

3/10/15

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 |
| Name of Filing Committee, Candidate or Lobbyist | | AFFA FOR ALLENTOWN | | | | |
| Street Address | | 4051 PRIMROSE DRIVE | | | | |
| City | ALLENTOWN | State | PA | Zip Code | 18104 | |

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) | | 05/16 | Year | 2023 | Amendment Report | <input type="checkbox"/> | Termination Report | <input type="checkbox"/> |

| Summary of Receipts and Expenditures | From Date | To Date | For Office Use Only |
|--|------------|------------|--|
| | 02/14/2023 | 05/01/2023 | |
| A. Amount Brought Forward From Last Report | \$ | .05 | <p style="text-align: center;">2023 MAY -4 AM 10:38 RECEIVED ELECTION BOARD OF LEHIGH COUNTY</p> |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ | 20,050.00 | |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 20,050.05 | |
| D. Total Expenditures (From Schedule III) | \$ | 7,772.10 | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 12,277.95 | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | 0.00 | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | 0.00 | |

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

4th day of May 2023

Signature: *[Signature]*

My Commission expires 08 25 2025

Area Code: 484

Daytime Telephone Number: 664-9750

Signature of Person Submitting report: *Cecetta A. Mickley*

Printed Name: Cecetta A. Mickley

Part 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.

Sworn to and subscribed before me this

4th day of May 2023

Signature: *[Signature]*

My Commission expires 08 25 2025

Area Code: 610

Daytime Telephone Number: 392-6875

Signature of Candidate: *Candida Affa*

Printed Name: CANDIDA AFFA

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) | \$ 150.00 |
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B) | | |
| Contributions Received from Political Committees (Part A) | | \$ 0.00 |
| All Other Contributions (Part B) | | \$ 1,650.00 |
| Total for the reporting period | (2) | \$ 1,650.00 |
| 3. Contributions Over \$250.00 (From Part C and Part D) | | |
| Contributions Received from Political Committees (Part C) | | \$ 10,500.00 |
| All Other Contributions (Part D) | | \$ 7,750.00 |
| Total for the reporting period | (3) | \$ 18,250.00 |
| 4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | | |
| Total for the reporting period | (4) | \$ 0.00 |
| 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> | | \$ 20,050.00 |

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 | |
|-----------------------------|--|

| | | | | | | 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] | \$ | | |

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: []

| | | | | | | | |
|--------------------------|---------------------|----------|-------------------|--|----|-------------------|--------|
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | \$ |
| ROSELEE GOLDBERG | | | | | | 02/14/2023 | 100.00 |
| House # | Street Address | | Date [MM/DD/YYYY] | | \$ | | |
| 4140 | PRIMROSE DRIVE | | | | \$ | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | \$ | | |
| ALLENTOWN | PA | 18104 | | | \$ | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | \$ |
| ERIC KRANSLEY | | | | | | 02/14/2023 | 100.00 |
| House # | Street Address | | Date [MM/DD/YYYY] | | \$ | | |
| 4141 | PRIMROSE DRIVE | | | | \$ | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | \$ | | |
| ALLENTOWN | PA | 18104 | | | \$ | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | \$ |
| LUCETTA MICKLEY | | | | | | 02/18/2023 | 100.00 |
| House # | Street Address | | Date [MM/DD/YYYY] | | \$ | | |
| 4051 | PRIMROSE DRIVE | | | | \$ | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | \$ | | |
| ALLENTOWN | PA | 18104 | | | \$ | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | \$ |
| WILLIAM SANDERS | | | | | | 03/03/2023 | 100.00 |
| House # | Street Address | | Date [MM/DD/YYYY] | | \$ | | |
| 530 | N. SAINT GEORGE ST. | | | | \$ | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | \$ | | |
| ALLENTOWN | PA | 18104 | | | \$ | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | \$ |
| MICHAEL O'BRIAN | | | | | | 03/30/2023 | 250.00 |
| House # | Street Address | | Date [MM/DD/YYYY] | | \$ | | |
| 4160 | PRIMROSE DRIVE | | | | \$ | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | \$ | | |
| ALLENTOWN | PA | 18104 | | | \$ | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | \$ |
| PEG BAVEK | | | | | | 04/10/2023 | 100.00 |
| House # | Street Address | | Date [MM/DD/YYYY] | | \$ | | |
| 481 | BUCK ISLAND ROAD | | | | \$ | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | \$ | | |
| YARMOUTH | MA | 02673 | | | \$ | | |

