

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		Will Carpenter							
Street Address		224 E Wall St.							
City	Bethlehem	State	PA	Zip Code	18018				

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/02/2019	Year	2020	Amendment Report	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11/26/2019	12/31/2019	
A. Amount Brought Forward From Last Report	\$	-7563.78	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	3844.21	
C. Total Funds Available (Sum of Lines A and B)	\$	-3719.57	
D. Total Expenditures (From Schedule III)	\$	0	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-3719.57	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

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

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
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Total for the reporting period	(1)	\$	
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
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Contributions Received from Political Committees (Part A)		\$	
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All Other Contributions (Part B)		\$	
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Total for the reporting period	(2)	\$	
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3. Contributions Over \$250.00 (From Part C and Part D)		
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Contributions Received from Political Committees (Part C)	\$	3844.21
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All Other Contributions (Part D)	\$	
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Total for the reporting period	(3)	\$	3844.21
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4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
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Total for the reporting period	(4)	\$	
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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>	\$	3844.21
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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		Friends of Will Carpenter				Date [MM/DD/YYYY]	\$	3844.21
						11/21/2019		
House #	224	Street Address	E Wall St.			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]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City			State			Zip Code		
						Date [MM/DD/YYYY]	\$	

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 type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Will Carpenter						
Street Address		224 E Wall St.						
City	Bethlehem	State	PA	Zip Code	18018			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/02/2019	Year	2020	Amendment Report	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11/26/2019	12/31/2019	
A. Amount Brought Forward From Last Report	\$	3844.21	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	3844.21	
D. Total Expenditures (From Schedule III)	\$	3844.21	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Part 1 - If this is a Committee report, treasurer sign here; if this is a Candidate report, candidate sign here.

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Will Carpenter				Date [MM/DD/YYYY]	\$	3844.21
						11/21/2019		
House #	224	Street Address	E Wall St.			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Repayment of Loan		
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				

Will Carpenter
224 E Wall St.
Bethlehem, PA 18018

December 17, 2019

Dear Friends of Will Carpenter,

I hereby forgive the \$655.79 outstanding balance of the loan made to Friends of Will Carpenter.

A handwritten signature in black ink, appearing to read "Will Carpenter", written in a cursive style.

Will Carpenter

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"/>	Committee		<input type="checkbox"/>	Lobbyist		<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Will Carpenter								
Street Address		224 E Wall St.								
City	Bethlehem	State	PA	Zip Code	18018					

Type of Report (Place x under report type)

