#### **Campaign Finance Report**

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

| Filer Identificati<br>Number :            | on 800                         | 0634        |                       |         | Rep<br>File | port<br>ed B |                | CANDI       | DATE     |             | СОМ        | <b>ITTEE</b>                                | ✓                       | LOBE     | SYIST     |          |    |  |
|---|--------------------------------|-------------|-----------------------|---------|-------------|--------------|----------------|-------------|----------|-------------|------------|---|-------------------------|----------|-----------|----------|----|--|
| Name of Filing C                          | Committee, Candi               | date or L   | obbyist:              |         | NOR         | RTHA         | AMPTO          | ON CO DE    | ЕМ СО    | М           |            |   |                         |          |           |          |    |  |
| Street Address:                           | PO Box 222!                    | 56          |                       |         |             |              |                |             |          |             |            |   |                         |          |           |          |    |  |
| City:                                     | Lehigh Valle                   | У           |                       |         |             |              |                | State:      | PA       |             |            | Zip Cod                                     | <b>le:</b> 18           | 3002-2   | 256       |          |    |  |
| TYPE OF<br>REPORT                         | 6TH TUESDAY<br>PRE-PRIMARY     | 1.          | 2ND FRIDA<br>PRIMARY  | Y PRE   | - 2         | 2.           | 30 DA<br>PRIMA |             | POST-    | 3. <b>X</b> |            | AMENDM<br>REPORT                            | MENDMENT Yes No REPORT? |          |           |          |    |  |
| (place X to<br>the right of               | 6TH TUESDAY<br>PRE-ELECTION    | 4.          | 2ND FRIDA<br>ELECTION | y pre   | Ē- !        | 5.           | 30 DA<br>ELECT |             | POST-    | 6.          |            |   | TERMINATION Yes No      |          |           |          |    |  |
| report type)                              | ANNUAL REPOR                   | <b>T</b> 7. | <b>Year</b> 2020      |         |             |              |                | NG METHO    |          |             |            | PAPER                                       | PAPER DISKE             |          |           |          |    |  |
| Name of Office S                          | -<br>Sought by Candid          | ate:        |                       |         |             |              |                | DATE O      | F ELE    | CTIO        | N          | District<br>Number                          | Office<br>Code          | Par      | ty Code   | Count    | у  |  |
|   |                                |             |                       |         |             |              |                | МО          | DAY      | YE          | AR         |   |                         | DEM      | 1         | 48       |    |  |
|   |                                |             |                       |         |             |              |                | 11          |          | 3           | 2020       |   | (SEE IN                 | STRUCTIO | ONS FOR C | ODES)    |    |  |
| Summary of Expenditures                   | Receipts and                   | МО          | DAY                   | YEAR    |             | _            | _              | МО          | DAY      |             | AR         | FO  | R OFFI                  | CE USE   | ONLY      |          |    |  |
|   |                                |             | 5 19                  | 2       | 020         | I            | 0              | 6           | :        | 22          | 2020       |   |                         |          |           |          |    |  |
| A. Amount Bro                             | ught Forward Fro               | om Last R   | eport                 |         |             |              | \$             |             |          | 5,2         | 241.32     |   |                         |          |           |          |    |  |
| B. Total Moneta                           | ary Contributions              | And Rec     | eipts (Fron           | Sche    | dule        | · I)         | \$             |             |          |             | 15.00      |   |                         |          |           |          |    |  |
| C. Total Funds                            | Available (Sum (               | Of Lines A  | and B)                |         |             |              | \$             |             |          | 5,2         | 256.32     |   |                         |          |           |          |    |  |
| D. Total Expend                           | ditures (From Sc               | hedule II   | <b>I</b> )            |         |             |              | \$             |             |          | 7           | '28.05     |   |                         |          |           |          |    |  |
| E. Ending Cash                            | Balance (Subtra                | ct Line D   | From Line             | C)      |             |              | \$             |             |          | 4,5         | 28.27      |   |                         |          |           |          |    |  |
| F. Value Of In-                           | Kind Contribution              | ns Receiv   | ed (From S            | chedu   | le II       | ()           | \$             |             |          |             | 0.00       |   |                         |          |           |          |    |  |
