# **Campaign Finance Report**

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

Filer Identificati Number :	ion	20220	20858			Repor Filed		CANDI	DATE	✓	СС	OMMITTE	E	LOBI	BYIST					
Name of Filing C	Committee,	Candida	ite or Lo	obbyist:		BETH F	-													
Street Address:																				
City:								State:				Zip Code: 18		8052						
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FRIDA PRIMARY	Y PRE-	- 2. <b>X</b>	30 D/ PRIM		POST-	3.		AMENDMENT REPORT?		Yes	No	)	$\checkmark$			
(place X to the right of	6TH TUESD PRE-ELECTI		4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D/ ELEC		POST-	POST- 6.		TERMINATION REPORT?		Yes	No	)	$\checkmark$			
report type)	ANNUAL R	EPORT	7.	<b>Year</b> 2022				NG METHO CHECK O				PAPER		$\checkmark$	DISKE	TTE				
Name of Office S	L Sought by C	Candidat	e:					DATE C	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun				
DEDDECENTAT		CENER						мо	DAY	YEA	R	132	STH	REP	,					
REPRESENTATI	IVE IN THE	GENER	AL ASS	EMBLY				11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES	)			
Summary of		and	мо	DAY	YEAR	1		мо	DAY	YEA	R	FO	R OFFIC	e use	ONLY					
Expenditures	s from:			3 29	20	022 1	0	5		2	2022									
A. Amount Bro	ught Forwa	ard From	Last R	eport			\$				0.00									
B. Total Monetary Contributions And Receipts (From Schedule I)							\$				0.00									
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																				
D. Total Expenditures (From Schedule III)						\$			2,22	3.00										
E. Ending Cash	Balance (S	Subtract	Line D	From Line	C)		\$				0.00									
F. Value Of In-	Kind Contri	ibutions	Receive	ed (From S	chedu	le II)	\$			6	0.00									
G. Unpaid Debt	ts And Oblig	gations	(From S	chedule IV	')		\$				0.00									
					AFF	IDAV	T SE	CTION												
PART I - If this is																				
I swear (or affirm) correct and comple		port, inclu	uding the	attached sc	hedules	s filed on	paper	or by elect	ronic m	edium, a	are to	the best of	my know	ledge	and beli	ief , tri	'ne			
Sworn to and subs	cribed before day of	e me this		20						Sig	natur	e of Person	Submitt	ing Rep	oort		-			
		Signatur	e				_					Print	ed Name				-			
My Commission Ex	xpires						_					Emai	I				_			
	M	0	D/	NY	YR				Ar	ea Code		Daytime	e Telepho	one Nu	mber					
Part II- If this is	a report o	f a cand	idate's	authorized	Comm	nittee, (	Candid	ate shall	sign he	ere.										
I swear (or affirm) No 320) as amendo		best of m	y knowle	dge and beli	ef this	political	comm	ittee has n	ot viola	ted any	provis	ions of the	act of Ju	ne 3,1	937 (P.I	. 1333	3,			
Sworn to and subso	ribed before day of	me this		20							s	ignature o	f Candida	te			-			
							-					Printee	d Name				-			
My Commission Exp	-	gnature					_					Emai	1				-			
		мо	D/	NY	YR		-		Area	Code		Da	ytime Te	lephon	Area Code Daytime Telephone Number					

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** BETH FINCH From: <u>3/29/2022</u> To: 5/2/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting 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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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.

Name of Filing Commit	Name of Filing Committee or Candidate		Reporting	Period			
	Fi					:	
		·		DATE			AMOUNT
Full Name of Contributing	мо	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
						Г	PAGE TOTAL
Enter Grand Total of P	iter Grand Total of Part A on Schedule I, Detailed Summary Page, Secti					\$	0.00

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

\$

PART B 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 Reporting Period									
From: To:							):		
					DATE			AMOUNT	
Full Name of Contributor				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									

