### CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED CANI	DIDATE X	COMMITTEE	LOBB	/IST 3.
NAME OF FILING COMMITTEE, CA						
STREET ADDRESS						
2604 App	Del Street	*****		****		- <del></del>
Allentown		PA PA		8103		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE .	DISTRICT NO. PAR	RTY	MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY					8 2	21
2ND FRIDAY Z. X	DATES OF REPORTING PERIOD 01 01 21 TO	03 01 21		ت	***************************************	•
30 day 90st-primary 4.	CASH BALANCE AT END OF REPORTING PERIOD:	§0.00				T
6TH TUESDAY PRE-ELECTION  2ND FRIDAY PRE-ELECTION  5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIE AT THE END OF REPORTING PERIOR	s 0.00	_		3 FM 4	1
30 DAY 6. POST-ELECTION 7.	AMENDMENT YES REPORT?	NO X		- ZE !	<u> </u>	j
REPORT	TERMINATION YES	NO X				
f statement is filed or f statement is filed or	n behalf of a Political Committee or Can behalf of a Candidate, the Candidate behalf of a Contributing Lobbyist, the the AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIAK	must sign here. Lobbyist must sign h	ere.			
EXCEED TWO HUNDRED AND	FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO T	HE BEST OF MY KNOWLEDGE A	ND BELIEF, TR	RUE, CORRECT AN	ND COMPLETE	
DAY OF	20	SIGNATURE C	OF PERSON S	SUBMITTING REP	ORT	
			PRINTED N	AME		_
MY COMMISSION EXP						
	MO. DAY YR.	AREA CODE	DAYTIMI	E TELEPHONE N	UMBER	
	behalf of a Candidate's Autho ized Co	2 4	_			
I SWEAR (OR AFFIRM) JUNE 3, 1937 (P.L.	THAT TO THE BEST OF MY KNOWLEDGE AND BESE THIS	CAL COMMITTEE HAS NO	OT VIOLATED A	ANY PROVISIONS	OF THE ACT (	)F
	CLIBED BELOSE WE THIS SORDIAN - NOTARY COUNTY	Number 13	NATURE OF C	ANDIDATE	- (414 <del>8 - 11</del>	
MY COMMISSION EXPI	SIGNATURE DAY YR. DAY YR. WILLIAM OF BORDAN AND THE CORDAN	Commission Number 1394		S\$30		
	MO: DAY YR.		DAYTIME	TELEPHONE N	JMBER	

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

DSEB-503 (12-99)

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

,	ote. Ims report ma	JEDU CICAI AIN	a reprotect to strock	,,	1	
Filer Identification Number	Report Filed ( Mark X)	By Candida	ite	Committee	X	Lobbyist
Name of Filing Committee, Candidate Lobbyist	or Friends of Cyr	ithia Mota				
Street Address	526 N St. Clou	ıd Street Suite	PMB 253	~		
City Allentown		State	PA ·	Zip Code		
Type of Report (Place x under report ty	pe)					
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 D	av Post 4- 6th Tuesday	5- 2 <sup>nd</sup> Friday	6- 30 Day Post	7- Annual	Special 2 <sup>nd</sup> Friday	Special 30 Day
Pre-Primary Pre-Primary Primary	4. T. J. G. M. J. S. J. M.	Pre- Election	Election		Pre-Election	Post-Election
Date Of Election (MM/DD/YYYY) 05/18/	2021 Year	2021	Amendment Report		Termination Report	
Summary of Receipts and From D Expenditures	ate To Dat	e		For	Office Use Only	
	01/2021 05	5/03/2021				
A. Amount Brought Forward From Last	Report \$	0.00				
B. Total Monetary Contributions and R (From Schedule I)	eceipts \$	9247.67			e e	သ ၁ ၁ ၁
C. Total Funds Available (Sum of Lines A and B)	\$	8247.67				7.00
D. Total Expenditures (From Schedule III)	\$	5938.16				
E. Ending Cash Balance (Subtract Line D from Line C)	\$	3239.51				6. T
F. Value of In-Kind Contributions Recei	ved \$	0.00				
(From Schedule II) G. Unpaid Debts and Obligations	\$	0.00				
(From Schedule IV)						
Part 1- If this is a Committee report, treasure	er sign here. If this is a Ca	Affidavit Se ndid Re report, ca				
The guer Christian	Podywania - N	ounty es March 29 iber 13947:	Signature	ga and belief tr Of Person Subm paign Treasu Printed Name	) D_Q itting report rer	 
Signature Alao 20	72 E	Let ission dission dission		`	- 3375	
My Commission expires 0 171 1900 MO. DAY	Name alth of Dea	Comm	rea Code		time Telephone Numbe	
Part II- If this is a report of a Candidate's Aut I swear (or affirm) that to the best of my kno	horized Committee Cand	didate shall sign h	ere.	nrovisions of t	he Act of June 2 1927/	P.I. 1333 MO 220\ ac
amended.	wieuge and beller this po	:	naa not violateu dily	PLOAISIONS OF C	inc not of Julie 3, 1937 (	2000, NO.0207 ds
Sworn to and subscribed before me this  day of		- Notary P Ounty es March 1 nber 1394	(yo)	Printed Name	late 3-58-30 me Telephone Number	
NIO. DAI	1 = -					
•	onwea	Com				

