#### **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 201                         | 0370        |                        |         | Rep<br>File |             |                | CANDI       | DATE     |        | СОМ        | <b>4ITTEE</b>      | <b>✓</b>       | LOBE         | BYIST     |          |          |
|--|--------------------------------|-------------|------------------------|---------|-------------|-------------|----------------|-------------|----------|--------|------------|--------------------|----------------|--------------|-----------|----------|----------|
| Name of Filing C                         | Committee, Candi               | date or L   | obbyist:               |         | MAR         | RTIN        | , JIM          | сом то      | ELECT    | -      |            |                    | •              |              |           |          |          |
| Street Address:                          | 645 HAMILT                     | ON STRE     | ET STE 204             | ļ       |             |             |                |             |          |        |            |                    |                |              |           |          |          |
| City:                                    | ALLENTOWN                      |             |                        |         |             |             |                | State:      | PA       |        |            | Zip Cod            | de: 18         | 3101         |           |          |          |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY     | 1.          | 2ND FRIDA'<br>PRIMARY  | Y PRE   | - 2         | 2.          | 30 DA<br>PRIMA |             | POST-    | 3.     |            | AMENDM<br>REPORT   |                | Yes          | No        | •        | <b>/</b> |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION    | 4.          | 2ND FRIDA'<br>ELECTION | y pre   | ≣- 5        | 5. <b>X</b> | 30 DA          |             | POST-    | 6.     |            | TERMINA<br>REPORT  |                | Yes          | No        | •        | <b>/</b> |
| report type)                             | ANNUAL REPOR                   | <b>T</b> 7. | <b>Year</b> 2022       |         |             |             |                | NG METHO    |          |        |            | PAPER              |                | $\checkmark$ | DISKE     | TTE      |          |
| Name of Office S                         | Sought by Candid               | ate:        | •                      |         | -           |             |                | DATE 0      | F ELE    | CTIO   | N          | District<br>Number | Office<br>Code | Par          | ty Code   | Coun     |          |
|  | ,                              |             |                        |         |             |             |                | МО          | DAY      | YE     | AR         | Number             | Code           | REP          |           | 39       |          |
|  |                                |             |                        |         |             |             |                | 11          |          | 8      | 2022       |                    | (SEE IN        | ISTRUCTIO    | ONS FOR ( | CODES)   | 1        |
| Summary of Expenditures                  | Receipts and                   | МО          | DAY                    | YEAR    | ł           |             | _              | МО          | DAY      | YE     | AR         | FO                 | R OFFI         | CE USE       | ONLY      |          |          |
|  |                                |             | 6 7                    | 2       | 022         | T           | 0              | 10          |          | 24     | 2022       |                    |                |              |           |          |          |
| A. Amount Bro                            | ught Forward Fro               | om Last R   | eport                  |         |             |             | \$             |             |          | 88,5   | 65.15      |                    |                |              |           |          |          |
| B. Total Monet                           | ary Contributions              | And Rec     | eipts (From            | Sche    | dule        | <b>I)</b>   | \$             |             |          |        | 0.00       |                    |                |              |           |          |          |
| C. Total Funds                           | Available (Sum (               | Of Lines A  | and B)                 |         |             |             | \$             |             |          | 88,5   | 65.15      |                    |                |              |           |          |          |
| D. Total Expen                           | ditures (From Sc               | hedule II   | 1)                     |         |             |             | \$             |             |          | 7,0    | 73.00      |                    |                |              |           |          |          |
| E. Ending Cash                           | Balance (Subtra                | ct Line D   | From Line (            | C)      |             |             | \$             |             |          | 81,4   | 92.15      |                    |                |              |           |          |          |
| 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         | \VI         | ΓSE            | CTION       |          |        |            |                    |                |              |           |          |          |
| PART I - If this is                      |                                |             | _                      |         |             |             |                |             | -        |        | _          |                    |                |              |           |          |          |
