

# CAMPAIGN FINANCE REPORT

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

<b>Filer Identification Number:</b>	<b>Report Filed By:</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 Santo Napoli</b>				
Street Address: <b>202 N. Broad Street</b>				
City: <b>Allentown</b>		State: <b>PA</b>	Zip Code: <b>18104-5348</b>	

<b>TYPE OF REPORT</b>  (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY <sup>1.</sup>	2ND FRIDAY PRE-PRIMARY <sup>2.</sup> <input checked="" type="checkbox"/>	30 DAY POST-PRIMARY <sup>3.</sup>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input 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 <input type="checkbox"/> NO <input type="checkbox"/>
	ANNUAL REPORT <sup>7.</sup>	YEAR	FILING METHOD ( ) CHECK ONE	PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>

Name of Office Sought by Candidate: <b>Allentown City Council</b>	<b>DATE OF ELECTION</b>			District Number	Office Code	Party Code	County Code
	MO.	DAY	YEAR				
	05	16	2023		OTH	DEM	39
(SEE INSTRUCTIONS FOR CODES)							

<b>Summary of Receipts and Expenditures from:</b>	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
	03	01	2023		05	01	2023	
A. Amount Brought Forward From Last Report	\$							N/A
B. Total Monetary Contributions and Receipts (From Schedule I)	\$							22,575.00
C. Total Funds Available (Sum of Lines A and B)	\$							22,575.00
D. Total Expenditures (From Schedule III)	\$							4,849.43
E. Ending Cash Balance (Subtract Line D from Line C)	\$							17,725.57
F. Value of In-Kind Contributions Received (From Schedule II)	\$							0
G. Unpaid Debts and Obligations (From Schedule IV)	\$							900.00

RECEIVED  
 2023 MAY -5 PM 3:55  
 ELECTION BOARD  
 OF LEHIGH COUNTY

**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 true, correct and complete.

Sworn to and subscribed before me this 5th day of May, 2023

*[Signature]*  
My commission expires 3/29/2025  
MO. DAY YR.

*[Signature]*  
Signature of Person Submitting Report  
**Jasmine Crounchury**  
Printed Name  
Area Code 610 Daytime Telephone Number 610-301-3338

*[Notary Seal]*  
Notary Public  
ANE L GORDIAN - Notary Public  
Lehigh County  
Commission Expires March 29, 2025  
Commission Number 1394734

**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 5th day of May, 2023

*[Signature]*  
My commission expires 3/29/2025  
MO. DAY YR.

*[Signature]*  
Signature of Candidate  
**Santo Napoli**  
Printed Name  
Area Code 484 Daytime Telephone Number 955-1194

*[Notary Seal]*  
Notary Public  
ANE L GORDIAN - Notary Public  
Lehigh County  
Commission Expires March 29, 2025  
Commission Number 1394734

**CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate <b>Friends of Santo Napoli</b>	Reporting Period From <b>03/01/2023</b> To <b>05/01/2023</b>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$ <b>25.00</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>1,750.00</b>
TOTAL for the Reporting Period	(2) \$ <b>1,750.00</b>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ <b>20,500.00</b>
All Other Contributions (Part D)	\$ <b>300.00</b>
TOTAL for the Reporting Period	(3) \$ <b>20,800.00</b>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
TOTAL for the Reporting Period	(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>22,575.00</b>
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PART A

3 13

**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 <b>Friends of Santo Napoli</b>	Reporting Period From <b>03/01/2023</b> To <b>05/01/2023</b>
---	---

	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	\$
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	\$