### SCHEDULE I

## **Contributions and Receipts**

Detailed Summary Page

Filer Identification Number	i i
r Literaturi Maniner Maniner 18	5
	h
	fi fi
4. 20 年 2 年 2 年 2 年 2 年 2 年 3 年 3 年 3 年 3 年 3	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 0361.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ 0250.00
All Other Contributions (Part B)	\$ 1180.00
Total for the reporting period (2)	\$ 1791.00
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 1000.00
All Other Contributions (Part D)	\$ 6500.00
Total for the reporting period (3)	\$ 7500.00
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)	\$ 0

### 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 Identificatio	ii Number					
						Amount
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$	250.00
Committee	Mike Sch	lossberg		03/06/2021		250.00
House #	Street Address	1, 49		Date [MM/DD/YYYY]	\$	
	P	.O. Box 1537				
City Alientov	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$	
· · Alientov	vn	PA	18105			
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$	
Committee						
House #	Street Address	~		Date [MM/DD/YYYY]	\$	
City	Awi de cerro Accesta de	State	Zip Code	Date [MM/DD/YYYY]	\$	
,						
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$	
Committee	(20. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15					
House #	Street Address			Date [MM/DD/YYYY]	\$	
nouse "						
		State	Zip Code	Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date fraust ppt 11111		
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$	-
Committee				***************************************		
House #	Street Address		<u> </u>	Date [MM/DD/YYYY]	\$	
,						
City	Bushherrals to	State	Zip Code	Date [MM/DD/YYYY]	\$	
				A APARTA OF WAR DESTRUCTION		
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$	
Committee						
House #	Savora Addus-			Date [MM/DD/YYYY]	\$	
House #	Street Address				1	
		1 Curto	7 Codo	Date [MM/DD/YYYY]	\$	
City	•	State	Zip Code	Date (MIM/DD/1111)	'	
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$	
Committee						Authorite in the last of the l
House #	Street Address		- Lucy	Date [MM/DD/YYYY]	\$	
* .						
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
,						
			[資本等項] 名計			

### 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:

art and a second								
	,						energy and and the ex-	
Full Name of Contributor		2.00.00				Date [MM/DD/YYYY]	\$	
	Juan Dupini					03/08/2021		250.00
House # St	reet Address					Date [MM/DD/YYYY]	\$	
	РО	Box 405	1					:
City Allentown		State	PA	Zip Code	1810	Date [MM/DD/YYYY]	\$	
						Data Indea (DD (VOO))	1	
Full Name of Contributor	1.					Date [MM/DD/YYYY]	\$	150.00
V	Carmen Roman					03/08/21	. :	100.00
House # St	reet Address					Date [MM/DD/YYYY]	\$	
	Box	131						
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Catasaugua			PA					
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
	Jose Rosadoi					03/08/21	7 -	100.00
House #   S+	reet Address					Date [MM/DD/YYYY]	\$	
918		gen Stre	et					
City,		State		Zip Code		Date [MM/DD/YYYY]	\$	
Fountain Hill			PA		18015			
Full Name of Contributor				Paragraphic and the Control of the C		Date [MM/DD/YYYY]	\$	·
	Kelvin Qreqouo					03/08/21		\$080.00
House # St	reet Address					Date [MM/DD/YYYY]	\$	
	• :							
City		State		Zip Code	1	Date [MM/DD/YYYY]	\$	
Allentown			PA				] .	
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
	Daniel Bosket					04/081/21		\$200.00
House # St	reet Address					Date [MM/DD/YYYY]	\$	
	1	Box 131	4					
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Allentown		1	PA					
Full Name of Contributor		angginteritma				Date [MM/DD/YYYY]	\$	
	Daniel Rodrigue	ez.				04/13/21		150.00
House # St	reet Address					Date [MM/DD/YYYY]	\$	
City Philadelphia		State	PA	Zip Code		Date [MM/DD/YYYY]	\$	
Finiadelphia			' ^		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.)