| I swear (or affirm) correct and complete | ) that this report, in<br>ete. | cluding the | e attached scl         | hedule  | s filed     | d on        | paper          | or by elect | ronic m  | edium  | , are to t | he best o          | f my kno       | wledge       | and beli  | ef , tru | ıe       |
| Sworn to and subs                        | cribed before me th            | nis         | 20                     |         |             |             |                |             |          | S      | ignature   | of Perso           | n Submit       | ting Rep     | ort       |          | -        |
|  |                                |             | _                      |         |             |             | -              |             |          |        |            | Prin               | ted Nam        | e            |           |          | -        |
| My Commission Ex                         | Signat<br>cpires               | шге         |                        |         |             |             |                |             |          |        |            | Ema                | il             |              |           |          | -        |
|  | мо                             | D           | AY                     | YR      |             |             | -              |             | Are      | ea Cod | le         |                    | e Telepi       | hone Nu      | mber      |          | -        |
| Part II- If this is                      | a report of a ca               | ndidate's   | authorized             | Comn    | nitte       | e, C        | andid          | ate shall   | sign he  | ere.   |            |                    |                |              |           |          |          |
| I swear (or affirm)<br>No 320) as amende | that to the best of<br>ed.     | my knowl    | edge and beli          | ef this | polit       | ical        | comm           | ittee has n | ot viola | ted an | y provis   | ions of th         | e act of J     | une 3,1      | 937 (P.L  | . 1333   | 3,       |
| Sworn to and subsc                       | ribed before me thi            | s           |                        |         |             |             |                |             |          |        | s          | ignature o         | of Candid      | late         |           |          | - [      |
|  | day of                         |             |                        |         |             |             | _              |             |          |        |            | Dui-nt-            | d Name         |              |           |          | _        |
|  | Signature                      | ,           |                        |         |             |             | -              |             |          |        |            | Printe             | d Name         |              |           |          |          |
| My Commission Exp                        | -                              | -           |                        |         |             |             |                |             |          |        |            | Ema                | il             |              |           |          | -  <br>  |
|  | МО                             | D           | AY                     | YR      | 2           |             | •              |             | Area     | Code   |            | Da                 | aytime 1       | elephon      | e Numb    | er       | -        |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| , -  |           |                |              |            |
|--|-----------|----------------|--------------|------------|
| Name of Filing Committee or Candidate  | Reporting | g Period       |              |            |
| MARTIN, JIM COM TO ELECT   | From:     | <u>6/7/202</u> | <u>2</u> To: | 10/24/2022 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |                |              |            |
| TOTAL for the Reporting  | ) 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  | ) 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  | Period    | (3)            | \$           | 0.00       |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |                |              |            |
| TOTAL for the Reporting  | ) Period  | (4)            | \$           | 0.00       |
|  |           |                |              |            |
| Total Monetary Contributions and Receipts During this Reporting Period (Add an 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

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

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

**PAGE TOTAL**\$ 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 Filing Committee | e or Candidate |                   | Rep | oorting P | eriod |      |    |        |
|--------------------------|----------------|-------------------|-----|-----------|-------|------|----|--------|
|                          |                |                   | Fro | m:        |       | To   | o: |        |
|                          |                |                   | •   |           | DATE  |      | 1  | AMOUNT |
| Full Name of Contributor |                |                   |     | МО        | DAY   | YEAR |    |        |
| Mailing Address          |                |                   |     |           |       |      | \$ | 0.00   |
| City                     | State          | Zip Code (Plus 4) | ١   |           |       |      |    |        |

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 Candidate               |                     |                | Rep     | orting Pe | riod  |      |            |             |
|---|---------------------|----------------|---------|-----------|-------|------|------------|-------------|
|   |                     |                | Fron    | n:        |       | To   | <b>)</b> : |             |
|   |                     |                |         | D         | ATE   |      | ı          | AMOUNT      |