# 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 Ca	ndidate		Reporting	) Period					
			From:	From: To:					
				DA	TE		А	MOUNT	
Full Name of Contributing Com	mittee			мо	DAY	YEAR			
Mailing Address	Mailing Address						\$	0.00	
City	State	Zip Cod	e (Plus 4)						
						ſ		PAGE TOTAL	
Enter Grand Total of Part C o	on Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	0.00	

# PART D 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 Candidate	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address	Address						\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Place of City Business					State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section						Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

## 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 Committee or Candidate			Report	ing Perio	d				
			From:	From: To:					
				D	ATE			AMOUNT	1
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description									
ter Grand Total of Part E on Schedule I. Detailed Summary Page. Secti								PAGE TO	TAL
	nter Grand Total of Part E on Schedule I, Detailed Summary Page, 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 Period		
BETH FINCH	From:	<u>3/29/2022</u> <b>To:</b>	<u>5/2/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ΓF)		
TOTAL for the Reporting Pe	riod (2)	\$	60.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	60.00

# SCHEDULE II PART F **IN-KIND CONTRIBUTIONS RECEIVED**

## VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period						
BETH FINCH	BETH FINCH			<u>3</u> /	/29/2022	То:	<u>5/2/2022</u>		
				DATE		AMOUNT			
Full Name of Contributor LEHIGH COUNTY REPUBLICAN COMMI	мо	DAY	YEAR						
Mailing Address 121 N. CEDAR CREST BLVD				28	2022	\$	60.00		
City ALLENTOWN	State	Zip Code (Plus 4)	1						
	PA	18104							
Description of Contribution: LABELS/MAILING									
nter Grand Total of Part F on Schedule II, In-Kind Contributions Deta ection 2.				mary Pag	je,		PAGE TOTAL		
					:	\$	60.00		

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate				Reporting Period					
					Fro	From: To:				
					DATE A				AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	0.00	
City	State		Zip Code(F	Plus 4)						
Employer of Contributor					Occupation					
Employer Mailing Address/Principal Place of City State			State		Zip 4)	Code(Plus	Descri	ption of	f Contribution	

		I			
Enter Grand Total of Part G on Schedule	II, In-Kind (	Contributio	ons Detaile	ed	PAGE TOTAL
Summary Page, Section 3.	,				0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period					
BETH FINCH			From	<u>3/29</u>	<u>9/2022</u>	То:	<u>5/2/2022</u>		
				DATE			AMOUNT		
To Whom Paid STAPLES			мо	DAY	YEAR				
Mailing Address 2180 MACARTHUR F	RD		4	28	2022	\$	724.00		
City WHITEHALL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18052		Description of Expenditure LETTERS/MAILER					
To Whom Paid BEYOND CITIZENS BENJAMIN JACQUES				DAY	YEAR				
Mailing Address 3 167 S MAIN ST			4	11	2022	\$	350.00		
CityNAZARETHStateZip Code (Plus 4)PA18064				Description of Expenditure LOGO/DESIGN					
To Whom Paid BEYOND CITIZENS BENJAMIN JACQUES	To Whom Paid BEYOND CITIZENS BENJAMIN JACQUES			DAY	YEAR				
Mailing Address 3			4	23	2022	\$	100.00		
City NAZARETH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18064		otion of Exp IONAL DES					
<b>To Whom Paid</b> USPS			мо	DAY	YEAR				
Mailing Address 1105 SCHADT AVE			4	28	2022	\$	812.00		
City WHITEHALL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18052		<b>otion of Exp</b> S FOR MAI					
To Whom Paid CANVA.COM				DAY	YEAR				
Mailing Address UNAVAILABLE	Mailing Address UNAVAILABLE			15	2022	\$	85.00		
City	State	Zip Code (Plus 4)		otion of Exp		1			

To Whom Paid DARREN PEIFFER ROYAL GRAPHICS			мо	DAY	YEAR		
Mailing Address 2001 HAMILTON ST			5	5	2022	\$	152.00
City ALLENTOWN	State PA	<b>Zip Code (Plus 4)</b> 18104	Description of Expenditure PALM CARDS				
		De se Them D					PAGE TOTAL
Enter Grand Total of Expenditures	on Page I, Report C	over Page, Item D	•			\$	2,223.00