Filor Idontific	ation Number:	and the Section of th					
riier identiiic	ation Number:					•	
Constant page Common page						enije rojuju	
Full Name o	f Contributor				Date [MM/DD/YYYY]	\$	
	Ghassan Elia	s & Sarah Flisa	3		04/23/21	'	150.00
House #	Street Address	**************************************			Date [MM/DD/YYYY]	\$	
5		icky Ridge Trai	i				
<b>City</b> Oref	ield	State PA	Zip Code	18069	Date [MM/DD/YYYY]	\$	
Full Name	f Contributor						
ruii iyame o		hono	Date [MM/DD/YYYY]	\$	400.00		
	Domingo Pac	neco	04/21/21		100.00		
House #	Street Address		Date [MM/DD/YYYY]	\$			
	'46 s	4th Street			ļ	1	
City Allen	town	State PA	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of	Contributor				Date [MM/DD/YYYY]		
Turredine of	Contributor				Date [IVIIVI/DD/ YYYY]	\$	
House #	Street Address		•		Date [MM/DD/YYYY]	\$	<del></del>
				······································			
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of	Contributor			<del>Anna Carte de Maralesa</del>	Date [MM/DD/YYYY]	\$	
•							
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
	•			.	100000000000000000000000000000000000000		
Full Name of	Contributor		ATTICONO PARENTA DE TOMO DE COMO DE CO		Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
						30	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of	Contributor	a kananin ilmiista piinik kun ilmiin kananin kananin kananin kananin kananin kananin kananin kananin kananin k		rekonstruera un resonante establista de la reconstruera de la reconstruera de la reconstruera de la reconstruer	Date [MM/DD/YYYY]	\$	
House #	Street Address		<del> </del>		Date [MM/DD/YYYY]	\$	
3							
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Market I	,	I W I					

### 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.

				THE PERSON NAMED IN CO.				1 67 59 58 50	
Filer Ide	ntification Numbe	er:							
Similar Southern Street County				wasan masan zamesi ya sesa		######################################			
Full Nar	me of						Date [MM/DD/YYYY]	\$	
	uting Committe	e Peter Schweye	er						500.00
House f	# [	Street Address					Date [MM/DD/YYYY]	\$	· · · · · · · · · · · · · · · · · · ·
	1501	Le	high Stre	et, Sulte 2	06				
City	Allentown		State	PA	Zip Code	18103	Date [MM/DD/YYYY]	\$	
35		Charles and the second							
Full Nar							Date [MM/DD/YYYY]	\$	
	uting Committe	Mayor				500.00			
House #	1 17	Street Address					Date [MM/DD/YYYY]	\$	
	1425	Lin	den Stree	et					
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
	Allentown			PA		18102	7		
Full Nan	ne of						Date [MM/DD/YYYY]	\$	
Contribu	uting Committee	<u> </u>						1	
3									
House #	` .   <b>S</b>	Street Address					Date [MM/DD/YYYY]	\$	
				· · -		59			• • • • • • • • • • • • • • • • • • • •
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
97 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		•						] : '	
Full Nan				A COMPANY OF STREET, S			Date [MM/DD/YYYY]	\$	
Contribu	uting Committee	9						]	
House #	ls	treet Address					Date [MM/DD/YYYY]	\$	
		ti cet Address					acce [tritty aby 1111]	•	
			<del></del>	······································	<del>,</del>			ļ	
City	•		State		Zip Code		Date [MM/DD/YYYY]	\$	,
Full Nam	ne of		<u> </u>			<u> </u>	Date [MM/DD/YYYY]	\$	
W	iting Committee						Date [IMIM/DD/1111]	<b>,</b>	
House #	S	treet Address		<del>,</del>			Date [MM/DD/YYYY]	\$	
	.								
City	<del>-1</del>	· · · · · · · · · · · · · · · · · · ·	State		Zip Code		Date [MM/DD/YYYY]	\$	
									•
Full Nam	ne of		20775.1200		-		Date [MM/DD/YYYY]	\$	
	iting Committee								
House #	[s	treet Address					Date [MM/DD/YYYY]	\$	· <u> </u>
City		1	State		Zip Code	T	Date [MM/DD/YYYY]	\$	·
			11.				to and		

### 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:									
			MINISTER MODELLA MODEL						
Full Name of Contri	butor		***************************************			Date [MM/D	D/YYYY]	\$	
	Hasshan 8	3atts				03/00	6/21		500.00
House #	Street Address	<u> </u>				Date [MM/D	D/YYYY]	\$	
2954		Hurron St							
City Allentown		State	PA	Zip Code		Date [MM/D	D/YYYY]	\$	
Employer Name	······································		<u></u>	<u> </u>	<u> </u>	Occupation			
Employer Name		Promise Neig	ghborhood			Occupation			
Employer Mailing Address / 1101 Hamilton St Allentown PA 18101				1		**************************************			
Principal Place of B	ısiness	1101 Hamilto	on Stallent	OWN PA 1610	l			V 20 - 01 - 0	
Full Name of Contri	outor	<u> </u>				Date [MM/D	D/YYYY]	\$	
Jeressky Martinez					03/08	5/21		500.00	
House #						Date [MM/D	D/YYYY]	\$	
1105		N 19th Street							
City		State	<u> </u>	Zip Code	T	Date [MM/D	D/YYYY]	\$	
Allentown			PA		18104		<del></del>		
Employer Name						Occupation	11.7		
Employer Mailing Address /									
Principal Place of B	erapeter processors and the rest of the second						and the second	\$	
Full Name of Contri	outor					Date [MM/D	Date [MM/DD/YYYY]		
	Juan Vele	x				03/16			300.00
House #	Street Address					Date [MM/D	Date [MM/DD/YYYY] \$		
105		E Walnut Stre	eet						
City		State	}	Zip Code	1	Date [MM/D	D/YYYY]	\$	
Allentown			PA					1	
Employer Name				J	1.	Occupation			, <u>,, , , , , , , , , , , , , , , , , , </u>
Employer Mailing A									
Principal Place of B Full Name of Contri	CONTRACTOR OF THE PROPERTY OF					Date [MM/D	D/YYYY1	\$	
Full Name of Contri								┦ *	1000.00
Ramon Evangelista					03/22		<u> </u>		
House #	Street Address						D/YYYY]	\$	. ——
247		N 8th Street							
City		State		Zip Code	T	Date [MM/D	D/YYYY]	\$	
Allentown			PA			1		]	
Employer Name		1	<u> </u>	<u></u>	<u></u>	Occupation		1	J.
		Grocery Stor	e 				owner		
Employer Mailing Address / 247 N. 9th Street Alleptown BA									