**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: | |
|-------------------------------------|--|

| | | | | | | |
|---------------------------------|---------------|-----------------------|----------------------------|-----------------|--------------------------|--------------------------|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| JOANN & MARC BASSIST | | | | | 02/14/2023 | 250.00 |
| House # | 807 | Street Address | PINNACLE DRIVE | | Date [MM/DD/YYYY] | \$ |
| City | ALLENTOWN | State | PA | Zip Code | 18103 | Date [MM/DD/YYYY] |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| SUSAN & CRAIG MESSINGER | | | | | 02/14/2023 | 100.00 |
| House # | 3715 | Street Address | WOOD ST. | | Date [MM/DD/YYYY] | \$ |
| City | SCHNECKSVILLE | State | PA | Zip Code | 18078 | Date [MM/DD/YYYY] |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| JANET KESHL | | | | | 02/14/2023 | 100.00 |
| House # | 119 | Street Address | W. WABASH ST. | | Date [MM/DD/YYYY] | \$ |
| City | ALLENTOWN | State | PA | Zip Code | 18103 | Date [MM/DD/YYYY] |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| ALAN JENNINGS | | | | | 02/14/2023 | 100.00 |
| House # | 2128 | Street Address | W. PENNSYLVANIA ST. | | Date [MM/DD/YYYY] | \$ |
| City | ALLENTOWN | State | PA | Zip Code | 18104 | Date [MM/DD/YYYY] |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| JOSEPH SPIRK | | | | | 02/14/2023 | 100.00 |
| House # | 4062 | Street Address | PRIMROSE DRIVE | | Date [MM/DD/YYYY] | \$ |
| City | ALLENTOWN | State | PA | Zip Code | 18104 | Date [MM/DD/YYYY] |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| DR. SANDRA FOGELMAN | | | | | 02/14/2023 | 250.00 |
| House # | 5955 | Street Address | CARUTH HAVEN LANE, APT4403 | | Date [MM/DD/YYYY] | \$ |
| City | DALLAS | State | TX | Zip Code | 75206-2035 | 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 | | QUEEN CITY FOP, LODGE 10 ALLENTOWN PA | | | | Date [MM/DD/YYYY] | \$ | 9,500.00 |
| | | | | | | 04/10/2023 | | |
| House # | 2101 | Street Address | MACK BLVD, UNIT #3 | | | Date [MM/DD/YYYY] | \$ | |
| City | ALLENTOWN | State | PA | Zip Code | 18103 | Date [MM/DD/YYYY] | \$ | |
| Full Name of Contributing Committee | | ALLENTOWN FIREFIGHTERS IAFF LOCAL 302 | | | | Date [MM/DD/YYYY] | \$ | 1,000.00 |
| | | | | | | 04/06/2023 | | |
| House # | 723 | Street Address | W. CHEW ST, SUITE 302 | | | Date [MM/DD/YYYY] | \$ | |
| City | ALLENTOWN | State | PA | Zip Code | 18102-4058 | 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 CLAUDIA MERKLE | | | | | Date (MM/DD/YYYY) 02/21/2023 | \$ 2,500.00 |
| House # 212335 | Street Address HYDE ROAD | | | | Date (MM/DD/YYYY) | \$ |
| City SONOMA | State CA | Zip Code 95476 | | | Date (MM/DD/YYYY) | \$ |
| Employer Name | | | | | Occupation RETIRED | |
| Employer Mailing Address / Principal Place of Business | | | | | | |
| Full Name of Contributor CYNTHIA BLASCHAK | | | | | Date (MM/DD/YYYY) 03/21/2023 | \$ 2,000.00 |
| House # 3547 | Street Address ASTER COURT | | | | Date (MM/DD/YYYY) | \$ |
| City ALLENTOWN | State PA | Zip Code 18104 | | | Date (MM/DD/YYYY) | \$ |
| Employer Name | | | | | Occupation RETIRED | |
| Employer Mailing Address / Principal Place of Business | | | | | | |
| Full Name of Contributor DONALD RINGER | | | | | Date (MM/DD/YYYY) 02/22/2023 | \$ 750.00 |
| House # 1801 | Street Address W. LIBERTY ST. | | | | Date (MM/DD/YYYY) | \$ |
| City ALLENTOWN | State PA | Zip Code 18104 | | | Date (MM/DD/YYYY) | \$ |
| Employer Name DONALD RINGER | | | | | Occupation OWNER/OPERATOR | |
| Employer Mailing Address / Principal Place of Business RINGER'S ROOST, 1801 W LIBERTY ST., ALLENTOWN PA 18104 | | | | | | |
| Full Name of Contributor DOMINIC GERMANO | | | | | Date (MM/DD/YYYY) 02/14/2023 | \$ 250.00 |
| House # 503 | Street Address W. WALNUT ST. | | | | Date (MM/DD/YYYY) 02/14/2023 | \$ 500.00 |
| City ALLENTOWN | State PA | Zip Code 18102 | | | Date (MM/DD/YYYY) 02/14/2023 | \$ 250.00 |
| Employer Name DOMINIC GERMANO | | | | | Occupation OWNER/OPERATOR | |
| Employer Mailing Address / Principal Place of Business MAINGATE NIGHT CLUB/FAIRGROUNDS HOTEL 448 N. 17TH ST. ALLENTOWN PA 18104 | | | | | | |

