



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

Filer Identification Number			Repo (Mai	rt Filed B rk X)	y Candida	te X	Committee		Lobbyist
Name of Filing Comm) Lobbyist	ttee, Car	ndidate or	Friend	ls & Family	of Rachel Leon				· · · · · · · · · · · · · · · · · · ·
Street Address			946 E	ast 5th Stre	et				
City	Bethleher	n			State	PA	Zip Code	18015	
Type of Report (Place)	x under r	eport type)							
1-6 th Tuesday 2-2 ⁿ Pre-Primary Pre-P	^d Friday rimary			Tuesday lection	5- 2 nd Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
	X								
Date Of Election (MM/DD/YYYY)			Year			Amendment Report		Termination Report	
Summary of Receipts Expenditures	and	From Date	. TI 	To Date			For	Office Use Only	
		03/20/2021			/07/2021				
A. Amount Brought Fo	orward F	rom Last Report	. \$		0	Lympic Science Communication C			
B. Total Monetary Col (From Schedule I)	ntributio	ns and Receipts	\$						
C. Total Funds Availab (Sum of Lines A and B			\$	5					
D. Total Expenditures (From Schedule III)			\$		954.96	Account to the last of the las			
E. Ending Cash Balanc (Subtract Line D from			\$	ì		A CONTRACTOR OF THE CONTRACTOR			
F. Value of In-Kind Co (From Schedule II)	ntributio	ons Received	4	8					
G. Unpaid Debts and (From Schedule IV)	Obligation	ON8	9	5	0				
					, Affidavit S	T T 1.7			
Part 1- If this is a Commi	ttee repo	rt, treasurer sign he	ere. If	this is a Ga	ndidate report.	angidate sign here.		Luis seemat and same	

I swear (or affirm) that this report, including the attached schedules on paper, is to the Dest of my knowledge and belief true, correct and complete.

SCHEDULE I

Contributions and Receipts Detailed Summary Page

Filer (dentification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period (2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
Total for the reporting period (3)) \$	
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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Repor Cover Page, Item B)	<i>t</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.

					Amount
Full Name of Co				Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	\$
					eri T
City	100 alian Ali dan	State	Zip Code	Date [MM/DD/YYYY]	B
			PRANA (A)		
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
k in a superior to the con-		2		WALL PRESERVE NAME OF	<u></u>
House#	Street Address		·	Date [MM/DD/YYYY]	\$
AV.		.64-4) 71- A-1	CDASA TRABATAN DANAM	*
City		State	Zip Code	Date [MM/DD/YYYY] S	\$
Full Name of Co	intribution and	137-55-51		Date [MM/DD/YYYY]	\$
Committee				-	# \ 4
House#	Street Address		<u> </u>	Date [MM/DD/YYYY]	\$
	100			-	V.,
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$
					4
City	h i na siga Sana aya	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Committee	ontributing			Date [MM/DD/YYYY]	\$
				Chair fease (mm Nagan	\$
House#	Street Address				.\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of C	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
7.539		1 3 5 7 7 4	Territoria de la T	1	· .1

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	i Number:			
Full Name of Co	ntributor:			Date [MM/DD/YYYY] \$
以外,但为在				
House#	Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] (\$
City	一种的一种	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co	ntributor:			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co	intributor			Date [MM/DD/YYYY] \$
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$
City	Explain a service of	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co	intributor		Process to transfer of the Paris of the Pari	Date [MM/DD/YYYY]
House#	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co	ontributor	p5/s/台籍系统	[20] [20] [20] [20]	Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] (\$)
City	(G)	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of C	ontributor		[2004-04-05-05]	Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] .\$
City	Market Annual Control	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				Date [MM/DD/YYYY]	
Contributing Cor	VIII III	·		INGA PRESENTATION IN THE	
House#	Street Address			Date [MM/DD/YYYY] \$	
City	B transcription	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee	F SAME VIEW	Proceedings of the Control of the Co	Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	minitteë	Taketa May	14. (************************************	Date [MM/DD/YYYY] \$	
House #	Street Address	·		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] : \$	
Full Name of Contributing Co	mmittee			Date:[MM/DD/YYYY]: \$	
House#	Street Address	 		Date [MM/DD/YYYY] \$	
City	K-5-%-in-free state	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City	1855-18-08-08-14	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ımmittee			Date [MM/DD/YYYY] .5	
House#	Street Address			Date [MM/DD/YYYY] , \$	
City	[17557 to 05-1057 to 05]	State	Zip Code	Date [MM/DD/YYY] \$	

