

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.)

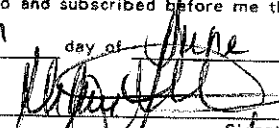
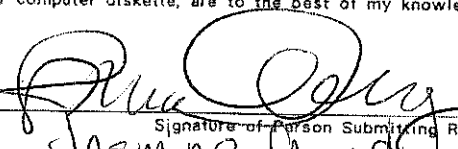
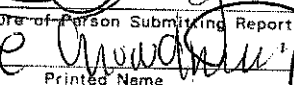
<b>Filer Identification Number:</b>	<b>Report Filed By:</b>	<input type="checkbox"/> CANDIDATE <sup>1.</sup>	<input checked="" type="checkbox"/> COMMITTEE <sup>2.</sup>	<input type="checkbox"/> LOBBYIST <sup>3.</sup>
Name of Filing Committee, Candidate or Lobbyist: <b>Friends of Santo Napoli</b>				
Street Address: <b>202 N. Broad Street</b>				
City: <b>Allentown</b>		State: <b>PA</b>	Zip Code: <b>18104-5348</b>	

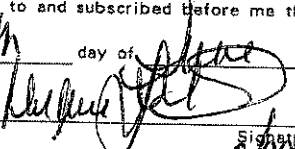
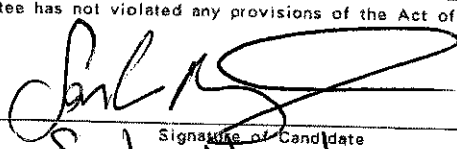
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY <sup>1.</sup>	2ND FRIDAY PRE-PRIMARY <sup>2.</sup>	30 DAY POST PRIMARY <sup>3.</sup>	AMENDMENT REPORT?	YES	NO
	8TH TUESDAY PRE-ELECTION <sup>4.</sup>	2ND FRIDAY PRE-ELECTION <sup>5.</sup>	30 DAY POST ELECTION <sup>6.</sup>	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT <sup>7.</sup>	YEAR	FILING METHOD ( ) CHECK ONE	PAPER	<input checked="" type="checkbox"/> DISKETTE	

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

Summary of Receipts and Expenditures from:	MO. DAY YEAR	To	MO. DAY YEAR	FOR OFFICE USE ONLY  2023 JUN -6 AM 11:49 RECEIVED REGISTRATION DIVISION OF LEHIGH COUNTY
	<b>05 02 2023</b>		<b>06 05 2023</b>	
	A. Amount Brought Forward From Last Report	\$	<b>17,725.57</b>	
	B. Total Monetary Contributions and Receipts (From Schedule I)	\$	<b>990.00</b>	
	C. Total Funds Available (Sum of Lines A and B)	\$	<b>18,625.57</b>	
	D. Total Expenditures (From Schedule III)	\$	<b>17,203.55</b>	
	E. Ending Cash Balance (Subtract Line D from Line C)	\$	<b>1,422.02</b>	
	F. Value of In-Kind Contributions Received (From Schedule II)	\$	<b>0</b>	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	<b>1,500.00</b>		

**AFFIDAVIT SECTION**

<b>PART I - If this is a Committee report, treasurer sign here.</b>	<b>PART II - If this is a Candidate report, candidate sign here.</b>
I swear (or affirm) that this report, including the attached correct and complete.	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 <u>16th</u> day of <u>June</u> 20 <u>23</u>	Sworn to and subscribed before me this <u>16th</u> day of <u>June</u> 20 <u>23</u>
 Signature	 Signature of Person Submitting Report
My commission expires <u>03/30/2025</u>	My commission expires <u>03/30/2025</u>
MO. DAY YR.	MO. DAY YR.
DIANE L. GORDON - Notary Public Lehigh County My Commission Expires March 30, 2025 Commission Number 1394734	Jasmine  Printed Name
	<u>610</u> Area Code
	<u>301-3338</u> Daytime Telephone Number

