

## Commonwealth of Pennsylvania - Campaign Finance Report

Filer Identification	(Note: This repo	Filed By	Candida			ommittee			Lobb	vist	
Number	(Mark	Service of the servic	Canada							1.5	
Name of Filing Committee, Candidate Lobbyist	e or AFFA F	OR ALLENT	OWN								
Street Address	4051 PI	RIMROSE DI	RIVE								
City ALLENTOWN			State	PA	7	ip Code	18104				
Type of Report (Place x under report	type)										
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Pre-Primary Pre-Primary Prima			<sup>nd</sup> Friday - Election	6-30 Da Election	525,000,000,000,000,000	- Annual	Special 2 Pre-Elec	en Friday tion		lal 30 Da Election	
	X   [										
Date Of Election (MM/DD/YYYY) 0	<b>Year</b> 5/16		2023	Amendr Report	ment		Termína Report	tion			
	i Date	To Date				For	Office Use	Only			(162 G) (185 G)
	5/1/2023	6/5/20	23					e#51	2023		
A. Amount Brought Forward From La  B. Total Monetary Contributions and		12,277									18 to 1
(From Schedule I) C. Total Funds Available	\$	30.0						10	Ţ.	2000	
(Sum of Lines A and B) D. Total Expenditures	\$	12,307 6,579							PH		
(From Schedule III) E. Ending Cash Balance	\$	5,548.						~	5	O	
(Subtract Line D from Line C)  F, Value of In-Kind Contributions Rec (From Schedule II)	celved \$	0.00									
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	0							ary Seal	2024 9
			Affidavit Se							N P	9
Part 1- If this is a Committee report, treas I swear (or affirm) that this report, including	urer sign here. If this ng the attached sche	s is a <b>Candidat</b> edules on pape	te report, co er, is to the	endidate signed best of my	n here. knowledge	and belief t	rue, correct	and comple	te.	ota y	Marci r 136
Sworn to and subscribed before me this	02			9	d /	AN	10	_		Pennsylvania - bleton, Notary ifah County	expires Ma n number 1
day of Time 20	<u>スラ</u>	`]	-	Auce si	gnature of	Person Sulson	itting (e)po	rt			
Signature		Ĺ	_	Ruc		Printed Nam		1		a Du	commission Commissio
My Commission expires 03 09	2024	. •		484		_6	64-9	750		Commonwealth of Angela Dum Let	My commission Commissio
MO. DA	Y YR.		1	Area Code		Day	time Telep	hone Numb	er	Com	Σ
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 legger this point of committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as											
I swear (or affirm) that to the best of my k amended.	<b>.</b>	4	committee	Has Hot Ald	iaceu ariy p	ONISIONS OF	ine Aut OI JU	1116 9, T23\	Į1°.L. ±33	sJ, 14U,JZ	) d3
Sworn to and subscribed before me this	Notary	<sup>29</sup> , 2025		1		,	n n 1				
Hith gay, or July, 1 (20	<b>∖</b> 44   .'	UJAN - Notary Public Notary Public Expires March 29, 20 n Number 1394734		<u>[</u>	nted	1 (	J. Y.				
Munta			<del></del>	- (1	1001	ure of Candi	The F	1			
Signature 4.40 M		Lehie ion Ex		1.11	Pr	inted Name	92	889	5		
My Commission expires Mo. DAY	AK. A Sunsylvania	Commission Nun	***	Area Code	_	<u>ر</u> Day	time Teleph	one Numbe	r		
	l pe	5 8°									

### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number		
		· ·
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	30.00
2. Contributions of \$50.01 to \$250.00 (From	<del>-</del>	
Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	
	*	0.00
All Other Contributions (Part B)	\$	0.00
	1.	0.00
Total for the reporting period (2)	\$	0.00
3. Contributions Over \$250.00 (From Part C and Part D)	<u> Т</u>	
S. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
	'	0.00
All Other Contributions (Part D)	\$	0.00
	12	10.00
Total for the reporting period (3)	\$	0.00
The Calling December 1 and 1 a		
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
	1 4	
Total for the reporting period (4)	\$	0.00
Total Monetary Contributions and Receipts during this reporting period (Add and	\$	

