

Commonwealth of Pennsylvania  
**CAMPAIGN FINANCE REPORT**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: <b>▶</b>		Report Filed By: <b>▶</b>		CANDIDATE <sup>1.</sup>	COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>	LOBBYIST <sup>3.</sup>
Name of Filing Committee, Candidate or Lobbyist: <b>Friends of G-G Gerlach</b>						
Street Address: <b>1925 Sunset Dr</b>						
City: <b>Whitehall</b>			State: <b>PA</b>	Zip Code: <b>1810 -</b>		
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY <sup>1.</sup>	2ND FRIDAY PRE-PRIMARY <sup>2.</sup>	30 DAY POST-PRIMARY <sup>3.</sup> <input checked="" type="checkbox"/>	AMENDMENT REPORT? YES	NO	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION <sup>4.</sup>	2ND FRIDAY PRE-ELECTION <sup>5.</sup>	30 DAY POST-ELECTION <sup>6.</sup>	TERMINATION REPORT? YES	NO	
	ANNUAL REPORT <sup>7.</sup>	YEAR: <b>2021</b>	FILING METHOD (CHECK ONE) <b>▶</b>	PAPER <input checked="" type="checkbox"/>	DISKETTE	

Name of Office Sought by Candidate: <b>Mayor of Allentown</b>			DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR	MO.	DAY	YEAR			<b>Dem</b>	
	<b>11</b>	<b>2</b>		<b>2</b>	<b>2021</b>				

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from: <b>▶</b>	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY	
	<b>5</b>	<b>4</b>	<b>2021</b>		<b>6</b>	<b>7</b>	<b>2021</b>	RECEIVED 2021 JUN 15 PM 2:32 ELECTION BOARD OF LEHIGH COUNTY	
A. Amount Brought Forward From Last Report	\$ <b>21,531.15</b>								
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ <b>17,978</b>								
C. Total Funds Available (Sum of Lines A and B)	\$ <b>39,509.15</b>								
D. Total Expenditures (From Schedule III)	\$ <b>30,856.37</b>								
E. Ending Cash Balance (Subtract Line D from Line C)	\$ <b>8,652.78</b>								
F. Value of In-Kind Contributions Received (From Schedule II)	\$ <b>0</b>								
G. Unpaid Debts and Obligations (From Schedule IV)	\$ <b>0</b>								

**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 or computer diskette, are to the best of my knowledge and belief correct and complete.

Sworn to and subscribed before me this 10 day of June 20 21

Sohil P Ghodasara  
Signature

My commission expires 07/18/2021  
MO. DAY YR.

[Signature]  
Signature of Person Submitting Report

Shelley P Anderson  
Printed Name

484 553 4494  
Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal  
 Notary Public  
 Sohil P. Ghodasara, Notary Public  
 Lehigh County  
 My Commission Expires July 18, 2021  
 My Commission Number 1317200

**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, (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this 10 day of June 20 21

Sohil P Ghodasara  
Signature

My commission expires 07/18/2021  
MO. DAY YR.

[Signature]  
Signature of Candidate

Cecilia Gerlach  
Printed Name

484 597 0354  
Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal  
 Notary Public  
 Sohil P. Ghodasara, Notary Public  
 Lehigh County  
 My Commission Expires July 18, 2021  
 My Commission Number 317200

**CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate <b>Friends of G-Ce Gerlach</b>	Reporting Period From <b>5/4/21</b> To <b>6/7/21</b>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
<b>TOTAL for the Reporting Period</b>	(1) \$ <b>778</b>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ <b>0</b>
All Other Contributions (Part B)	\$ <b>100</b>
<b>TOTAL for the Reporting Period</b>	(2) \$ <b>100</b>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ <b>12,100</b>
All Other Contributions (Part D)	\$ <b>5,000</b>
<b>TOTAL for the Reporting Period</b>	(3) \$ <b>17,100</b>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
<b>TOTAL for the Reporting Period</b>	(4) \$ <b>0</b>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ <b>17,978</b>
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PART B  
**ALL OTHER CONTRIBUTIONS**  
 \$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.  
 (Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate <b>Friends of G-G Gerlach</b>	Reporting Period From <b>5/1/21</b> To <b>4/30/21</b>
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Full Name of Contributor	MO.	DAY	YEAR	AMOUNT
<b>Sylvia Earnser</b>	<b>5</b>	<b>2</b>	<b>21</b>	\$ <b>100</b>
Mailing Address <b>7378 Camp Meeting Rd</b>				\$
City <b>New Tripoli</b> State <b>PA</b> Zip Code (Plus 4) <b>18066</b>				\$
Full Name of Contributor				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL  
**\$ 100**

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.

