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 CANDID	ATE COMMITTEE 1 LOGARIST 1
NAME OF FILING COMMITTEE, CAN	~	- The second of the second	The state of the s
	CANDIDA AFF	}	
STREET ADDRESS 624 PLIN	ROSE PRIVE		
Allentown	J	STATE	18104 —
TYPE OF REPORT (CHECK ONE)	City Council - Alkudown	DISTRICT NO. PARTY	MO. DAY YEAR
OTH TUESDAY PRE-PRIMARY	MO: DAY YEAR	MO DAY YEAR	FOR OFFICE USE ONLY
2ND FRIDAY PRE-PRIMARY 30 DAY 3.	PERIOD 10 23 2023 TO	11 27 2023	
POST-PRIMARY OTH-TUESDAY. 4.	CASH BALANCE AT END OF REPORTING PERIOD:	\$5,548, ⁸³	
PRE-ELECTION 5. 2NO FRIDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITY AT THE END OF REPORTING PERIO		PAZ:47RCVD ECTION BOARD
30 DAY POST-ELECTION ANNUAL REPORT	REPORT? YES TERMINATION REPORT? YES	NO NO	
ART I - statement is filed on	AFFID behalf of a Political Committee or Cabehalf of a Candidate, the Candidate	AVIT SECTION andidates's Committee,	the Treasurer must sign here.
statement is filed on	behalf of a <u>Candidate</u> , the Candidate behalf of a <u>Contributing Lobbyist</u> , the HE AGGREGATE RECEIPTS OR DISDURSEMENTS OR LI	e Lobbyist must sign he	
EVOCED I MO HOMPHED WAD	PIFIT DOLLARS (\$250.00) AND THIS REPORT IS, TO	THE BEST OF MY KNOWLEDGE AME	PROBLEM, TRUE, CORRECT AND COMPLETE.
1 . del	CRIBED BEFORE ME THIS	(and i	- Coll
DAY OF]	ECEMBE (2003	1	PERSON SUBMITTING REPORT
200	Commonwealth of Pennsylvania - Notary : Bridget Rupp, Notary Public		AFFA
MY COMMISSION EXPIN	SIGNATURE Lehigh County	. ,62	PRINTED NAME 10-399-8875 DAYTIME TELEPHONE NUMBER
	Member, Pennsylvania Association of Nota	ries	THE CANADATA PERSON
ART II - statement is filed on	behalf of a Candidate's Authorized C		iust sign here.
I SWEAR (OR AFFIRM) T JUNE 3, 1937 (P.)	HAT TO THE BEST OF MY KNOWLEDGE AND BELIEF TH 1333, No. 320) AS AMENDED.	HS POLITICAL COMMITTEE HAS NOT	VIOLATED ANY PROVISIONS OF THE ACT OF
SWORN TO AND SUBS	CRIBED BEFORE ME THIS		
DAY OF	20	SIGNA	TURE OF CANDIDATE
		-	PRINTED NAME
hikher leine ihreningenengen und derne grade	SIGNATURE		
nes a communication from the	MC. DAY YR.	AREA CODE	DAYTIME TELEPHONE NUMBER