Cover Page, Item B)

30.00

#### 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.

City   State   Zip Code   Date [MM/DD/YYYY]   \$  Full Name of Contributing   Date [MM/DD/YYYY]   \$  Committee   Date [MM/DD/YYYY]   \$  House #   Street Address   Date [MM/DD/YYYY]   \$	Filer Identificatio	n Number				
Full Name of Contributing Committee    Date   MM/DD/YYYY	den la luy is dis syre	Letter of the AND 11		The first of the second of the		Amount'
House # Street Address   Date [MM/DD/YYYY]   S    Full Name of Contributing   Date [MM/DD/YYYY]   S    City   State   Zip Code   Date [MM/DD/YYYY]   S    City   State   Zip Code   Date [MM/DD/YYYY]   S    Full Name of Contributing   Date [MM/DD/YYYY]   S    City   State   Zip Code   Date [MM/DD/YYYY]   S    Full Name of Contributing   Date [MM/DD/YYYY]   S    Full Name of Contributing   Date [MM/DD/YYYY]   S    City   State   Zip Code   Date [MM/DD/YYYY]   S    Full Name of Contributing   Date [MM/DD/YYYY]   S    City   State   Zip Code   Date [MM/DD/YYYY]   S    City   Date [MM/DD/YYYY]   S    City   State   Zip Code   Date [MM/DD/YYYY]   S    City		ontributing				
City   State   Zip Code   Date [MM/DD/YYYY]   S    Full Name of Contributing   Date [MM/DD/YYYY]   S    Full Name of Contributing   Committee   Date [MM/DD/YYYY]   S    Full Name of Contributing   Committee   City   State   Zip Code   Date [MM/DD/YYYY]   S    Full Name of Contributing   Committee   City   State   Zip Code   Date [MM/DD/YYYY]   S    Full Name of Contributing   Committee   Date [MM/DD/YYYY]   S    Full Name of Contributing   Committee   Date [MM/DD/YYYY]   S    City   State   Zip Code   Date [MM/DD/YYYY]   S    City   Date [MM/D	Committee					
Date	House #	Street Addres	s		Date [MM/DD/YYYY] \$	
Date						
House #   Street Address   Date [MM/DD/YYYY]   S	City		State	Zip Code	Date [MM/DD/YYYY] \$	
House #   Street Address   Date [MM/DD/YYYY]   S	Eill Manualde		10000000000000000000000000000000000000		Date State of State o	
City   State   Zip Code   Date [MM/DD/YYYY]   \$    Full Name of Contributing   Date [MM/DD/YYYY]   \$    City   State   Zip Code   Date [MM/DD/YYYY]   \$    Full Name of Contributing   Date [MM/DD/YYYY]   \$    Full Name of Contributing   Date [MM/DD/YYYY]   \$    City   Street Address   Date [MM/DD/YYYY]   \$    City   Street Address   Date [MM/DD/YYYY]   \$    City   Date [MM/DD/YYYY					Date [MM/QU/YYYY] \$	
City   State   Zip Code   Date [MM/DD/YYYY]   \$    Full Name of Contributing   Date [MM/DD/YYYY]   \$    City   State   Zip Code   Date [MM/DD/YYYY]   \$    Full Name of Contributing   Date [MM/DD/YYYY]   \$    Full Name of Contributing   Date [MM/DD/YYYY]   \$    City   Street Address   Date [MM/DD/YYYY]   \$    City   Street Address   Date [MM/DD/YYYY]   \$    City   Date [MM/DD/YYYY	House#	Street Address	sl		Date/MM/DD/VVVVI 5	
Full Name of Contributing City State Zip Code Date [MM/DD/YYYY] S  Full Name of Contributing Committee  Date [MM/DD/YYYY] S  Full Name of Contributing Committee  Date [MM/DD/YYYY] S  City State Zip Code Date [MM/DD/YYYY] S  City State Zip Code Date [MM/DD/YYYY] S  City State Date [MM/DD/YYYY] S  Full Name of Contributing City State Zip Code Date [MM/DD/YYYY] S  Full Name of Contributing Committee  Date [MM/DD/YYYY] S  City State Date [MM/DD/YYYY] S  City State Date [MM/DD/YYYY] S  City State Date [MM/DD/YYYY] S						
Full Name of Contributing City State Zip Code Date [MM/DD/YYYY] S  Full Name of Contributing Committee  Date [MM/DD/YYYY] S  Full Name of Contributing Committee  Date [MM/DD/YYYY] S  City State Zip Code Date [MM/DD/YYYY] S  City State Zip Code Date [MM/DD/YYYY] S  City State Date [MM/DD/YYYY] S  Full Name of Contributing City State Zip Code Date [MM/DD/YYYY] S  Full Name of Contributing Committee  Date [MM/DD/YYYY] S  City State Date [MM/DD/YYYY] S  City State Date [MM/DD/YYYY] S  City State Date [MM/DD/YYYY] S	City		State	Zip Code	Date IMM/DD/YYYYI S	
