Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF _

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

	Ly Company		-70-5	ATTENDED TO SERVE					
Filer Identification Number:		Repor Filed	t By:	CANDID	ATE 1.	COMM	TIEE 2	LOBB	YIST 3.
Name of Filing Committee, Candidate or Lobbyist Friends of Ce-Ce Eerlach									
Street Address:	109 5,9			0000	GEN	W)			
City:	Allenbun			State		Zip Cod		-	
TYPE OF REPORT	PREPRIMARY	2ND FRIDAY PRE-PRIMARY	2.	30 CAY	3. NY	AMENDN REPORT?	ISN'T .	LS:	NO X
place X to the right of	PRE-ELECTION ANNUAL 7	2ND FRIDAY PRE-ELECTION YEAR	5.	30 DAY POST ELECTI FILING METH	STATE OF THE PARTY OF THE PARTY.	TERMINA REPORTA		13	No Y
report type)	REPORT			() CHECK		PARE	8	DISKE	ne
Name of Office Sough	164 town Cit	1 Counci	\	DATE OF	alaz	District Number	Office Code	Party Code P M RUCTIONS 1	County Code
Summary of Roand Expenditur	es from:	DAY YEAR	То	MO. DAY	2022	ing j	OR OFFICE	EDSE OF	NEY
	Forward From Last Report	and the second control of the second	\$	5,092,	13			E 3	
	Contributions and Receipts	Z a man in a control of the control	\$	7,271.0	18		many to the second	éde	44)- 24)-
	ilable (Sum of Lines A and	B)	\$	12,364	,01			1	
	es (From Schedule III)		\$		56				
ACCUSED OF THE PARTY OF THE PAR	ance (Subtract Line D from		\$	11,100	,45			-1	I
	d Contributions Received (F	122.	\$						
G. Unpaid Debts an	d Obligations (From Schedu	ile IV)	\$	(
Swear (or affirm) the correct and complete. Sworn to and subscribed day of the commission expired to the commission expired to the correct and the commission expired to the correct and the commission expired to the correct and the correc	R. YUWNUS Signature Mo. DAY	Confidence of Pensylvania - Net Pensylvania - Ne	f this is paper or	SHARO Area Cod	Signature of P	Rerson Su	bmitting R	-	
I swear (or affirm) the	s a report of a Candidate's at to the best of my knowledges amended.	and belief this poli	mittee, tical co	candidate sh nmittee has so	all sign here).			
Sworn to and subscr 27th day of My commission expi	January Signature Signature Signature Signature Signature	20 <u>23</u> 2025 YR.	} -	Cecl	Signati	ure of Can GN Finted Nam S47	lach EO35L	phone Numb	
	cpires March 18, 2025	or one and							

Commission number, Pennsylvania Association of Notaries

DSEB-502 (7-99)

State Bureau of Commissions, Elections and Legislation

Building Harrisburg, PA 17120-0029 6 (717) 787-5280

SCHEDULE I

PAGE 2 OF 7

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page			
Name of Filing Committee or Candidate Frights of Co-Ce Gerlach	reporting Per	191dodd to 12/3/10	22)
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50,00 OR LESS	PER CONT	TRIBUTOR	
TOTAL for the Reporting Period	(1)	\$ 810	
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$ 0	
All Other Contributions (Part B)		\$ 925	
TOTAL for the Reporting Period	(2)	\$ 925	
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)			
Contributions Received from Political Committees (Part C)		ls o	1-562
All Other Contributions (Part D)		\$ 5,500	
TOTAL for the Reporting Period	(3)		
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHE	CKS, ETC	C. (FROM PART E)	
TOTAL for the Reporting Period	(4)	\$ 36,28	

\$ 7,271.28

PAGE 3 OF 7

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.)

