

# 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)	<input checked="" type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends & Family of Rachel Leon							
Street Address		946 East 5th Street							
City	Bethlehem	State	PA	Zip Code	18015				
Type of Report (Place x under report type)									
1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>		<input type="checkbox"/>
Summary of Receipts and Expenditures				From Date		To Date		For Office Use Only	
				03/20/2021		05/07/2021			
A. Amount Brought Forward From Last Report				\$	0				
B. Total Monetary Contributions and Receipts (From Schedule I)				\$					
C. Total Funds Available (Sum of Lines A and B)				\$					
D. Total Expenditures (From Schedule III)				\$	954.96				
E. Ending Cash Balance (Subtract Line D from Line C)				\$					
F. Value of In-Kind Contributions Received (From Schedule II)				\$					
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.

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

<b>Filer Identification Number</b>	
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<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
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>		\$

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					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]
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 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:						
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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							

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

**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	
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**1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the reporting period	(1)	\$	
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**2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)**

TOTAL for the reporting period	(2)	\$	
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**3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)**

TOTAL for the reporting period	(3)	\$	
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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)		\$	
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SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor:</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$

<b>Description of Contribution</b>	
------------------------------------	--

<b>Full Name of Contributor:</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$

<b>Description of Contribution</b>	
------------------------------------	--

<b>Full Name of Contributor:</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$

<b>Description of Contribution</b>	
------------------------------------	--

<b>Full Name of Contributor:</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$

<b>Description of Contribution</b>	
------------------------------------	--

<b>Full Name of Contributor:</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$

<b>Description of Contribution</b>	
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SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$
<b>City</b>				<b>State</b>		<b>Zip Code</b>	
					<b>Date [MM/DD/YYYY]</b>		\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$
<b>City</b>				<b>State</b>		<b>Zip Code</b>	
					<b>Date [MM/DD/YYYY]</b>		\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$
<b>City</b>				<b>State</b>		<b>Zip Code</b>	
					<b>Date [MM/DD/YYYY]</b>		\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$
<b>City</b>				<b>State</b>		<b>Zip Code</b>	
					<b>Date [MM/DD/YYYY]</b>		\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		

SCHEDULE III  
Statement of Expenditures

<b>Filer Identification Number:</b>	
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<b>To Whom Paid</b>		United States Postal Service				<b>Date [MM/DD/YYYY]</b>	\$	110.00
						03/20/2021		
<b>House #</b>	535	<b>Street Address</b>	Wood Street			<b>Description of Expenditure</b>		
<b>City</b>	Bethlehem	<b>State</b>	PA	<b>Zip Code</b>	18016	Postage & mailings		
<b>To Whom Paid</b>		Malia Borges				<b>Date [MM/DD/YYYY]</b>	\$	85.00
						04/01/2021		
<b>House #</b>	926	<b>Street Address</b>	Spruce Street			<b>Description of Expenditure</b>		
<b>City</b>	Easton	<b>State</b>	PA	<b>Zip Code</b>	18042	Campaign face masks		
<b>To Whom Paid</b>		Fiverr - On-line graphic freelance designer				<b>Date [MM/DD/YYYY]</b>	\$	82.31
						03/13/2021		
<b>House #</b>		<b>Street Address</b>	www.fiverr.com			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		Campaign Logo Design		
<b>To Whom Paid</b>		Mountain Hawk Design & Print Center				<b>Date [MM/DD/YYYY]</b>	\$	66.50
						03/29/2021		
<b>House #</b>	118	<b>Street Address</b>	Atlss Drive			<b>Description of Expenditure</b>		
<b>City</b>	Bethlehem	<b>State</b>	PA	<b>Zip Code</b>	18015	11x17 Campaign Window Signs		
<b>To Whom Paid</b>		Staples				<b>Date [MM/DD/YYYY]</b>	\$	241.38
						04/23/2021 to 5/7/2021		
<b>House #</b>	2138	<b>Street Address</b>	West Union Boulevard			<b>Description of Expenditure</b>		
<b>City</b>	Bethlehem	<b>State</b>	PA	<b>Zip Code</b>	18018	Campaign palm cards		
<b>To Whom Paid</b>		LV Print Center				<b>Date [MM/DD/YYYY]</b>	\$	369.77
						04/26/2021		
<b>House #</b>	1701	<b>Street Address</b>	Union Boulevard #114			<b>Description of Expenditure</b>		
<b>City</b>	Allentown	<b>State</b>	PA	<b>Zip Code</b>	18109	Campaign lawn signs		
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>				
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>				

