号10f15

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number				ort Filed I irk X)	Ву	Candid	ate		Committee		X	Lobbyist	
Name of Filing Committee, Candidate or Lobbyist		1	AFFA FOR ALLENTOWN										
Street Address	- 12	V	4051	PRIMRO	SE DI	RIVE						-	
City	ALLENT	OWN				State	PA		Zip Code	18104			
Type of Report (Place	x under	eport type)											
	nd Friday Primary	3-30 Day Post Primary	10	Tuesday Election		nd Friday - Election		-	7- Annual	Special 2 Pre-Elect	-	Special 30 Post-Electi	. "
	X												
Date Of Election (MM/DD/YYYY)		05/16	Year	•		2023	Amend Report	ment		Terminat Report	tion		
Summary of Receipt	s and	From Date	-	To Dat	e	-			For	Office Use	Only	-	
Expenditures		02/14/2023		05	5/01/2	023		0					^
A. Amount Brought	Forward F				.05			- 1					
B. Total Monetary Co (From Schedule I)	ontributio	ns and Receipt:	; \$	2	0,050	.00					9 _{rg}		
	C. Total Funds Available			2	20,050	.05	1						
(Sum of Lines A and D. Total Expenditure			-		7 779	40	1						
(From Schedule III) E. Ending Cash Balan	Schedule (II) 7,772.10												
(Subtract Line D from	n Line C)			1	2,277	.95						5 0	
F. Value of In-Kind C (From Schedule II)			,	1	0.00)				*	~ (20 J	
G. Unpaid Debts and (From Schedule IV)	Obligation	ins .	\$		0.00)							
Part 1- If this is a Comm	likas sana	t transcurar cian h	oro if	thic le a Ca		Affidavit S		mn heze					
I swear (or affirm) that	this report,	including the atta	ched s	chedules o	n pape	er, is to the	best of my	knowle	ige and bellef 1	true, correct a	and comple	rte.	
Sworn to and subscribe		01-11-11-11				hiets	ry Seal	dust.	- A V	N 1	Λ		
day of	MAY	1.4	monw.	W. Heller	eniloù.	Pictary 2	March	ignature	of Person Subr	nitting report	ley	-	
-	1 X	BAN		Lepto	-iroc l	August 25	20264	cett	A A . Printed Nan	Mick	ley	_	
Signa	0.0			nission ex nnission : ennsylvan						64-	a7 E	<i>~</i>	
My Commission expires	MO.	25 200 DAY YR		Altitaliza		-	Area Code			ytime Teleph			
Part II- If this is a report	of a Candi	date's Authorized	Сотп	ittee, can	didate	shall sign l	nere.						
I swear (or affirm) that amended.	to the best	of my knowledge	and be	lief this po	litical	committee	has not vio	olated an	y provisions of	the Act of Ju	ne 3, 1937	(P.L. 1333, NO.	.320) as
Sworn to and subscribe	d before m	e this								1			
4th day of N	Nav		wealth	of Pennsy lernar de	vania	Notary S ary Public	eal C	ann	lide.	QV	1		
MAC	M			-high ECO	untv			Sign	nature of Cand	idata FF	2		
Signa	iture	My con	mission	on expires sion numi	ber 13	39907	las	1111	Printed Name	11/12		_	
My Commission expires	08		Penns	sion numi yivanla As	BOCIBIL	BICKITC NO.	6/0		3	- de-	815		
	MO.	DAY YR.					Area Code		Day	time Telepho	one Numbe	r	
		-									-		

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer (dentification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	150.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	#L	
Contributions Received from Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	1,650.00
Total for the reporting period (2)	\$	1,650.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	10,500.00
All Other Contributions (Part D)	\$	7,750.00
Total for the reporting period (3)	\$	18,250.00
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)	\$	20,050.00

had didan.

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 Identification Number		*****	
			Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$
House # Street Address	4.90		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee	W ₁ X		Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$
House # Street Address	/	-	Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee			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.)