Friends of Ge Ge Gerlach	Reporting Period From \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	029 - 1313/12003
	DATE	AMOUNT
Full Name of Contributor Samantha Drennan	9 17 22	\$ 50
110 Macungle Ave and fl	MO DAY YEAR	\$ 50
Emmaus State Zip Code (Plus 4)	MO: DAY YEAR	\$.
Full Name of Contributor Sose Trocks	MO DAY YEAR	\$ 75
Mailing Address 1214 Jackson 120	MU: DAY YEAR	A CONTRACTOR OF THE PARTY OF TH
Gastonia State Zip Code (Plus 4) NC 28052-	MO- DAY YEAR	s
Full Name of Contributor Allison Michel	MO. DAY YEAR	\$100
1204 W. Market St	MO DAY YEAR	No. of the contract of the con
Bethlehem PA 18018 -	MO. DAY YEAR	
Ashleigh Strange	MO. DAY YEAR	\$100
815 S, Front St	MO. DAY YEAR	\$
Allentown PA 18103 -	MO. DAY YEAR	
Mailing Address Confide Santos	MQ. DAY YEAR	\$100
827 S. Jefferm St aut3	MO. DAY YEAR	\$
Allen own State Zip Code (Plus 4)	MO. DAY YEAR	s
Full Name of Contributor Melling Address Melling Address	MO. DAY YEAR	\$ 100
1124 W. Hamilton St	MO. DAY YEAR	\$
Allentaun PA 18101 -	MO DAY YEAR	\$
Full Name of Contributor Matthew Stahl	MO. DAY YEAR	\$ 100
Mailing Address 933 N. O++ S+	MO. DAY YEAR	\$
Allentown PA 18102 -	MO. DAY YEAR	\$
Full Name of Contributor Steve ZIMINSKy Mailing Address	MO. DAY YEAR	\$ 100
SIT Parkway Rd	MG. DAY YEAR	\$ 100
Allentoun State Zip Code (Plus 4)	MO DAY YEAR	\$
Enter Grand Total of Part B on Schedule I, Detailed Summary	Page, Section 2.	PAGE TOTAL \$ 925

ALL OTHER CONTRIBUTIONS

PAGE U OF

CVER \$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 Friends of Ge-Ce Ferlach	Reporting Period					
Theres of the Office	DATE AMOUNT					
Full Name of Contributor Daniel Wang	MO. DAY YEAR CO.					
Mailing Address	MO. DAY YEAR \$					
City State Zip Code (Plus 4)	MO DAY YEAR					
Allentown 14/18/04-	s					
Bloomberg UP	occupation Software engineer					
Employer Mailing Address/Principal Ptoble of Business 73 Lexing for Ave New York (14, NY	100 29					
Full Name of Contributor Anthony De Flore	Mg 8 da \$ 5,000					
Mailing Address 2352 W. Farriew St	MO DAY YEAR \$					
Allentaun PA 1864 -	MO. DAY YEAR					
Employer Name	Occupation					
PHINE Employer Mailing Address/Principal Place of Business	retired					
retired	2000 mm mass					
Full Name of Contributor	MO. DAY YEAR \$					
Meiling Address	MG. YEAR					
City State Zip Code (Plus 4)	MO DAY YEAR S					
Employer Name	Occupation					
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor	MO. DAY YEAR					
Mailing Address	MO DAY YEAR					
	\$					
City State Zip Code (Plus 4)	MO DAY YEAR \$					
Employer Name	Occupation					
Employer Mailing Address/Principal Place of Business	4					
Full Name of Contributor	MO. DAY YEAR					
Mailing Address	s					
	MO DAY YEAR \$					
City State Zip Code (Plus 4)	MO. DAY YEAR S					
Employer Name	Occupation					
Employer Mailing Address/Principal Place of Business						
First Court Taxal of Date D	PAGE TOTAL					
Enter Grand Total of Part D on Schedule I, Detailed Summar	y Page, Section 3. \$ 51500					

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Carididate Friends of Co-Ce Gerlach	From 11110022 To 10131/0022
To Whom Paid	
Wix.com	Description of Expanditure 1
San Francisco (A 94158	Website hosting
To Whom Faid ()	MQ. DAY YEAR Amount 17 10
Mailing Address 221 N. 15+ 5+	Description of Expenditure
City San Jose State Zip Code (Plus 4) (A 95/31-	tees
To Whom Paid Act Blue	MO. DAY YEAR Amount 7,66
Mailing Address 366 SUMM (1 State Zip Code (Plus 4)	Description of Expanditure Fees
Somerville MA 102144	
To Whom Paid ACT Blue Mailing Address	MO. DAY YEAR Amounts 6,96
SUB SUMMERST	Description of Expendique + CCS
Jomerville Malogi44	Amount
Act Blue	MO. DAY YEAR Amount 7,96 Description of Expenditure
Sity SUMMER State Zip Code (Plus 4)	fees
Somerville MA 02144-	MO. DAY LYGAR Amount 2.0
Melling Address 2211 V. 18 St	Description of Expenditure
San 305e State Zip Code (Plus 4) CA 95 3 -	tees
To Whom Paid AH Butler	Mg. DAY YEAR Amount a 50
Mailing Address 1416 SUMNER Are	SPACE PENTAL NAIL
Allen Dan Pate Zip Code (Plus 4)	
Shelly Lee Andrson	10 13 2000 \$ 450
Mailing Address 1935 Sunset DC State Zip Code (Plus 4)	Description of Expenditure Data CHTY
Wil Phall State Zip Code (Plus 4)	
Enter Grand Total of Expenditures on Page 1, Report Cover P	lage, Item D. PAGE TOTAL

