Campaign Finance Report

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

Filer Identification 2010054 Report Filed By :						COM	4ITTEE	✓ [LOB	BYIST										
Name of Filing C	committee	e, Candida	ate or Lo	obbyis	st:	Ī	FRIEN	NDS	OF	MARC	CIA H	HAHN								
Street Address:	136 E	. NORTH	IAMPTO	N STF	REET															
City:	BATH -									State	e:	PA			Zip Cod	ie: 18	014	_		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND I PRIM	FRIDAY ARY	PRE-	2.		30 DA		Р	OST-	3.		AMENDMENT REPORT?		Yes	No)	\
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND I	FRIDAY TION	/ PRE	- 5.		30 DA		Р	OST-	6.		TERMINA REPORT		Yes	No)	\
report type)	ANNUAL	REPORT	7.	Year	2020					NG ME					PAPER		\	DISK	TTE	
Name of Office S	ought by	Candidat	e:	-			-			DAT	ΕO	F ELE	СТІС	N	District Number	Office Code	Pa	rty Code	Cour	
DEDDEGENITATI	\	E OENER			.,					МО		DAY	YI	EAR	138	STH	REI)	48	
REPRESENTATI	VE IN IH	E GENER	AL ASS	EMBL	Y						11	1 3 2020 (SEE INSTRUC				STRUCTI	ONS FOR	CODES)	
Summary of	•	and	МО	DA	Υ	YEAR				МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	from:			9	15	20)20	T	O		10	:	19	2020						
A. Amount Bro	ught Forw	vard From	ı Last R	eport					\$				26,	444.65						
B. Total Monetary Contributions And Receipts (From Schedule I)												0.00								
C. Total Funds Available (Sum Of Lines A and B)							\$				26,	444.65								
D. Total Expenditures (From Schedule III)							\$				10,2	290.86								
E. Ending Cash Balance (Subtract Line D From Line C)							\$				16,1	153.79								
F. Value Of In-	Kind Cont	ributions	Receive	ed (Fr	om Sc	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Sched	ule IV)			\$					0.00						
						AFF:	IDA۱	/IT	SE	CTIO	NC									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer	sign h	ere. I	f this	is	a Car	ndidat	te re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple		eport, inclu	uding the	attacl	hed sch	edules	filed o	on p	aper	or by e	electr	onic m	edium	ı, are to t	he best o	f my knov	vledge	and bel	ef , tr	ue.
Sworn to and subs	cribed befo	ore me this		20									5	Signature	of Perso	n Submitt	ing Re	port		_
	_	Signatur	'A	-					-						Prin	ted Name	1			-
My Commission Ex	cpires	Signatai	-								•				Ema	il				-
	Ī	мо	D/	ΑY		YR			•			Are	ea Cod	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	autho	rized	Comm	ittee,	, Ca	ndid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge aı	nd belie	ef this	politic	al d	comm	ittee h	as no	ot viola	ted ar	ny provis	ions of th	e act of Ju	ıne 3,1	937 (P.I	133:	3,
Sworn to and subsc		e me this												s	ignature o	of Candida	ate			-
	day of			_ 20 _											Printe	d Name				-
	S	Signature														-				_
My Commission Exp	ires										Email									
	MO DAY YR											Area Code Daytime Telephone Number				er	-			

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF MARCIA HAHN	From:	9/15/202	<u>0</u> To:	10/19/2020
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	0.00
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			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

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 Fining Committee of Candidate			Reporting Period From: To:					
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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.)