| Full Name of Contributor                            |                     |                |         | МО        | DAY   | YEAR |            |             |
| Mailing<br>Address                                  |                     |                |         |           |       |      | \$         | 0.00        |
| City  | State               | Zip Code (Plus | s 4)    |           |       |      |            |             |
| Employer Name                                       |                     |                |         | Occupat   | tion  |      |            |             |
| Employer Mailing Address/Principal Plac<br>Business | e of                | City           |         |           | State |      | Zip Co     | de (Plus 4) |
| Enter Grand Total of Part C on Sche                 | dule I, Detailed Su | ımmary Page,   | Section | on 3.     |       |      | l          | PAGE TOTAL  |
|   |                     |                |         |           |       |      | \$         | 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 Can   | didate              |                 | Report  | ting Perio | od  |      |    |            |
|-----------------------------------|---------------------|-----------------|---------|------------|-----|------|----|------------|
|                                   |                     |                 | From:   |            |     | To:  |    |            |
|                                   |                     |                 |         | D          | ATE |      |    | AMOUNT     |
| Full Name                         |                     | -               |         | МО         | DAY | YEAR |    | -          |
| Mailing Address                   |                     |                 |         |            |     |      | \$ | 0.00       |
| City                              | State               | Zip Code (      | Plus 4) |            |     |      |    |            |
| Receipt Description               |                     |                 |         |            |     |      |    |            |
| Enter Grand Total of Part E on S  | Schedule I Detailer | d Summary Page  | Section | 4          |     | [    | P  | PAGE TOTAL |
| zneci Grana rotar or r art z on o | renedure 1/ Detaned | · Summary rage, | 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 |                            |            |
|--|------------------|----------------------------|------------|
| MARTIN, JIM COM TO ELECT   | From:            | <u>6/7/2022</u> <b>To:</b> | 10/24/2022 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | PER 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 Candid | ate                 |                       | Reporting | g Period      |      |           |            |
|------------------------------------|---------------------|-----------------------|-----------|---------------|------|-----------|------------|
|                                    |                     |                       | From:     |               |      | To:       |            |
|                                    |                     |                       |           | 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 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                          | 1            |         |            |         | Re     | porting l | Period    |       |         |                    |
|--|--------------|---------|------------|---------|--------|-----------|-----------|-------|---------|--------------------|
|  |              |         |            |         | Fro    | om:       |           | To:   |         |                    |
|  |              |         |            |         |        |           | DATE      |       |         | AMOUNT             |
| Full Name of Contributor                                       |              |         |            |         |        | мо        | DAY       | YEAR  |         |                    |
| Mailing Address  |              |         |            |         |        |           |           |       | -<br>\$ | 0.00               |
| City   | State        |         | Zip Code(I | Plus 4) |        |           |           |       |         |                    |
| Employer of Contributor  |              |         |            |         |        | Occupa    | ition     |       |         |                    |
| Employer Mailing Address/Principal Pla<br>Business             | ce of        | City    |            | State   |        | Zip<br>4) | Code(Plus | Descr | iptio   | n of Contribution  |
| Enter Grand Total of Part G on Sch<br>Summary Page, Section 3. | nedule II, I | in-Kind | Contributi | ons De  | etaile | ed        |           |       |         | PAGE TOTAL<br>0.00 |

### STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candi                               | date        |                                | Reportii                  | ng Period                       |                      |         |            |
|---|-------------|--------------------------------|---------------------------|---------------------------------|----------------------|---------|------------|
| MARTIN, JIM COM TO ELECT  |             |                                | From                      | <u>6/7</u>                      | 7/2022               | То:     | 10/24/2022 |
|   |             |                                |                           | DATE                            |                      |         | AMOUNT     |
| To Whom Paid  |             |                                | мо                        | DAY                             | YEAR                 |         |            |
| Lisa Scheller for Congress                                      |             |                                |                           |                                 |                      |         |            |