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
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				DATE			AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$

PAGE TOTAL
\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**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.

Name of Filing Committee or Candidate <u>Friends of G-6 Gellach</u>	Reporting Period From <u>5/4/21</u> To <u>6/7/21</u>
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	DATE			AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
<u>The Collective PAC</u>	<u>5</u>	<u>12</u>	<u>21</u>	<u>\$ 5,000</u>
Mailing Address	MO.	DAY	YEAR	\$
<u>2101 L St NW Ste 800</u>				
City	MO.	DAY	YEAR	\$
<u>Washington DC 20037-</u>				
<u>Teachers PAC</u>	<u>5</u>	<u>8</u>	<u>21</u>	<u>\$ 1,500</u>
Mailing Address	MO.	DAY	YEAR	\$
<u>3614 Lehigh St</u>				
City	MO.	DAY	YEAR	\$
<u>Whitehall PA 18052 -</u>				
<u>SEIU Healthcare PAC</u>	<u>5</u>	<u>13</u>	<u>21</u>	<u>\$ 1,000</u>
Mailing Address	MO.	DAY	YEAR	\$
<u>1500 N. 2nd St</u>				
City	MO.	DAY	YEAR	\$
<u>Harrisburg PA 17102 -</u>				
<u>Grassroots Law PAC</u>	<u>5</u>	<u>12</u>	<u>21</u>	<u>\$ 2,500</u>
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
<u>Way to Lead PAC</u>	<u>6</u>	<u>2</u>	<u>21</u>	<u>\$ 1,500</u>
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
<u>PA Joint Board PAC</u>	<u>5</u>	<u>4</u>	<u>21</u>	<u>\$ 600</u>
Mailing Address	MO.	DAY	YEAR	\$
<u>5050 W. Tilghman St</u>				
City	MO.	DAY	YEAR	\$
<u>Allentown PA 18104-</u>				
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$

PAGE TOTAL  
**\$ 12,100**

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PART D  
ALL OTHER CONTRIBUTIONS**

**OVER \$250.00**

Use this Part to itemize all other contributions with an aggregate value of  
over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate <b>Friends of Co-Co Gilach</b>	Reporting Period From <b>5/4/21</b> To <b>6/7/21</b>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Anthony DeFioro</b>	5	6	21	\$ 5000
Mailing Address <b>2352 W. Fairview ST</b>	MO.	DAY	YEAR	\$
City <b>Allentown</b> State <b>PA</b> Zip Code (Plus 4) <b>18104 -</b>	MO.	DAY	YEAR	\$
Employer Name <b>retired</b>	Occupation <b>retired</b>			
Employer Mailing Address/Principal Place of Business <b>retired</b>				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.	PAGE TOTAL \$ <b>51000</b>
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**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

Name of Filing Committee or Candidate	Reporting Period
Friends of G-6 Gentlach	From <u>5/1/01</u> To <u>6/7/01</u>

<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$ <u>0</u>

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>	
TOTAL for the Reporting Period	(2) \$ <u>0</u>

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>	
TOTAL for the Reporting Period	(3) \$ <u>0</u>

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <u>0</u>
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**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.