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:

ull Name of Contribu	tor		Date [MM/DD/YYYY] \$
louse#	Street Address	<u> </u>	Date [MM/DD/YYYY] \$
Elty	State	Zip Code	Date [MM/DD/YYYY] \$
	FORM A TEST OF A		Occupation:
mployer Name			
mployer Malling Add Principal Place of Bus	ress / ness		
Full Name of Contribu			Date [MM/DD/YYYY] \$
House#	Street Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
	10.00		
Employer Mailing Ad Principal Place of Bus	iness /		
Full Name of Contrib	10)	·	Date [MM/DD/YYYY] \$
House#	Street Address		Date [MM/DD/YYYY] \$
			Date [MM/DD/YYXY] \$
City	State	. Zip Code	Date [MM/DDI 1771]
Employer Name	Pressure	[20] ACE ACE [20] [20]	Occupation
Employer Mailing Ad	dress /		(英海海溪)
Principal Place of Bus	iness		Laboration to the control of the con
Full Name of Contrib	utor.		Date [MM/DD/YYYY] \$
	TAXABETA KUTASESA		Date [MM/DD/YYYY]
House#	Street Address		Date (MANODIA 111)
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Ad	dratt /		

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Filer identification		, into cot our lou, .		prior expenditures that were returned to the fi
Full Name				
House #	Street Address			
City	20.00	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	ition:	17/2/85/99/1	11.13.13.13.14.	
Full Name				
Ноиве#	Street Address			
City	NEW 2000 2000 1	State	Zíp Code	Date [MM/DD/YYYY] \$
Receipt Descrip	atton	1.4- 1100 P. 1-1-3 CI	F145.8779.93 1	177.7
Full Name				
House#	Street Address			
City	MANGANTANA MANGANTANA MANGANTANA	State	Zip Code	Date [MM/DD/YYYY] \$

Zip Code

Code

Zip Code

State

State

State

Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY]

Date [MM/DD/YYYY] \$

Receipt Description

Receipt Description

Receipt Description

Receipt Description

Street Address

Street Address

Street Address

Full Name
House#

Full Name

House#

City

Full Name

House #

City

City

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:		·	
1. UNITEMIZED IN-KIND CONTRI	IBUTIONS RECEIVED-VA	LUE OF \$50.00 OR LESS PER	CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2 IN-KIND CONTRIBUTIONS REC	SEIVED-VALUE OF \$50.0	1 TO \$250.00 (FROM PART	7)
TOTAL for the reporting period	(2)	\$	
3.1 IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$25	0.00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTI	ONS DURING THIS REPO	DRTING \$	
PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)			

SCHEDULE II PART F

In-Kind Contributions Received

			VALUE OF \$50.01 TO \$	250	
Filer Identification	Number:				
		inak i Mari panasanan mara ina 2002.			
Full Name of Co	ntributor			Date [MM/DD/YYYY] : \$	
House#	Street Addres	8		Date [MM/DD/YYYY] \$	
Clty		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	ontribution				•
Full Name of Co	ntributor			Date [MM/DD/YYYY] . \$	
House#	Street Addres	8		Date [MM/DD/XYYY] \$	
City	12424	State	Zip Code	Date [MM/DD/YYYY] \$:	
Description of C	ontribution				
Full Name of Co	ntributor	\$312.585		Date MM/DD/YYYYI \$	
House#	Street Addres	15		Date [MM/DD/YYYY] \$	
City	Proposition resid	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	Contribution	<u> </u>	ESTONACIONAL FINAL	F3584	
Full Name of Co	ntributor	A Alfrida		Date [MM/DD/YYYY] \$	
House #	Street Addre	88		Date [MM/DD/YYYY] \$	
City	Lini waganga anan p	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	Contribution.		Fig. 5-8 (2-8-7-8)	T SSM	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House#	Street Addre	59		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
					<u>-</u>
Description of (Contribution	1909-00-00-00 2009-00-00-00-00-00-00-00-00-00-00-00-00-			

SCHEDULE II Part G

Part

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number			
Full Name of Contributo			Date [MM/DD/YYYY] \$
House# S	treet Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation.
Employer Mailing Addn	ese / Principal		Description of
Place of Business			Contribution
Full Name of Contributo	jį.		Date [MM/DD/YYYY] \$
			(2007) (2007) (2007)
House# s	treet Address		Date [MM/DD/YYYY] \$
City'	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Addr	ess / Principal		Description
Place of Business			of Contribution
Full Name of Contribut	Öj (Date [MM/DD/YYYY]
			77
House#	Street Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Addi	ress / Principal		Description
Place of Business			of Contribution
Full Name of Contribut			Date [MM/DD/YYYY)
		•	
House#	Street Address	- Annual Control of the Control of t	Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Add	ress / Principal		Description of
Place of Business			Contribution

Statement of Expenditures

	•	
		Waterwater Krief Property Color
Filer Identification Number:		