247 N 8th Street Allentown PA

Principal Place of Business

### PART D

Filer Identification Number:

### **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)

· ·										
Full Na	me of Contrib	utor					Date [MM/D	D/YYYY]	\$	
		Omar Car	rrasquilla				03/2	6/21		300.00
House	#   127	Street Address				1	Date [MM/D	D/YYYY]	\$	
	. 127		W 4th Stree	t			1000			
City	Bethlehem		State	PA	Zip Code	18015	Date [MM/D	D/YYYY]	\$	
Employ	er Name	•	<del>T</del>		L	-1	Occupation	]		<u> </u>
	er Mailing Add							1		
Full Nar	ne of Contribu	itor	and market enter the second enter	**************************************	and the Control of th		Date [MM/D	D/YYYY]	\$	
		Glennis C	lark				03/26	3/21		300.00
House #	1101	Street Address	W Hamilton	St			Date [MM/D	D/YYYY]	\$	
City	Allentown		State	PA	Zip Code		Date [MM/D	D/YYYY]	\$	
Employer Name Glennis Clark					Occupation	Lawyer		<u> </u>		
	er Mailing Ado Il Place of Busi		1101 W Hm	ilton St Al	ientown PA				-	
Full Nan	ne of Contribu						Date [MM/D	D/YYYY]	\$	
		George G	aureaux-Cario	dad			03/28	5/21		1000.00
House #		Street Address	]				Date [MM/D	Date [MM/DD/YYYY]		
	1749		W Highland	Street						
City	Allentown		State	PA	Zip Code	18104	Date [MM/D	D/YYYY]	\$	
Employ(	er Name						Occupation		<u> </u>	
	er Mailing Add			_,		1 1				***
Full Nan	ne of Contribu	tor	<u>-1</u>				Date [MM/D	D/YYYY]	\$	
		Patricia					04/01	/21		500.00
House #		Street Address	l		<u> </u>		Date [MM/D	D/YYYY]	\$	
	417		N 10th Stree	et						
City	Allentown		State	PA	Zip Code		Date [MM/D	D/YYYY]	\$	
Employe	er Name	+ 1 s	<u> </u>		1	1	Occupation			
	er Mailing Add I Place of Busi									

## 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 laen	ntification Numb	ier:			•					· ·
Full Nan	ne of Contribut									
ruii ivan	16 of Contribut	Milguin Pe	orta				Date [MM/I	ניציצי/סכ	\$	600.00
								01/21		000.50
House #	42	Street Address					Date [MM/I	DD/YYYY]	\$	
	44		N 8th Street							
City	Allentown		State	PA	Zip Code		Date [MM/I	DD/YYYY]	\$	
Employe	r Name			<u> </u>			Occupation	T		
	er Mailing Addr I Place of Busin									
Conference State Conference	ne of Contribut	80-78 p. 2-7 p. 10-10-10-10-10-10-10-10-10-10-10-10-10-1			· · · · · · · · · · · · · · · · · · ·		Date [MM/D	D/YYYY]	\$	
		Francisco	& Jacqueline I	Fernande	Z		04/0			1500.00
House #	1 1	Street Address			<del></del>		Date [MM/D	D/YYYY]	\$	-
	233		Hamilton Stre	eet					]	
City	Allentown		State	PA	Zip Code		Date [MM/D	D/YYYY]	\$	
		TT0-T-1-1-		Jra	-			<del></del>		
Employer Name Saradonga Bistro					Occupation	Owners				
	er Mailing Addr I Place of Busin		233 Hamilton	n Street #	Allentown PA			<del></del>		
MISSESSMENT TO THE PROPERTY.	e of Contribute	000 T 100 T		im sources moved there			Date [MM/D	ΙΥΥΥΥΝΙ	\$	
						I			7	
House #	[	Street Address				h	Date [MM/D	D/YYYY]	\$	
						ļ			1	
City			State		Zip Code		Date [MM/D	D/YYYY]	\$	
	_					ļ		·	1	
Employer	Name			<b>L</b>		-	Occupation			
	r Mailing Addre Place of Busine					1				
Contant and a very superior	e of Contributo		1	X 1 X			Date [MM/D	D/YYYY]	\$	
(1000) (1000) (2000)						ļ		9,,,,,	1	
House #		Street Address				-	Date [MM/D	D/YYYY]	\$	
	í l								1	
City	<u> </u>	1	State		Zip Code		Date [MM/DI	D/YYYY]	\$	
Employer	Name						Occupation			
	r Mailing Addre Place of Busine							<u> </u>		

