CAMPAIGN FINANCE REPORT

PAGE 1 OF (COVER PAGE)

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

			Report Filed I			ANDID	ATE 1	сомм	TIEE	2.	LOBB	YIST 3.	
Name of Filing Comm	ittee, Candidate or Lo						XLI, entert	tera lista n	Per additional	Malig 's well'		E-District	100000
Street Address:	VA	101		yon	_						-		
I.S.	46 5	16											1
City:	ALLI	ENT	nwo			St	ote:	4		Zip Code:			
TYPE OF REPORT				AMENDN REPORTZ	AA COM COLUMN	YES		No					
(place X to	PART OF STARS	4.	2ND FRIDA PRE-ELECTI	100 min 1100	5. 30 DAY 6. POST ELECTION			E-2-21-10-1-11-11-11-12-28-12-81	TERMINATION REPORT?			NO	
the right of report type	ANNUAL, REPORT	7.	VEAR ZOZ(FILING	METH HECK		PAPE	R	X	DISKE	
Name of Office Sough	t by Candidate:	0.00	THE METERS THE ST		Deer kountrigen	100000000000000000000000000000000000000	A section to the second	ELECTION	District Number	Offic		Party Code	County
						MO.	DAY	YEAR 1		871	4	DEM	39
Charles and the publication and have	The same of the sa	HE SEE N	III AND	A) Substitution		[]	2	2021	1	(SEE IN	STRUC	TIONS	FOR CODES
Summary of Re	ecaints .		n byw esy	Atali		MO.	DAY	YEAR	F	OR OF	FICE L	ISE OI	ALY I
and Expenditur	es from:	11	72 20	21	То	12	31	2021					
A. Amount Brought	Forward From La	st Rep	ort		\$	30	74.	17			awer.		3
B. Total Monetary				dule I)	\$	4	650	[V]		1		MNFEB	241
C. Total Funds Ava			nd B)		\$	Ø	•	•		C 201	67) mm) not	1	C. S
D. Total Expenditur	es (From Schedule	HI)			\$	6	191	62		man.			AND SECOND
E. Ending Cash Bala	ance (Sübtract Line	D fro	m Line C)		\$	12	32	55			ren Li	A. Inc	TI.
F. Value of In-Kind	d Contributions Re	ceived	(From Sched	ule II)	\$					die in	er Cha)) (D	Approxis
G. Unpaid Debts and Obligations (From Schedule IV)													
PARTY TO affirm the	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.												
		iia 'riie	accached Schedu	iles, on p	aper (or combra	er diske	ette, are to	the best of	my kno	wiedge	and be	lief true,
Sworn to and subscri	ibed before me this Februaru				3	Lu	1106	a sta	un C	4)	1,		
day of	10 10		20_	22_	1	Juc	1411	Signature of	of Person Si	J V C	Repor	7	
- ofsel	UL M. Jonk Signature	rod .			>	Mil	nes	1a Ka	May Printed Ner	440	di	1	
My commission expi	ires August	3	2024	_								l.	
	MO. DAY YR. Area Code Daytime Telephone Number												
Zaran Establish	PART: II : (C. this is a report of a Candidate's Authorized Committee, candidate shall sign here.												
I swear (or affirm) the (P.L. 1333, No. 320) as	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 subscr	ibed before me this							\wedge					
- Jull	Signature of Cendidate MTT NEXL												
My commission expi	Signature My commission expires August 3 2024 MO. DAY YR. Area Code Deytime Telephone Number												
					-	and the second	To Street His Co.	VIII TO THE REAL PROPERTY.	CHARLES NO.			Carmon 2	

Commonwealth of Pennsylvani Deligitiment of State
Bureau of Commissions, Elections and Legislation

JOELLE M. TOMKINS - Notification
Lehigh County
Harrisburg, PA 17120-0029
(717) 787-5280