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Jend	s of Cele	Reporting Genal From 1	Period /// aoa	д то 12/31/2022
To Whom Paid Mailing Address 2601 Mac Arthur R City		Zip Code (Plus.4)	MO. DAY Description of Expe	7) 26 (1	Sodpaper products
To Whom Paid	PA	13053 -	decoration		Amount
Mailing Address			Description of Expe	inditure	\$
City	State	Zip Code (Plus 4)			the same of the same of
To Whom Paid Mailing Address			Description of Exp	YEAR	\$
City	State	Zip Code (Plus 4)	1 1160× 1000×		
To Whom Paid	* =		MO. DAY	YEAR	Amount \$
Mailing Address City	State	Zip Code (Plus 4)	Description of Exp	enditure	
To Whom Paid		75	MO. DAY	YEAR	Amount
Mailing Address			Description of Exp	enditure	\$
City	State	Zip Code (Plus 4)			
To Whom Paid Mailing Address			MO. DAY	YEAR	Amount \$
City	State	Zip Code (Plus 4)	Description of Exp	enditure	
To Whom Paid			- MO - DAY-	=YEAR	Amount
Mailing Address			Description of Exp	enditure	<u> </u>
City	State	Zip Code (Plus 4)		~~~	
To Whom Paid			MO. DAY	YEAR	Amount \$
Mailing Address City	State	Zip Code (Plus 4)	Description of Exp	enditura	
					PAGE TOTAL
Enter Grand Total of Expenditures on Pa	ige 1,	Report Cover P	age, Item D.		* 250,28

PAGE	7_	_OF_	7.

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 Co	mmittee or Candidate	(30)			Reporting	Period	to Sand laborate	CONTRACTOR OF TAXABLE
	trev	ids of	Cede	Gerlai	From .	1/1/20	dd to	12131/2022
		and the self-						
Full Name		6009	10	THE RESERVE OF THE PARTY OF THE				
Mailing Address	1600 Amonit		MIL					
City	TOOO DILDNIA	VICATIC	Zip Code (Plu	s 4)	MÖ. BAY	150.9	CAmount	
	Mountain View	1CA 191	1043 -		8 27	2029	Amount \$36	198
Receipt Description		1.2	Google	Ads	Refund		had been albein	
Full Name	AMINO TO A STATE OF THE STATE O),		PL'unc			- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
Mailing Address								
City		State	Zip Code (Plu —	s 4)	MO: DAY	YEAR	Amount \$	
Receipt Description								
Full Name						6		AT 107
Mailing Address								
City		State	Zip Code (Plu	s 4)	MO. DAY	YEAR!	Amount	
Receipt Description							\$	All the state of t
Full Name								
Mailing Address								
City		State	Zip Code (Plu	s 4)	MO. DAY	E-YEAR)	Amount	
Receipt Description							\$	
Full Name								
Lare resine								
Mailing Address								
City		State	Zip Code (Plus	(4) To a	NO. DAY	YEAR	Amount	
Receipt Description							\$	
Perception								NAMES OF STREET
Full Name			· · · · · · · · · · · · · · · · · · ·	- Mars (60)0				
Mailing Address								
City		I av s						
		State	Zip Code (Plus	1 4)	MO. DAY	_YEAR _	Amount \$	Name with the control of the control
Receipt Description							.	
		Name of the Owner, where				paint many on her ton man	5405 TA-	
Enter Grand To	tal of Part E on Caba-	late to pro-				Ü	PAGE TOT	AL

Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

36.28