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							

**PAGE TOTAL**

**Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.**

\$



SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Friends of Gabe Gerlach</b>	Reporting Period From <b>5/4/21</b> To <b>6/7/21</b>
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To Whom Paid <b>Cathy Martinez</b>	MO: <b>5</b> DAY: <b>20</b> YEAR: <b>21</b>	Amount \$ <b>1572.16</b>
Mailing Address <b>1144 N. Allen St</b>	Description of Expenditure <b>campaign help</b>	
City <b>Allentown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18102 -</b>

To Whom Paid <b>Google</b>	MO: <b>5</b> DAY: <b>19</b> YEAR: <b>21</b>	Amount \$ <b>500</b>
Mailing Address <b>1600 Amphitheatre Pkwy</b>	Description of Expenditure <b>ads</b>	
City <b>Mountain View</b>	State <b>CA</b>	Zip Code (Plus 4) <b>94043</b>

To Whom Paid <b>Google</b>	MO: <b>5</b> DAY: <b>19</b> YEAR: <b>21</b>	Amount \$ <b>28.70</b>
Mailing Address <b>1600 Amphitheatre Pkwy</b>	Description of Expenditure <b>ads</b>	
City <b>Mountain View</b>	State <b>CA</b>	Zip Code (Plus 4) <b>94043 -</b>

To Whom Paid <b>Tan Coyne</b>	MO: <b>5</b> DAY: <b>18</b> YEAR: <b>21</b>	Amount \$ <b>600</b>
Mailing Address <b>810 Kivemore way</b>	Description of Expenditure <b>campaign help</b>	
City <b>York</b>	State <b>PA</b>	Zip Code (Plus 4) <b>17402 -</b>

To Whom Paid <b>WPLS</b>	MO: <b>5</b> DAY: <b>14</b> YEAR: <b>21</b>	Amount \$ <b>58.30</b>
Mailing Address <b>365 S. Cedar Crest Blvd</b>	Description of Expenditure <b>stamps</b>	
City <b>Allentown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>-</b>

To Whom Paid <b>Allentown Brew Works</b>	MO: <b>5</b> DAY: <b>13</b> YEAR: <b>21</b>	Amount \$ <b>250</b>
Mailing Address <b>812 Hamilton St</b>	Description of Expenditure <b>election night party deposit</b>	
City <b>Allentown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18102 -</b>

To Whom Paid <b>Staples</b>	MO: <b>5</b> DAY: <b>13</b> YEAR: <b>21</b>	Amount \$ <b>50.87</b>
Mailing Address <b>3300 Lehigh St</b>	Description of Expenditure <b>ink</b>	
City <b>Allentown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18103 -</b>

To Whom Paid <b>Office Depot</b>	MO: <b>5</b> DAY: <b>12</b> YEAR: <b>21</b>	Amount \$ <b>38.16</b>
Mailing Address <b>480 S. Cedar Crest Blvd</b>	Description of Expenditure <b>paper</b>	
City <b>Allentown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18104</b>

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. PAGE TOTAL  
\$ **3,098.19**

PAGE \_\_\_\_\_ OF \_\_\_\_\_

## 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 Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL \$
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SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Friends of Co-Ce Gerlach	From 5/14/21 To 6/7/21

To Whom Paid	MO.	DAY	YEAR	Amount
Paypal	5	11	21	\$ 59.36
Mailing Address	Description of Expenditure			
2211 N. 1st St	fees			
City	State	Zip Code (Plus 4)		
San Jose	CA	95131 -		

To Whom Paid	MO.	DAY	YEAR	Amount
Debbie Stewart	5	10	21	\$ 198
Mailing Address	Description of Expenditure			
829 N. Main St	Stamp reimbursement			
City	State	Zip Code (Plus 4)		
Allentown	PA	18104 -		

To Whom Paid	MO.	DAY	YEAR	Amount
Facebook	5	10	21	\$ 400
Mailing Address	Description of Expenditure			
1 Hacker way	ads			
City	State	Zip Code (Plus 4)		
Mentor Park	CA	94025 -		

To Whom Paid	MO.	DAY	YEAR	Amount
LV Print	5	7	21	\$ 850.46
Mailing Address	Description of Expenditure			
1701 Union Blvd	wine & postcards			
City	State	Zip Code (Plus 4)		
Allentown	PA	18109 -		

To Whom Paid	MO.	DAY	YEAR	Amount
Act Blue	5	5	21	\$ 68.25
Mailing Address	Description of Expenditure			
PO Box 44114	fees			
City	State	Zip Code (Plus 4)		
Somerville	MA	02144 -		

To Whom Paid	MO.	DAY	YEAR	Amount
UPS	5	4	21	\$ 216
Mailing Address	Description of Expenditure			
365 Cedar Crest Blvd	Stamp			
City	State	Zip Code (Plus 4)		
Allentown	PA	18104 -		