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] | | \$ | |
| JASON ROTH | | | | | 02/14/2023 | | 500.00 | |
| House # | Street Address | | | Date [MM/DD/YYYY] | | \$ | | |
| 619 | N. 19TH ST. | | | | | | | |
| City | State | | Zip Code | Date [MM/DD/YYYY] | | \$ | | |
| ALLENTOWN | PA | | 18104 | | | | | |
| Employer Name | | | | Occupation | | | | |
| L. ROTH SALON | | | | OWNER | | | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | | |
| 619 N. 19TH ST. ALLENTOWN PA 18104 | | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | |
| NAT HYMAN | | | | | 02/14/2023 | | 500.00 | |
| House # | Street Address | | | Date [MM/DD/YYYY] | | \$ | | |
| 727 | N. MEADOW ST. | | | | | | | |
| City | State | | Zip Code | Date [MM/DD/YYYY] | | \$ | | |
| ALLENTOWN | PA | | 18102 | | | | | |
| Employer Name | | | | Occupation | | | | |
| NAT HYMAN | | | | DEVELOPER/OWNER | | | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | | |
| HYMAN PROPERTIES, 727 N. MEADOW ST. ALLENTOWN PA 18102 | | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | |
| JOHN MORGAN | | | | | 0406/2023 | | 500.00 | |
| House # | Street Address | | | Date [MM/DD/YYYY] | | \$ | | |
| 14 | MADDAKET | | | | | | | |
| City | State | | Zip Code | Date [MM/DD/YYYY] | | \$ | | |
| SCOTCH PLAINS | NJ | | 07076-3136 | | | | | |
| Employer Name | | | | Occupation | | | | |
| ALLENTOWN PARKING AUTHORITY | | | | EXECUTIVE DIRECTOR | | | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | | |
| 603 W. LINDEN ST., ALLENTOWN PA 18101 | | | | | | | | |
| 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: | |
|------------------------------|--|

| | | |
|--|-----|----|
| 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) | \$ |

| | | |
|---|--|----|
| 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) | | \$ |
|---|--|----|



SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

| | |
|-----------------------------|--|
| File 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] | \$ |

| | |
|-----------------------------|--|
| 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 | |
|-----------------------------|--|

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

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 | | | | 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] | \$ | | |
| Employer Name | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | 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] | \$ | | |
| Employer Name | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | 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] | \$ | | |
| Employer Name | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | Description of Contribution | | |