| Mailing Address PO Box 3855                                     |             |                                | 9                         | 6                               | 2022                 | \$      | 2,900.00   |
| City Allentown  | State       | Zip Code (Plus 4)              | Descrip                   | tion of Exp                     | enditure             |         |            |
|   | PA          | 18106                          | Contrib                   | ution                           |                      |         |            |
| To Whom Paid  |             |                                | мо                        | DAY                             | YEAR                 |         |            |
| Liberty Bell Museum   |             |                                |                           |                                 |                      |         |            |
| Mailing Address 622 W Hamilton                                  | n St        |                                | 9                         | 6                               | 2022                 | \$      | 100.00     |
| City Allentown  | State       | Zip Code (Plus 4)              | Descrip                   | tion of Exp                     | enditure             |         |            |
|   | PA          | 18101                          | Sponso                    | rship 60th                      | Annivers             | sary    |            |
| To Whom Paid  |             |                                | мо                        | DAY                             | YEAR                 |         |            |
| Justin Sheftel Memorial Fund                                    |             |                                |                           |                                 |                      |         |            |
| Mailing Address 3632 Oakwood                                    | Trail       |                                | 9                         | 6                               | 2022                 | \$      | 100.00     |
| City Allentown  | State       | Zip Code (Plus 4)              | Descrip                   | tion of Exp                     | enditure             |         |            |
|   | PA          | 18103                          | Sponso                    | r Golf Outi                     | ng                   |         |            |
| To Whom Paid  |             |                                | МО                        | DAY                             | YEAR                 |         |            |
| The Anthony G Rapp High Drive Fo                                | undation    |                                |                           |                                 |                      |         |            |
|   |             |                                |                           |                                 |                      | 1       |            |
| Mailing Address 4227 Mohican [                                  | )rive       |                                | 9                         | 6                               | 2022                 | \$      | 100.00     |
| - 4227 MOTIICATE  | Orive State | Zip Code (Plus 4)              |                           |                                 |                      |         | 100.00     |
| - 4227 Monican L  |             | <b>Zip Code (Plus 4)</b> 18078 | Descrip                   | 6<br>otion of Exp<br>ution Golf | enditure             |         | 100.00     |
| City Schnecksville  To Whom Paid                                | State       |                                | Descrip                   | tion of Exp                     | enditure             |         | 100.00     |
| City Schnecksville  | State       |                                | <b>Descrip</b><br>Contrib | otion of Expution Golf          | penditure<br>Tournam |         | 100.00     |
| City Schnecksville  To Whom Paid                                | State<br>PA |                                | <b>Descrip</b><br>Contrib | otion of Expution Golf          | penditure<br>Tournam |         | 125.00     |
| City Schnecksville  To Whom Paid Boys & Girls Club of Allentown | State<br>PA |                                | Descrip<br>Contrib<br>MO  | ution of Exp<br>ution Golf      | year<br>Year         | nent \$ |            |

| To Whom Paid   |                     |                                   |                                 |                                 |  |               |        |
|--|---------------------|-----------------------------------|---------------------------------|---------------------------------|--|---------------|--------|
| Canine Partners for Life   |                     |                                   | мо                              | DAY                             | YEAR                                   |               |        |
| Mailing Address PO Box 170   |                     |                                   | 9                               | 6                               | 2022                                   | \$            | 50.00  |
| City Cochranville  | <b>State</b><br>PA  | <b>Zip Code (Plus 4)</b><br>19330 | <b>Descrip</b><br>Contrib       | tion of Exp<br>ution            | enditure                               |               |        |
| <b>To Whom Paid</b><br>Allentown Police Athletic League  |                     |                                   | МО                              | DAY                             | YEAR                                   |               |        |
| Mailing Address 301 Maple St   |                     |                                   | 9                               | 6                               | 2022                                   | \$            | 125.00 |