Name of Filing Committee or Candida	te			Rep	orting Pe	riod			
				Froi	n:		To) :	
					D	ATE		АМ	IOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	s 4)					
Employer Name	•	•			Occupa	tion			
Employer Mailing Address/Principal P Business	lace of		City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sc	hedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P <i>A</i>	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 Fotal 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	od								
FRIENDS OF MARCIA HAHN	From:	<u>9/15/2020</u> To:	10/19/2020							
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR										
TOTAL for the Reporting Period (1) \$ 0.00										
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Candid	ate		Reporting	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	me of Filing Committee or Candidate				Re	Reporting Period					
					Fro	om:		То:			
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(I	Plus 4)							
Employer of Contributor						Occupa	tion				
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption (of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, 1	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reportii	ng Period					
FRIENDS OF MARCIA HAHN			From	From 9/15/2020 To: 10					
				DATE AMC					
To Whom Paid FRIENDS OF MILOU MACKENZ	ΪΕ		МО	DAY	YEAR				
Mailing Address 2050 DENN	IS LANE		8	14	2020	\$	1,000.00		
City BETHLEHEM	State PA	Zip Code (Plus 4) 18015	1	Description of Expenditure CONTRIBUTION					
To Whom Paid MARCIA HAHN				DAY	YEAR				
Mailing Address 136 E. NORTHAMPTON STREET				17	2020	\$	220.86		
City BATH State Zip Code (Plus 4) PA 18014				Description of Expenditure REIMBURSEMENTS-MEALS FOR VOLUNTEERS					
To Whom Paid FRIENDS OF ANN FLOOD	·	·	мо	DAY	YEAR				
Mailing Address 1 BATH			8	17	2020	\$	5,000.00		
City BATH	State PA	Zip Code (Plus 4) 18014	1	otion of Exp	penditure				
To Whom Paid HOUGH FOR PA135			мо	DAY	YEAR				
Mailing Address P.O. BOX 2	0432		8	17	2020	\$	500.00		
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 18002	1	otion of Exp IBUTION	penditure				
To Whom Paid	I		МО	DAY	YEAR				

HOUG	OUGH FOR PA135								
Mailir	ng Address P.O. BOX 20432			8	17	2020	\$	500.00	
City LEHIGH VALLEY PA State Zip Code (Plus 4) 18002					Description of Expenditure CONTRIBUTION				
To Whom Paid HOUSE REPUBLICAN CAMPAIGN COMMITTEE					DAY	YEAR			
Mailir	ng Address P.O. BOX 11787			8	17	2020	\$	1,050.00	
City	HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CONTRIBUTION					
		•	·						

							PAGE 12
To Whom Paid LISA SCHELLER FOR CONGRESS				DAY	YEAR		
Mailing Address 7311 AIRPORT ROAD			8	17	2020	\$	500.00
City BATH	State PA	Zip Code (Plus 4) 18014	Description of Expenditure CONTRIBUTION				
To Whom Paid LEHIGH VALLEY YOUNG REPUBLICANS			МО	DAY	YEAR		
Mailing Address PO BOX 4342			9	28	2020	\$	250.00
City ALLENTOWN	State PA	Zip Code (Plus 4) 18105	Description of Expenditure CONTRIBUTION				
To Whom Paid FRIENDS OF ERIC ROE			МО	DAY	YEAR		
Mailing Address P.O. BOX 3283			10	15	2020	\$	500.00
City WEST CHESTER	State PA	Zip Code (Plus 4) 19381	Description of Expenditure CONTRIBUTION-FALL FUNDRAISER				
To Whom Paid HOUSE REPUBLICAN CAMPAIGN COMMITTEE			МО	DAY	YEAR		
Mailing Address P.O. BOX 11787			10	15	2020	\$	500.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CONTRIBUTION				
To Whom Paid NORTHAMPTON COUNTY YOUTH FIELD DAY FOUNDATION INC.			МО	DAY	YEAR		
Mailing Address P.O. BOX 462			10	16	2020	\$	770.00
City STOCKERTOWN	State PA	Zip Code (Plus 4) 18083	Description of Expenditure CONTRIBUTION				
Enter Grand Total of Expendi	tures on Page 1 Pe	nort Cover Page Item D					PAGE TOTAL
Enter Grand Total of Expendi	tures on Paye 1, Re	port cover Page, Itelli D	•			\$	10,290.86