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SCHEDULE III Statement of Expenditures

| | |
|-------------------------------------|--|
| Filer Identification Number: | |
|-------------------------------------|--|

| | | | | | | | | |
|---------------------|------------|--|------------------------|-----------------|-------|---|----|----------|
| To Whom Paid | | CRAIG B. NEELY, ESQUIRE | | | | Date [MM/DD/YYYY] | \$ | 3,332.75 |
| | | | | | | 03/20/2023 | | |
| House # | 209 | Street Address | MAIN ST. | | | Description of Expenditure | | |
| City | EMMAUS | State | PA | Zip Code | 18049 | NOMINATING PETITION CHALLENGE | | |
| To Whom Paid | | LA RAZON NEWSPAPER | | | | Date [MM/DD/YYYY] | \$ | 300.00 |
| | | | | | | 04/06/2023 | | |
| House # | 610 | Street Address | N. 8TH ST. | | | Description of Expenditure | | |
| City | ALLENTOWN | State | PA | Zip Code | 18102 | ADVERTISEMENT FOR CANDIDACY | | |
| To Whom Paid | | L.V. PRINT CENTER | | | | Date [MM/DD/YYYY] | \$ | 554.38 |
| | | | | | | 02/24/2023 | | |
| House # | 1701 | Street Address | UNION BLVD. SUITE 114 | | | Description of Expenditure | | |
| City | ALLENTOWN | State | PA | Zip Code | 18109 | WINDOW & YARD SIGNS | | |
| To Whom Paid | | L.V. PRINT CENTER | | | | Date [MM/DD/YYYY] | \$ | 554.38 |
| | | | | | | 03/02/2023 | | |
| House # | 1701 | Street Address | UNION BLVD. SUITE 114 | | | Description of Expenditure | | |
| City | ALLENTOWN | State | PA | Zip Code | 18109 | WINDOW & YARD SIGNS | | |
| To Whom Paid | | L.V. PRINT CENTER | | | | Date [MM/DD/YYYY] | \$ | 2,254.84 |
| | | | | | | 03/14/2023 | | |
| House # | 1701 | Street Address | UNION BLVD. SUITE 114 | | | Description of Expenditure | | |
| City | ALLENTOWN | State | PA | Zip Code | 18109 | LIT PIECE, MAIL MERGE, PERMIT , POSTAGE | | |
| To Whom Paid | | L.V. PRINT CENTER | | | | Date [MM/DD/YYYY] | \$ | 143.10 |
| | | | | | | 03/14/2023 | | |
| House # | 1701 | Street Address | UNION BLVD. SUITE 114 | | | Description of Expenditure | | |
| City | ALLENTOWN | State | PA | Zip Code | | PALM CARDS | | |
| To Whom Paid | | FACT (FIGHTING AIDS CONTINUOUSLY TOGETHER) | | | | Date [MM/DD/YYYY] | \$ | 250.00 |
| | | | | | | 03/11/2023 | | |
| House # | | Street Address | P.O. BOX 1028 | | | Description of Expenditure | | |
| City | ALLENTOWN | State | PA | Zip Code | 18105 | GAIL HOOVER BENEFIT CONTRIBUTION | | |
| To Whom Paid | | EVERY ACTION, INC | | | | Date [MM/DD/YYYY] | \$ | 198.75 |
| | | | | | | 04/24/2023 | | |
| House # | 655 | Street Address | 15TH ST., NW SUITE 650 | | | Description of Expenditure | | |
| City | WASHINGTON | State | DC | Zip Code | 20005 | NGP/VAN MOBILIZE CORE | | |

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SCHEDULE III Statement of Expenditures

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | | |
|--------------|---------------|----------------|------------------|----------|--|----|-------|
| To Whom Paid | | JACK ZIETS | | | Date [MM/DD/YYYY] | \$ | 95.00 |
| | | | | | 04/24/2023 | | |
| House # | 3596 | Street Address | STONE GATE DRIVE | | Description of Expenditure | | |
| City | CENTER VALLEY | State | PA | Zip Code | 18034 Campaign Verify Processing Fee pd | | |
| To Whom Paid | | FULTON BANK | | | Date [MM/DD/YYYY] | \$ | 88.90 |
| | | | | | 03/07/2023 | | |
| House # | | Street Address | P.O. BOX 4887 | | Description of Expenditure | | |
| City | LANCASTER | State | PA | Zip Code | 17604 Deluxe Checks for Affa for Allentown fee | | |
| 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: | |
|------------------------------|--|

| 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 | | | | | | |