

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	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	THOMAS GINTHNER							
Street Address	806 RADCLYFFE ST							
City	BETHLEHEM	State	PA	Zip Code	18017			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/07/2023	Year	2023	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
	06/5/2023	9/23/2023	
A. Amount Brought Forward From Last Report	\$	3591.02	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	880.00	
C. Total Funds Available (Sum of Lines A and B)	\$		
D. Total Expenditures (From Schedule III)	\$	3959.26	
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)	\$		

Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

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

Sworn to and subscribed before me this

_____ day of _____ 20____

Signature_____
Signature of Person Submitting report_____
Printed NameMy Commission expires _____
MO. DAY YR._____
Area Code_____
Daytime Telephone NumberPart II- If this is a report of a **Candidate's Authorized Committee**, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

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		Thomas Yeager				Date [MM/DD/YYYY]	\$	
						6/12/2023		50.00
House #	782	Street Address		Washington Ave		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Mike O'hare				Date [MM/DD/YYYY]	\$	
						6/12/2023		100.00
House #	632	Street Address		4th Ave.		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Joe Matayos				Date [MM/DD/YYYY]	\$	
						7/8/2023		100.00
House #	406	Street Address		Nicholas St.		Date [MM/DD/YYYY]	\$	
City	Easton	State	PA	Zip Code	18042	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Bevan Beaudet				Date [MM/DD/YYYY]	\$	
						8/22/2023		250.00
House #	1543	Street Address		Maple St.		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Tom Barker				Date [MM/DD/YYYY]	\$	
						9/25/23		100.00
House #	1007	Street Address		Prospect Ave		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Bruce Haines				Date [MM/DD/YYYY]	\$	
						10/6/23		250.00
House #	63	Street Address		W. Church St.		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18018	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:	
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Full Name of Contributing Committee						Ann Mickus		Date [MM/DD/YYYY]	\$	10.00			
								10/15/23					
House #	822		Street Address			Prospect Ave			Date [MM/DD/YYYY]	\$			
City						Bethlehem		State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Robert Korutz		Date [MM/DD/YYYY]	\$	20.00			
								10/15/23					
House #	903		Street Address			Prospect Ave.			Date [MM/DD/YYYY]	\$			
City						Bethlehem		State	PA	Zip Code	18018	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]	\$			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		LLS Graphics				Date [MM/DD/YYYY]	\$	368.24
						9/01/2023		
House #	632	Street Address	N.Eighth St.			Description of Expenditure		
City	Allentown		State	PA	Zip Code	18102 Political Palm Cards business Cards.		

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				

To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				