DSEB-502MJ76891mission Expires Aug 3, 2024 Commission Number 1373041

SCHEDULE I

PAGE 2 OF _____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page					
Name of Filing Committee or Candidate Reporting I From _/			eriod <u> /2 2 /2 </u> To <u> 12/3) /2 </u>		
HE UNITEMIZED CONTRIBUTIONS AND RECEIPTS \$50.00 OR LESS	a: (e/e) / (
TOTAL for the Reporting Period	(1)	\$	50,00		
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART)		1.7			
Contributions Received from Political Committees (Part A)		\$.	_		
All Other Contributions (Part B)		\$	3 700		
TOTAL for the Reporting Period	(2)	\$	3 00		
	ACTION MINISTER AND ACTION	med mit as Lead.			
3 GONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)					
Contributions Received from Political Committees (Part C)		\$	800.		
All Other Contributions (Part D)		\$	3 500		
TOTAL for the Reporting Period	(3)	\$	4300		
47-OTHER REGERES - RELUNDS INTERES MEARNED FRETURNED FOR	EOKS#ETC	, (FR	OVERSITE ***		
TOTAL for the Reporting Period	(4)	\$	ø		
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.)		\$	4,650.00		
			A STATE OF THE STA		

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 MATT FOR MAYOR	From	-	1 To 12/31/21
	DATI		AMOUNT
Full Name of Contributor Blown 1	NO LOAY	21	\$ LOO'
24 Charles St #3	Mo Jay		\$
NW YORK State Zip Code (Plus 4) NY 10014-	MOKE SEDAY		\$
Wald Boly	MO DAY 12 19	121	\$ 600
520 Tune St	MO. DAY	EVEAR	\$
DA IPONG -	MO. PAY		\$
Full Name of Contributor. Owner Description Full Name of Contributor.	MO: - DAY	YEAR 2/	\$ 100.
Mailing Address 1645 W Turner	MO. H. DAY	EYEAR#	\$
Full Name of Contributor PiOwedes Malling Address 1645 W Turne City Allewown State Zip Code (Plus 4) 18/62	MO PAY		\$
Full Name of Contributor	MO: DAY	WEAR T	\$
Mailing Address	MO: DA)	(AT EXYENTED	\$
City State Zip Code (Plus 4)	MO. DAY	A EYEAR	\$
Full Name of Contributor	MOZZI ZEDAV	YEAR	\$
Mailing Address	MO: FDA	YEAR	\$
City State Zip Code (Plus 4)	MO. DAY		\$
Full Name of Contributor	MOXXXI VEDVA		\$
Mailing Address	MO. = DA	YEAR	\$
-	MO:	YES AYEAR	\$
Full Name of Contributor	MO: A DAY		\$
Mailing Address	MO DA	Y- YEAR	\$
City State Zip Code (Plus 4)	MO	Y= YEAR	\$
Full Name of Contributor	MO 😑 DA	YEAR	\$
Mailing Address	MO.	Y TYEAR	\$
City : State Zip Code (Plus 4)	MORE HOA	Y YEAR	\$
		A	PAGE TOTAL
Enter Grand Total of Part B on Schedule I, Detailed Summary P	'age, Sect	ion 2.	\$

AGE	OF	

Reporting Period

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

WATT FOR MAYON				1/22/	21 To 12/31/21
er til state for til som seller og til som seller og til state skalende seller og til ett som seller og til ett		DATE		AMOUNT	
Full Name of Contributing Committee FYLENDS of DACYL HEND	nicks	12	B B	21	\$ 300
Mailing Address 1431 W LIVOEN			1270AV		\$
GITY ALLENTOWN PL	Zip Code (Plus 4) (8102	MO.	DAY	YEAR	\$
Full Name of Contributing Committee FNICAMS of Mike Sc	hloss bur	/ 2	/ ¥	YEAR 21	\$ 5700
Mailing Address 944 N 1974 ST		MO.	DAY	YEAR	\$
City AUENTOWN State DA	Zip Code (Plus 4) 18104	= MO	#SDAY	EYEAR	s
Full Name of Contributing Committee		EMO	DAY	VYEAR	\$
Mailing Address		MO	DAY	ETYEAR	\$
City State	Zip Code (Plus 4)	MO.≥	DAY	YEAR	\$
Full Name of Contributing Committee		MO	E DAY	evere.	\$
Mailing Address		±±Moi≦	E DAY.S	YEAR !	\$
City	Zip Code (Plus 4)	- MOV	DAY	TYEAR	\$
Full Name of Contributing Committee		MO.	E SDAYA	∴YEAR#	\$
Mailing Address		- мо.	T DAY	YEAR	\$
City State	Zip Code (Plus 4)	Mo:	DAY	YEAR	\$
Full Name of Contributing Committee	ALCOHOLD STATE OF THE STATE OF	MO	DAY	- YEAH	\$
Mailing Address		MO.	DAY	YEAR	\$
City State	Zip Code (Plus 4)	= MO	DAY	EVEAR	\$
Full Name of Contributing Committee		MO.	DAY	EYEAR	\$
Mailing Address		∰Mo.	. FDAY¥	YEAR	\$
City State	Zip Code (Plus 4)	- MO.	DAY	YEAR	\$
Full Name of Contributing Committee			DAY	YEAR	\$
Mailing Address			# DAY	YEAR	\$
City	Zip Code (Plus 4)	# MO	# DAY	YEAR	\$
	PAGE TOTAL				
Enter Grand Total of Part C on Schedule DSEB-502 (7-99)	\$				