To Whom Pald				Date [MM/DD/YYYY] \$	
	United States Posta	Il Service		03/20/2021	
House# 535	Street Address	Wood Street		Description of Expenditure	
City			P271-2-2-2-2-2-1		4-14-76
Bethlehem		State PA	Zip Code 18016	Postage & mailimgs	
To Whom Pald	Malia Borges			Date [MM/DD/YYYY] \$	
	Walla borges			04/01/2021 85.00	
House # 926	Street Address	Spruce Street		Description of Expenditure	
City		State	Zip		
Easton		PA	Gode 18042	Campaign face masks	
To Whom Pald	Elyary On line and	aphic freelance designer		Date [MM/DD/YYYY] \$ 82,31	
		apnic treetance designer		03/13/2021	
House#	Street Address	www.fiverr.com		Description of Expenditure	
City	[4] 40[B] 6[B]	State	ZID		
			Code	Campaign Logo Design	
To Whom Paid				Date [MM/DD/YYYY] \$	
	Mountain Hawk De	esign & Print Center		03/29/2021 66.50	
House#	Street Address	Atlss Drive		Description of Expenditure	
			le Sta ck (1995)		(all the ex
City Bethlehem		State PA	Zip Code 18015	11x17 Campaign Window Signs	
To Whom Paid		,		Date [MM/DD/YYYY] \$	
To Whom Paid	Staples			04/23/2021 to 5/7/2021 241.38	
To Whom Paid House # 2138	Staples Street Address	West Union Boulevard		241 28	
House#		West Union Boulevard	Zip Code 18018	04/23/2021 to 5/7/2021 241.38	
House # 2138	Street Address	State	Zip Code 18018	04/23/2021 to 5/7/2021 Description of Expenditure Campaign palm cards Date [MM/DD/YYYY]	
House # 2138		State	Zip Code 18018	04/23/2021 to 5/7/2021 241.38 Description of Expenditure Campaign palm cards Date [MM/DD/YYYY] \$ 04/26/2021 369.77	
House # 2138	Street Address	State	Zip Code 18018	04/23/2021 to 5/7/2021 241.38 Description of Expenditure Campaign palm cards Date [MM/DD/YYYY] \$ 269.77	
House # 2138 City Bethlehem To Whom Paid	Street Address	State PA	Zip Code 18018 Zip Code 18109	04/23/2021 to 5/7/2021 241.38 Description of Expenditure Campaign palm cards Date [MM/DD/YYYY] \$ 04/26/2021 369.77	
House # 2138 City Bethlehem To Whom Paid House # 1701 City	Street Address LV Print Center Street Address	State PA Union Boulevard #114	Code	04/23/2021 to 5/7/2021 Description of Expenditure Campaign palm cards Date [MM/DD/YYYY] \$ 04/26/2021 Description of Expenditure	
House # 2138 City Bethlehem To Whom Paid House # 1701 City Allentown	LV Print Center Street Address	State PA Union Boulevard #114 State PA	Code	O4/23/2021 to 5/7/2021 Description of Expenditure Campaign palm cards Date [MM/DD/YYYY] \$ 04/26/2021 Description of Expenditure Campaign lawn signs	
House # 2138 City Bethlehem To Whom Paid House # 1701 City Allentown To Whom Paid	Street Address LV Print Center Street Address	Union Boulevard #114	Code 18018	O4/23/2021 to 5/7/2021 Description of Expenditure Campaign palm cards Date [MM/DD/YYYY] \$ 04/26/2021 Description of Expenditure Campaign lawn signs Date [MM/DD/YYYY] \$	
House # 2138 City Bethlehem To Whom Paid House # 1701 City Allentown To Whom Paid	LV Print Center Street Address	State PA Union Boulevard #114 State PA	Code	O4/23/2021 to 5/7/2021 Description of Expenditure Campaign palm cards Date [MM/DD/YYYY] \$ 04/26/2021 Description of Expenditure Campaign lawn signs Date [MM/DD/YYYY] \$	
House # 2138 City Bethlehem To Whom Paid House # 1701 City Allentown To Whom Paid	LV Print Center Street Address	State PA Union Boulevard #114 State PA State PA	Code	O4/23/2021 to 5/7/2021 Description of Expenditure Campaign palm cards Date [MM/DD/YYYY] \$ 04/26/2021 Description of Expenditure Campaign lawn signs Date [MM/DD/YYYY] \$	
House # 2138 City Bethlehem To Whom Paid House # 1701 City Allentown To Whom Paid House # City City	LV Print Center Street Address Street Address	State PA Union Boulevard #114 State PA State	Code	Description of Expenditure Campaign palm cards Date [MM/DD/YYYY] \$ 369.77 Description of Expenditure Campaign lawn signs Date [MM/DD/YYYY] \$ Description of Expenditure	
House # 2138 City Bethlehem To Whom Paid House # 1701 City Allentown To Whom Paid House # 1701	LV Print Center Street Address	State PA Union Boulevard #114 State PA State	Code	O4/23/2021 to 5/7/2021 Description of Expenditure Campaign palm cards Date [MM/DD/YYYY] \$ 04/26/2021 Description of Expenditure Campaign lawn signs Date [MM/DD/YYYY] \$ Description of Expenditure	
House # 2138 City Bethlehem To Whom Paid House # 1701 City Allentown To Whom Paid House # City City	LV Print Center Street Address Street Address	State PA Union Boulevard #114 State PA State	Code	Description of Expenditure Campaign palm cards Date [MM/DD/YYYY] \$ 369.77 Description of Expenditure Campaign lawn signs Date [MM/DD/YYYY] \$ Description of Expenditure	