| G. Unpaid Debt                            | s And Obligation               | s (From S   | Schedule IV           | )       |             |              | \$             |             |          |             | 0.00       |   |                         | 1        |           |          |    |  |
|   |                                |             |                       | AFF     | IDA         | ١٧٧          | T SE           | CTION       |          |             |            |   |                         |          |           |          |    |  |
| PART I - If this is                       |                                |             | _                     |         |             |              |                |             | -        |             |            |   |                         |          |           |          |    |  |
| I swear (or affirm)<br>correct and comple | ) that this report, in<br>ete. | cluding the | e attached sc         | hedule  | s filed     | d on         | paper (        | or by elect | ronic m  | edium       | , are to t | the best o                                  | f my kno                | wledge a | and belie | ef , tru | e, |  |
| Sworn to and subs                         | cribed before me the           | nis         | 20                    |         |             |              |                |             |          | S           | ignature   | of Perso                                    | n Submit                | ting Rep | ort       |          | -  |  |
|   | Signat                         |             |                       |         |             |              | -<br>-         |             |          |             |            | Prin  | ted Name                | e        |           |          | -  |  |
| My Commission Ex                          | _                              | uie         |                       |         |             |              |                |             |          |             |            | Ema   | il                      |          |           |          | -  |  |
|   | мо                             | D           | AY                    | YR      |             |              |                |             | Are      | ea Cod      | le         | Daytim                                      | e Telepl                | one Nu   | mber      |          | -  |  |
| Part II- If this is                       | a report of a ca               | ndidate's   | authorized            | Comn    | nitte       | e, C         | andida         | ate shall   | sign he  | ere.        |            |   |                         |          |           |          |    |  |
| I swear (or affirm)<br>No 320) as amende  |                                | my knowl    | edge and beli         | ef this | polit       | tical        | commi          | ittee has n | ot viola | ted an      | y provis   | sions of the act of June 3,1937 (P.L. 1333, |                         |          |           |          |    |  |
| Sworn to and subsc                        |                                | s           |                       |         |             |              |                |             |          |             | s          | ignature o                                  | of Candid               | ate      |           |          | -  |  |
|   | day of                         |             |                       |         |             |              | -              |             |          |             |            | Printed Name                                |                         |          |           |          |    |  |
|   | Signature                      | <u> </u>    |                       |         |             |              | -              |             |          |             |            |   |                         |          |           |          | ╻┃ |  |
| My Commission Exp                         | -                              |             |                       |         |             |              |                |             |          |             |            | Ema   | il                      |          |           |          |    |  |
|   | МО                             | D           | AY                    | YR      | l           |              | •              |             | Area     | Code        |            | Da  | aytime T                | elephon  | e Numbe   | er       |    |  |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period |               |           |
|--|-----------|----------|---------------|-----------|
| NORTHAMPTON CO DEM COM   | From:     | 5/19/202 | <u>20</u> To: | 6/22/2020 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |          |               |           |
| TOTAL for the Reporting  | g Period  | (1)      | \$            | 15.00     |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)  |           |          |               |           |
| Contributions Received From Political Committees (Part A)  |           |          | \$            | 0.00      |
| All Other Contributions (Part B)   |           |          | \$            | 0.00      |
| TOTAL for the Reporting  | g Period  | (2)      | \$            | 0.00      |
| 3. Contributions Received 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      |
| TOTAL for the Reporting  | g Period  | (3)      | \$            | 0.00      |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |          |               |           |
| TOTAL for the Reporting  | g Period  | (4)      | \$            | 0.00      |
|  |           |          |               |           |
| Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa |           |          | \$            | 15.00     |

