UG2	***	TTE :	11	1



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

												<u> </u>			
Filer Identification	on			l	1 ' - 1		Candida	ite		Committee			Lobbyist		
Number					(Ma	ark X)			. IL						
Name of Filing Committee, Candidate or Friends of Klera Wilhelm															
Lobbyist					rnen	os or kiera	wiinein	n							
Street Address					1261	East Market	Street,	#6							
City	В	ethlehe	m				T	State	PA		Zip Code	18018			
Type of Report (•											
			3- 30 Day	y Post	4-61	Tuesday	5- 2 nd	Friday	6- 30 Day	Post	7- Annual	Special 2"		Special 30	
Pre-Primary	Pre-Pr	imary	Primary		Pre-	Election	Pre-I	Election	Election			Pre-Election	on	Post-Elec	tion
		7			ī		K	7						 	
								X							
Date Of Election					Yea	ľ			Amendme	nt		Terminati	on		
(MM/DD/YYYY)									Report			Report			
A			-			7 :	<u> </u>								'
Summary of Receipts and From Date			ite	- 1	To Dat	e		ľ		For	Office Use C	iniy			
Expenditures			EM	2/23	\neg		0/23/23	,							
	J. F.		1				0/23/2	, 	<u></u>						
A. Amount Brou	•			•		1,164.55		5							
B. Total Moneta		tributio	ons and Re	ceipts	- 1	3	0								
(From Schedule						"									
C. Total Funds A		В			1	3	1,164.55	=	•						
(Sum of Lines A							1,104.33	,							
D. Total Expendi					- 18	3	309,50								
(From Schedule							30,500		ł						
E. Ending Cash B						3	855.05								
(Subtract Line D							055.05								
F. Value of In-Kir		tributio	on s Receiv	ed	1	3	0								
(From Schedule							U								
G. Unpaid Debts and Obligations					1	3	^								
(From Schedule	(From Schedule IV)														
							Af	fidavit Se	ction						
Part 1- If this is a C	ommitt	ee repoi	rt, treasurer	sign he	ere. If	hists a Car	ndidate	report, ca	andidate sign	here.					
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 subs	cribed b	efore m	e this	_		Publ	8 8		17		~)				

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)		
Contributions Received from Political Committees (Part A)	8	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)	<u> </u>	
Contributions Received from Political Committees (Part C)	8	0
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)		
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) Total for the reporting period (4)	8	

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] {	8
House # Street Ad	ldress		Date [MM/DD/YYYY]	8
City	State	Zip Code	Date [MM/DD/YYYY]	В
Full Name of Contributing Committee		<u> </u>	Date [MM/DD/YYYY] 8	В
House # Street Ac	dress	and the second s	Date [MM/DD/YYYY] 8	3
City	State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Contributing Committee	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	8
House # Street Ad	ddress		Date [MM/DD/YYYY]	8
City	State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Ad	ddress		Date [MM/DD/YYYY]	8
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	8
House # Street A	ddress		Date [MM/DD/YYYY]	8
City	State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Contributing Committee				8
House # Street A	ddress		Date [MM/DD/YYYY]	8
City	State	Zip Code	Date [MM/DD/YYYY]	8

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 Ide	Filer Identification Number:									
Full Na	me of Contributor					Date [MM/DD/YYYY]	8			
House #	Stre	et Address				Date [MM/DD/YYYY]	\$			
City		Stat	a [Zip Code		Date [MM/DD/YYYY]	8			
		Vius	<u></u>	Lip occo		-				
Full Nai	me of Contributor					Date [MM/DD/YYYY]	8			
House #	Stre	eet Address		34. Ph		Date [MM/DD/YYYY]	8			
City		Stat	9	Zip Code		Date [MM/DD/YYYY]	8			
Full Na	me of Contributor					Date [MM/DD/YYYY]	\$			
House i	* Str	eet Address				Date [MM/DD/YYYY]	8			
City		Stat	8	Zip Code		Date [MM/DD/YYYY]	8			
Full Na	me of Contributor	,				Date [MM/DD/YYYY]	\$			
House	∦ Stro	eet Address				Date [MM/DD/YYYY]	8			
City		Stat	9	Zip Code		Date [MM/DD/YYYY]	8			
Full Na	me of Contributor					Date [MM/DD/YYYY]	\$	·		
House	# Stre	eet Address				Date [MM/DD/YYYY]	8			
City		Stat)	Zip Code		Date [MM/DD/YYYY]	8			
Full Na	me of Contributor					Date [MM/DD/YYYY]	\$			
House	# Stre	eet Address				Date [MM/DD/YYYY]	8			
City		Stat	•	Zip Code		Date [MM/DD/YYYY]	8			