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



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

	= 1 up	(14016: 1			- 60	## EX	i legible. I	Sno	Park Comme	-	Tool were tee	#		
Filer Identificat Number			Repo	ort Filed E rk X)	!y	Candida	ite		Committe	: 6	X	Lobi	yist	
Name of Filing Lobbyist	Committee, Ca	indidate or	AFFA	FOR AL	LENT	OWN								
Street Address			4051	PRIMRO	SE D	RIVE								
City	ALLEN	rown	1			State	PA		Zip Code	1810	4			
Type of Report	(Place x under	report type)			11 11 11				New Control of the Control					
			A 6th	Tuesday	E 2	^{id} Friday	6- 30 Day	Post	7- Annua	Speci	ial 2 nd Eriday	Snec	ial 30 D	17016
1-6 th Tuesday 2-2 nd Friday 3-30 Day Pos Pre-Primary Pre-Primary Primary			lection	100	Election	Election	T CSC			Special 2 nd Friday Pre-Election		-Electio	100 may 1 1 1 1 1 1	
							X							
Date Of Election (MM/DD/YYYY)		11/07/2023	Year			2023	Amendme Report	ent		Term Repo	ination rt			
Summary of Re	ceipts and	From Date		To Date	•				FC	r Office I	Use Only	<u> </u>		vo.
Expenditures		10/23/2023		11,	/27/20	023								
A. Amount Bro	ight Forward I	rom Last Repor	t \$		5,548.8	33						vai vai vai vai		
B. Total Moneta (From Schedule	as, Estimated has been been	ons and Receipts	\$		0.00									
C. Total Funds A (Sum of Lines A	THE RESERVE OF THE PARTY OF THE		\$	f.		20								
D. Total Expend			\$	- 3	,548.8	33								
(From Schedule	1986, F. Harris J. L. & Print, J. 1987				0.00									
E. Ending Cash I (Subtract Line D			\$	5	,548.8	33								
F. Value of In-K (From Schedule	H)		0.00											
G. Unpaid Debt (From Schedule		ns	\$		0.00		21 15							
					A	ffidavit Sec	tion							
Part 1- If this is a (that this report	t, treasurer sign h including the atta	ere. If th	nis is a Can	didate	report, ca	ndidate sign	here.						
Sworn to and subs	scribed before m	e this	ciica sci	nedules of	, babei	, is to trie i	Sest of my kn	owied	ge and bellet	true, corr	ect and comple	te.		
day of	Decem	ommonwealth of P	2000od	· 1			Que	tt	7 T/	fect	Le .			
		Driuget Ku	pp, Noi	tary Publi	ic ic	ieal	Luce/	ature o	of Person Sub	mitting re	port La			
7	Signature	My commission	gh Cou	Auriet 1	I วกว	7			Printed Na	me	,			
My Commission ex	xpired /() UL/	D [Youmnission	numb	er 12356:	83	1/0	F104		4	84-	664-79	50		
	MO. *M	emben Pennsylva	nia Asso	ociation of	Notar	ies A	rea Code				ephone Numbe			
Part II- If this is a r	eport of a Candi	date's Authorized	Commit	tee, candi	date s	hall sien he	re.							
i swear (or affirm) amended.	that to the best	of my knowledge	and belie	ef this poli	tical co	ommittee h	as not violat	ed any	provisions o	the Act o	f June 3, 1937 (P.L. 133	3, NO.32	0) as
Sworn to and subs	cribed before m	a thic							_					
day of	Decel	46(2=	3	٠,			1	n d	1	KIV	/			
			<u> </u>				10	Sign	ature of Can	date	A	_		
90	Signature	1				_	<u></u>	////	Printed Name					
My Commission ex	pires 08/0 MO.	DAY YR.		• •		A	9/04 rea Code		6/0-2 Da	ytime Tele	-887S			
	-													

Commonwealth of Pennsylvania - Notary Seal Bridget Rupp, Notary Public Lehigh County My commission expires August 1, 2027 Commission number 1235683

Member, Pennsylvania Association of Notaries

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
Filer identification Number		
■ 최근 하는 학생 전 가장당하는 이 사람들이 있다. 가장 말씀한 가장 보다		
- (MR) (1년)의 : (1년)의 : (1년)의 의료 (1년)의 의료 (1년) - (1년)의 의료 (1년) - (1년)의 의료 (1년)의 (1년)의 의료 (1년)의 (1
- 10 도움으로 있는 사람들은 10 도움을 모르는 하다. 이 12 일 차람들		
Providence and Publish Supplementaries (Publish States)	 	

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
Total for the reporting period. (2)	\$ 0.00
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
Total for the reporting period (3)	\$ 0.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ 0.00
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$ 0.00

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

	ii (tulliber				
					Amount
Full Name of Co Committee	entributing			Date [MM/DD/YYYY]	\$ /
House #	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	/\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing		1865 Tok 1867 C	Date [MM/DD/YYYY]	\$
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	<u>.</u>
Full Name of Co Committee	ntributing	1		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