### 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:			
Boning and the second of the s				
Full Name			egenerate entre menorate produce produce and a second control of the control of t	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$ 0
			Code	
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY]
Receipt Description		, ,	. 1	
Full Name			ten and the state of the state	
House #	Street Address			***************************************
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	0
Receipt Description			\	A
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	0
Receipt Description				
Full Name			ANNO REPORT OF THE PROPERTY OF	and the state of the
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
			Code	0
Receipt Description				
Full Name				
Table 1	Street Address			,
City		State	Zip Code	Date [MM/DD/YYYY] \$ 0
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 \$5	റ നേദ്ദ	DRIFES PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$	0
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50:01 TO \$250.	.00 (F	ROM PART F)
TOTAL for the reporting period (2)	\$	0
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	l ∕i PAR	T.G)
TOTAL for the reporting period (3)	\$	0
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)		0

## SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

		VALUE O1 930.01 10	7.00		
Filer Identification Number:			usta a tint de Aparil de Literana dilla si y des a (apar, m. limit la pint de mili y pp ajaby y pp piny y des (aparil me principalment		
Full Name of Contributor			Date [MM/DD/YYYY]	\$	0
House # Street Address			Date [MM/DD/YYYY]	\$	0
City	State	Zip Code	Date [MM/DD/YYYY]	\$	0
Description of Contribution					
Full Name of Contributor			Date [MM/DD/YYYY]	\$	0
House # Street Address			Date [MM/DD/YYYY]	⊣	0
City	State	Zip Code	Date [MM/DD/YYYY]	\$	0
Description of Contribution					
Full Name of Contributor	water the second of the second		Date [MM/DD/YYYY]	\$	0
House # Street Address	***************************************		Date [MM/DD/YYYY]	\$	0
	State	Zip Code	Date [MM/DD/YYYY]	\$	0 .
Description of Contribution					
Full Name of Contributor			Date [MM/DD/YYYY]	\$	0
House # Street Address			Date [MM/DD/YYYY]	\$	0
City	State	Zip Code	Date [MM/DD/YYYY]	\$	0
Description of Contribution					
Full Name of Contributor			Date [MM/DD/YYYY]	\$	0
House # Street Address			Date [MM/DD/YYYY]	\$	0
City	State	Zip Code	Date [MM/DD/YYYY]	\$	0
Description of Contribution			l	اـــــا	

### SCHEDULE II

### Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification I	Number:				
		***************************************			
Full Name of Con	tributor	#1551 Maria Pro-	The state of the s	Date [MM/DD/YYYY]	\$
					0
House #	Street Address			Date [MM/DD/YYYY]	\$
				}	0
City		State	Zip Code	Date [MM/DD/YYYY]	\$ 0
Employer Name				Occupation	
	Address / Principal			Description	
Place of Business				of Contribution	
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$
					0
House #	Street Address	- And the advantage of the second		Date [MM/DD/YYYY]	\$
					0
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					0
Employer Name		1		Occupation	
	Address / Principal			Description	
Place of Business			<del></del>	of	· :
Full Name of Cont		para merina anarak menangkan		Contribution	
Full Name of Cont	ributor			Date [MM/DD/YYYY]	·\$ 0
			No.	- State (pp hoop)	
House #	Street Address			Date [MM/DD/YYYY]	\$ 0
City	·	State	Zip Code	Date [MM/DD/YYYY]	\$
					0
Employer Name		- Livering		Occupation	
Employer Mailing	Address / Principal	-		Description	
Place of Business	Address / Frincipal			of	
				Contribution	
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$
					0
House #	Street Address			Date [MM/DD/YYYY]	\$
					0
City		State	Zip Code	Date [MM/DD/YYYY]	\$ 0
					U
Employer Name				Occupation	
	Address / Principal			Description	
Place of Business		·		of Contribution	