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 Identific	cation Number:				
Full Name of				Date [MM/DD/YYYY]	8
CONTRIBUTION	ng Committee				
House #	Street	Address		Date [MM/DD/YYYY]	\$ 2.23
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name				Date [MM/DD/YYYY]	S
	ng Committee				
House #	Street	Address		Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				B	
Full Name	of ng Committee			Date [MM/DD/YYYY]	_ \$
House #	Street	Address		Date [MM/DD/YYYY]	- 8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name	of			Date [MM/DD/YYYY]	
	of ng Committee			- molimui bottitil	1
House #		Address		Date [MM/DD/YYYY]	8
110use #	street	1001 G22		- and [mai/pot (())]	1
City		State	Zip Code	Date [MM/DD/YYYY]	8
orty		olale	Lip oodo	was fundantitil	1
Full Name		1		Date [MM/DD/YYYY]	\$
	ng Committee				
House #	Street	Address		Date [MM/DD/YYYY]	\$
"					
City			Zip Code	Date [MM/DD/YYYY]	
Full Name		L		Date [MM/DD/YYYY]	8
Contributi	ng Committee				
House #	Street	Address		Date [MM/DD/YYYY]	\$
City		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 Iden	ntification Number:						
							P
Full Nam	ne of Contributor				Date [MM/D	DD/YYYY] \$	
House #	Str	eet Address			Date [MM/D	DD/YYYY] \$	
City			State	Zip Code	Date [MM/D	DD/YYYY] \$	
Employer Name					Occupation	T	
Employe Principa	er Mailing Address Il Place of Busines	s /	- 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
	ne of Contributor			Date [MM/D	D/YYYY] \$		
House #	I Str	reet Address			Date (MM/D	D/YYYY] \$	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0017144.555					
City			State	Zip Code	Date [MM/D	D/YYYY] \$	
Employe	er Name			Occupation			
Employe Principa	er Mailing Addres Il Place of Busines	s /	NILEMAN TO THE PROPERTY OF THE		<u> </u>		
	ne of Contributor				Date [MM/D	D/YYYY]	
House #	/	reet Address			Date [MM/D	D/YYYY1 8	
House #	UNI	BRI MUUI Goo					
City			State	Zip Code	Date [MM/D	D/YYYY] \$	
Employe	er Name				Occupation		
	er Mailing Addres				1	1	
•	ne of Contributor			,	Date [MM/D	DD/YYYY] \$	
					Doto IMAN/F	5 101/VV1 8	
House #	Str	reet Address			Date [MM/D	DD/YYYY] \$	
City			State	Zip Code	Date [MM/D	DD/YYYY] \$	
Employ	er Name				Occupation	<u> </u>	
Employe Princina	er Mailing Addres al Place of Busines	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 Number:				
Full Name				
House # Stre	et Address			
City	S	tate	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House # Stre	et Address			
City	S	tate	Zip Code	Date [MM/DD/YYYY] 8
Receipt Description				
Full Name				
House # Stre	eet Address			
City	S	state	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				<u> </u>
Full Name				
House # Stre	eet Address			
City	S		Zip Code	Date [MM/DD/YYYY]
Receipt Description		LL		
Full Name				
House # Stre	et Address	***************************************		
City	S	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		L	I	
Full Name				
House # Stre	et Address	22201E-01-01-01-01-01-01-01-01-01-01-01-01-01-		
City	S	tate	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

rier identification Nutriber:									
			•						
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									
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									
Full Name of Contributor			Date [MM/DD/YYYY]	8.					
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]	8					
City	State	Zip Code	Date [MM/DD/YYYY]	8					
Description of Contribution									
Full Name of Contributor			Date [MM/DD/YYYY]						
House # Street Address	444		Date [MM/DD/YYYY]	8					
City	State	Zip Code	Date [MM/DD/YYYY]	8					
Description of Contribution									

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$ 250

rneriaer	Mincation Numb	e1.							
Full Nar	ne of Contribu	tor			-	Date [MM/DD/	YYYY]	8	
House #	-a.g	Street Addre	SS		-	Date [MM/DD/	ΥΥΥΥ]	8 -	
City			State	Zip Code		Date [MM/DD/	VVVVI	8	
Uity			Viato	Zip doue	 -	Date [MIM/DD)			
	er Name	***************************************				Occupation		II.	
	er Mailing Add	ress / Princip	al			Description			
Place of	Business					of Contribution			
Full Nar	ne of Contribu	tor				Date [MM/DD/	YYYY]	8	
House #		Street Addre	ss			Date [MM/DD/	YYYY]	8	
City			State	Zip Code		Date [MM/DD/	YYYY]	8	
Employ	er Name				Occupation		···········		
Employer Mailing Address / Principal						Description			
Place of Business						of Contribution			
Full Nat	ne of Contribu	tor				Date [MM/DD/	YYYYI	8	
						· · · · · · · · · · · · · · · · · · ·			
House #	#	Street Addre	ss			Date [MM/DD/	YYYY]	8	
City			State	Zip Code		Date [MM/DD/	YYYY]	8	
Employ	er Name					Occupation		JI	
Employ	er Mailing Add	ress / Princip	al			Description			
Place o	f Business					of Contribution			
Full Na	me of Contribu	tor				Date [MM/DD/	/VVVV1	8	
i uli iva	ine of bolitina				-	Dato (mini) DD			
House :	#	Street Addre	99			Date [MM/DD	/үүүү1	8	
		oti cot Addio	30					1	
City			State	Zip Code		Date [MM/DD	/ YYYY]	8	
		1					-		
	er Name				,	Occupation			
	er Mailing Add	lress / Princip	oal			Description			
Place o	f Business					of Contribution			
						vontrigation	J		