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:

DATE DEST INCURRED Street Address DATE DEST INCURRED S	Name of Credito		Outstanding Balance of Debt
City State Date Destription of Debt Name of Creditor Date Destrip	House#	Street Address	
Description of Debt Name of Creditor City Description of Debt Name of Creditor City Description of Debt Name of Creditor House # Street Address DATE DEBT INCURRED (MM/DD/YYYY) State DATE DEBT INCURRED (MM/DD/YYYY) City Description of Debt Name of Creditor House # Street Address DATE DEBT INCURRED (MM/DD/YYYY) City State City State DATE DEBT INCURRED (MM/DD/YYYY) Code Cutstanding Balance of Debt Code Cutstanding Balance of Debt City State DATE DEBT INCURRED (MM/DD/YYYY) Code Cutstanding Balance of Debt Street Address DATE DEBT INCURRED (MM/DD/YYYY) Code Cutstanding Balance of Debt Signal (MM/DD/YYYY) Code Cutstanding Balance of Debt Signal (MM/DD/YYYY) Code Cutstanding Balance of Debt Signal (MM/DD/YYYY) Code Cutstanding Balance of Debt Name of Creditor House # Street Address DATE DEBT INCURRED (SMM/DD/YYYY) Code Cutstanding Balance of Debt Signal (MM/DD/YYYY) Code Cutstanding Balance of Debt Name of Creditor House # Street Address DATE DEBT INCURRED (SMM/DD/YYYY) Code Cutstanding Balance of Debt			Georgian Print 1.1.1
Description of Debt	Elty	PASSERTS SOCIONAL	
City State Zip Code	Description of D	ebt	ESCHERA DANNES DESCRIPTION
City State Zip Code	Name of Credito		Outstanding Balance of Debt.
State Zip Code	House#	Street Address	
Code			
Name of Creditor Street Address DATE DEBT INCURRED S	City		
DATE DEBT INCURRED State Zip Code	Description of D	lebt .	Received of Leavest and Leavest and Leavest
City State Zip Code	Name of Credito	or.	Outstanding Balance of Debt
City State Zip Code Description of Debt Name of Greditor House # Street Address DATE DEBT INCURRED (MM/DD/YYYY) Description of Debt Name of Creditor House # Street Address DATE DEBT INCURRED (MM/DD/YYYY) Figure 1	House#	Street Address	
Description of Debt Name of Greditor House # Street Address DATE DEBT INCURRED (MM/DD/YYYY) State Zip (Code Code Cod			Partition of the second of the
Description of Debt Name of Creditor House # Street Address Date Debt INCURRED	City		
DATE DEBT INCURRED Street Address DATE DEBT INCURRED State Zip Code	Description of C)ebt	
City State Zip Code Description of Debt Name of Creditor DATE DEBT INCURRED [MM/DD/YYYY] City State Zip Code Description of Debt Name of Creditor Street Address DATE DEBT INCURRED Code Description of Debt Name of Creditor DATE DEBT INCURRED State Zip Code Description of Debt Name of Creditor DATE DEBT INCURRED [MM/DD/YYYY] City State Zip Code City Code	Name of Gredite	0	
City. State Zip Code Description of Debt Name of Creditor House # Street Address [MM/DD/YYYY] Description of Debt Name of Creditor Date Debt INCURRED \$ [MM/DD/YYYY] Outstanding Balance of Debt. Poscription of Debt Name of Creditor Date Debt INCURRED \$ [MM/DD/YYYY] Outstanding Balance of Debt. Date Debt INCURRED \$ [MM/DD/YYYY] City State Zip Code	House#	Street Address	
Code			
Name of Creditor House # Street Address DATE DEBT INCURRED \$ [MM/DD/YYYY] \$			State Code
House # Street Address DATE DEBT INCURRED S [MM/DD/YYYY] State Zip Code Description of Debt Outstanding Balance of Debt Name of Creditor Outstanding Balance of Debt Street Address DATE DEBT INCURRED S [MM/DD/YYYY] State Zip Code C	Description of I	Debt	
City State Zip Code Description of Debt Name of Creditor Outstanding Balance of Debt House # Street Address IMM/DD/YYYY] City State Zip Code City State Zip Code	Name of Credit	07	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
City State Zip Code Description of Debt Name of Creditor Outstanding Balance of Debt. House # Street Address [MM/DD/YYYY] City State Zip Code	House#	Street Address	
Description of Debt Name of Creditor City Code Outstanding Balance of Debt DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code			
Name of Creditor House # Street Address	334. F. C. (\$47919 G)	2005-091-20404	State Zip Code
House# Street Address DATE DEBT INCURRED [MM/DD/YYYY] City State Zip Code	City		
City State Zip Code		Debt.	ASTRONOM REMARKS BEST
City State Zip Cöde	Description of I		Outstanding Balance of Debt
Code	Description of I	or .	Outstanding Balance of Debt DATE DEBT INCURRED \$
	Description of I	or .	Outstanding Balance of Debt DATE DEBT INCURRED [MM/DD/YYYY]
2.45~45.45.45.45.45.45.45.45.45.45.45.45.45.4	Description of I	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY] State Zip