					value de la companya
Full Name of Co	ontributor			Date [MM/DD/YYYY]	[5]
House #	Street Address			Date [MM/DD/YYYY]	_13 /
.City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor	\$2.00 Sept. 19		Date [MM/DD/YYYY]	
House#	Street Address			Date [MM/DD/YYYY]	\$
Gity		State	Zip Code	Date [MM/DD/YYY]	
Full Name of Co	ontributor		B. 2002	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
City	landade en en università	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address		/	Date [MM/DD/YYYY]	
City	Edward Control of Cont	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co	mtributor			Date [MM/DD/YYYY]	
House#	Street Address			Date [MM/DD/YYYY]	*
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of				Date [MM/DD/YYYY]	3
Contributing Con	ımittee				
House #	Street Addres	is		Date [MM/DD/YYYY]	\$
City	NATIONAL CONTROL	State	Zip Code	Date [MM/DD/YYYY]	5
				The second second file of the second	1/
Full Name of				Date [MM/DD/YYYY]	/\$
Contributing Con	ımittee				
House #	Street Addres	is		Date [MM/DD/YYYY]	\$
City	P)	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of				Oate [MM/DD/YYYY]	\$
Contributing Con	Imrtee				
House #	Street Addres	is		Date [MM/DD/YYYY]	S
			/		
City	- Alban Alban and an	State	Zip Code	Date [MM/DD/YYYY]	\$
	and the second second				
Full Name of Contributing Con			/	Date [MM/DD/YYYY]	\$
House #	Street Addres	s	/	Date [MM/DD/YYYY]	\$
		2.5	/		
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	7, w - 2				
Full Name of Contributing Com	mittee			Date [MM/DD/YYYY]	\$
House #	Street Addres	5		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of			A STATE OF THE STA		
Contributing Com	mittee			Date [MM/DD/YYYY]	
House #					
nouse #	Street Address	S		Date [MM/DD/YYYY]	
1		Parks	Production Co.		
City /		State	Zìp Code	Date [MM/DD/YYYY]	\$

PART D

All Other Contributions

Over \$250.00

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

Filer Identification Number:

Full Name of Cor	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	5
Employer Name Employer Mailin				Occupation	<u>/</u>
Principal Place o	of Business			/	
Full Name of Cor	ttributor			Date [MM/DØ/YYYY]	S .
House #	Street Address			Daye [MM/DD/YYYY]	. . .
City	0840 WELLAND	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		Personal Control	/	Occupation	
Employer Mailin Principal Place of				MAN DECEMBER 1	
Full Name of Con	Control of the Contro			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$.
City	推翻以外的现在分词	State	Zip Code	Date [MM/DD/YYYY]	\$.
Employer Name				Occupation	1
Employer Mailing Principal Place of		/			
Full Name of Con	the state of the s			Date [MM/DD/YYYY]	_ \$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	/	State	Zip Code	Date [MM/DD/YYYY]	\$ \$
Employer Name	o Address /			Occupation	
Principal Place of					

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 I	Number:		310 8 315 8	
				:
Full Name				
House #	Street Address	- 1/		
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Descripti	on			
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Descripti	on			
Full Name		William		
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Descripti	On .			
Full Name			/	
House #	Street Address	/		
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Descripti	on			
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description	on			
Full Name	/			
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description	on			

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:			
UNITEMIZED IN-KIND CONTRI TOTAL for the reporting period	(1)	TEOLESSICOCORTESS MAR	CONTRIBUTOR
	,—,		
2. IN-KIND CONTRIBUTIONS REC		TO \$250.00 (FROM PART	
TOTAL for the reporting period	(2)	\$	
3: IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.	00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION			
PERIOD (Add and enter amount totals fi on Page 1, Report Cover Page, Item F)	rom boxes 1, 2, and 3; als	o enter	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification	and the second s				
	and the second s				
Full Name of Co	ndrilii(iG/			Date [MM/DD/YYYY]	
Chi water a woman a war					-
House #				Take Ing honor	
House #	Street Address			Date [MM/DD/YYYY]	[\$]
City		State	Zip Code	Date [MM/DD/YYYY]	\$ /
Description of C	Contribution		100 8 200 0000 140		123
Full Name of Co	nicibilities.	- (- 1)		Date (MM/DD/YYYY)	75
House #				Tesse (no Annual	
House #	Street Address	Ì		Date [MM/DD/YYYY]	
City		State	Zip Code	Date IMM/DD/YYYYJ	\$

