Campaign Finance Report

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

Filer Identificat Number :	tion 2022	20185			Repor Filed		CANDI	DATE	СОМ	MITTEE	✓	LOB	BYIST			
	Committee, Candid	late or L	obbyist:			-		1AN								
Street Address:																
City:	WHITEHALL						State:	PA		Zip Co	Zip Code: 18052					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 C PRIN	DAY I MARY	POST- 3	3.	AMENDI REPORT		Yes	No	 ✓ 		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D ELEC	DAY I CTION				ATION ?	Yes	No	\checkmark		
report type)	ANNUAL REPORT	7. X	Year 2022				ING METHO) CHECK O			PAPER		\checkmark	DISKE	TTE		
Name of Office	 Sought by Candida	te:					DATE O	F ELEC	TION	District Number		Par	ty Code	County Code		
							мо	DAY	YEAR			REF	•			
							11	3			(SEE INS	STRUCTI	ONS FOR	CODES)		
Summary of Expenditure	Receipts and	мо	DAY	YEAR			мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY			
-			11 29	2	022	Г О	12		_	4						
	bught Forward Fro		-	. Scho		_	\$		25,818.50	-						
	tary Contributions			n Sche	dule I)	<u> </u>	\$		0.00							
	Available (Sum O nditures (From Sch		-				\$		0.00							
-	h Balance (Subtrac			<u></u>			\$		23,517.28	-						
	-Kind Contribution			-	le II)		<u>\$</u> \$		2,301.22	-						
	ots And Obligations		•		,		<u>₽</u> \$	5	34,500.00							
				AFF			ECTION									
PART I - If this	is a Committee rep	ort, trea	asurer sign					eport, ca	ndidate si	gn here.						
I swear (or affirm correct and comp	ı) that this report, inc lete.	luding th	e attached sc	hedules	s filed or	pape	r or by elect	ronic mea	lium, are to	the best o	of my knov	vledge	and beli	ef , true		
Sworn to and sub	scribed before me thi day of	s	20						Signatur	e of Perso	on Submitt	ing Rep	oort			
	Signati	ire	_			_				Prir	nted Name					
My Commission E	-	-								Ema	ail					
	мо	D	AY	YR				Area	Code	Daytin	ne Teleph	one Nu	mber			
	s a report of a can) that to the best of i led.							-		sions of th	e act of Ju	ıne 3,1	937 (P.L	1333,		
Sworn to and subs	cribed before me this day of		20						S	Signature	of Candida	ite				
						_				Printe	ed Name					
My Commission Ex	Signature pires					-				Ema	ail					
	мо	D	AY	YR	1	_		Area Co	ode	D	aytime Te	elephor	e Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** PATRIOTS FOR COLEMAN From: <u>11/29/2022</u> **To:** 12/31/2022 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 Committee or Candidate			Rep	orting I	Period		
				m:		То	
		·			DATE		AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code (Plus 4	4)				
							PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.						\$ 0.00	

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 Candida	te		Rep	orting P	eriod				
			Fror	m:		Тс):		
					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 Candidate			Reporting					
	From:			То:				
				DA	TE		ŀ	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary 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			Rep	orting Pe	riod			
From					From: To:			
				D	ATE		АМ	IOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	ıs 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE TOTAL 0.00

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	Name of Filing Committee or Candidate		Report	ing Peric	bd			
Fr			From:			To:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Plus 4)					
Receipt Description					•			
		_		_			PAGE TO	AL
Enter Grand Total of Part E on Schedu	le I, Detailed Sumn	nary Page,	Section	4.			\$	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	
PATRIOTS FOR COLEMAN	From:	<u>11/29/2022</u> то:	<u>12/31/2022</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	ſF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
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		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						7 \$	0.0	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•	-	- !					
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind C	Contributions Deta	iled Sum	mary Pag	ie,		PAGE TOTAL	
						\$	0.0	

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

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate			porting I	Period		
						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 Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reportir	ng Period				
PATRIOTS FOR COLEMAN			From	<u>11/29</u>	9/2022	То:	<u>12/31/2022</u>	
				DATE			AMOUNT	
To Whom Paid			мо	DAY	YEAR			
AMAZON								
Mailing Address			11	29	2022	\$	15.87	
City	State	Zip Code (Plus 4)	Description of Expenditure ERROR					
To Whom Paid			мо	DAY	YEAR			
AMAZON			МО		TLAK			
Mailing Address			12	5	2022	\$	4.23	
City	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure	1		
			ERROR					
To Whom Paid			мо	DAY	YEAR			
LAURA BACHENBERG			мо		TEAR			
Mailing Address			12	13	2022	\$	10,000.00	
City ALLENTOWN	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure	•		
	PA	18104	LOAN P	AYMENT				
To Whom Paid			мо	DAY	YEAR			
FED EX								
Mailing Address			12	19	2022	\$	8.20	
City	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure			
			POSTAGE					
To Whom Paid WILLIAM BACHENBERG			мо	DAY	YEAR			
Mailing Address			12	19	2022	\$	12,000.00	
City ALLENTOWN	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure	1		
	PA	18104	LOAN P	AYMENT				
To Whom Paid			мо	DAY	YEAR			
J&J TRANSPORTATION			MO	DAT	TEAK			
Mailing Address			12	28	2022	\$	988.98	
City ALLENTOWN	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure	•		
PA		SWEARING IN TRANSPORTATION						
Fater Orand Tabal (T							PAGE TOTAL	
Enter Grand Total of Expenditures of	on Page 1, keport C	over Page, Item I				\$	23,017.28	

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

lame of Filing Committee or Candidate Reportin			ing Period						
PATRIOTS FOR COLEMAN			From:	<u>11</u>	./29/20	<u>22</u>	То:	<u>12/31/2022</u>	
					DAT	ΓE			Dutstanding Balance of Debt
Name of Creditor				мо	DAY		YEAR		
WILLIAM BACHENBERG									
Mailing Address				5		4	2022		30,000.00
City ALLENTOWN	State	Zip Code (P	lus 4)	Descrip	tion of l	Deb	t		
	PA	18104		LOAN					
Name of Creditor				NO	DAY		YEAR		
LAURA BACHENBERG				мо			TEAR		
Mailing Address			5		20	2022	4	5,000.00	
City ALLENTOWN	State	Zip Code (P	lus 4)	Descrip	tion of I	Deb	t		
	PA	18104		LOAN					
Name of Creditor				мо	DAY		YEAR		
LAURA BACHENBERG				MO			TEAR		
Mailing Address				4		1	2022	4	40,000.00
City ALLENTOWN	State	Zip Code (P	lus 4)	Descrip	tion of I	Deb	t		
	PA	18104		LOAN					
Name of Creditor				мо	DAY		YEAR		
WILLIAM BACHENBERG				MO			TEAR		
Mailing Address				4	:	27	2011	. 4	9,500.00
City ALLENTOWN	State	Zip Code (P	lus 4)	Descrip	tion of I	Deb	t	-	
	PA	18104							
									PAGE TOTAL
Enter Grand Total of Unpaid Deb	s on Page 1, Repo	ort Cover Pa	ge, Item	G.				\$	84,500.00