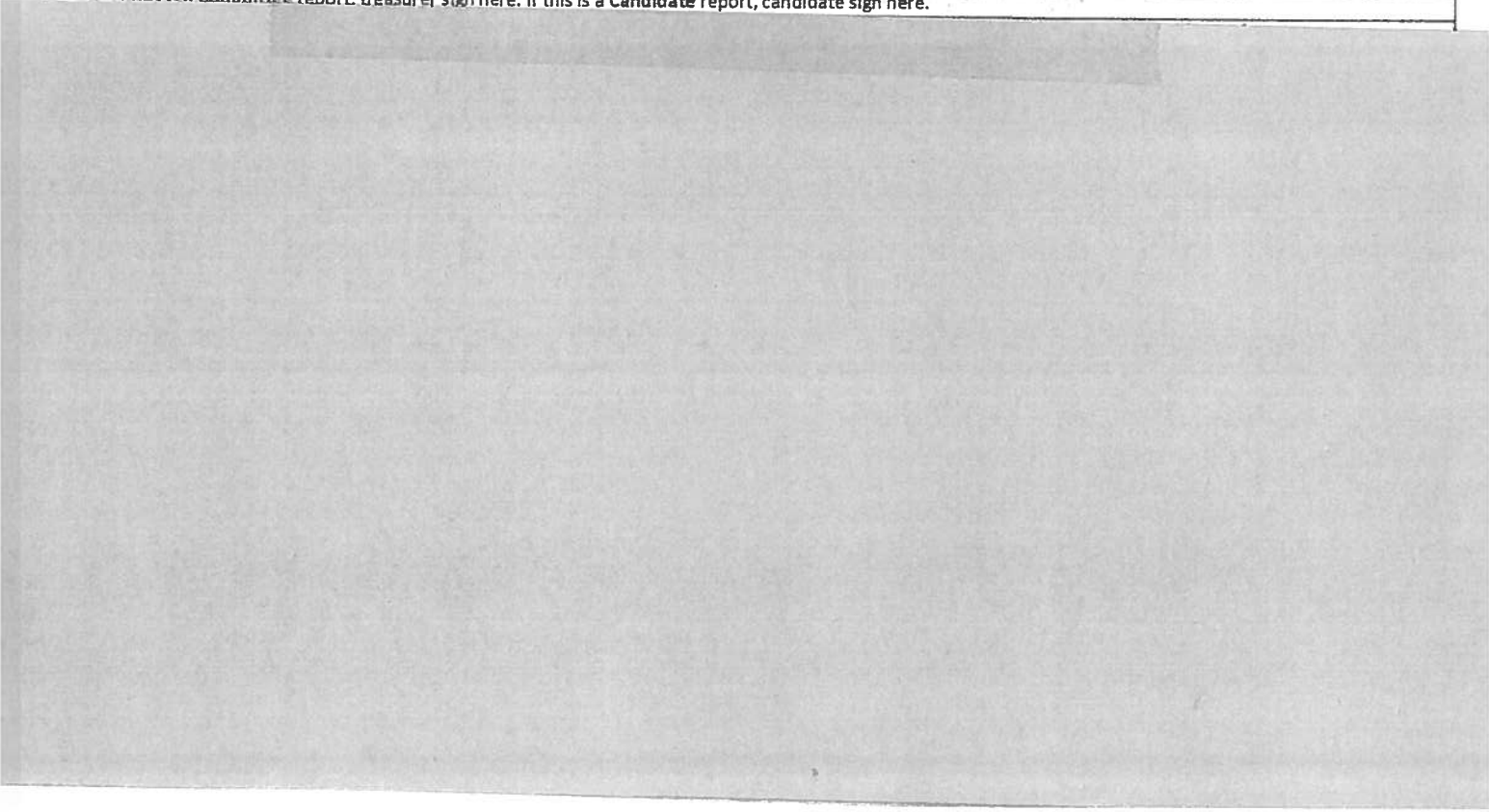
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date Of Election (MM/DD/YYYY)	11/05/2019	Year	2019	Amendment Report	<input checked="" type="checkbox"/>	Termination Report	<input type="checkbox"/>
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Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	05/07/2019	06/10/2019	
A. Amount Brought Forward From Last Report	\$	-4652.73	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	-4652.73	
D. Total Expenditures (From Schedule III)	\$	2911.05	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-7563.78	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section

Part 1 - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.



SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Xpressdocs			Date [MM/DD/YYYY]	\$	2911.05
					05/08/2019		
House #	4901	Street Address	N. Beach St.		Description of Expenditure		
City	Fort Worth	State	TX	Zip Code	76112		
					Campaign Mailing		
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			

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 of Will Carpenter							
Street Address		224 E Wall St.							
City	Bethlehem	State	PA	Zip Code	18018				