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

PAGE TOTAL	0
\$	

**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 Santo Napoli</b>	Reporting Period From <b>03/01/2023</b> To <b>05/01/2023</b>
---	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Karen Tverk 53 Stonehenge Morehead KY 40351-	04	07	2023	\$ 100.00
Jasmine Chowdhury 202 N. Broad St. Allentown PA 18104-	04	07	2023	\$ 50.00
Ben Long 1829 Hemming way Orefield PA 18069-	04	10	2023	\$ 100.00
Charles Thiel 22 S. 16th Street Allentown PA 18102-4402	04	11	2023	\$ 250.00
Jim Ferry 7672 Brandywine Circle Trenton PA 18087-	04	12	2023	\$ 250.00
Megan Patruno 3021 W. Turner Street Allentown PA 18104-	04	21	2023	\$ 100.00
Carl Schoenberg 532 N. Berks Street Allentown PA 18104-	04	22	2023	\$ 100.00
Charles Versaggi 338 N. 8th Street Allentown PA 18102-	04	23	2022	\$ 100.00

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

PAGE TOTAL <b>\$ 1,050.00</b>
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PART B  
**ALL OTHER CONTRIBUTIONS**

5 - 13

\$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 Santo Napoli</b>	Reporting Period From <b>03/01/2023</b> To <b>05/01/2023</b>
---	---

	DATE	AMOUNT
Full Name of Contributor	MO. DAY YEAR	
<b>Patricia Hudson</b>	04 24 2023	\$ 100.00
Mailing Address <b>2535 W. Allen Street</b>	MO. DAY YEAR	\$
City <b>Allentown</b> State <b>PA</b> Zip Code (Plus 4) <b>18104 -</b>	MO. DAY YEAR	\$
<b>Frank + Tama Tamarkin</b>	04 24 2023	\$ 100.00
Mailing Address <b>6107 Palomino Drive</b>	MO. DAY YEAR	\$
City <b>Allentown</b> State <b>PA</b> Zip Code (Plus 4) <b>18106 -</b>	MO. DAY YEAR	\$
<b>Alan Younkin</b>	05 01 2023	\$ 250.00
Mailing Address <b>1547 W. Turner Street</b>	MO. DAY YEAR	\$
City <b>Allentown</b> State <b>PA</b> Zip Code (Plus 4) <b>1802 -</b>	MO. DAY YEAR	\$
<b>Jeff Barber</b>	05 01 2023	\$ 250.00
Mailing Address <b>122 N. 5th Street Unit 2</b>	MO. DAY YEAR	\$
City <b>Allentown</b> State <b>PA</b> Zip Code (Plus 4) <b>18102 -</b>	MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City	MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City	MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City	MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City	MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City	MO. DAY YEAR	\$

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

PAGE TOTAL

\$ 700.00

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 <b>Friends of Santo Napoli</b>	Reporting Period From <b>03/01/2023</b> To <b>05/01/2023</b>
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	DATE			AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR	
<b>Allentown Firefighters IAFF Local #302</b>	04	06	2023	\$ 1,000.00
Mailing Address <b>723 W. Chew Street Suite 302</b>	MO.	DAY	YEAR	\$
City <b>Allentown</b> State <b>PA</b> Zip Code (Plus 4) <b>18102 -</b>	MO.	DAY	YEAR	\$
<b>FOP Queen City Lodge 10</b>	04	11	2023	\$ 9,500.00
Mailing Address <b>2101 Mack Blvd Unit 3</b>	MO.	DAY	YEAR	\$
City <b>Allentown</b> State <b>PA</b> Zip Code (Plus 4) <b>18103 -</b>	MO.	DAY	YEAR	\$
<b>Greater Lehigh Valley Realtors PAC</b>	04	19	2023	\$ 10,000.00
Mailing Address <b>10 South Commerce Way</b>	MO.	DAY	YEAR	\$
City <b>Bethlehem</b> State <b>PA</b> Zip Code (Plus 4) <b>18017 -</b>	MO.	DAY	YEAR	\$
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	\$
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	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$