<b>PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.</b>
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 <u>16th</u> day of <u>June</u> 20 <u>23</u>
 Signature
My commission expires <u>03/30/2025</u>
MO. DAY YR.
DIANE L. GORDON - Notary Public Lehigh County My Commission Expires March 30, 2025 Commission Number 1394734
 Signature of Candidate
<u>484</u> Area Code
<u>955-1194</u> Daytime Telephone Number

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

**CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate <b>Friends of Seno Napoli</b>	Reporting Period From <b>05/02/2023</b> To <b>06/05/2023</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>0</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>490.00</b>
	TOTAL for the Reporting Period	(2) \$ <b>490.00</b>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>		
Contributions Received from Political Committees (Part C)		\$ <b>0</b>
All Other Contributions (Part D)		\$ <b>500.00</b>
	TOTAL for the Reporting Period	(3) \$ <b>500.00</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>990.00</b>
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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 <i>Friends of Santo Napoli</i>	Reporting Period From <i>05/02/2023</i> To <i>06/05/2023</i>
---	---

				DATE	AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR		
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State				\$	
Zip Code (Plus 4)				\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State				\$	
Zip Code (Plus 4)				\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State				\$	
Zip Code (Plus 4)				\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State				\$	
Zip Code (Plus 4)				\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State				\$	
Zip Code (Plus 4)				\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State				\$	
Zip Code (Plus 4)				\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State				\$	
Zip Code (Plus 4)				\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State				\$	
Zip Code (Plus 4)				\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State				\$	
Zip Code (Plus 4)				\$	

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

PAGE TOTAL \$ <u>          </u>
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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 Santo Napoli</b>	Reporting Period From <b>05/02/2023</b> To <b>06/05/2023</b>
---	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Robert Buck</b>	<b>05</b>	<b>02</b>	<b>2023</b>	\$ <b>250.00</b>
Mailing Address <b>2324 W. Livingston St</b>				\$
City <b>Allentown</b> State <b>PA</b> Zip Code (Plus 4) <b>18104 -</b>				\$
<b>Greg Butz</b>	<b>05</b>	<b>04</b>	<b>2023</b>	\$ <b>240.00</b>
Mailing Address <b>1636 Barkwood Drive</b>				\$
City <b>Orefield</b> State <b>PA</b> Zip Code (Plus 4) <b>18069 -</b>				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$

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

PAGE TOTAL  
**\$ 490.00**

**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 <i>Friends of Santo Napoli</i>	Reporting Period From <i>05/02/2023</i> To <i>06/05/2023</i>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				

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

PAGE TOTAL	\$ <u>0</u>
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# ALL OTHER CONTRIBUTIONS

PAGE 6 of 14

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>05/02/2023</b> To <b>06/05/2023</b>
---	---

				DATE	AMOUNT
Full Name of Contributor	MO.	DAY	YEAR		
<b>Raci Zeller</b>	<b>05</b>	<b>18</b>	<b>2023</b>	\$	<b>500.00</b>
Mailing Address <b>2315 W. Union Street</b>	MO.	DAY	YEAR	\$	
City <b>Allentown</b>	MO.	DAY	YEAR	\$	
State <b>PA</b>	Zip Code (Plus 4) <b>18104 -</b>				
Employer Name <b>Pension Appraisers Inc</b>	Occupation				
Employer Mailing Address/Principal Place of Business <b>1600 Lehigh Parkway East Suite 1-K Allentown PA 18103</b>					
Full Name of Contributor	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State	Zip Code (Plus 4)				
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State	Zip Code (Plus 4)				
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State	Zip Code (Plus 4)				
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State	Zip Code (Plus 4)				
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  
**\$ 500.00**

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 <b>Friends of Santo Napoli</b>	Reporting Period From <b>05/02/2023</b> To <b>06/05/2023</b>
---	---

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 \$ <b>0</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 <i>Friends of Santo Napoli</i>	Reporting Period From <i>05/02/2023</i> To <i>06/05/2023</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> <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ <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 <b>Friends of Santo Napoli</b>	Reporting Period From <b>05/02/2023</b> To <b>06/05/2023</b>
---	---