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:	
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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					

COMMONWEALTH OF PENNSYLVANIA  
**POLITICAL COMMITTEE REGISTRATION STATEMENT**

THIS REGISTRATION STATEMENT IS BEING FILED ON BEHALF OF  COMMITTEE  CONTRIBUTING LOBBYIST DATE 05 May 2021

NAME OF COMMITTEE OR LOBBYIST <b>Friends &amp; Family of Rachel Leon</b>		CHECK BELOW:  <input checked="" type="checkbox"/> INITIAL REGISTRATION <input type="checkbox"/> AMENDED REGISTRATION  IF THIS IS AN AMENDMENT: FILER ID NUMBER _____  CHECK ALL THAT APPLY:  <input type="checkbox"/> NEW COMMITTEE ADDRESS <input type="checkbox"/> NEW CHAIRPERSON <input type="checkbox"/> NEW TREASURER <input type="checkbox"/> OTHER _____ (SPECIFY)	
ADDRESS <b>946 East 5th Street</b>			
CITY <b>Bethlehem</b>	STATE <b>PA</b>		ZIP-PLUS FOUR <b>18015</b>
COUNTY <b>Northampton</b>			
DAYTIME TELEPHONE NUMBER: AREA <b>484-554-0133</b>			
E-MAIL ADDRESS: <b>rachelforbethlehem@gmail.com</b>			
IS THIS A CANDIDATE'S AUTHORIZED POLITICAL COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

**SUPPORTED CANDIDATES**

List below the names of candidates the committee/lobbyist intends to support, or candidates who have authorized the committee to receive funds on their behalf. A committee that is not a candidate's authorized political committee may list the *offices* of candidates it intends to support (e.g., Statewide, Legislative, Judicial, Local, All) and need not list names of specific candidates.

Name of Candidate(s)	Address	Office Sought	Political Party/Body
Rachel Leon	946 E. 5th Street, Bethlehem, PA 18015	Bethlehem City Council	Democrat

IF THE COMMITTEE INTENDS TO SUPPORT OR OPPOSE A BALLOT QUESTION, PLEASE COMPLETE THIS SECTION.

THIS COMMITTEE  SUPPORTS  OPPOSES THE FOLLOWING BALLOT QUESTION:

HOW LONG DOES THE COMMITTEE (OR LOBBYIST) INTEND TO OPERATE:

ELECTION YEAR \_\_\_\_\_ ONLY  INDEFINITELY

FOR OFFICE USE ONLY

**AFFILIATED AND CONNECTED ORGANIZATIONS**

**Affiliated** means (1) authorized committees of the same candidate, and (2) committees, including separate segregated funds, established, administered, maintained or controlled by the same corporation, unincorporated association, person or group of persons, including a parent, subsidiary, branch, division, dept. or local unit.

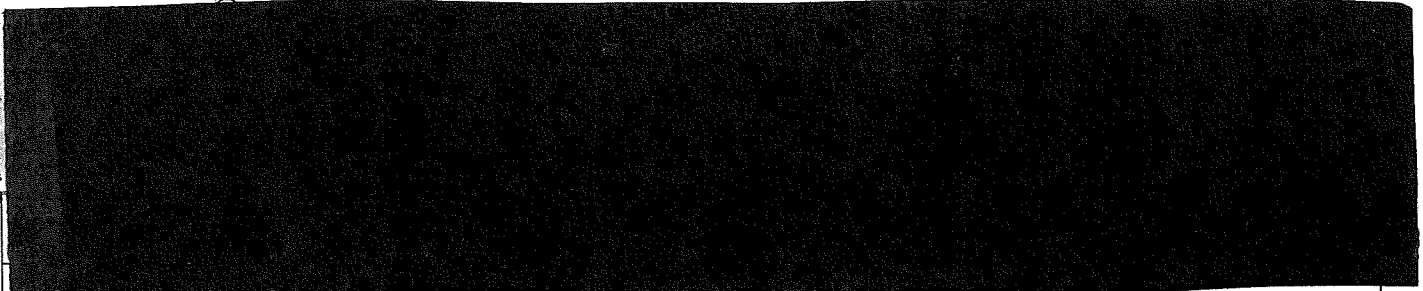
**Connected** means an organization which is not a political committee but which directly or indirectly establishes, maintains, controls or administers the registrant, such as a corporation, an unincorporated association, a membership organization, a cooperative or a trade association.

