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 :	on 202	10187			Rep File			CAND	IDA	TE		COMN	1ITTEE	✓	LOBI	BYIST		
Name of Filing C	ommittee, Candi	date or L	obbyist:		FRIE	ND	S OF	JOSHUA	SIE	GEL								
Street Address:	528 N MUHL	ENBERG	ST															
City:	ALLENTOWN							State:	PA	4			Zip Cod	le: 18	104			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2	2. X	30 DA		POS	ST-	3.		AMENDM REPORT?		Yes	N	lo	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	Ē- 5	5.	30 DA		POS	ST-	6.		TERMINA REPORT?		Yes	Ν	lo	\
report type)	ANNUAL REPORT	7.	Year 2024					NG METH CHECK (PAPER		√	DISK	ETTE	
Name of Office S	ought by Candida	ate:	•		-			DATE (OF E	LEC	TIO	N	District Number	Office Code	Par	ty Cod	e Cour	
REPRESENTATI	VE IN THE GENE	RAL ASS	FMBI Y					МО	DA	AY	YE	AR	22	STH	DEN	1	39	
		, , , ,						1:	1		5	2024		(SEE INS	TRUCTI	ONS FOI	CODES	6)
Summary of Expenditures		МО	DAY	YEAR		_	•	МО		AY		AR	FO	R OFFIC	E USE	ONLY	7	
-			1 1	. 2	024		0		4		8	2024						
	ught Forward Fro			. Caba	حاديات		\$					89.87						
	ary Contributions			n Scne	auie	1)	\$				12,0	00.00						
	Available (Sum 0		-				\$					89.87						
-	ditures (From Scl						\$					05.85						
	Balance (Subtra						\$			•	62,4	84.02						
	Kind Contribution				le II)	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From s	Schedule 1	/)			\$				4,0	10.00						
	-							CTION										
	that this report, in		_						-	-		_		f my knov	/ledge	and be	lief , tr	ue
correct and comple	ete. cribed before me th	is							_				of Perso	- Cubanist	D			_
	day of		20				_				3	igilature	oi Peisoi	1 Subilite	ilig Kej	Joic		
	Signat	ure					_						Prin	ted Name				
My Commission Ex	pires						_						Emai	I				
	МО	D	AY	YR						Area	a Cod	e	Daytim	e Teleph	one Nu	mber		ᆜ
Part II- If this is	a report of a car	didate's	authorized	Comn	nitte	e, C	andid	ate shal	l sig	n he	re.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and bel	ief this	polit	ical	comm	ittee has	not v	/iolate	ed an	y provisi	ions of the	e act of Ju	ine 3,1	937 (P	.L. 133	3,
Sworn to and subsc	ribed before me this day of	5	20						_			Si	ignature o	of Candida	te			_
	<u> </u>		_ 20				_		_				Printe	d Name				- $ $
	Signature						-		_									_
My Commission Exp	ires												Emai	II.				
	МО	D	AY	YR			-		A	rea C	ode		Da	ytime Te	lephor	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF JOSHUA SIEGEL	From:	1/1/202	<u>4</u> To:	<u>4/8/2024</u>
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)			\$	12,000.00
TOTAL for the Reporting) Period	(3)	\$	12,000.00
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			\$	12,000.00

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 Cand	idate	1	Reporting	Period			
		1	From:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing Committee	e		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

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.

Name of Filing Committee	or Candidate		Reportin	g Period			
			From:		7	o:	
		,		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)				Ī	

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

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		A	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$	0	0.00
Mailing Address							7 *	U	.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.0	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			
FRIENDS OF JOSHUA SIEGEL			Froi	m:	1/1/2	<u>024</u> To):	<u>4/8/2024</u>
				D/	ATE		AMO	UNT
Full Name of Contributor				мо	DAY	YEAR	\$	2 500 00
Jessica Goldberg					571.	12/11	*	3,500.00
Mailing Address 900 Palisade Ave, A	pt 6C			3	1	2024		
City Fort Lee	State	Zip Code (Plu	s 4)					
	NJ	07024-4137						
Employer Name Memorial Sloan-Kette	ring Cancer Center			Occupat	ion	Assistar	nt	
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code (Plus 4)
1275 York Ave		New York	(NY		10065	
Full Name of Contributor				МО	DAY	VEAD		
Rebecca Holder & Carlos Tovar				МО	DAY	YEAR	\$	5,000.00
Mailing Address 1437 Lorain Ave				3	1	2024		
City Bethlehem	State	Zip Code (Plu	s 4)]	_	2027		
	PA	18018						
Employer Name Diseño Urbano Studio				Occupat	tion	Archited	t	
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code (Plus 4)
1437 Lorain Ave		Bethlehe	m		PA		18018	
Full Name of Contributor				мо	DAY	YEAR		
Ruth R Green				MO	DAT	TEAR	\$	3,500.00
Mailing Address 100 Cascade Dr				3	1	2024		
City Allentown	State	Zip Code (Plu	s 4)		_			
	PA	18109						
Employer Name Tama MFG				Occupat	tion	VP		
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code (Plus 4)
100 Cascade Dr		Allentow	า		PA		18109	
		_		_			PAG	E TOTAL
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary Page	, Section	on 3.				
						'	\$	12,000.00
						L		