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							

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

PAGE TOTAL \$ <span style="font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 2px 10px;">0</span>
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SCHEDULE II  
PART G  
**IN-KIND CONTRIBUTIONS RECEIVED**  
VALUE OVER \$250.00

Name of Filing Committee or Candidate <i>Friends of Sanko Napoli</i>	Reporting Period From <i>05/02/2023</i> To <i>06/05/2023</i>
---	---

				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
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	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
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	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
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	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
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	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
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.	PAGE TOTAL \$ <span style="font-size: 2em;">0</span>
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SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Friends of Santa Napoli</b>	Reporting Period From <b>05/02/2023</b> To <b>06/05/2023</b>
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To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
LV Print Center Mailing Address: 1701 Union Blvd City: Allentown PA 18109 -	05	02	2023	\$ 429.30	Palm Cards
LV Print Center Mailing Address: 1701 Union Blvd City: Allentown PA 18109 -	05	02	2023	\$ 3,585.46	Direct Mailer
LV Print Center Mailing Address: 1701 Union Blvd City: Allentown PA 18109 -	05	08	2023	\$ 3,830.94	Direct Mailer
Capitol Promotions Mailing Address: PO Box 231 City: Glenside PA 19038-	05	08	2023	\$ 709.14	Yard Signs
LV Print Center Mailing Address: 1701 Union Blvd City: Allentown PA 18109 -	05	09	2023	\$ 286.20	Palm Cards - Pills
Weqdot Mailing Address: 7 cite Paradis City: Paris FR 75010	05	09	2023	\$ 172.83	Website Plug-in to translate website into Spanish
Alamy Inc Mailing Address: 49 Flatbush Ave #130 City: Brooklyn NY 11217	05	09	2023	\$ 21.19	Stock photo for maker
Facebook (Meta) Mailing Address: 1 Hacker Way City: Menlo Park CA 94025	05	09	2023	\$ 163.33	Advertising social media

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

PAGE TOTAL  
**\$ 9,198.39**

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Friends of Santo Napoli</b>	Reporting Period From <b>05/02/2023</b> To <b>06/05/2023</b>
---	---

To Whom Paid	MO.	DAY	YEAR	Amount
<b>Campaign Verify</b>	<b>05</b>	<b>09</b>	<b>2023</b>	<b>\$ 95.00</b>
Mailing Address <b>1215 31st Street NW PO Box 3554</b>	Description of Expenditure <b>Verify identity of campaign</b>			
City <b>Washington</b>	State <b>DC</b>	Zip Code (Plus 4) <b>20007-9988</b>		
<b>ESSA Bank</b>	<b>05</b>	<b>10</b>	<b>2023</b>	<b>\$ 10.00</b>
Mailing Address <b>6000 Hamilton Street</b>	Description of Expenditure <b>Bank fees</b>			
City <b>Allentown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18101-</b>		
<b>Act Blue</b>	<b>05</b>	<b>11</b>	<b>2023</b>	<b>\$ 80.67</b>
Mailing Address <b>366 Summer Street</b>	Description of Expenditure <b>Fees for online donations</b>			
City <b>Somerville MA</b>	State	Zip Code (Plus 4) <b>02144-3132</b>		
<b>Minuteman Press</b>	<b>05</b>	<b>11</b>	<b>2023</b>	<b>\$ 89.04</b>
Mailing Address <b>1801 Tilghman Street</b>	Description of Expenditure <b>Signage</b>			
City <b>Allentown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18104-</b>		
<b>Sopranos Pizza</b>	<b>05</b>	<b>11</b>	<b>2023</b>	<b>\$ 70.41</b>
Mailing Address <b>2102 Union Blvd Suite #5</b>	Description of Expenditure <b>Campaign staff dinner</b>			
City <b>Allentown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18109-</b>		
<b>Blue Dot</b>	<b>05</b>	<b>12</b>	<b>2023</b>	<b>\$ 900.00</b>
Mailing Address <b>8065 Creamery Road</b>	Description of Expenditure <b>Design (4) mailers</b>			
City <b>Alburks</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18011-</b>		
<b>Motivak Me Apparel</b>	<b>05</b>	<b>15</b>	<b>2023</b>	<b>\$ 330.00</b>
Mailing Address <b>2045 S. Wood Street</b>	Description of Expenditure <b>Poll volunteers Tee design</b>			
City <b>Allentown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18103-</b>		
<b>Lamar Advertising of Allentown</b>	<b>05</b>	<b>23</b>	<b>2023</b>	<b>\$ 375.00</b>
Mailing Address <b>7350 William Avenue</b>	Description of Expenditure <b>Digital billboard Lehigh St</b>			
City <b>Allentown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18106-</b>		