COMMONWEALTH OF PENNSYLVANIA POLITICAL COMMITTEE REGISTRATION STATEMENT

THIS REGISTRATION STATEMENT IS BEING FILED ON BEHALF OF X COMMITTEE CONTRIBUTING LOBBYIST DATE 05 May 2021 NAME OF COMMITTEE OR LOBBYIST CHECK BELOW: Friends & Family of Rachel Leon INITIAL REGISTRATION ADDRESS 946 East 5th Street AMENDED REGISTRATION ZIP-PLUS FOUR 18015 STATE PA CITY IF THIS IS AN AMENDMENT: Bethlehem FILER ID NUMBER COUNTY Northampton CHECK ALL THAT APPLY: 484-554-0133 DAYTIME TELEPHONE NUMBER: AREA NEW COMMITTEE ADDRESS ☐ NEW CHAIRPERSON E-MAIL ADDRESS: rachelforbethlehem@gmail.com NEW TREASURER IS THIS A CANDIDATE'S AUTHORIZED POLITICAL COMMITTEE? X YES OTHER (SPECIFY) 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 Bethlehem City Council Democrat 946 E. 5th Street, Bethlehem, PA 18015 Rachel Leon IF THE COMMITTEE INTENDS TO SUPPORT OR OPPOSE A BALLOT QUESTION, PLEASE COMPLETE THIS SECTION. SUPPORTS OPPOSES THE FOLLOWING BALLOT QUESTION: THIS COMMITTEE FOR OFFICE USE ONLY HOW LONG DOES THE COMMITTEE (OR LOBBYIST) INTEND TO OPERATE: ELECTION YEAR ONLY INDEFINITELY

Department of State • Bureau of Commissions, Elections and Legislation 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

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.

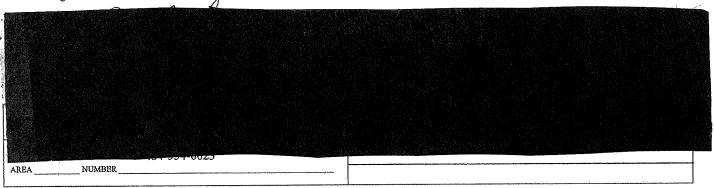
Connected means an organization which is not a political committee but which directly or indirectly establishes, maintains, controls or administers the registrant, such as a corporation, an unincorporated association, a membership organization, a cooperative or a trade association.

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	
AREANUMBER	

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.



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.

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 Candidate Committee Lobbyist (Mark X)						
Name of Filing Committee, Candidate or Lobbyist				Friends & Family of Rachel Leon						
Street Address			946 Ea	ast 5th S	treet					
City	Bethlehe	m			State	PA	Zip Code	18015		
Type of Report (Place x under i	eport type)								
1-6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3-30 Day Post Primary	4-6 th T Pre-El		5- 2 nd Friday Pre- Electio	l	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
	X									
Date Of Election (MIM/DD/YYYY)	Value 1	05/18/2021	Year		2021	Amendment Report		Termination Report		
Summary of Rec Expenditures	ceipts and	From Date		To Date	9		For	Office Use Only		
Expeliditules		03/20/2021	05/07/2		5/07/2021				<u> </u>	
A. Amount Brou	ught Forward f	rom Last Repor	t \$		0					
B. Total Moneta (From Schedule		ons and Receipts	\$	\$ 1760.00		e (proposition and a first sec				
C. Total Funds A			\$	1760.00						
D. Total Expend (From Schedule	litures (III)		\$		0					
E. Ending Cash (Subtract Line D			\$	\$ 1760.00						
F. Value of in-Kind Contributions Received (From Schedule II)			\$		1400.00					
G. Unpaid Debts and Obligations \$ (From Schedule IV)					954.96		, , , , , , , , , , , , , , , , , , , 			
			16 •	ula la - C	Affidavit					
Part 1- If this is a	Committee report	rt, treasurer sign h	ere. If t	nis is a Ca	naldate report	, candidate sign here he hest of my knowl	edge and belief	true, correct and compl	ete.	
1 swear (Dr allilli	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

Filer Identification Number	
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the second second	
<u> </u>	

	opense do so	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	210.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	a mizatori	
Contributions Received from Political Committees (Part A)	\$	250.00
All Other Contributions (Part B)	\$	500.00
Total for the reporting period (2)	\$	750.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	800.00
Total for the reporting period (3)	\$	800.00
4: Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	1760.00