Committee   Comm						
Date [MM/DD/YYYY]   S		ntributing			Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
City   State   Zip Code   Date [MM/DD/YYYY]   \$	Committee					
Full Name of Contributing Committee  House # Street Address  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  House # Street Address  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  Date [MM/DD/YYYY] \$  Full Name of Contributing City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee	House #	Street Address	<b>S</b>		Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee  House # Street Address  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  House # Street Address  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  Date [MM/DD/YYYY] \$  Full Name of Contributing City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee						
Committee  House # Street Address   Date [MM/DD/YYYY]   \$    Full Name of Contributing   Date [MM/DD/YYYY]   \$    Full Name of Contributing   Committee   Date [MM/DD/YYYY]   \$    City   State   Zip Code   Date [MM/DD/YYYY]   \$    Full Name of Contributing   Date [MM/DD/YYYY]   \$    House #   Street Address   Date [MM/DD/YYYY]   \$	City		State	Zip Code	Date [MM/DD/YYYY] \$	
Committee  House # Street Address   Date [MM/DD/YYYY]   \$    Full Name of Contributing   Date [MM/DD/YYYY]   \$    Full Name of Contributing   Committee   Date [MM/DD/YYYY]   \$    City   State   Zip Code   Date [MM/DD/YYYY]   \$    Full Name of Contributing   Date [MM/DD/YYYY]   \$    House #   Street Address   Date [MM/DD/YYYY]   \$						
City   State   Zip Code   Date [MM/DD/YYYY]   \$    Full Name of Contributing   Date [MM/DD/YYYY]   \$    House #   Street Address   Date [MM/DD/YYYY]   \$    City   State   Zip Code   Date [MM/DD/YYYY]   \$    Full Name of Contributing   Date [MM/DD/YYYY]   \$		ntributing			Date [MM/DD/YYYY] \$	
City   State   Zip Code   Date [MM/DD/YYYY]   \$    Full Name of Contributing   Date [MM/DD/YYYY]   \$    House #   Street Address   Date [MM/DD/YYYY]   \$    City   State   Zip Code   Date [MM/DD/YYYY]   \$    Full Name of Contributing   Date [MM/DD/YYYY]   \$	House #	Street Address	1	/	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  House # Street Address  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$				/		
House # Street Address Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Date [MM/DD/YYYY] \$  House # Street Address Date [MM/DD/YYYY] \$	City		State	Zip Code	Date [MM/DD/YYYY] \$	
House # Street Address Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Date [MM/DD/YYYY] \$  House # Street Address Date [MM/DD/YYYY] \$						
House # Street Address Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Date [MM/DD/YYYY] \$  House # Street Address Date [MM/DD/YYYY] \$		ntributing			Date [MM/DD/YYYY] \$	·············
City   State   Zip Code   Date [MM/DD/YYYY]   \$  Full Name of Contributing   Date [MM/DD/YYYY]   \$  Committee   Date [MM/DD/YYYY]   \$  House #   Street Address   Date [MM/DD/YYYY]   \$	Committee				4.3	
Full Name of Contributing Committee  House #   Street Address   Date [MM/DD/YYYY]   \$	House #	Street Address			Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee  House #   Street Address   Date [MM/DD/YYYY]   \$						
Committee House #   Street Address   Date [MM/DD/YYYY]   5	City		State	Zip Code	Date [MM/DD/YYYY] \$	
Committee House #   Street Address   Date [MM/DD/YYYY]   5				Programme Commence		
	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] \$						
	City	1 * * * * * * * * * * * * * * * * * * *	State	Zip Code	Date [MM/DD/YYYY] \$	, ,
<b>3</b> 60,681						