Filer Identification Number:

Full Name of Contributor			Date [MM/DD/YYYY]	\$	
ROSELEE GO	DLDBERG		02/14/2023	優	100.00
House # Street Address			Date [MM/DD/YYYY]	S	
4140 PF	RIMROSE DRIVE				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
ALLENTOWN	PA	18104			-
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
ERIC KRANSI	EY		02/14/2023		100.00
House # Street Address			Date [MM/DD/YYYY]	\$	
4141 PR	RIMROSE DRIVE				
City 7	State	Zip Code	Date [MM/DD/YYYY]	\$	
ALLENTOWN	PA	18104			J.
Full Name of Contributor	W ==		Date [MM/DD/YYYY]	\$	
LUCETTA MIC	KLEY		02/18/2023	: _/ .	100.00
House # Street Address			Date [MM/DD/YYYY]	\$	
	RIMROSE DRIVE		and the second contract and the second second		
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
ALLENTOWN	PA	18104	Service Company of the Company of th		
Full Name of Contributor	2000	of fight field with the	Date [MM/DD/YYYY]	\$	
WILLIAM SAN	DERS		03/03/2023	div	100.00
House # Street Address	-11		Date [MM/DD/YYYY]	\$	
[1] [1] [2] [2] [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	SAINT GEORGE	ST.	Date Dilling DDI: 1 (11)	2 444	
Part of the second of the seco	State	7in Codo	Date (MAN/DD (MOON)		
ALLENTOWN	PA	Zip Code 18104	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		1 2021	Date [MM/DD/YYYY]	· Č	Water and the same of the same of
MICHAEL O'B	RIAN			\$	250.00
			03/30/2023	W.	
House # Street Address 4160 PR	IMROSE DRIVE		Date [MM/DD/YYYY]	\$	
ALLENTOWN	State PA	Zip Code 18104	Date [MIM/DD/YYYY]	\$	
20.46.5 (20)	13.00 A. A.			8.	
Full Name of Contributor PEG BAVEK			Date [MM/DD/YYYY]	\$	100,00
18 318 318			04/10/2023	9.1	
House # Street Address BU			Date [MM/DD/YYYY]	\$	
4.2. 美国 · · · · · · · · · · · · · · · · · ·	CK ISLAND ROA				
City	State	Zip Code 02673	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.)

Filer Identification Number:		
		All still by the still by

	ributor				Date [MM/DD/YYYY]	\$	
	02/14/2023	1.	250,00				
House # 807	Date [MM/DD/YYYY]	\$					
ALLENTO	A PRÉACTE	State PA	Zip Code	18103	Oate [MM/DD/YYYY]	\$	
full Name of Cont	ributor				Date [MM/DD/YYYY]	\$	
	SUSAN & CR	AIG MESSINGER			02/14/2023		100.00
louse # 3715	Street Address W	OOD ST.			Date [MM/DD/YYYY]	\$	
SCHNECK	SVILLE	State PA	Zip Code	18078	Date [MM/DD/YYYY]	\$	
ull Name of Cont	* & \$ J - 1		3.1		Date [MM/DD/YYYY]	\$	
	JANET KESH	L		\$1	02/14/2023	31 31	100.00
louse # 119	Street Address W	. WABASH ST.			Date [MM/DD/YYYY]	\$	
ity ALLENTON	VN	State PA	Zip Code	18103	Date [MM/DD/YYYY]	\$	
, LLL11101	***		一 图象 被答問	16103			
				16103	Date [MM/DD/YYYY]	\$	
		ATTENDED TO		16103	Date [MM/DD/YYYY] 02/14/2023	\$	100.00
ull Name of Cont	ALAN JENNIN	ATTENDED TO		16103		\$	100.00
uil Name of Cont louse # 2128	ALAN JENNIN Street Address	(GS	ST.	18104	02/14/2023	(1000) E	100.00
juli Name of Cont louse # 2128 http://allentov	ALAN JENNIN Street Address W.	IGS PENNSYLVANIA	ST.		02/14/2023 Date [MM/DD/YYYY]	\$	
fouse # 2128 Ity ALLENTOV	ALAN JENNIN Street Address W. VN ibutor JOSEPH SPIR	GS PENNSYLVANIA State PA	ST.		02/14/2023 Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	100.00
fouse # 2128 Ity ALLENTOV	Street Address W JOSEPH SPIR Street Address PF	GS PENNSYLVANIA State PA	ST.		Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
fouse # 2128 ALLENTOV ALLENTOV ALLENTOV ALLENTOV	ALAN JENNIN Street Address W. VN JOSEPH SPIR Street Address PF	GS PENNSYLVANIA State PA	ST. Zip Code		Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] 02/14/2023	\$	
ull Name of Control atty ALLENTO all Name of Control atty ALLENTOV	ALAN JENNIN Street Address W. JOSEPH SPIR Street Address PF	GS PENNSYLVANIA State PA RK RIMROSE DRIVE State PA	ST. Zip Code	18104	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] 02/14/2023 Date [MM/DD/YYYY]	\$ 6	100.00
ull Name of Control iouse # 4062 ity ALLENTOV all Name of Control iouse # 4062	ALAN JENNIN Street Address W. JOSEPH SPIR Street Address PR	GS PENNSYLVANIA State PA RK RIMROSE DRIVE State PA	ST. Zip Code	18104	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] 02/14/2023 Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$ 6	
fouse # 2128 City ALLENTOV Guil Name of Contr AUG2 Thy ALLENTOV Guil Name of Contr AUG1 ALLENTOV Guil Name of Contr	ALAN JENNIN Street Address W. JOSEPH SPIR Street Address PR VN ibutor DR. SANDRA Street Address	GS PENNSYLVANIA State PA RK RIMROSE DRIVE State PA	ST. Zip Code	18104	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] 02/14/2023 Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$ 6	100.00