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									
					Para Barrier es ar a maro area escapia, especie meditarios			raineoireine	Amount
	me of Contribu	iting					Date [MM/DD/YYYY]	\$	
Commit				of Bryan Callaha	an 		04/28/2021		\$250.00
House #	633	Street A	1				Date [MM/DD/YYYY]	\$	
	033			Main Street				F	
City	Bethlehem	······································		State	Zip Code	18010	Date [MM/DD/YYYY]	\$	
Full Ma-	me of Contribu	tine	I				Dodo FREES (DD NODOS)		
Commit		•คกก					Date [MM/DD/YYYY]	\$	
House #	*	Street /	Address				Date [MM/DD/YYYY]	\$	
							A-2	1	
City	<u></u>	1		State	Zip Code	<i>3</i> .1	Date [MM/DD/YYYY]	\$	
								1	
	me of Contrib	uting					Date [MM/DD/YYYY]	\$	
Commit	ttee							1	
House #	#	Street /	Address	,			Date [MM/DD/YYYY]	\$	1
									1
City	#3 L	1	1	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Nar Commit	me of Contribi ttee	uting					Date [MM/DD/YYYY]	\$	
House #	#	Street	Address				Date [MM/DD/YYYY]	\$	
								1	
City	<u> </u>	18		State	Zip Code	Yes (14)	Date [MM/DD/YYYY]	\$	
	1							1	
Full Na	me of Contrib	uting			<u> </u>		Date [MM/DD/YYYY]	\$	
Commi		- 1 - -	•					1	
House	#	Street	Address	**************************************			Date [MM/DD/YYYY]	\$	
								1	
City	T	<u> </u>	·	State	Zip Code		Date [MM/DD/YYYY]	\$	
						- Indiana] .	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$		
House		Street	Address				Date [MM/DD/YYYY]	\$	
									-
City	T	1 .		State	Zip Code		Date [MM/DD/YYYY]	\$	
it - Tall of								1	
L			***************************************					1	

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:	
Filer identification number:	į
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	i i
	1

10 1 15 22 25 25 1 2 1 2 1 2 1 2 1 2 1 2 1						
Full Name of Cont	作品联系的 2.1			Date [MM/DD/YYYY]	\$	0400.00
	Anne Felker			05/07/2021		\$100.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
421	5tl	n Avenue				
City		State	Zíp Code	Date [MM/DD/YYYY]	\$	
Bethlehem		PA	18018			
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$	
	Breena Hollan	d		05/05/2021		\$100.00
House #	Street Address	V-1-00		Date [MM/DD/YYYY]	\$	
379	C	arver Drive				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Bethlehem		PA	18017	12 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15		
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$	
	Troy Banniste	r		04/29/2021		\$100.00
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	\$	
1748		hase Pointe Circle	Apt 1828			
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Virginia B	each	VA	23454			
Full Name of Con	pih réap ::		after the state of	Date [MM/DD/YYYY]	\$	1
Tun Wallie of Coll	Myrelis Leon	- Santiago			*	\$100.00
				04/27/2021		
House # 440	Street Address	ew Street		Date [MM/DD/YYYY]	\$	
City Freemans	burg	State PA	Zip Code 18017	Date [MM/DD/YYYY]	\$	
Full Name of Con				Doto IBERS/DD/WWW	•	
run wante of con	Evelyn & Jose	e Alleon		Date [MM/DD/YYYY]	\$	\$100.00
	Company (Sec.)		Manager 17 17 17 17 17 17 17 17 17 17 17 17 17	04/26/2021		
House# 946	Street Address	sat 5th Street		Date [MM/DD/YYYY]	\$	
\$ 10 mm		ast 5th Street				
City Bethleher	1	State PA	Zip Code 18015	Date [MM/DD/YYYY]	\$	
Full Name of Con	mputor			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					
The identification	Number:				
Full Name of Contributing Co	militee			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee	1. 144 A MARK		Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	***************************************
City	#0008. P0888. ALSS	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City Full Name of		State	Zip Code	Date [MM/DD/YYYY] \$	
Contributing Co		F		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
City	Street Address	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of				Date [MM/DD/YYYY] \$	
Contributing Co	261-613-245-251-1-101			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City	[101.3] [2.16.75vs.13v	State	Zip Code	Date IMM/DD/YYYYI \$	