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

PAGE TOTAL  
**\$ 1,950.12**

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Friends of Santo Napoli</b>	Reporting Period From <b>05/02/2023</b> To <b>06/05/2023</b>
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To Whom Paid <b>Jack Ziets</b>	MO. <b>05</b>	DAY <b>30</b>	YEAR <b>2023</b>	Amount <b>\$ 2,250.00</b>
Mailing Address <b>3596 Stonegate Drive</b>		Description of Expenditure <b>Campaign Manager</b>		
City <b>Center Valley</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18034</b>		

To Whom Paid <b>Alexis Roe</b>	MO. <b>05</b>	DAY <b>30</b>	YEAR <b>2023</b>	Amount <b>\$ 450.00</b>
Mailing Address <b>424 Main Street</b>		Description of Expenditure <b>Campaign Staff</b>		
City <b>Akron</b>	State <b>PA</b>	Zip Code (Plus 4) <b>17501-</b>		

To Whom Paid <b>Ava Moleta</b>	MO. <b>05</b>	DAY <b>30</b>	YEAR <b>2023</b>	Amount <b>\$ 255.00</b>
Mailing Address <b>1 Franklin Avenue Unit # 411</b>		Description of Expenditure <b>Campaign Staff</b>		
City <b>Ridgewood</b>	State <b>NJ</b>	Zip Code (Plus 4) <b>07450-</b>		

To Whom Paid <b>Olivia Pinocci-Wrightman</b>	MO. <b>05</b>	DAY <b>30</b>	YEAR <b>2023</b>	Amount <b>\$ 500.00</b>
Mailing Address <b>6415 Powder Valley Road</b>		Description of Expenditure <b>Campaign Staff</b>		
City <b>Upper Milford Township</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18092-</b>		

To Whom Paid <b>Get Thru</b>	MO. <b>05</b>	DAY <b>31</b>	YEAR <b>2023</b>	Amount <b>\$ 1,638.56</b>
Mailing Address <b>9450 SW Gemini Dr. PMB 79340</b>		Description of Expenditure <b>Text Message service/ads</b>		
City <b>Beaverton</b>	State <b>OR</b>	Zip Code (Plus 4) <b>97008-</b>		

To Whom Paid <b>Facebook (Meta)</b>	MO. <b>05</b>	DAY <b>31</b>	YEAR <b>2023</b>	Amount <b>\$ 961.48</b>
Mailing Address <b>1 Hacker Way</b>		Description of Expenditure <b>Advertising social media</b>		
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code (Plus 4) <b>94025-</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <b>-</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <b>-</b>		

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

PAGE TOTAL  
**\$ 6,055.04**

**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>05/02/2023</b> To <b>06/05/2023</b>
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Name of Creditor <b>Turbo Slingshot, LLC</b>					Outstanding Balance of Debt <b>\$ 1,500.00</b>	
Mailing Address <b>6534 Ridge Road</b>			DATE DEBT INCURRED		<b>Website Development</b>	
City <b>Zionsville</b>			MO. <b>05</b>	DAY <b>30</b>		
Description of Debt <b>Website Development</b>			State <b>PA</b>	Zip Code (Plus 4) <b>18092</b>		

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

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

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

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

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

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

PAGE TOTAL <b>\$ 1,500.00</b>
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