Statement of Expenditures

Filer Identification Number:	

To MI	nom Paid						Date [MM/DD/YYYY] \$			
10 441	iom Faiu	Friends of Michael	Colon				100.00			
							09/05/2023			
House	1956	Street Address	Ridgelawn Av	re			Description of Expenditure			
City	Bethlehem		State	PA	Zip Code	18018	Campaign donation			
To W	nom Paid	F. 1 (C.)					Date [MM/DD/YYYY] \$			
Friends of Colleen Laird				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				Date [MM/DD/YYYY] \$						
	Brian Panella for Judge				09/06/2023					
House	House # 905 Street Address Iron Lane						Description of Expenditure			
City	Easton		State	PA	Zip Code	18040	Campaign donation			
To W	hom Paid						Date [MM/DD/YYYY] \$			
House	e#	Street Address					Description of Expenditure			
City	T ¹		State	T	Zip	<u> </u>				
					Code					
To Whom Paid						Date [MM/DD/YYYY] \$				
House	e#	Street Address					Description of Expenditure			
City	<u>r I </u>	<u>.i. </u>	State	I	Zip					
J.,		•	0.0.10		Code					
To W	hom Paid						Date [MM/DD/YYYY] \$			
House	e #	Street Address					Description of Expenditure			
City	<u> </u>	<u> </u>	State		Zip					
		,			Code					
To W	hom Paid						Date [MM/DD/YYYY] \$			
Hous	e#	Street Address		ALL CONTROL OF THE PARTY OF THE			Description of Expenditure			
City			State		Zip Code					
To W	hom Paid						Date [MM/DD/YYYY] \$			
Hous	e#	Street Address					Description of Expenditure			
City			State		Zip	1				
			June		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.

tuei ineuti	nication Number:										
Name of	Creditor						O	utstanding Balance of Debt			
House #		et Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$					
City			State		Zip Code		1				
Description	on of Debt			<u> </u>	<u> </u>		-				
Name of	Creditor							Outstanding Balance of Debt			
House #	House # Stree		Idress DATE DEBT INCUR				8				
City			State		Zip Code						
Description	on of Debt		<u> </u>								
Name of	Creditor							Outstanding Balance of Debt			
House #	Stre	et Address			DEBT INC		\$				
City			State		Zip Code						
Descripti	on of Debt							J			
Name of	Creditor						Ou	itstanding Balance of Debt			
House #	Stre	et Address		DATE DEBT INCURRED [MM/DD/YYYY]			\$				
City		 	State		Zip Code						
Descripti	on of Debt										
Name of	Creditor						Qι	utstanding Balance of Debt			
House #	Stre	et Address			DEBT INC		S				
City			State		Zip Code						
Descripti	on of Debt					-					
Name of	Creditor						Oı	utstanding Balance of Debt			
House #	Stre	et Address			DEBT INC		\$				
City			State		Zip Code						
Descripti	on 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	^z X	LOBBYIST	3.		
NAME OF FILING COMM	TTEE, C	NDIDATE OR LOBBYIST										2	
Friends of Ki	era V	/ilhelm											
STREET ADDRESS													
126 E. Marke	et Str	eet #6											
спу					STATE ZI				PCODE				
Bethlehem					PA 1				18				
TYPE OF REPORT		NAME OF OFFICE SOUGHT BY CANDIDATE			DIST	RICT NO.	PARTY		2007-1-21-41		ELECTION		
(CHECK ONE)		Pothlohom City Course			_		MO.	DA					
6TH TUESDAY	1.	Bethlehem City Council					D		11	02	20	21	
PRE-PRIMARY							i	- 1	FOR C	FFICE	USE ONLY		
2nd friday pre-primary	2.	DATES OF REPORTING PERIOD 10 23 23 TO 11 27 23											
30 day post-primary	3.		CASH BALANCE AT END OF REPORTING REPIOD: \$ 855.05										
6TH TUESDAY PRE-ELECTION 4.		OF REPORTING PERIOD: \$_000.00											
2ND FRIDAY PRE-ELECTION		OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD; \$ 0											
30 DAY POST-ELECTION	8. X	AMENDME REPORT?	NT YES	1	NO X		······································						
ANNUAL REPORT	7.	TERMINATI REPORT?	ON YES	1	NO X								
production and the control of the co			rining belongs			STION®	ASSESSED FOREST		and the second	elitrospi reniello	i de como de la como d	4-14-7-14-7	

PARTI-

If statement is filed on behalf of a <u>Political Committee or Candidates's Committee</u>, the Treasurer must sign here. Is a ment is filed on behalf of a <u>Candidate</u>, the Candidate must sign here. Is a ment is filed on behalf of a <u>Contributing Lobbyist</u>, the Lobbyist must sign here.

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