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 Iden	tification Numbe	r e	,			
Full Nan	ne of Contribut	or Anita Forr	rester	Date [MM/DD/YYYY] 04/27/2021	\$300.00	
House#		Street Address				(本意) (本意)
	27		Rosemont Court			1
City	Easton		State PA	Zip Code 18045	Date [MM/DD/YYYY]	\$
Employe	er Name		Northampton Com	munity College	Occupation Professor	[환성화]
	er Mailing Addr Il Place of Busin		3835 Green Pond I	Rd, Bethlehem, PA 18020		
Full Nan	ne of Contribut	or			Date [MM/DD/YYYY]	3
		Sandra J.	. Solis		05/04/2021	\$500.00
House#	731	Street Address	Atlantic Street		Date [MM/DD/YYYY]	
City	Bethlehem		State PA	Zip Code 18015	Date [MM/DD/YYYY]	S
Employ	er Name		Lehigh Valley Health	Newtork	Occupation Operator	<u>Linibid</u>
Employe Principa	er Mailing Addi al Place of Busir	ress /	2545 Schoenersville	Rd. Bethlehem, PA 18017	10.05549804004048	······································
Notice de la Constantina del Constantina de la C	me of Contribut				Date [MM/DD/YYYY]	3
House #		Street Addres	5	CONTRACTOR OF THE CONTRACTOR O	Date [MM/DD/YYYY]	\$
			60 54 29			
City	9.51		State	Zip Code	Date [MM/DD/YYYY]	S
Employ	er Name				Occupation	<u>Pessel</u>
Employ Principa	er Mailing Add al Place of Busi	ress /				,
	me of Contribu		65. T		Date [MM/DD/YYYY]	
House #	#	Street Addres	8		Date [MM/DD/YYYY]	
City			State	Zip Code	Date [MM/DD/YYYY]	

Occupation

Employer Name

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 Num	ber:			
Full Name				
House#	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
	사기 (A) 		Code	Date [MM/DD/YYYY] \$
Receipt Description	Control of The State of The Sta	Praction 1	TRI MISSELL	174
Full Name	777 (1974) 647 (1974) 1877 (1974)			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		多級海線		
Full Name				
House #	Street Address			
City	1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt: Description				
Full Name	9 (1947年) 第1989年4 第1989年4 第1989年3			
House#	Street Address			
City	140 A M M M A A A A A A A A A A A A A A A	State	Zip	Date [MM/DD/YYYY] \$
			Code	14.75 2.84
Receipt Description				
Full Name				
House#	Street Address	**************************************		
City	1-20 A CO S. 2005 C 20 C C C C C C C C C C C C C C C C C	State	Zip Code	Date [MM/DD/YYYY] \$
			Loge	
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	원화현실 원호(1881)			

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:			
UNITEMIZED IN-KIND CONTRIG	BUTIONS RECEIVED-VAL	LUE OF \$50.00 OF	R LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2, IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	1 TO \$250 00 (FR	OMM DART E)
2, availab contribution and			
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250	0.00 (FROM PART	ī.G)
TOTAL for the reporting period	(3)	\$	1400.00
			1400.00
TOTAL VALUE OF IN-KIND CONTRIBUTION			
PERIOD (Add and enter amount totals for on Page 1, Report Cover Page, Item F)	rom boxes 1, 2, and 3; a		1400.00

SCHEDULE II PART F

In-Kind Contributions Received

Filer Identification	Number		AATOE OL \$20.01 IO	\$250	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	[\$
				,	
House#	Street Address		1001	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$ 3 ()
					7600 000 000 000 000
Description of Co	ontribution				
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	
House#	Street Address			Date [MM/DD/YYYY]	\$
City	株式 100 年 120 日 120 日	State	Zip Code	Date [MM/DD/YYYY]	(3, 14 17 17 17 17 17 17 17
Description of Co	ontribution				[274]
Full Name of Cor	itelhutar l				
				Date [MM/DD/YYYY]	5
House#					
	Street Address			Date [MM/DD/YYYY]	\$
City		104-4-1			
		State	Zip Code	Date [MM/DD/YYYY]	X
Description of Co	ontribution	. [1965년] 조			
		Á.			
Full Name of Cor	Tributor			Date [MM/DD/YYYY]	\$
					(1) (2) (1) (3) (1) (4)
House#	Street Address			Date [MM/DD/YYYY]	
					(1) (1) (2) (2) (3) (3) (4)
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Co	ontribution	# 1965.A			(A)
Full Name of Con	tributor	-		Date [MM/DD/YYYY]	
			•		
House#	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	<u> </u>
Description of Co	ntalautian				.34
Pescubtion of Co	intribution	4			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
# Line industring the industrial industrial	
 	
[10:10:10:10:10:10:10:10:10:10:10:10:10:1	1
题 在《6·6·6·10·10·10·10·10·10·10·10·10·10·10·10·10·	ı