# schedule III Statement of Expenditures

Filer Identification Number:	
Wild Allerian Allerian	

To VV	hom Paid					·	Date [MM/DD/YYYY]	\$	
	Saradonga Bistor & Lounge			03/08/21		372.00			
Hous	e # 233	Street Address Hamilton Street				Description of Expend	iture	•	
City	Allentown		State	PA	Zip Code	18101	Campaign Kickoff Event		
To W	nom Paid	LV Print Center			Control of the second		Date [MM/DD/YYYY]	\$	
		LV FIIII Center					03/19/21		169.60
House	1701	Street Address	Union Blvd				Description of Expendi	ture	
City	Allentown		State	PA	Zip Code	18109	Marketing Expenses		
To WI	nom Paid	LV Print Contac					Date [MM/DD/YYYY]	\$	1400.26
		LV Print Center					04/01/21	<u> </u>	1408.26
House	1701	Street Address	Union Blvd				Description of Expendit	ure	
City	Allentown		State	PA	Zip Code	18109	Marketing Expenses		
To W	nom Paid						Date [MM/DD/YYYY]	\$	
		LV Print Center					04/07/21		916.86
House	1701	Street Address	Union Blvd				Description of Expenditure		
City	Allentown		State	PA	Zip Code	18109	Marketing Expenses		
To Whom Paid				Date [MM/DD/YYYY]	\$	100.40			
LV Print Center				04/28/21		432.48			
House	1701	Street Address	Union Blvd				Description of Expendit	ure	
City	Allentown		State	PA	Zip Code	18109	Marketing Expenses		
To Wh	om Paid	The Orz Ark Fou	ndaon				Date [MM/DD/YYYY]	\$	50.00
<u> </u>							04/01/21		50.00
House	119	Street Address	N Ninth Stre	et			Description of Expendit	ure	
City,	Allentown	1	State	PA	Zîp Code	18102	Donation for Event		
To Wh	om Paid	Geraldo Murrias		<del></del>			Date [MM/DD/YYYY]	\$	70.00
			_		·		04/22/21		70.00
House	#	Street Address					Description of Expendit	ure	
City	Allentown		State	PA	Zip Code		Marketing Expenses		
year and	om Paid	TJP Strategies, L	1.0				Date [MM/DD/YYYY]	\$	050000
• • • • • • • • • • • • • • • • • • •		TUP Strategies, L	LC				04/28/21		2588.96
House	House # 3216 Street Address Gillham Plaza, Suite 230			Description of Expendit	ure				
City	Kansas City		State	МО	Zip Code	64109	Marketing Expenses		

### 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.

Name of Creditor	·			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
		State	Zip Code	0
Description of De		Ментентин как от при на пр	strand tok cosa da y tambility de anno arces, as de and de ances de anno de anno de anno de anno de anno de an	
House #			DATE DEBT INCURRED	Outstanding Balance of Debt
House #	Street Address		[MM/DD/YYYY]	.   3
City		State	Zip Code	0
Description of De				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address	-	DATE DEBT INCURRED [MM/DD/YYYY]	\$
Cîty		State	Zip Code	0
Description of Del	bt			Alice server resources and the server and
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	0
Description of Del	bt			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address	···	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	0
Description of Deb	ot of			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	0
Description of Deb	ot :	<u> </u>	1 5555	L

#### PENNSYLVANIA CAMPAIGN FINANCE REPORT

This Report must be typed or printed legibly in blue or black ink.

#### INSTRUCTIONS

This form is intended for the use of candidates, political committees and contributing lobbyists who are required to disclose contributions and expenditures. Candidates must file separate reports when they make expenditures or receive contributions on their own behalf and separate from their campaign committee. A candidate's report discloses contributions received and expenditures made individually by the candidate. A contributing lobbyist's report discloses only expenditures the lobbyist personally made to influence the outgome of a candidate's election.

Candidates and their authorized political committees file reports in the office where their nomination documents are filed. If the candidate's reports are filed with the Secretary of the Commonwealth, a copy of the reports filed by the candidate and the authorized committee must be filed with the County Board of Elections in the county in which the candidate resides.

#### REPORT COVER PAGE

The Report Cover Page identifies the filer, the type of report and what reporting period is covered. It also summarizes the detailed contribution and expenditure sections from the body of the report.

Filer Identification Number - This number is assigned by the Bureau of Commissions, Elections and Legislation to candidates and committees who register and file with the Secretary of the Commonwealth. A candidate's filer identification number is assigned by the Bureau when the candidate files nomination politions. A political committee or lobbyist filer identification number is assigned when the committee or lobbyist files registration documents in the Bureau.

Report Filed By - Please indicate which type of filer you are by checking the appropriate box on the cover page.

Name of Filing Committee, Candidate or Lobbyist, Street Address, City, State, Zip Code - Please enter appropriate name and address.

Type of Report - Please place an "X" by the applicable report type.

Amendment Report - Check "Yes" only if the report is being filed to correct, add to, or in some way change a report that has already been filed.

Termination Report - Check "Yes" only if the filer has no cash balance, no unpaid debts or obligations, and wishes to cease operation. Contributing lobbyists may file a termination report if they do not anticipate making further contributions to influence the outcome of a candidate's election.

Filing Method - Indicate whether the complete report is filed on paper, or if the report is filed by diskette accompanied by the signed and notarized cover sheet.

Name of Office Sought - If filed by a candidate or candidate's committee, indicate office sought.

Date of Election - If this is a pre- or post-primary/election report, indicate the date of the primary or election.

District Number - If filed by a candidate or candidate's committee, indicate district in which candidate is seeking office.