PART C

Filer Identification Number:

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.

Decoration Consels and	Mark Colors (Mark)						
						-	
Full Name of Contributing C					Date [MM/DD/YYYY]	\$	
Contributing C	DINNINGE GUEEN CITY	FOP, LODG	E 10 ALLENTOWN F	PA	04/10/2023		9,500.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
2101	M	ACK BLVD, U	JNIT #3				ł
City		Chicho	The Code	T	Date Thank (DD ADON)	-	
ALLEN	TOWN	State P/	Zip Code	18103	Date [MM/DD/YYYY]	\$	
			8013	1.0.00			
Full Name of					Date [MM/DD/YYYY]	\$	
Contributing Co	ALLENTOWN	I FIREFIGHTI	ERS IAFF LOCAL 30	2	04/06/2023	155	1,000.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
723	3.334va. (1.335v.) - 1.3	. CHEW ST,	SUITE 302		and friend had 1 i 1 1		
	1.44 (3.17)						
City ALLEN	TOWN	State P/	Zip Code	18102-4058	Date [MM/DD/YYYY]	\$	
Jan Adiba		\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	200	10102-4038			
Full Name of	er ja litte et Augusta				Date [MM/DD/YYYY]	\$	
Contributing Co	mmittee						
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of					Date [MM/DD/YYYY]	\$	
Contributing Co	mmittee						
House #	Street Address				Date [MM/DD/YYYY]	\$	
					pare familial 1111		
		1 2000					
City		State	Zîp Code		Date [MM/DD/YYYY]	\$	
			La Mila R			1,00	
Full Name of					Date [MM/DD/YYYY]	\$	
Contributing Co	mmrtee						
House #	Street Address				Date [MM/DD/YYYY]	\$	
						ं	
2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2	建产品	Table San					
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
		14.33	41, 52			<i>i</i>	
Full Name of					Date [MM/DD/YYYY]	\$	
Contributing Co	mmittee					。 道:	
House #	Street Address				Date [MM/DD/YYYY]	\$	
					2541 NAME OF STREET STREET		
	(金色/数学设置)	Cana	The state of				
City		State	Zip Code	:	Date [MM/DD/YYYY]	\$	
		1	# 7 To 1	.]		100	