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

|                         | this Part to itemize onl<br>with an aggregate val |                |    |         |        |      |               |            |
|-------------------------|---|----------------|----|---------|--------|------|---------------|------------|
| Name of Filing Comm     | nittee or Candidate                               |                | Re | porting | Period |      |               |            |
|                         |   |                | Fr | om:     |        | То   | :             |            |
|                         |   | •              |    |         | DATE   |      |               | AMOUNT     |
| Full Name of Contributi | ing Committee                                     |                |    | МО      | DAY    | YEAR |               |            |
| Mailing Address         |   |                |    |         |        |      | \$            | 0.00       |
| City                    | State   | Zip Code (Plus | 4) |         |        |      |               |            |
|                         | •   | •              |    | •       | •      | •    | $\overline{}$ | PAGE TOTAL |

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

| PAGE TOTAL |
|------------|
| \$<br>0.00 |

## 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 Filling Committee of Candidate |       |                  | Rep | oorting P |      |      |    |      |
|--|-------|------------------|-----|-----------|------|------|----|------|
|  |       |                  | Fro | m:        |      | To   | ): |      |
|  |       |                  |     |           | DATE |      | АМ | OUNT |
| Full Name of Contributor               |       |                  |     | МО        | DAY  | YEAR |    |      |
| Mailing Address                        |       |                  |     |           |      |      | \$ | 0.00 |
| City                                   | State | Zip Code (Plus 4 | )   |           |      |      |    |      |

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL \$** 0.00

#### **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 from Over \$250.00 in the reporting period.

| Name of Filing Committee or Candidate |                       |          | Reporting   | Period |     |      |    |            |
|---------------------------------------|-----------------------|----------|-------------|--------|-----|------|----|------------|
|                                       |                       |          | From:       |        |     | То:  |    |            |
|                                       |                       |          |             | DA     | TE  |      | А  | MOUNT      |
| Full Name of Contributing Committee   |                       |          |             | мо     | DAY | YEAR |    |            |
| Mailing Address                       |                       |          |             |        |     |      | \$ | 0.00       |
| City                                  | State                 | Zip Cod  | e (Plus 4)  |        |     |      |    |            |
|                                       |                       |          |             |        |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part C on Scho   | edule I, Detailed Sun | nmary Pa | age, Sectio | n 3.   |     |      | \$ | 0.00       |

### 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.)

| ame of Filing Committee or Candidate                |                     |               | Rep     | orting Pe | riod  |      |          |                      |
|---|---------------------|---------------|---------|-----------|-------|------|----------|----------------------|
|   |                     |               | Fron    | n:        |       | То   | :        |                      |
|   |                     |               |         | D         | ATE   |      | АМО      | DUNT                 |
| Full Name of Contributor                            |                     |               |         | МО        | DAY   | YEAR |          |                      |
| Mailing<br>Address                                  |                     |               |         |           |       |      | \$       | 0.00                 |
| City  | State               | Zip Code (Plu | s 4)    |           |       |      |          |                      |
| Employer Name                                       |                     |               |         | Occupat   | tion  |      |          |                      |
| Employer Mailing Address/Principal Plac<br>Business | e of                | City          |         |           | State |      | Zip Code | (Plus 4)             |
| Enter Grand Total of Part C on Sche                 | dule I, Detailed Su | ummary Page,  | Section | on 3.     |       |      | PAG      | <b>GE TOTAL</b> 0.00 |

## 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 Committee or Co | andidate              |                  | Report  | ting Perio | bd  |      |    |          |
|--------------------------------|-----------------------|------------------|---------|------------|-----|------|----|----------|
|                                |                       |                  | From:   |            |     | То:  |    |          |
|                                |                       |                  |         | D          | ATE |      | AN | 10UNT    |
| Full Name                      |                       |                  |         | мо         | DAY | YEAR |    |          |
| Mailing Address                |                       |                  |         |            |     |      | \$ | 0.00     |
| City                           | State                 | Zip Code (       | Plus 4) |            |     |      |    |          |
| Receipt Description            | ·                     | •                |         |            |     |      |    |          |
| Enter Grand Total of Part E or | Schedule T Detaile    | d Summary Page   | Section | 4          |     |      | PA | GE TOTAL |
| Lines Grana Total of Fair 2 of | r benedule 1/ betanet | z Sammary r age, | Section | ••         |     |      | \$ | 0.00     |