NAME OF AFFILIATED/CONNECTED ORGANIZATIONS	MAILING ADDRESS AND ZIP CODE	RELATIONSHIP TO REGISTRANT

**APPOINTMENT AND ACCEPTANCE OF CHAIRPERSON**

FULL NAME OF CHAIRPERSON Jose A. Leon	MAILING ADDRESS AND ZIP CODE 946 E. 5th Street, Bethlehem, PA 18015
DAYTIME TELEPHONE NUMBER 484-554-0984	
AREA _____ NUMBER _____	

I accept the appointment of chairperson of this committee until the final campaign finance report is filed, or until my successor is duly chosen and the appropriate supervisor is notified. I understand the campaign finance reporting law requirements. I also understand that if I wish to resign, I must do so in writing to the committee.

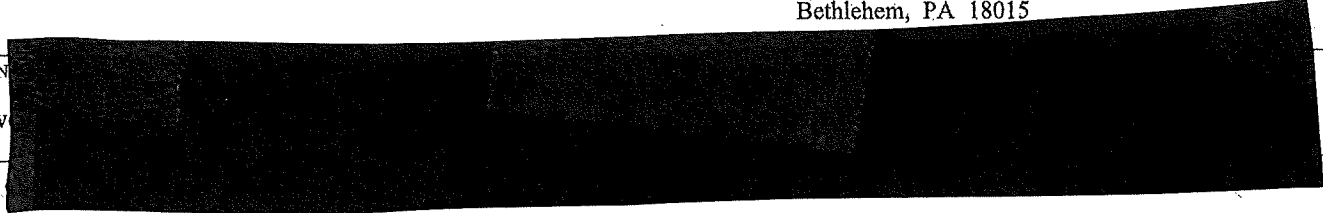


AREA _____ NUMBER _____	
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I accept the appointment of treasurer of this committee until the final campaign finance report is filed, or until my successor is duly chosen and the appropriate supervisor is notified. I understand the campaign finance reporting law requirements. I also understand that if I wish to resign, I must do so in writing to the committee.



LIST BELOW NAMES OF BANKS, SAFETY DEPOSIT BOXES OR OTHER FINANCIAL REPOSITORIES	
NAME OF BANKS, REPOSITORIES, ETC.	MAILING ADDRESS
PSECU	Bldg C Lehigh University Mt. Top Campus Bethlehem, PA 18015
PRIN	
Ev	



# 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)		Candidate		Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends & Family of Rachel Leon							
Street Address		946 East 5th Street							
City	Bethlehem	State	PA	Zip Code	18015				

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/18/2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	03/20/2021	05/07/2021	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1760.00	
C. Total Funds Available (Sum of Lines A and B)	\$	1760.00	
D. Total Expenditures (From Schedule III)	\$	0	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1760.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	1400.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	954.96	

**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.

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

<b>Filer Identification Number</b>	
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<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
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Total for the reporting period	(1)	\$ 210.00
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<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
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Contributions Received from Political Committees (Part A)	\$	250.00
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All Other Contributions (Part B)	\$	500.00
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Total for the reporting period	(2)	\$ 750.00
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<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
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Contributions Received from Political Committees (Part C)	\$	
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All Other Contributions (Part D)	\$	800.00
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Total for the reporting period	(3)	\$ 800.00
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<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
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Total for the reporting period	(4)	\$ 0
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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>	\$	1760.00
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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:	
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							Amount
Full Name of Contributing Committee					Friends of Bryan Callahan		\$ \$250.00
					Date [MM/DD/YYYY]		
					04/28/2021		
House #	Street Address				Date [MM/DD/YYYY]		\$
633	Main Street						
City	State		Zip Code			Date [MM/DD/YYYY]	
Bethlehem	PA		18010				
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 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:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
Anne Felker					05/07/2021	\$100.00
House #	421	Street Address	5th Avenue		Date [MM/DD/YYYY]	\$
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Breena Holland					05/05/2021	\$100.00
House #	379	Street Address	Carver Drive		Date [MM/DD/YYYY]	\$
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Troy Bannister					04/29/2021	\$100.00
House #	1748	Street Address	Chase Pointe Circle Apt 1828		Date [MM/DD/YYYY]	\$
City	Virginia Beach	State	VA	Zip Code	23454	Date [MM/DD/YYYY]
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Myrelis Leon - Santiago					04/27/2021	\$100.00
House #	440	Street Address	New Street		Date [MM/DD/YYYY]	\$
City	Freemansburg	State	PA	Zip Code	18017	Date [MM/DD/YYYY]
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Evelyn & Jose A. Leon					04/26/2021	\$100.00
House #	946	Street Address	East 5th Street		Date [MM/DD/YYYY]	\$
City	Bethlehem	State	PA	Zip Code	18015	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.