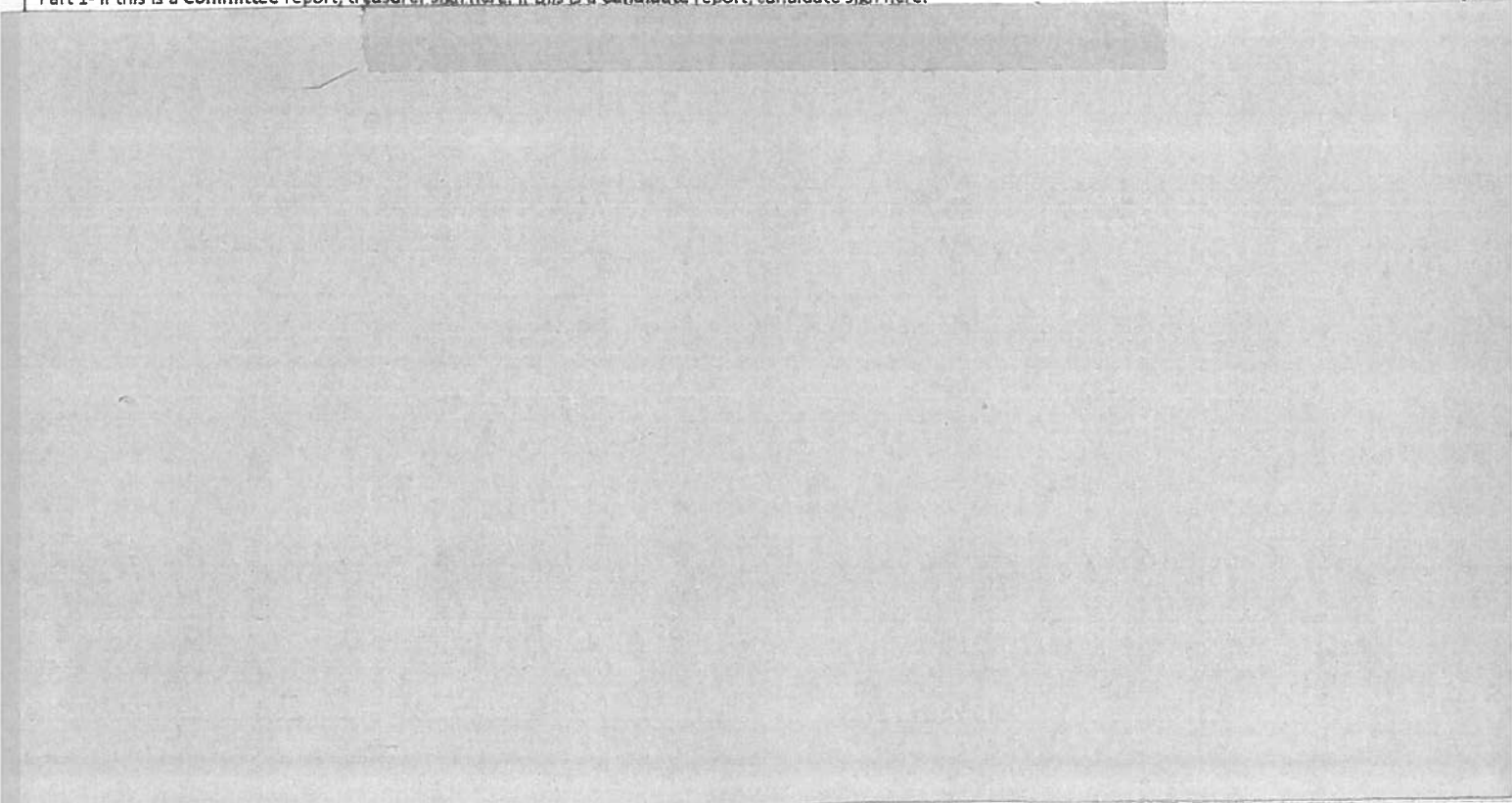
Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)		11/05/2019	Year	2019	Amendment Report	<input checked="" type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	05/07/2019	06/10/2019	
A. Amount Brought Forward From Last Report	\$	3767.96	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	290.00	
C. Total Funds Available (Sum of Lines A and B)	\$	4057.96	
D. Total Expenditures (From Schedule III)	\$	213.75	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	3844.21	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	4500.00	

Affidavit Section

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.



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)	\$	40
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	250.00
Total for the reporting period	(2)	\$	250.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0
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>		\$	290.00

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		Ed Gallagher				Date [MM/DD/YYYY]	\$	100.00
						05/07/2019		
House #	49	Street Address	W. Greenwich			Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Peg and Daniel Church				Date [MM/DD/YYYY]	\$	150.00
						05/21/2019		
House #	435	Street Address	Brighton St., Rear			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]	\$	
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]	\$	

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Marisa Lucy Design			Date [MM/DD/YYYY]	\$	213.75
					05/28/2019		
House #	2	Street Address	Westbrook Rd.		Description of Expenditure		
City	Newton	State	NJ	Zip Code	07860	Mailer Campaign Design	
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			