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 Numbers		
Bando e di salat de diserso, per esta de la casa de la		
Full Name of Contributor	CLAUDIA MERKLE	Date (MM/DD/YYY/1) \$ 2,500.00
House # Stre	ot Address	Date [IMM/DD/YYYY] \$
212335	HYDE ROAD	
SONOMA	State CA Zip Code 95476	Abate (MIX/Abb/Abbo) 3
Employer Name		Occupation RETIRED
6mployer Mailing Address		
្តិសត្វាស់ប្រការដែលមិនប្រការប្រជាធិតិ ក្រុមប្រជាធិតិ ប្រជាធិតិ ប្រជាធិតិ ប្រជាធិតិ ប្រជាធិតិ ប្រជាធិតិ ប្រជាធិតិ ប្រជាធិតិ ប្រជាធិតិ ប្រជាធិតិ ប្រជ		Bedick (VIV) services a less test
the state of the state of the	CYNTHIA BLASCHAK	03/21/2023 2,000.00
THE PARTY OF THE PROPERTY OF THE PARTY OF TH	et Address	Date!(MM/DD/YYYY) \$
3547	ASTER COURT	
ALLENTOWN	State PA Zip Code 18104	Chate [MM/DD/XYXX] 5
Employer Name		Occupation RETIRED
Employer Mailing Address		PS-1000000000000000000000000000000000000
Principal Place of Business Full Name of Centributor		APRIL DENISTADDANAS (C. 45)
	DONALD RINGER	02/22/2023 750.00
House # Stre	et Address W. LIBERTY ST.	Date (MM/DD/YYY)
City.		Date (MM/DD/MM)
ALLENTOWN	State PA Zig Code 18104	
Jampiove diamento de la compositione	DONALD RINGER	OWNER/OPERATOR
samplover Mailing Address. Principal Place of Business	RINGER'S ROOST, 1801 W LIBERTY ST., ALLENT	TOWN PA 18104
នេះប្រែក្រក់ខេត្តកំនុកស្តីជាក្រក់ស្ត្រ		02/14/2023
	DOMINIC GERMANO	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER
House# Street	et Address W. WALNUT ST.	Date (MM/DD/ ''/1'] 500.00
City ALLENTOWN	(State) (Z/p.code)	Date (MIM/DD/XYYM) S
	PA 18102	02/14/2023
Employer Name	DOWING GERMANO	Occupation OWNER/OPERATOR
Employer Mailing Address;	MAINGATE NIGHT CLUB/FAIRGROUNDS HOTEL	448 N. 17TH ST. ALLENTOWN PA 18104

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 Nu	mber:		(a-6-w/s) - Wall-state - 1 - 1				
Full Name of Contri	outor			Date [MM/DD/YYYY]	1 \$ 1		
	JASON ROTH	02/14/2023	500.00				
House #	Street Address			Date [MM/DD/YYYY]	\$		
619	N.	19TH ST.	<u></u>				
City ALLENTOW	N	State PA	Zip Code 18104	Date [MM/DD/YYYY]	\$		
Employer Name		ROTH SALON	A = 1200 A	Occupation OWNER			
Employer Mailing A Principal Place of Bu		9 N. 19TH ST. ALL	ENTOWN PA 18104	A STATE STATE OF	*		
Full Name of Contril		186		Date [MM/DD/YYYY]	\$		
	NAT HYMAN			02/14/2023	500.00		
House # 727	Street Address			Date [MM/DD/YYYY]	\$		
	N.	MEADOW ST.					
ALLENTOW	N	State	Zip Code 18102	Date [MM/DD/YYYY]	\$		
Employer Name	N	AT HYMAN		Occupation DEVELOPER/OWNER			
Employer Mailing A Principal Place of Bu		YMAN PROPERTIE	S, 727 N. MEADOW ST. ALLENTO	DWN PA 18102			
Full Name of Contril	And the second s			Date [MM/DD/YYYY]	\$		
	JOHN MORG	AN		0406/2023	500.00		
House # 14	Street Address	ADDAKET		Date [MM/DD/YYYY]	\$		
City SCOTCH PL	AINS	State NJ	Zip Code 07076-3136	Date [MM/DD/YYYY]	\$ 		
Employer Name	AL	LENTOWN PARKI	NG AUTHORITY	Occupation EXECUTIVE	DIRECTOR		
Employer Mailing Ad Principal Place of Bu		3 W. LINDEN ST.,	ALLENTOWN PA 18101				
Full Name of Contrib		*		Date [MM/DD/YYYY]	\$		
					्रिकेट Market Vo		
House #	Street Address			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	<u>**</u>		
Employer Name				Occupation			
Employer Mailing Ad Principal Place of Bu				The second second			

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				
Full Name				
House #	Street Address			
City	7 5 250	State	Zip	Date [MM/DD/YYYY] \$
		1. Y)	Code	
Receipt Description				
Full Name		-,,-		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	54 B 55 B 66 B			
Full Name				
House #	Street Address			476-186-502
Maria		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		F22		
Full Name	3.74 3.74	/		
House #	Ctroop Address	/-	-	
City		State	Zìp	Date [MM/DD/YYYY] \$
	#15 [10 10 10 10 10 10 10		Code	
Receipt Description		/1	-	
Full Name				
nouse #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	<i></i>			
Full Name				
House #	Street Address			2
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	Will be			