#### 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 Identificati	on Number:				
					/
Full Name of C	ontributor	· •	.,,,,	Date [MM/DD/YYYY] \$	
	2015 - 2 105 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
House #	Street Addre	SS		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of C	ontributor			Date [MM/DD/y/YY] \$	
House #	Street Addre	SS		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of C	entributor			Date [MM/DD/YYYY] S	
					Ī
House #	Street Addre	Sec	<i>-</i>	Date [MM/DD/YYYY] \$	<u></u>
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of C	ontributor	<u> </u>		Date [MM/DD/YYYY] \$	
House #	Street Addre	ss		Date [MM/DD/YYYY] \$	
	100	<u> </u>		<u> </u>	
City	N/4034034	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of C	ontributor		Turking y California page of	Date [MM/DD/YYYY] \$	
电线线 医原生素					
House #	Street Addres	/ ssl		Date [MM/DD/YYYY] \$	
	7				
City	/	State	Zip Code	Date [MM/DD/YYYY] \$	
City 1		2.414	ZIP SOME		
Full Name of C	ontributor		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	
	/				
House #	  Street Addres	£ .		Date [MM/DD/YYYY] \$	
/					
Cin/	S48 2 50 7 50 5	State	Zip Code	Date [MM/DD/YYYY] \$	
City		otate	Tip code	Date [MM/DD/YYYY] 5	
		88.38		H-03 6,74	

#### 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.

Filer identification	) Number:				
	3.1.1.4.9.70.53.88				
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$ /
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Contributing Co	mmittee	· 安州· 建金		Date [MM/DD/YXYY]	<b>\$</b>
House #	Street Address			Date [MIN/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	<b>5</b>
Full Name of Contributing Co	mmittee	(3878-Z-758)	P 60% 中華 000元 開発者	Date [MM/DD/YYYY]	<b>\$</b>
House #	Street Address	5		Date [MM/DD/YYYY]	<b>5</b>
City		State	Zip Code	Date [MM/DD/YYYY]	<b>S</b>
Full Name of Contributing Co	mmittee	province and		Date [MM/DD/YYYY]	<b>5</b>
House #	Street Address	ŝ		Date [MM/DD/YYYY]	<u>.</u>
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	<b>   </b>
Full Name of Contributing Co	mnittee			Date [MM/DD/YYYY]	<b>.</b>
House #	Street Address	<u> </u>		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Co	mmittee	to see 9.5 day		Date [MM/DD/YYYY]	S
House #	Street Address	<b>5</b>		Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	Š

## 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] \$	
i Employer Name		1000,500 a.d.	8 110 120 120 120 120 120 120 120 120 120	Occupation	
mployer Mailin Principal Place o					
Full Name of Cor				Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		18- 88-2003		Occupation	
Employer Mailin Principal Place o	g Address /				
Full Name of Co	5.3 5			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] -\$	
Employer Name			The state of the s	Occupation	
Employer Mailir Principal Place o					
Full Name of Co				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		139, 5, 56, 733, 1		Occupation	
Employer Mailis Principal Place o	ng Address / of Business				

## 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 Number: **Full Name** Street Address House # Date [MM/DD/YYYY] Zip State City Code Receipt Description Full Name Street Address House # Date [MM/DD/YYYY] State Zip City Code Receipt Description Full Name House # Street Address Date [MM/DD/YYYY] State Zip City Code Receipt Description Full Name Street Address House # Date [MM/DD/YYYY] Zip State City Code Receipt Description Full Name Street Address House # Date [MM/DD/YYYY] Zip State City Code Receipt Description Fuil Name House # Street Address

Zip

Code

State

City

Receipt Description

Date [MM/DD/YYYY]

#### 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 CONTR	IBUTIONS RECEIVED-VA	UE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	TO \$250,00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE	EIVED-VALUE OVER \$25	0.00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals f	ONS DURING THIS REPO From boxes 1, 2, and 3;	RTING \$   so enter	
on Page 1, Report Cover Page, Item F)	, , ,		

## SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification	Number:				
Full Name of Cor	itributor			Date [MM/DD/YYYY]	\$ /
				Description (VAAVI	\$ /
House #	Street Address			Date [MM/DD/YYYY]	<b>3</b>   /
		State	Zip Code	Date [MM/DD/YYYY]	\$/
City		State	ZIP.COGE		$Z_{\parallel}$
Description of Co	ontribution		Stiff and Experience and Stiff		1991-1992
Full Name of Cor	ntributor	5 <sup>5</sup> 1		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	<b>5</b>
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	ontribution			/	
Full Name of Co	ntributor.			Date [MM/DD/YYYY]	
House #	Street Address	·		Date [MM/DD/YYYY]	<b>*</b>
City		State	Zije Code	Date [MM/DD/YYYY]	<b>`\$</b>
Description of C	antribution		_/		
				The section hands	W.38
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
in State of State of St		/		Date [MM/DD/YYYY]	<b></b>
House #	Street Address			Date [Initi] DD/ 11/11/1	
-1		State	Zip Code	Date [MM/DD/YYYY]	<b>8</b>
City		Jiale	<b>24</b> , 23.		
Description of C	Contribution		Interpresentation ≤		
Full Name of Co	intributor /	84]		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
/					
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	Contribution	74 5 VA1 VA1			

## SCHEDULE II Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Filer identification Number:			
Full Name of Contributor			Date [MM/DD/YYYY] 5
House # Street Addres	55 15		Date [MM/DD/YYYY] \$
			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		# 25 (20 E P. S.	Occupation
Employer Mailing Address / Principa	<u>8490</u> 1840		Description
Employer Mailing Address / Principa Place of Business			of Contribution
Full Name of Contributor			Date [MM/pb/YYYY] \$
House # Street Addres			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] S
Employer Name		<u> 1920:2088/2004</u> /	Occupation
Employer Mailing Address / Princip		<del>/-</del>	Description
Place of Business			of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Addres	is.		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		医小线 网络红色学学	Occupation
Employer Mailing Address / Princip	al /		Description
Place of Business	/		of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Addre	55		Date [MM/DD/YYYY] \$
Clity		Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Princip			Description
Employer Mailing Address / Princip Place of Business			of Contribution

# Statement of Expenditures

Filer Identification Number:	

To Whom Paid			Date [MM/DD/YYYY]	\$	
LV PRINT CENTER/HA	RKI <b>N'</b> S SIGNS		5/2/2023	2,842.49	
House # 1701 Street Address U	NION BLVD., SUITE 114	Description of Expend	iture		
City ALLENTOWN	State PA	Zip Code 18109	MAILER, MAIL MERGE, PER	MIT & POSTAGE	
To Whom Paid LEHIGH COUNTY DEN	OCRATIC COMMITTEE	E	Date [MM/DD/YYYY] 5/16/2023	\$ 100.00	
House # Street Address P	.O. BOX 63		Description of Expend	iture	
City ALLENTOWN	State PA	Zip Code 18105	CONTRIBUTION		
To Whom Paid			Date [MM/DD/YYYY]	\$ 5	
CAROL GONZALEZ			5/23/2023	200.00	
House # 123 Street Address N	, FRANKLIN ST.		Description of Expend	iture	
City ALLENTOWN	State PA	Zip Code 18102	CALL TIME SERVICES		
To Whom Paid	Maria Cara		Date [MM/DD/YYYY]	200.00	
JANET KESHL			5/23/2023	18.0 kg	
House # 119 Street Address WEST WABASH ST			Description of Expenditure		
City ALLENTOWN State PA Zip Code 18103			CALL TIME SERVICES		
To Whom Paid CANDIDA AFFA			Date [MM/DD/YYYY] 5/23/2023	225.00	
House # 624 Street Address P	RIMROSE LANE		Description of Expend	liture	
City ALLENTOWN	State PA	Zip Code 18104	OFFICE SUPPLIES		
To Whom Paid	(50, 10, 20, 20, 20)	The state of the s	Date [MM/DD/YYYY]	\$ 200.00	
LUGLLE LEHRICK			05/23/2023		
House # 4049 Street Address	PRIMROSE DRIVE		Description of Expenditure		
City ALLENTOWN	State PA	<b>Zip</b> Code 18104	CALL TIME SERVICES		
To Whom Paid			Date [MM/DD/YYYY]	200.00	
LUCETTA MICKLEY			05/23/2023 Description of Expens		
House # 4051 Street Address	House # 4051 Street Address PRIMROSE DRIVE			BLURE	
City ALLENTOWN	State PA	Zip Code 18104	TREASURER SERVICES		
To Whom Paid	1		Date [MM/DD/YYYY]	\$ 1,250.00	
JACK ZIETS			6/1/2023		
House # 3596 Street Address	STONE GATE DRIVE		Description of Expen	diture	
City ALLENTOWN	State PA	Zip Code 18034	CAMPAIGN MANAGEME	NT SERVICES	