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		Will Carpenter				Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 500.00
City		Bethlehem	State	PA	Zip Code	18018	
Description of Debt		Campaign Loan					
Name of Creditor		Will Carpenter				Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 4000.00
City		Bethlehem	State	PA	Zip Code	18018	
Description of Debt		Campaign Loan					
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 - 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		Will Carpenter					
Street Address		224 E Wall St.					
City	Bethlehem	State	PA	Zip Code	18018		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input 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)		11/05/2019	Year	2019	Amendment Report	<input checked="" type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	02/26/2019	05/06/2019	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	4652.73	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-4652.73	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Friends of Will Carpenter				Date [MM/DD/YYYY]		\$ 500.00	
						02/26/2019			
House #	224	Street Address		E Wall St.		Description of Expenditure			
City	Bethlehem	State	PA	Zip Code	18018	Campaign Loan			
To Whom Paid		Friends of Will Carpenter				Date [MM/DD/YYYY]		\$ 4000.00	
						04/08/2019			
House #	224	Street Address		E Wall St.		Description of Expenditure			
City	Bethlehem	State	PA	Zip Code	18018	Campaign Loan			
To Whom Paid		PostNet				Date [MM/DD/YYYY]		\$ 18.69	
						02/20/2019			
House #	1	Street Address		E Broad St Ste 130		Description of Expenditure			
City	Bethlehem	State	PA	Zip Code	18018	Press Release Fliers			
To Whom Paid		Northampton County				Date [MM/DD/YYYY]		\$ 25.00	
						03/11/2019			
House #	669	Street Address		Washington St		Description of Expenditure			
City	Easton	State	PA	Zip Code	18042	Petition Filing Fee			
To Whom Paid		Staples				Date [MM/DD/YYYY]		\$ 44.04	
						05/03/2019			
House #	2138	Street Address		W. Union Blvd.		Description of Expenditure			
City	Bethlehem	State	PA	Zip Code	18018	Name tags			
To Whom Paid		Ed O'Brien Legislative Dinner				Date [MM/DD/YYYY]		\$ 65.00	
						05/04/2019			
House #	53	Street Address		E Lehigh St.		Description of Expenditure			
City	Bethlehem	State	PA	Zip Code	18018	Campaign Dinner			
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					

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 of Will Carpenter							
Street Address		224 E Wall St.							
City	Bethlehem	State	PA	Zip Code	18018				

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input 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)		11/05/2019	Year	2019	Amendment Report	<input checked="" type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	02/26/2019	05/06/2019	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	6775.00	
C. Total Funds Available (Sum of Lines A and B)	\$	6775.00	
D. Total Expenditures (From Schedule III)	\$	3007.04	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	3767.96	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	4500.00	

Affidavit Section

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	
------------------------------------	--

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
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Total for the reporting period	(1)	\$	25.00
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
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Contributions Received from Political Committees (Part A)	\$	0	
All Other Contributions (Part B)	\$	250.00	
Total for the reporting period	(2)	\$	250.00

3. Contributions Over \$250.00 (From Part C and Part D)		
--	--	--

Contributions Received from Political Committees (Part C)	\$	0	
All Other Contributions (Part D)	\$	2000.00	
Total for the reporting period	(3)	\$	2000.00

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 <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>		\$	2275.00

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		Frank Boyer				Date [MM/DD/YYYY]	\$	250.00
						04/23/2019		
House #	234	Street Address		E. Market St.		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18018	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	Bethlehem	State	PA	Zip Code	18018	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 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:	
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Full Name of Contributor Steve Diamond					Date [MM/DD/YYYY]	\$ 2000.00	
					04/23/2019		
House #	425	Street Address	Center St.		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$
Employer Name			Mid-Atlantic Medical Examiners		Occupation	Medical Examiner	
Employer Mailing Address / Principal Place of Business			425 Center St., Bethlehem, PA 18018				
Full Name of Contributor Will Carpenter					Date [MM/DD/YYYY]	\$ 500.00	
					02/26/2019		
House #	24	Street Address	E Wall St.		Date [MM/DD/YYYY]	\$ 4000.00	
					04/08/2019		
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$
Employer Name			SRC Solutions		Occupation	Software Account Executive	
Employer Mailing Address / Principal Place of Business			4647 Saucon Creek Rd., Suite 100, Center Valley, PA 18034				
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							

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Kennedy Printing Company				Date [MM/DD/YYYY]	\$	2430.00
						04/15/2019		
House #	5534	Street Address	Baltimore Ave			Description of Expenditure		
City	Philadelphia	State	PA	Zip Code	19143	yard signs		
To Whom Paid		Kennedy Printing Company				Date [MM/DD/YYYY]	\$	280.80
						04/18/2019		
House #	5534	Street Address	Baltimore Ave			Description of Expenditure		
City	Philadelphia	State	PA	Zip Code	19143	sign shipping		
To Whom Paid		Kennedy Printing Company				Date [MM/DD/YYYY]	\$	296.24
						04/23/2019		
House #	5534	Street Address	Baltimore Ave			Description of Expenditure		
City	Philadelphia	State	PA	Zip Code	19143	palm 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	PA	Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
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Name of Creditor		Will Carpenter				Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 500.00
City		Bethlehem	State	PA	Zip Code	18018	
Description of Debt		Campaign Loan					

Name of Creditor		Will Carpenter				Outstanding Balance of Debt	
House #	224	Street Address	E Wall St.		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 4000.00
City		Bethlehem	State	PA	Zip Code	18018	
Description of Debt		Campaign Loan					

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							