To Whom Paid	MO.	DAY	YEAR	Amount
Allentown brewer	5	17	21	\$ 1944.90
Mailing Address	Description of Expenditure			
812 Hamilton St				
City	State	Zip Code (Plus 4)		
Allentown	PA	18104 -		

To Whom Paid	MO.	DAY	YEAR	Amount
Facebook	5	13	21	\$ 600
Mailing Address	Description of Expenditure			
1 Hacker way	ads			
City	State	Zip Code (Plus 4)		
Mentor Park	CA	94025 -		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL  
\$ 4,337.57



SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <u>Friends of G-G Gollach</u>	Reporting Period From <u>5/4/21</u> To <u>6/7/21</u>
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To Whom Paid	MO.	DAY	YEAR	Amount
<u>ACT Blue</u> PG Box Sawerville MA 02144 -	<u>6</u>	<u>3</u>	<u>21</u>	\$ <u>18.27</u>
<u>Google</u> 1600 Amphitheatre Pkwy Mountain View CA 94035 -	<u>6</u>	<u>1</u>	<u>21</u>	\$ <u>43.60</u>
<u>Facebook</u> 1 Hacker Way Menlo Park CA 94025 -	<u>5</u>	<u>31</u>	<u>21</u>	\$ <u>558.02</u>
<u>Stara Gutierrez</u> 7200 8th St Allentown PA 18102 -	<u>5</u>	<u>24</u>	<u>21</u>	\$ <u>2204.32</u>
<u>Jennifer Alpha</u> 2015 W. Fairview St Allentown PA 18104 -	<u>5</u>	<u>24</u>	<u>21</u>	\$ <u>21000</u>
<u>Debbie Stewart</u> 829 N Main St Allentown PA 18104 -	<u>5</u>	<u>24</u>	<u>21</u>	\$ <u>250</u>
<u>Grassroots Analytics</u> 645 Prospect Hill Rd Putland VT 05701	<u>5</u>	<u>21</u>	<u>21</u>	\$ <u>209</u>
<u>Working Family Community Lab</u>	<u>5</u>	<u>21</u>	<u>21</u>	\$ <u>734.43</u>

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL  
\$ 6,057.64

## 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 Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			

Description of Debt

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			

Description of Debt

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			

Description of Debt

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			

Description of Debt

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			

Description of Debt

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			

Description of Debt

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$
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SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>friends of Ce-Ce Genach</b>	Reporting Period From <b>5/14/21</b> To <b>6/17/21</b>
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To Whom Paid <b>Paid Canvassers 5/7/21-5/11/21</b>	MO: <b>5</b>	DAY: <b>13</b>	YEAR: <b>21</b>	Amount \$ <b>3,598.01</b>
Mailing Address		Description of Expenditure <b>door knocking</b>		
City	State	Zip Code (Plus 4)		

To Whom Paid <b>GoTV paid canvassers &amp; callers</b>	MO: <b>5</b>	DAY: <b>13</b>	YEAR: <b>21</b>	Amount \$ <b>4,556.71</b>
Mailing Address		Description of Expenditure <b>get out the vote door knocking calls</b>		
City	State	Zip Code (Plus 4)		

To Whom Paid <b>Election Day expenses</b>	MO: <b>5</b>	DAY: <b>18</b>	YEAR: <b>21</b>	Amount \$ <b>7,607.63</b>
Mailing Address		Description of Expenditure <b>polls, food, gas, canvassers, transportation, incidentals</b>		
City	State	Zip Code (Plus 4)		

To Whom Paid <b>Office Depot</b>	MO: <b>5</b>	DAY: <b>19</b>	YEAR: <b>21</b>	Amount \$ <b>1,600.62</b>
Mailing Address <b>480 S. Cedarcrest Blvd</b>		Description of Expenditure <b>election day &amp; GoTV materials</b>		
City <b>Allentown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18101</b>		

To Whom Paid	MO:	DAY:	YEAR:	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

To Whom Paid	MO:	DAY:	YEAR:	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

To Whom Paid	MO:	DAY:	YEAR:	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

To Whom Paid	MO:	DAY:	YEAR:	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL  
**\$ 17,362.97**