| <b>City</b> Coplay   | <b>State</b><br>PA  | <b>Zip Code (Plus 4)</b> 18037    | 1                               | r Golf Tou                      |  |               |        |
| <b>To Whom Paid</b> Wescoe Foundation for Pulmonary F  | ibrosis             |                                   | МО                              | DAY                             | YEAR                                   |               |        |
| Mailing Address 229 N Main St  |                     |                                   | 9                               | 13                              | 2022                                   | \$            | 200.00 |
| <b>City</b> Coopersburg  | <b>State</b><br>PA  | <b>Zip Code (Plus 4)</b><br>18036 | 1                               | tion of Exp                     |  |               |        |
| <b>To Whom Paid</b> People for Antonio Pineda  |                     |                                   | мо                              | DAY                             | YEAR                                   |               |        |
|  |                     |                                   |                                 |                                 |  |               |        |
| Mailing Address 3198 Center St   |                     |                                   | 9                               | 13                              | 2022                                   | \$            | 150.00 |
| Mailing Address 3198 Center St  City Whitehall   | <b>State</b><br>PA  | <b>Zip Code (Plus 4)</b> 18052    | Descrip                         | 13<br>otion of Exp<br>Sponsorsh | enditure                               |               | 150.00 |
| 3190 Center 3t   |                     |                                   | Descrip                         | tion of Exp                     | enditure                               |               | 150.00 |
| City Whitehall  To Whom Paid   | PA                  |                                   | <b>Descrip</b><br>Bronze        | Sponsorsh                       | penditure<br>hip for Re                |               | 150.00 |
| City Whitehall  To Whom Paid Queen City FOP Lodge 10   | PA                  |                                   | Descrip Bronze  MO  10  Descrip | Sponsorsh  DAY  3  Ption of Exp | yenditure nip for Re  YEAR  2022       | ception<br>\$ |        |
| City Whitehall  To Whom Paid Queen City FOP Lodge 10  Mailing Address 2101 Mack Blvd                   | PA Unit #3 State    | 2ip Code (Plus 4)                 | Descrip Bronze  MO  10  Descrip | Sponsorsh  DAY  3  Ption of Exp | yenditure nip for Re  YEAR  2022       | ception<br>\$ | 500.00 |
| City Whitehall  To Whom Paid Queen City FOP Lodge 10  Mailing Address 2101 Mack Blvd I  City Allentown | PA Unit #3 State PA | 2ip Code (Plus 4)                 | MO  10  Descrip Sponso          | DAY  3  Stion of Exp r Program  | year<br>2022<br>Denditure<br>Ad for Ai | ception<br>\$ | 500.00 |

|  |                       |                          |   |     |      |    | 40L 13     |
|--|-----------------------|--------------------------|---|-----|------|----|------------|
| To Whom Paid Browning for State Senate               |                       |                          | МО  | DAY | YEAR |    |            |
| Mailing Address 2432 W Congress Street               |                       |                          | 10  | 3   | 2022 | \$ | 500.00     |
| <b>City</b> Allentown                                | State                 | Zip Code (Plus 4)        | Description of Expenditure                    |     |      |    |            |
|  | PA                    | 18104                    | Sponsor brunch for State Senate Candidate     |     |      |    |            |
| To Whom Paid Lehigh Valley Veterans' History Project |                       |                          | МО  | DAY | YEAR |    |            |
| Mailing Address 204 S 17th Street                    |                       |                          | 10  | 3   | 2022 | \$ | 215.00     |
| <b>City</b> Allentown                                | State                 | Zip Code (Plus 4)        | Description of Expenditure                    |     |      |    |            |
|  | PA                    | 18104                    | Contribution & Annual dues                    |     |      |    |            |
| To Whom Paid  Doctor Oz for Senate                   |                       |                          | МО  | DAY | YEAR |    |            |
| Mailing Address PO Box 576                           |                       |                          | 10  | 3   | 2022 | \$ | 1,000.00   |
| <b>City</b> Huntingdon Valley                        | State                 | Zip Code (Plus 4)        | Description of Expenditure                    |     |      |    |            |
|  | PA                    | 19006                    | Contribution                                  |     |      |    |            |
| To Whom Paid Fulton Bank                             |                       |                          | мо  | DAY | YEAR |    |            |
| Mailing Address 2005 City Line Rd                    |                       |                          | 9   | 30  | 2022 | \$ | 8.00       |
| City Bethlehem                                       | State                 | Zip Code (Plus 4)        | Description of Expenditure                    |     |      |    |            |
|  | PA                    | 18017                    | Bank service charges June 2022-September 2022 |     |      |    |            |
| Enter Count Total of Francis                         | dikuma an Dana 4. Da  | mont Cover Dama Ithera D |   |     |      |    | PAGE TOTAL |
| Enter Grand Total of Expen                           | ditures on Page 1, Re | port Cover Page, Item D  | •   |     |      | \$ | 7,073.00   |