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	化物色光染剂 解的 医格尔氏的 使说话的第三人称单数 网络维护 化二磺酸二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基
TOTAL for the reporting period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250	0.00 (FROM PART F)
TOTAL for the reporting period (2)	\$
3. 1N-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	M PART G)
TOTAL for the reporting period (3)	\$
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)	\$

SCHEDULE II PART F In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer (dentification					
Full Name of Co	ntribütor.			Date [MM/DD/YYYY]	\$
医二二十分 医动物性皮肤 医牙髓小型原则					
louse #	Street Addres	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MINI/DD/YYYY]	
Description of C	ontribution				1
ull Name of Co	ntributor			Date [MM/DD/YYYY]	'\$
				7.5	
House #	Street Addres	s	-	Date [MM/DD/YYYY]	\$
City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	Zip Code	Date [MM/DD/YYYY]	\$
		5.90	= (12.4
Description of C	ontribution			7	
ull Name of Co	ntributor			Date [MM/DD/YYYY]	\$
			/		
louse #	Street Addres			Date [MM/DD/YYYY]	S
					16 kg 18 kg 18 kg
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				(60	
rescription of C	ontribution	9 4 9			
ull Name of Co	tributor			Date [MM/DD/YYYY]	\$
louse #	Street Addres	5		Date [MM/DD/YYYY]	\$
					1.
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	ontribution /		x(**		
ull Name of Co	itributor	1,173		Date [MM/DD/YYYY]	\$
					100
louse#	Street Address		1465	Date [MM/DD/YYYY]	\$.
					21.00
ity /		State	Zip Code	Date [MM/DD/YYYY]	\$
					.18

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:		
Full Name of Contributor		Date [MM/DD/YYYY] \$
ruit name of Contributor		Date Invited poly 1111
House # Street Add	ress	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Princ	nal.	Description
Place of Business		of Alamana Alamana
		Contribution
Full Name of Contributor		Date [MIM/DD/YYYY] \$
House # Street Addr	ess	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Section of the tark that	AND STATE OF THE S	A SARA LIABATA
Employer Mailing Address / Princ	pal	Description
Place of Business		of Contribution
Full Name of Contributor	2500,000,000	Date [MM/DD/YYYY] \$
House # Street Addr		Date [MM/DD/YYYY] \$
	ess	Date [Mini] DD] 1111
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Princ	ipal /	Description
[1] "全国的特别,是是"特别的特别的特别的特别的。"这一句,"对一句。	(NX N1 NEK	of (A) (A)
		Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Stree Addr	ess	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	[10 10 10 10 10 10 10 10	Occupation
Employer Mailing Address / Princ Place of Business	[P2] () () () () () () () () () (Description of
		Contribution