Office Code, Party Code and County Code - If filed by candidate or candidate's committee, refer to code charts at the back of this report form. Enter the corresponding code letters for the office sought and the political party of the candidate; enter the corresponding code number for the county of residence of the candidate. Candidates for local offices who file only with the County Board of Elections should enter Office Code OTH for Other Offices.

Summary of Receipts and Expanditures - Enter the appropriate dates of the reporting period covered,

Amount Brought Forward From Last Report (Item A) - The balance, if any, as of the first day of the reporting period. For committees, it is the amount reported as the ending cash balance on the previous report filed, if any.

Items B through G - See detailed instructions on each corresponding schedule.

Affidavit Section - Must be sworn to by the filer acknowledging the accuracy of the report (Part I). On reports filed by a candidate's authorized committee, the candidate must sign an additional affidavit (Part II).

Page Number - Calculate the total number of pages in the completed report and indicate on top of cover page. Subsequent pages should be numbered consecutively.

Reports Filed on Diskette: The cover page must accompany all filings, including diskette filings. Diskette filings must also meet the technical specifications of the Department. These specifications are available at www.dos.state.pa.us or by contacting the Bureau.

#### SCHEDULE I

#### CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page - provides a summary of all monetary contributions and receipts during the reporting period.

Item 1: Unitemized Contributions and Receipts represents the total amount of contributions and receipts of \$50.00 or less in the aggregate per contributor received during the reporting period. Items 2, 3 and 4: Enter the total for each section from the corresponding schedules in the report (Part A, Part B, Part C, Part D and Part E).

Enter the total from Schedule I on the Report Cover Page, Item B.

Definition of Contribution: Any payment, gift, subscription, assessment, contract, payment for services, dues, loan, forbearance, advance or deposit of money or any valuable thing, to a candidate or political committee made for the purpose of influencing any election in this Commonwealth or for paying debts incurred by or for a candidate or committee before or after any election. "Contribution" shall also include the purchase of tickets for events such as dinners, luncheons, rallies and other fund-raising events; the granting of discounts or rebates by television and radio stations and newspapers not extended on an equal basis to all candidates for the same office; and any payments provided for the benefit of any candidate, including any payments for the services of any person serving as an agent of a candidate or committee by a person other than the candidate or committee or a person whose expenditures the candidate or committee must report under the act. The word "contribution" includes any receipt or use of anything of value received by a political committee from another political committee and also includes any return on investments by a political committee. [See 25 P.S. §3241)

#### Instructions for Reporting Contributions

The aggregate total of contributions from an individual contributor within a reporting period determines which part of the report form should be used to disclose a contribution or receipt. The form is designed to list the dates and amounts of as many as three separate contributions from the same source in one line item.

Contributions and receipts of \$50 or less, per contributor, during the reporting period, need not be itemized on the report. The total amount of all unitemized contributions should appear on Schedule I, Contributions and Receipts Detailed Summary Page, Line 1. A record must be kept of the receipt dates of contributions and the names and addresses of each person from whom a contribution of over \$10 has been received.

Contributions and receipts over \$50 to \$250 - report the name of the contributor, mailing address, amount and date received on Schedule I, Part A, "Contributions Received from Political Committees," or Part B "All Other Contributions."

Contributions and receipts over \$250 - report the name of the contributor, mailing address, occupation, employer's name and address, amount and date received on Schedule I, Part C, "Contributions Received from Political Committees," or Part D, "All Other Contributions."

Receipts - Use Part E, "Other Receipts" to report all other monetary receipts or income; e.g. refunds received, interest income, returned checks and prior expenditures that were returned to the filer during the reporting period.

Address - In all Parts, a complete address, including zip code, must be provided. Space is provided for the Zip Code Plus Four. The State block should be completed with the U.S. Postal Service's standard two-letter abbreviation, such as PA for Pennsylvania.

Date - all date blocks in the report must be completed with eight digits. For instance, March 24, 2000 would appear as 03 24 2000.

Total - of each Part should be transferred to the appropriate section on the Schedule I, "Contributions and Receipts: Detailed Summary Page" (Page 2 of the report form).

Occupation and Employer - Part D, which fists individuals who have contributed over \$250, also requires the occupation and name and address of the employer of the contributor. Report the principal place of business of any contributor who is self-employed.

#### SCHEDULE II

### IN-KIND CONTRIBUTIONS RECEIVED

Detailed Summary Page - provides a summary of all in-kind contributions and valuable things received during the reporting period.

Item 1: Unitemized In-Kind Contributions Received represents the total value of in-kind contributions of \$50.00 or less, in the aggregate per contributor, received during the reporting period.

Items 2 and 3: Enter the total for each section from the corresponding schodules in the report (Part F and Part G).

Enter the page total on Page 1, Report Cover Page, Item F.

Part F and Part G - Use these Parts to itemize in-kind contributions from individuals or political committees according to the dollar value of the contribution. The form is designed to list the dates and amounts of as many as three separate in-kind contributions from the same source in one line item. The amount is equal to the current market value of the item or service contributed.