**PAGE TOTAL**  
**\$ 20,500.00**

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

# 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 Santo Napoli</b>	Reporting Period From <b>03/01/2023</b> To <b>05/01/2023</b>
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				DATE			AMOUNT
Full Name of Contributor <b>Ed Hanna</b>				MO.	DAY	YEAR	\$ <b>300.00</b>
Mailing Address <b>404 2nd Street</b>				MO.	DAY	YEAR	
City <b>Whitehall</b>		State <b>PA</b>	Zip Code (Plus 4) <b>18052</b>	MO.	DAY	YEAR	\$
Employer Name <b>Union + Finch</b>				Occupation			
Employer Mailing Address/Principal Place of Business <b>1528 Union Street Allentown PA 18102</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							

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

PAGE TOTAL  
\$ **300.00**

**PART E  
OTHER RECEIPTS**

PAGE 8 OF 13

**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 <i>Friends of Santo Napol:</i>	Reporting Period From <u>03/01/2023</u> To <u>05/01/2023</u>
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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						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
		-				\$
Receipt Description						

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

PAGE TOTAL  
\$ 0



**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 <i>Friends of Santo Napoli</i>	Reporting Period From <i>03/01/2023</i> To <i>05/01/2023</i>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the Reporting Period	(1)	\$

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

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

<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.)	\$ <i>0</i>
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SCHEDULE II  
PART F

**IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>Friends of Santo Napoli</i>	Reporting Period From <i>03/01/2023</i> To <i>05/01/2023</i>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL \$ <span style="border: 1px solid black; border-radius: 50%; padding: 5px 15px; display: inline-block; width: 30px; height: 20px;"></span>
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**SCHEDULE II  
PART G  
IN-KIND CONTRIBUTIONS RECEIVED  
VALUE OVER \$250.00**

PAGE 11 OF 13

Name of Filing Committee or Candidate <b>Friends of Santa Napoli</b>	Reporting Period From <b>03/01/2023</b> To <b>05/01/2023</b>
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

<b>PAGE TOTAL</b>
\$ <span style="font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">0</span>

12-13

**SCHEDULE III  
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate <b>Friends of Santo Napoli</b>	Reporting Period From <b>03/01/2023</b> To <b>05/01/2023</b>
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To Whom Paid <b>Capitol Promotions</b>	MO. <b>03</b>	DAY <b>30</b>	YEAR <b>2023</b>	Amount \$ <b>609.50</b>
Mailing Address <b>PO Box 231</b>				
Description of Expenditure <b>Yard Signs</b>				
City <b>Glenside</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19038</b>		

To Whom Paid <b>LV Print Center</b>	MO. <b>03</b>	DAY <b>31</b>	YEAR <b>2023</b>	Amount \$ <b>143.10</b>
Mailing Address <b>1701 Union Blvd</b>				
Description of Expenditure <b>Palm Cards</b>				
City <b>Allentown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18109 -</b>		

To Whom Paid <b>LV Print Center</b>	MO. <b>04</b>	DAY <b>05</b>	YEAR <b>2023</b>	Amount \$ <b>2,886.60</b>
Mailing Address <b>1701 Union Blvd</b>				
Description of Expenditure <b>Direct mailer</b>				
City <b>Allentown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18109 -</b>		

To Whom Paid <b>LV Print Center</b>	MO. <b>04</b>	DAY <b>20</b>	YEAR <b>2023</b>	Amount \$ <b>1,210.23</b>
Mailing Address <b>1701 Union Blvd</b>				
Description of Expenditure <b>Direct mailer</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  
\$ 4,849.43**

**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 <b>Friends of Santo Napoli</b>	Reporting Period From <b>03/01/23</b> To <b>05/01/2023</b>
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Name of Creditor <b>Prime Media Works</b>					Outstanding Balance of Debt \$	
Mailing Address <b>536 S. Clewell St</b>	DATE DEBT INCURRED	MO. <b>04</b>	DAY <b>05</b>	YEAR <b>2023</b>	<b>900.00</b>	
City <b>Fountain Hill</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18015</b>				
Description of Debt <b>Video/Social Media</b>						

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 \$ <b>900.00</b>
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