PART D **ALL OTHER CONTRIBUTIONS**

PAGE _____ OF ____

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	Reporting Period			
MATT FOR MAMON	From 11/22/21 To 12/31/22			
	DATE AMOUNT			
Full Name of Contributor	8-19-17-VIII-1-17-17-18-18-18-18-18-18-18-18-18-18-18-18-18-			
Full Name of Contributor Twen	12 6 21 \$ 1000.			
Mailing Address	MO DAY YEAR \$ MO.W			
53 Stoke henze	16 14 61			
City State Zip Code (Plus 4) Almost Law XIII State XIII Code (Plus 4)	TMD. A EDAYL EYEART			
7000000				
Employer Name Www Cowfy SD	School Psycholyst			
Employer Mailing Address/Principal Place of Business	1 000-01 10900000112.			
Roban County, K4				
The second secon	MOE EDAY SYEAR A			
Full Name of Contributor Edwin Baldridge	12 17 21 \$ 250			
Mailing Address	MANUEL EXERNE S			
304 Lutz nu				
City State Zip Code (Plus 4) Pa 19530 -	MOJE YEAR			
	Occupation			
Employer Name Relation Asset March	Emercial			
Baldrig Asset Mynt Employer Mailing Address/Principal Place of Business	PINATAS			
Kutztown, PA				
	WOULD PUBLISHED THE PROPERTY OF THE PROPERTY O			
Full Name of Contributor Joseph Schlenbergy	12 18 21 \$ 250			
	MOD PAY TYEAR S			
Mailing Address 835 Benne pu				
State Zip Code (Plus 4) Alwhow RA (8/09-	MO. DAY YEAR S			
Employer Nama 18104-				
LVHN	Occupation Physicians			
Employer Mailing Address/Principal Place of Business				
Allwown PA				
Full Name of Contributor	DEMO. S PAYER WYEARS			
Mailing Address Mailing Address	12 29 21 \$ 250			
Mailing Address 2824 W Chur	MOW WDAY SYEARS			
Allund RA 18104 -	MO. DAY WEAR S			
Employer Name	Occupation			
rt.	ret.			
Employer Mailing Address/Principal Place of Business	10.			
N/A				
Full Name of Contributor	EMOSE CODAYER EYEARS			
Cynthia Blaschak	12 28 21 \$ 250			
Mailing Address	TIMO. SYEAR \$			
Mailing Address 3547 Astr Ct. City Allebown State 18109-				
State Zip Code (Plus 4) PA (8109-	MO. DAY YEAR \$			
Employer Name	Occupation			
NA	met.			
Employer Mailing Address/Principal Place of Business				
N/A				
	PAGE TOTAL			
Enter Grand Total of Part D on Schedule I, Détailed Summai	y Page, Section 3. \$ 2,500			
DSEB-502 (7-99)	7 0 1 0			

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.)