Full Name of Conf	ributor			Date [MM/DD/	YYYY] SE S
	Richard & Key	la Butler		03/10/20	700.00
House#	Street Address			Date [MM/DD/	<u> </u>
1317	So	uth Boulevard		4/15/202	700.00
City		State	Zip Code	Date [MM/DD/	YYYY] \$
Bethlehen		PA	18017		
Employer Name		Self Employed		Occupation	Exterminator Contractor
	Address / Principal			Description	
Place of Business		1317 South Boul	evard, Bethlehem, PA 18017	of Contribution	Campaign promo video prod
Full Name of Con	tributor			Date [MM/DD/	YYYY] \$
House#	Street Address			Date [MM/DD/	YYYY] 5
City	To a Manager Service (1)	State	Zip Code	Date [MM/DD/	YYYY] \$
Employer Name				Occupation	
	Address / Principal		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Description	***************************************
Place of Business				of Contribution	
Full Name of Con	tributor			Date [MM/DD/	MYYYI SEE SI
House#	Street Address			Date [MM/DD/	YYYY] \$
City	13.257.63.00.00.00.00.00.00.00.00.00.00.00.00.00	State	Zip Code	Date [MM/DD/	YYYY] S
					· · · · · · · · · · · · · · · · · · ·
Employer Name		I West Well's	分名:東京学院各《学院委员》	Occupation	177.22
Employer Mailing	g Address / Principal	班 前		Description	
Place of Business				of	
Full Name of Con	(altifor	<u>á</u>		Contribution Date [MM/DD/	
, will regard of our				Sere famining	
House#	Street Address			Date [MM/DD/	(YYYY) \$
	一			- dans francisco de la constanta de la constan	
City		State	Zip Code	Date [MM/DD	(YYYY] \$
				<u>ত কাল করে। টালের স্থান করিব করিব করিব করিব করিব করিব করিব করিব</u>	<u>교 지수수 # 19 시원 / </u>
Employer Name		1.40% 1.1	19,45,45 (28,45,47)	Occupation	T Isoll
Employer Mallin	g Address / Principal			Description	
Place of Business				of	
				Contribution	

Statement of Expenditures

Filer Identification Number	
rener identincation mumber: ::	
(4) 经未完成的 的复数医疗效应等的现代分析的 化二甲基磺胺二甲基磺胺二甲基磺胺二甲基磺胺二甲基磺胺二甲基磺胺二甲基磺胺二甲基磺胺	
• ** ** ** ** ** ** ** ** ** ** ** ** **	
	ž

To Whom Paid				Date [MM/DD/YYYY] \$
House#				Description of Expenditure
	Street Address			. Description of Experiment
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
	667 133			
House#	Street Address			Description of Expenditure
City	Cont. in district in the	State	Zip Code	
To Whom Paid				Date [MM/DD/XYYY] \$
House#	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid	298 1087 -202 1088			Date [MM/DD/YYYY] \$
House#	Street Address			Description of Expenditure
City		State	Zip	
			Code	
To Whom Paid	V			Date [MM/DD/YYYY] \$
House#	Street Address	***************************************		Description of Expenditure
City	- Indiana in the second second	State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House#	Street Address			Description of Expenditure
City	and the state of t	State	Zip Gode	
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 ar	nd obligations which are outstanding at the e	nd of the reporting period.
Filer Identification	Number:		
Name of Credito	Rachel Leon		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	3

	Creditor		Rachel Leo	n			-				Οu	itstanding Balance of Debt
House#	946	Stre	et Address East 5th Street					DATE DEBT INCURRED [MM/DD/YYYY] 03/20/2021			\$	
City			Bethlehem			State	PA	Zip	18015			110.00
Description	on of Debt		Postage &	maiilings			L	7000	1			1
Name of	Creditor		Rachel Leo	on							Οι	itstanding Balance of Debt
House#	946	Stre	et Address East 5th Street				DATE DEBT INCURRED [MM/DD/YYYY]			\$	Site with a first little like with the control of t	
City			Bethlehem State				03/29/2021 PA Zip 18015			5		66.50
Description	on of Debt		11 x 17 Ca	mpaign Win	ndow Signs	1836.436.34	<u> </u>	Cone	980		<u> </u>	
Name of	Creditor		Rachel Lec	on.						Jagas ann a phairigh (Oı	utstanding Balance of Debt
House#	946	Stre	et Address	et Address DATE D					NCURRE 'YYYY]	D	\$	
City			Bethlehem	East 5th Street State				03/15/2021 PA			46.64	
Description	on of Debt			Logo Desigr	'n			Code	100	J	313	
Name of	Creditor		Rachel Lec	on				San San San San			Οι	utstanding Balance of Debt
House#	946	Stre	et Address				DATE DEBT INCURRED [MM/DD/YYYY]			D	\$	
City			Bethlehem			State	05/06/2021 PA Zip 18015			5		277.05
Description	on of Debt		Campaign	palm card p	orinting and design		<u> </u>	oute	<u> </u>		D-SS:	I.
Name of	Creditor		Rachel Lec	on							Οι	utstanding Balance of Debt
House#	946	Stre	et Address	East 5th Str	reet		The second section is	DATE DEBT INCURRED [MM/DD/YYYY]			\$	
City			Bethlehem			State	PA	04/26/20 Zip Code	021 1801	15		369.77
Descripti	on of Debt		Campaign	Yard Signs		<u> </u>	.t	1			<u>1943-9</u>	1
Name of	Creditor		Rachel Lec	on							Οι	utstanding Balance of Debt
House#	946	Stre	et Address East 5th Street				DATE DEBT INCURRED [MM/DD/YYYY] 04/01/2021 Zip 18015			D.	\$	
City			Bethlehem State			15					85.00	
Descripti	on of Debt					Francis (1974)	I		Ser I		L	1