#### **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

| Name of Filing Committee or Candidate  | Reporting Perio | d                           |                  |
|--|-----------------|-----------------------------|------------------|
| NORTHAMPTON CO DEM COM   | From:           | <u>5/19/2020</u> <b>To:</b> | <u>6/22/2020</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTOR  |                             |                  |
| TOTAL for the Reporting Pe   | eriod (1)       | \$                          | 0.00             |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR   | T F)            |                             |                  |
| TOTAL for the Reporting Pe   | eriod (2)       | \$                          | 0.00             |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)   |                 |                             |                  |
| TOTAL for the Reporting Pe   | eriod (3)       | \$                          | 0.00             |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, |                 | \$                          | 0.00             |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Candidat | :e                 |                       | Reporting   | g Period    |       |           |            |
|--------------------------------------|--------------------|-----------------------|-------------|-------------|-------|-----------|------------|
|                                      |                    |                       | From:       |             |       | То:       |            |
|                                      |                    |                       |             | DATE        |       |           | AMOUNT     |
| Full Name of Contributor             |                    |                       | МО          | DAY         | YEAR  |           |            |
| Mailing Address                      |                    |                       |             |             |       | <b>\$</b> | 0.00       |
| City                                 | State              | Zip Code (Plus 4)     |             |             |       |           |            |
| Description of Contribution:         |                    |                       |             |             |       |           |            |
| Enter Grand Total of Part F on Sch   | andula II. In-Kir  | nd Contributions Data | ilad Sum    | mary Pag    |       |           | DACE TOTAL |
| Section 2.                           | iedule II, III-KII | ia contributions Deta | iiieu Suiii | iliai y Pag | , je, |           | PAGE TOTAL |
|                                      |                    |                       |             |             |       | \$        | 0.00       |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate               |             |        |               |      | Reporting | Period    |        |       |                 |
|---|-------------|--------|---------------|------|-----------|-----------|--------|-------|-----------------|
|   |             |        |               |      | From:     |           | То:    |       |                 |
|   |             |        |               |      |           | DATE      |        |       | AMOUNT          |
| Full Name of Contributor                            |             |        |               |      | мо        | DAY       | YEAR   |       |                 |
| Mailing Address                                     |             |        |               |      |           |           |        | \$    | 0.00            |
| City  | State       |        | Zip Code(Plus | 4)   |           |           |        |       |                 |
| Employer of Contributor                             |             |        |               |      | Occupa    | ation     |        |       |                 |
| Employer Mailing Address/Principal Plad<br>Business | ce of       | City   | Sta           | ite  | Zip<br>4) | Code(Plus | Descri | ption | of Contribution |
| Enter Grand Total of Part G on Sch                  | edule II, I | n-Kind | Contributions | Deta | ailed     |           |        |       | PAGE TOTAL      |
| Summary Page, Section 3.                            |             |        |               |      |           |           |        |       | 0.00            |

### STATEMENT OF EXPENDITURES

| Name of Filing Committee or                      | Candidate    |                               | Reportir | ng Period               |           |     |            |
|--|--------------|-------------------------------|----------|-------------------------|-----------|-----|------------|
| NORTHAMPTON CO DEM COI                           | М            |                               | From     | <u>5/19</u>             | 9/2020    | То: | 6/22/2020  |
|  |              |                               |          | DATE                    |           |     | AMOUNT     |
| <b>To Whom Paid</b> Mifflin County Democratic Co | mmittee      |                               | мо       | DAY                     | YEAR      |     |            |
| Mailing Address P.O. Box 5                       | F.O. BOX 372 |                               |          | 3                       | 2020      | \$  | 677.00     |
| City Lewistown PA Zip Code (Plus 4) 17044        |              |                               |          | otion of Exp            | penditure |     |            |
| To Whom Paid ActBlue                             |              |                               | мо       | DAY                     | YEAR      |     |            |
| Mailing Address 366 Sumr                         | ner St       |                               | 6        | 9                       | 2020      | \$  | 1.05       |
| City Somerville                                  | State<br>MA  | <b>Zip Code (Plus 4)</b> 2144 | 1        | otion of Exp            |           |     |            |
| <b>To Whom Paid</b><br>Vantage Advertising, LLC  |              |                               | мо       | DAY                     | YEAR      |     |            |
| Mailing Address 15 W. 5th Avenue                 |              |                               | 6        | 18                      | 2020      | \$  | 50.00      |
| State   Zip Code (Plus 4) PA 16365               |              |                               |          | otion of Exp<br>d signs | enditure  | •   |            |
|  | I            | I                             |          |                         |           |     | PAGE TOTAL |

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

728.05