# Statement of Expenditures

	O (	
Filer identification Number		

			Date [MM/DD/YYYY] \$
To Whom Paid NGP VAN/EVERY ACTION			5/4/2023
House # 655 Street Address 15TH STREET, NW			Description of Expenditure
City WASHINGTON	State DC	Zip Code 20005	NGP VAN MOBILIZE CORE
To Whom Paid EMMA BRO	WNING	A Self-accompany of contrast of	Date [MM/DD/YYYY] \$ \$ 100.00
House # 2835 Street Address BATH PIKE			Description of Expenditure
City NAZARETH	State PA	Zlp 18064	CALL TIME SERVICES
To:Wiom Raid			Date (MM/DD/YYYY) \$ 1,242.88
GETTHRU  House #   9450 Street Address   SW GEMINI DRIVE, PMB 79340			Description of Expenditure
9450	State OR	Zip	THRU TEXT USAGE FEE PER MESSAGE PLAN
BEAVERTON To Whom Paid		Code	Date [MM/DD/XXXXI] \$
			Description of Expenditure
	State	<b>Zip.</b>	
-City		Code	Date (MM/DD/YYYY) \$
To Whom Paid			
House # Street Add	dress		Description of Expenditure
City	State	Zip :Eode	The state of the s
To Whom Paid			Date [MM/DD/YYYY] \$
House# Street Ad	dress		Description of Expenditure
City	State	Zip Code	
To Whom Paid		PA Transition of the Party of t	Date [MM/DD/MYYI] \$
House # Street A			Description of Expenditure
City	State	Zip Code	
To Whom Paid		<b>2005</b>	Date [MM/DD/YYYY] \$
House # Street A			Description of Expenditure
	State	Zip	
City		Code	

# Statement of Unpaid Debts

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

lame of Creditor				Outstanding Balance of Debt	
louse #	Street Address		OATE DEBT INCURRED		
		7 (1963) 1 (1964) 1 (1964)	[MM/DD/YYYY]		
ity .		State	Zip		
rhan alverte save d			Code		
escription of D				Outstanding Balance of Debt	
ame of Credito		DATE DEBT INCURRED			
louse #	Street Address	ddress [MM/DD/YYYY]		\$	
ity		State	Zip Code		
Description of D	ebt .				
Name of Credito	<b>)</b>	Outstanding Balance of Debt			
louse #	Street Address		DATE DEST INCURRED [MM/DD/YYYY]	\$	
( Per			<u> </u>		
ity		State	Zip Code		
Description of D	ebt				
Name of Credito	Dr.			Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	2016 <b>\$</b>	
			10.00 (10.00 d)		
City		State	Zip Code		
Description of D	Debt		1		
Name of Credit	or /			Outstanding Balance of Debt	
House#	Street Address		DATE DEBT INCURRED	\$	
		1 to 2 to 3	[MM/DD/YYYY]		
City		State	Zip Code		
Description of I	Debt	W-145   12   12			
	tor /	<u> </u>		Outstanding Balance of Debt	
Name of Credit	1800 Par (NO)	- Car	DATE DEBT INCURRED	\$	
Name of Credit	Street Address		[MM/DD/YYYY]		
	Street Address	State	Zip		