Totals of Parts F and G should be transferred to the appropriate section on the Schedule II Detailed Summary Page.

#### SCHEDULE III

#### **EXPENDITURES**

Definition of Expenditure: The payment, distribution, loan or advancement of money or any valuable thing by a candidate, political committee or other person for the purpose of influencing the outcome of an election; the payment, distribution, loan, advance or transfer of money or other valuable thing between or among political committees; the providing of a service or other valuable thing for the purpose of influencing the outcome of a nomination or election of any person to any public office to be voted for in this Commonwealth; or the payment or providing of money or other valuable thing by any person other than a candidate or political committee, to compensate any person for services rendered to a candidate or political committee. (See 25 P.S. §3241)

### Instructions for Reporting Expenditures

Pursuant to state law, the Statement of Expenditures requires the filer to report the purposes for which funds were expended, the name and address of the entity to whom the expenditure was made, and the amount and date of each expenditure.

Vouchers for all expenditures over \$25.00 must be retained by the candidate or committee treasurer and shall be available for public inspection or copying. Filers are not required to submit vouchers with reports; however, vouchers must be retained for a period of three years.

Transactions between a candidate and his/her committee should be recorded on both the candidate's and committee's reports. For example, if a candidate contributes to or loans the committee money, the amount should appear on the candidate's report as an expenditure and on the committee's report as a receipt. A loan must also be reported by the recipient on the Statement of Unpaid Debts (Schedule IV).

#### SCHEDULE IV

#### STATEMENT OF UNPAID DEBTS

All unpaid debts and obligations which are outstanding at the end of the reporting period must be reported. If a debt is incurred in one reporting period and not repaid, every report filed must continue to show the outstanding debt, even though there was no activity during the current reporting period.

A debt owed to an individual may be forgiven. A copy of the letter of forgiveness from the individual to the committee must accompany the report filed by the committee in the reporting period in which the debt was forgiven. A debt that is forgiven is considered a contribution to the committee. Such contributions from corporations or unincorporated associations are prohibited by the Election Code.

#### REPORT FILING DEADLINES

Sixth Tuesday Pre-Election - Reporting period closes 50 days prior to election day. Filed only by candidates for Statewide office and political committees/lobbyists supporting such candidates.

Second Friday Pre-Election - Reporting period closes 15 days prior to election day. Filed by all candidates for nomination or election and political committees/lobbyists supporting such candidates.

Thirty Day Post-Election - Reporting period closes 20 days after election day. File 30 days after election day. Filed by all candidates for nomination or election and political committees/lobbyists supporting such candidates.

Annual Report - Reporting period closes December 31. File by January 31 of the year following the reporting period. Filed by all candidates for nomination or election, political committees and contributing lobbyists.

Political committees required to file pre-election reports must also file post-election reports.

Postmarks - are acceptable as proof of timely filing where report is sent by first class mail and postmarked by the U.S. Postal Service no later than the day prior to the filing deadline.

Late filling fee - A late filling fee of \$10.00 for each day or part of the day (excluding Saturdays, Sundays and holidays) that the report is overdue, plus an additional fee of \$10.00 for the first six days that a report is overdue will be

#### County Code Table:

01	Adams	24	Elk
02	Allegheny	25	Erie
)3	Armstrong	26	Fayetto
04	Beaver	27	Franklin
05	Bedford	28	Forest
06	Berks ·	29	Fulton
07	Blair	30	Greene
80	Bradford	31	Huntingdon
	Bucks	32	Indiana
10	Butler	33	Jefferson
11	Cambria	34	Juniata
12	Cameron	35	Lackawanna
13	Carbon	36	Lancaster
14	.Centre	37	Lawrence
15	Chester	38	Lebanon
16	Clarion	39	Lehigh
17	Clearfield	4Q	Luzerne
18	Clinton	41	Lycoming
19	Columbia	42	McKean
20	Crawford	43	Mercer
21	Cumberland	44	Mifflin
22	Dauphin	45	Monroe
23	Delaware	46	Montgomery
	.e		

47	Montour
48	Northampton
49	Northumberland
50	Perry
51	Philadelphia
52	Pike
53	Potter
	Schuylkill
55	Snyder
56	Somerset
57	Sullivan
58	Susquehanna
59	Tioga
60	Union
61	Venango
62	Warren
63	Washington
64	Wayne
65	
66	Wyoming
67	York

#### REP Republican Party DEM Democratic Party CST Constitutional Party Libertarian Party LIB REF Reform Party OTH Other Office Code Table:

Party Code Table:

Governor
Lieutenant Governor
Attorney General
Auditor General
Stato Treasurer
Justice of the Supreme Court
Judge of the Superior Court
Judge of the Commonwealth Court
Senator in the General Assembly
Representative in the General
Assembly
Judge of the Court of Common Pleas
Judge of the Municipal Court
Judge of the Traffic Court
Other (Candidates for local offices
who file only with the County
Board of Elections)