Ivame of ruing Committee or Candidate	Reporting Period	/			
MATT FOR MMAN	From	12/31/21 of 12/31/21			
	DATE	AMOUNT			
Full Name of Contributor (G Johns an Mailing Address	MO: DAY YEAR	\$ 500,-			
Mailing Address	12 7 2/	5001			
City Mountain Lawle		\$			
City Corpers hung Fa 180 36	A MOST BAY YEAR.	\$			
Employer Name Al 10	Occupation	<u> </u>			
Northstar Const.	PRESIDE	ENT			
Employer Mailing Address/Principal Place of Business A / (J D W) (A					
Full Name of Constitutor	MO DAY				
Robert Brooks	12 13 21	\$ 500.			
Mailing Address 701 Hamilton St	Met DAY YEAR	\$			
City State Zip Code (Plus 4)	MO. DAY TYEAR				
4 lentoun 18 18101 -		\$			
Employer Name Brooks Sports Group Employer Mailing Address/Principal Place of Business	Occupation:				
Employer Mailing Address/Principal Place of Business	YRINC114				
Allertown, PA					
Full Name, of Contributor	MO. PEAN YEAR				
Mailing Address	MO DAY WEAR	\$			
		\$			
City State Zip Code (Plus 4)	MO DAY YEAR				
Employer Name		\$			
	Occupation				
Employer Mailing Address/Principal Place of Business	<u> </u>				
Full Name of Contributor	and the state of t				
Control of Control Partor.	MO. DAY YEAR				
Mailing Address	WO I RIDAY YEAR				
City State Zip Code: (Plus 4)		\$			
well rense of	MC Z SOAY YEAR	\$			
Employer Name	Occupation	<u> </u>			
Employer Mailing Address/Principal Place of Business	1				
A COLUMN CAMPAN AL MARKETS					
Full Name of Contributor	MO. DAY YEAR				
Mailing Address		\$			
The control of the c	MO POXY	\$			
City State Zip Code (Plus 4)	DAY YEAR				
Employer Name		\$			
Occupation Occupation					
Employer Mailing Address/Principal Place of Business					
Enter Grand Total of Part D on Schedule I, Detailed Summary	/ Page, Section 3	PAGE TOTAL			
QSEB-502 (7-99)	ः । गणु श्चकु णाङ्ग् । अस्य गरं जनकश्चनी है हैं । विहेश	\$ 1000			

P	AGE	OF	

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		Reporting Period
Mant For Mayor		From 11/22/21 To 12/31/22
1043 1 40 10440.0		
To Whom Paid STATE FARM INSURA	wit	MO. DAY FYEAR Amount \$ 79.16
Mailing Address PO (Shox 5225)		Description of Expenditure OFFICE INSURANCE
PHOENIX	State Zip Code (Plus 4) A Z 857 72-	0,100 //
To Whom Paid MINHAELL BYEN		12 2 21 \$ 121.53
Mailing Address 1013 BINCH ST		Description of Expenditure VEVEL NUMBER VERNEL NU
LAVNUS STATION	State Zip Code (Plus 4)	
To Whom Paid A 1 + BW		MO DAY YEAR Amount 36.16
Mailing Address 366 Summer St		Description of Expenditure NUSSM FEES
Somerille	State Zip Code (Plus 4) MA 02/44-	
To Whom Paid Mary Dut		72 3 21 \$ 3500
Mailing Address 40 S 16TH ST		Description of Expenditure
ALLENTOWN	PA Zip Code (Plus 4)	1
To Whom Paid MICHAELA BOYEN Mailing Address		12 15 21 \$ 2000
CO13 BINLY ST		Description of Expenditure
Mays STATION	State Zip Code (Plus 4)	
To Whom Paid City Century Mailing Address		MO. DAY YEAR Amount 12 27 21 \$ 600.80 Description of Expenditure
645 Hamilton	ste 600	Office rest
Allentown	State Zip Code (Plus 4)	
To Whom Paid Rewing Coffee Mailing Address		12 28 21 \$ 104.77
27 N 7th		Description of Expenditure Vefreshments
Allentiun	State Zip Code (Plus 4)	
To Whom Paid Well'S Furzo	All and a second	MO DAY YEAR Amount 50
Malling Address 506 N 1974		Description of Expenditure
To Whom Paid Well'S Fary Malling Address 506 N 1974 City A Up-Lawn	State Zip Code (Plus 4) 18102	64N 12 1005
	The second secon	PAGE TOTAL
Enter Grand Total of Expenditures on Page	age, Item D. \$ 6491.62	