------|--|----|
| 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 | | | | | | |

| | | | | | | | | | | | |
|--|--|--|--|--|-----------------------------|--|-------------------|--|-------------------|--|----|
| 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 | | Friends of Michael Colon | | | | Date [MM/DD/YYYY] | | \$ | 100.00 |
| | | | | | | 09/05/2023 | | | |
| House # | 1956 | Street Address | | Ridgelawn Ave | | Description of Expenditure | | | |
| City | Bethlehem | State | PA | Zip Code | 18018 | Campaign donation | | | |
| To Whom Paid | | Friends of Colleen Lalrd | | | | Date [MM/DD/YYYY] | | \$ | 100.00 |
| | | | | | | 09/05/2023 | | | |
| House # | 1871 | Street Address | | West Union Blvd. | | Description of Expenditure | | | |
| City | Bethlehem | State | PA | Zip Code | 18018 | Campaign donation | | | |
| To Whom Paid | | Brian Panella for Judge | | | | Date [MM/DD/YYYY] | | \$ | 109.50 |
| | | | | | | 09/06/2023 | | | |
| House # | 905 | Street Address | | Iron Lane | | Description of Expenditure | | | |
| City | Easton | State | PA | Zip Code | 18040 | Campaign donation | | | |
| 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: | |
|-------------------------------------|--|

| | | | | | | |
|----------------------------|--|-----------------------|--|--|--|------------------------------------|
| 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 | | | | | | |

| | | | | | | |
|----------------------------|--|-----------------------|--|--|--|------------------------------------|
| Name of Creditor | | | | | | Outstanding Balance of Debt |
| House # | | Street Address | | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ |
| | | | | | | |
| City | | State | | Zip Code | | |
| Description of Debt | | | | | | |

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. <input checked="" type="checkbox"/> | LOBBYIST | 3. | |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Friends of Kiera Wilhelm | | | | | | | | | |
| STREET ADDRESS 126 E. Market Street #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 | | | |
| 6TH TUESDAY PRE-PRIMARY | 1. | Bethlehem City Council | | - | D | | MO. | DAY | YEAR |
| 2ND FRIDAY PRE-PRIMARY | 2. | MO. | DAY | YEAR | TO | MO. | DAY | YEAR | FOR OFFICE USE ONLY |
| 30 DAY POST-PRIMARY | 3. | 10 | 23 | 23 | | 11 | 27 | 23 | |
| 6TH TUESDAY PRE-ELECTION | 4. | | | | | | | | |
| 2ND FRIDAY PRE-ELECTION | 5. | | | | | | | | |
| 30 DAY POST-ELECTION | 6. <input checked="" type="checkbox"/> | | | | | | | | |
| ANNUAL REPORT | 7. | | | | | | | | |
| | | AMENDMENT REPORT? | YES | | NO | | X | | |
| | | TERMINATION REPORT? | YES | | NO | | X | | |
| | | CASH BALANCE AT END OF REPORTING PERIOD: | | | | \$ | 855.05 | | |
| | | TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: | | | | \$ | 0 | | |

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, [Signature] (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.

Commonwealth of Pennsylvania - Notary Seal
ER - Notary Public
a County

Commonwealth of Pennsylvania - Notary Seal
ER - Notary Public
a County