Description of C	ontribution		POSS AND A	7	RALA
Full Name of Co	ntributor	1000		Date [MM/DD/YYYY]	
			/	A STATE OF LAND OF THE PARTY OF	
House #	Street Address			Described the transport	
	Street Address			Date [MM/DD/YYYY]	\$.
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	ontribution	Entra Allera Allera Allera Allera			位制
Full Name of Co	ntributor	/	7	Date [MM/DD/YYYY]	\$
House #	Street Address	-/-		Date [MM/DD/YYYY]	S
City		State	V 460.42 1.77 1		
	/	State	Zip Code	Date [MM/DD/YYYY]	*
Description of C	ontribution /				
Full Name of Co	ntributor /	And desired		Date [MM/DD/YYYY]	\$
				Agre familiant viv.	
House #	Street Address			Date [MM/DD/YYYY]	
City	T. T. A. L.	State	Zip Code	Date [MM/DD/YYYY]	
Description of Co	ontribution		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		

SCHEDULE II Part G

In-Kind Contributions Received

			VALUE OVER \$250)	
Filer Identificatio	n Number:				
Full Name of Co	antributor			Date [MM/DD/YYYY]	\$
run name of C	Distributor			Date [lana/DD/1111]	- 3 /
	1			1	
House #	Street Address			Date [MM/DD/YYYY]	\$
	Street Address				
5.					
City	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	State	Zip Code	Date [MM/DD/YYYY]	\$ /
Employer Name					
cimpioyer marin	₽ Potentia			Occupation	
Employer Maili	ng Address / Principal			Description	/
Place of Busine	SS			of /	
				Contribution	
Full Name of Co	ontributor	ti-		Date [MM/DØ/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	e.,	+		Occupation	
	474 2			Cocupation	
	ng Address / Principal		/	Description	
Place of Busine	SS			of	
				Contribution	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
					-1 1
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	The same from training	
		State /	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	2			Occupation	
	ng Address / Principal	/		Description	
Place of Busines	SS /	1		of	
				Contribution	
Full Name of Co	ontributor /			Date [MM/DD/YYYY]	\$
				·	
House #	Street Address			Date [MM/DD/YYYY]	\$
	<i>Y</i>				
City	/	State	Zip Code	Date Issas Inn hours	
	/	Jule	rib code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Maili-	ng Address / Principal	+			
Disco of Busines	is Audiess / Fillicipal	1		Description	

Contribution

Statement of Expenditures

	A CONTRACTOR OF THE PARTY OF TH	
Filer Identification Number:		

To Whom Paid				Date [MM/DD/YYYY] \$		
				Date (min/bb/1111)		
House #	Street Address			Description of Expenditure		
City		State	Zip Çode			
To Whom Paid				Date [MM/DD/YYYY] \$		
House #	Street Address			Description of Expenditure		
City		State	Zip			
			Code			
To Whom Paid				Date [MM/DE/YYYY] \$		
House #						
	Street Address	Street Address		Description of Expenditure		
Gity		State	Zip Code			
To Whom Paid				Date [MM/DD/YYYY] \$		
House #	Street Address			Description of Expenditure		
City	Balker Tibiakan A	State	Zip Code			
To Whom Paid		TANK STATE		Date [MM/DD/YYYY] \$		
House #	Street Address			Description of Expenditure		
City		State	Zip Code			
To Whom Paid				Date [MM/DD/YYYY] S		
House #	fouse # Street Address			Description of Expenditure		
City		State	Zip Code			
To Whom Paid			100 m 25 V 25 M	Date [MM/DD/YYYY] \$		
House #	louse # Street Address			Description of Expenditure		
City		State	Zip			
			Code			
To Whom Paid				Date [MM/DD/YYYY] \$		
House # Street Address			Description of Expenditure			
City		State	Zip			
			Code			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:

Name of Credito	N			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	5
Gity		State	Zip Code	1 /
Description of De	ebt	Al Ji		
Name of Credito	or			Outstanding Balance of Debt
House #	Street Address	PATE DEBT INCURRED [MM/DD/YYYY]		\$
City		State	Zip Code	1
Description of De	ebt			
Name of Credito	ıt e			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	Š
City		State	Zip Code	-
Description of De	ebt			
Name of Credito				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	†
Description of De	ebt			
Name of Creditor	r			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of De	abt			
Name of Creditor				Outstanding Balance of Debt
Street Address			DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	-
Description of De	ebt			