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	

**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)

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>		Anita Forrester		<b>Date [MM/DD/YYYY]</b>		\$	\$300.00
				04/27/2021			
<b>House #</b>	27	<b>Street Address</b>		Rosemont Court		<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	Easton	<b>State</b>	PA	<b>Zip Code</b>	18045	<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>		Northampton Community College		<b>Occupation</b>		Professor	
<b>Employer Mailing Address / Principal Place of Business</b>		3835 Green Pond Rd, Bethlehem, PA 18020					
<b>Full Name of Contributor</b>		Sandra J. Solis		<b>Date [MM/DD/YYYY]</b>		\$	\$500.00
				05/04/2021			
<b>House #</b>	731	<b>Street Address</b>		Atlantic Street		<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	Bethlehem	<b>State</b>	PA	<b>Zip Code</b>	18015	<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>		Lehigh Valley Health Newtork		<b>Occupation</b>		Operator	
<b>Employer Mailing Address / Principal Place of Business</b>		2545 Schoenersville Rd. Bethlehem, PA 18017					
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>							
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>							

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

**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:	
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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 \$250.00 (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)	\$	1400.00

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)		\$	1400.00
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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filler Identification Number:	
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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	
-----------------------------	--

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

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					Richard & Keyla Butler		<b>Date [MM/DD/YYYY]</b>		\$	700.00
							03/10/2021			
<b>House #</b>	1317	<b>Street Address</b>			South Boulevard		<b>Date [MM/DD/YYYY]</b>		\$	700.00
							4/15/2021			
<b>City</b>	Bethlehem		<b>State</b>	PA	<b>Zip Code</b>	18017		<b>Date [MM/DD/YYYY]</b>		\$
<b>Employer Name</b>					Self Employed		<b>Occupation</b>		Exterminator Contractor	
<b>Employer Mailing Address / Principal Place of Business</b>					1317 South Boulevard, Bethlehem, PA 18017		<b>Description of Contribution</b>		Campaign promo video prod	
<b>Full Name of Contributor</b>							<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$		
<b>Employer Name</b>							<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>							<b>Description of Contribution</b>			
<b>Full Name of Contributor</b>							<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$		
<b>Employer Name</b>							<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>							<b>Description of Contribution</b>			
<b>Full Name of Contributor</b>							<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$		
<b>Employer Name</b>							<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>							<b>Description of Contribution</b>			



SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>					
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>					
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>					
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>					
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>					
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>					
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>					
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>					

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:	
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Name of Creditor		Rachel Leon				Outstanding Balance of Debt	
House #	946	Street Address	East 5th Street		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 110.00
City		Bethlehem	State	PA	Zip Code	18015	
				03/20/2021			
Description of Debt		Postage & mailings					

Name of Creditor		Rachel Leon				Outstanding Balance of Debt	
House #	946	Street Address	East 5th Street		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 66.50
City		Bethlehem	State	PA	Zip Code	18015	
				03/29/2021			
Description of Debt		11 x 17 Campaign Window Signs					

Name of Creditor		Rachel Leon				Outstanding Balance of Debt	
House #	946	Street Address	East 5th Street		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 46.64
City		Bethlehem	State	PA	Zip Code	18015	
				03/15/2021			
Description of Debt		Campaign Logo Design					

Name of Creditor		Rachel Leon				Outstanding Balance of Debt	
House #	946	Street Address	East 5th Street		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 277.05
City		Bethlehem	State	PA	Zip Code	18015	
				05/06/2021			
Description of Debt		Campaign palm card printing and design					

Name of Creditor		Rachel Leon				Outstanding Balance of Debt	
House #	946	Street Address	East 5th Street		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 369.77
City		Bethlehem	State	PA	Zip Code	18015	
				04/26/2021			
Description of Debt		Campaign Yard Signs					

Name of Creditor		Rachel Leon				Outstanding Balance of Debt	
House #	946	Street Address	East 5th Street		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 85.00
City		Bethlehem	State	PA	Zip Code	18015	
				04/01/2021			
Description of Debt							