SCHEDULE III Statement of Expenditures

	Statement of	Exhelia
Filer Identification Numberi		

To Whom Paid	CRAIG B NEEL	Y ESOUIRE	:			Date [MM/DD/YYYY]	\$	3.332.75
	CRAIG B. NEELY, ESQUIRE				03/20/2023			
louse # 209	Street Address MAIN ST.				Description of Expenditure			
EMMAUS		State PA Zip Code 18049			NOMINATING PETITION CHALLENGE			
To Whom Paid	LA RAZON NEW	ICDADED	TMIL			Date [MM/DD/YYYY]	\$	
		SPAPER				04/06/2023		300.00
louse # 610	Street Address	N. 8TH ST.			Description of Expendi	ture		
ALLENTO	٧N	State PA Zip 18102			ADVERTISEMENT FOR CANDIDACY			
o Whom Paid	1			h h		Date [MM/DD/YYYY]	\$	
	L.V. PRINT CEN	TER				02/24/2023	1	554.38
louse # 1701	Street Address UNION BLVD. SUITE 114				Description of Expendi	ture		
ALLENTO	VN	State	PA	Zip Code	18109	WINDOW & YARD SIGNS		
To Whom Paid			*	Carrie Contract		Date [MM/DD/YYYY]	\$	
	L.V. PRINT CENT	TER				03/02/2023	*01	554.38
1701	Street Address	UNION BLV	D. SUITE 1	114		Description of Expenditure		
City ALLENTOWN State PA Zip Code 18109			WINDOW & YARD SIGNS					
To Whom Paid		Date [MM/DD/YYYY]	\$	2,254.84				
L.V. PRINT CENTER			03/14/2023					
House # 1701	Street Address	UNION BLV	D. SUITE 1	114		Description of Expendit	ure	
ALLENTOV	VN	State	PA	Zip Code	18109	LIT PIECE, MAIL MERGE	, PE	RMIT , POSTAGE
To Whom Paid	L.V. PRINT CENT	TCD				Date [MM/DD/YYYY]	\$	
	L.V. PRINT CEN	IER				03/14/2023	Iñ	143.10
louse # 1701	Street Address	UNION BLV	D. SUITE 1	114		Description of Expendit		S ROB
ALLENTOV	٧N	State	PA	Zip Code		PALM CARDS		
To Whom Paid	FACT (FIGHTING	AIDS CON	G AIDS CONTINUOUSLY TOGETHER)			Date [MM/DD/YYYY] 03/11/2023	\$	250.00
House #	Street Address	P.O. BOX 1028			Description of Expendit	ure	B = 10 1 = 2 10 1 = 2	
ALLENTOV	√N	State	PA	Zip Code	18105	GAIL HOOVER BENEFIT	CON	NTRIBUTION
To Whom Paid EVERY ACTION, INC			Date [MM/DD/YYYY]	\$				
			04/24/2023		198.75			
touse # 655	Street Address	15TH ST., NW SUITE 650				Description of Expendit	ure	
WASHINGT		State	DC	Zip Code	20005	NGP/VAN MOBILIZE COI	RE	

SCHEDULE III Statement of Expenditures

AND THE RESIDENCE OF THE PROPERTY OF THE PARTY OF THE PAR		THE RESERVE TO SHARE THE RESERVE THE RESERVE TO SHARE THE RESERVE THE	THE RESIDENCE OF THE PARTY OF T
Filer Identification Number:			

To Whom Paid.	IAOK ZIETE			Date [MIM/DD/YYYY] \$ 95.00
JACK ZIETS			04/24/2023 Substitute Description of Expenditure	
House # 3596 Street Address STONE GATE DRIVE				
CENTER VA	ITEY	State PA	Zip Code 18034	Campaign Verify Processing Fee pd
To Whom (Paid)	FULTON BANK			03/07/2023 \$ 88.90
House #	Street Address P.	O. BOX 4887		Description of Expenditure
City LANCASTER	₹	State PA	Zip Code 17604	Deluxe Checks for Affa for Allentown fee
To Whom Paid		**************************************		Date (MM/DD/XXXV) \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
roWinom Paid				Date IMM/DD/YYYYI \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
ro/Witempelie.		b second		Date (MM/DD/XXXI) = 53
House II.	Street Address			Description of Expenditure
i city		State	Zip Code	
TOWNOM Paid				Date MM/DD/\\\\A\a\a\s
House #	Street Address			Description of Expenditure
Chy		State	Zip Code	
To Whom Paid				Date [MM/DD/XYYY] \$
House #	Street Address			Description of Expenditure
G y		State	Zip Code	
TO Whom Paid				Date [MM/DD/YYY] \$
House #	Street Address			Description of Expenditure
(div)		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		
Barbara Caralla			Outstanding Balance of Debt
Name of Credito	Street Address	DATE DEST INCURRED	Outstanding Balance of Debt
		[MM/DD/YYY]	
City		State Zip Code	
Description of D	ebt.	ACCOUNTY CORRESPONDENCE OF THE PROPERTY OF THE	13201
Name of Credito		700	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	5 /
		[MM/DD/YYYY]	
City		State Zip Code	
Description of D	ebt		
Name of Credito	f / 147		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/6D/YYY]	\$
		[analyzo) recti	4
City		State. Zjp Code	
Description of D	ént er	Paristand Paristand	, 100 ACC 100
Name of Credito	r ()		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State Zip Zip	
	Ng 38	Code	전설 (2010년)
Description of D	eot /		
Name of Credito	r. 1		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State > Zip - 7	
745		Code	
Description of D	ept		
Name of Credito	() () () () () () () () () ()		Outstanding Balance of Debt
House #	Street Address	DATE DEST INCURRED (MM/DD/YYY)	
		Process of the second	
City		State Zip Code	
Description of D	ebt		