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 Peri	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)				
Receipt Description	•	•			•		
Forten Commit Tatal of Boot	F an Cabadala I Batallad	I C B	C				PAGE TOTAL
Enter Grand Total of Part	c on scnedule 1, Detailed	i Summary 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 Period	I	
FRIENDS OF JOSHUA SIEGEL	From:	<u>1/1/2024</u> To:	<u>4/8/2024</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 Candi	idate		Reportin	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						7 \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		•	•	•		
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zij	p Code(Plus 4)	Descr	iptio	n of Contribution	on
Enter Grand Total of Part G on Sch	edule II. In-K	ind	Contributions D	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.					-					0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	iod		
FRIENDS OF JOSHUA SIEGEL	From	1/1/2024	То:	<u>4/8/2024</u>

				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Friends of Anna Thomas			МО	DAI	ILAK		
Mailing Address 3325 Darien Rd			1	1	2024	\$	250.00
City Bethlehem	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	18020	Donatio	n			
To Whom Paid PA HDCC			мо	DAY	YEAR		
	202		1	1	2024	\$	2,000.00
Mailing Address 800 N 3rd St UNIT 3	1 T	T	1	1	2024	<u> </u>	2,000.00
City Harrisburg	State	Zip Code (Plus 4)		tion of Exp	enditure		
	PA	17020	Donatio	n			
To Whom Paid			мо	DAY	YEAR		
Lehigh Valley Print Center							
Mailing Address 1701 Union Blvd			1	22	2024	\$	344.50
City Allentown	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	18109	Printing				
	174	10103	Trincing				
To Whom Paid	10	10109			YEAR		
To Whom Paid Deco Grab & Go		10109	MO	DAY	YEAR		
	110	10109			YEAR 2024	\$	556.50
Deco Grab & Go	State	Zip Code (Plus 4)	мо 1	DAY	2024	\$	556.50
Deco Grab & Go Mailing Address 240 N 3rd St			мо 1	DAY 22 tion of Exp	2024	\$	556.50
Deco Grab & Go Mailing Address 240 N 3rd St	State	Zip Code (Plus 4)	MO 1 Descript	DAY 22 tion of Exp	2024 enditure	\$	556.50
Deco Grab & Go Mailing Address 240 N 3rd St City Harrisburg	State	Zip Code (Plus 4)	MO 1 Descript	DAY 22 tion of Exp	2024	\$	556.50
Deco Grab & Go Mailing Address 240 N 3rd St City Harrisburg To Whom Paid	State	Zip Code (Plus 4)	MO 1 Descript	DAY 22 tion of Exp	2024 enditure	\$	556.50 95.00
Deco Grab & Go Mailing Address 240 N 3rd St City Harrisburg To Whom Paid Campaign Verify	State	Zip Code (Plus 4)	MO 1 Descript Fundrais MO	DAY 22 tion of Exp ser DAY	2024 enditure YEAR 2024		
Deco Grab & Go Mailing Address 240 N 3rd St City Harrisburg To Whom Paid Campaign Verify Mailing Address PO BOX 3554	State PA	Zip Code (Plus 4) 17120	MO 1 Descript Fundrais MO 1 Descript	DAY 22 tion of Exp ser DAY 30	2024 enditure YEAR 2024		
Deco Grab & Go Mailing Address 240 N 3rd St City Harrisburg To Whom Paid Campaign Verify Mailing Address PO BOX 3554	State PA State	Zip Code (Plus 4) 17120 Zip Code (Plus 4)	MO 1 Descript Fundrais MO 1 Descript Text ve	DAY 22 tion of Exp Ser DAY 30 tion of Exp rification	2024 enditure YEAR 2024 enditure		
Deco Grab & Go Mailing Address 240 N 3rd St City Harrisburg To Whom Paid Campaign Verify Mailing Address PO BOX 3554 City WASHINGTON, DC	State PA State	Zip Code (Plus 4) 17120 Zip Code (Plus 4)	MO 1 Descript Fundrais MO 1 Descript	DAY 22 tion of Exp Ser DAY 30 tion of Exp	2024 enditure YEAR 2024		
Deco Grab & Go Mailing Address 240 N 3rd St City Harrisburg To Whom Paid Campaign Verify Mailing Address PO BOX 3554 City WASHINGTON, DC	State PA State	Zip Code (Plus 4) 17120 Zip Code (Plus 4)	MO 1 Descript Fundrais MO 1 Descript Text ve	DAY 22 tion of Exp Ser DAY 30 tion of Exp rification	2024 enditure YEAR 2024 enditure		
Deco Grab & Go Mailing Address 240 N 3rd St City Harrisburg To Whom Paid Campaign Verify Mailing Address PO BOX 3554 City WASHINGTON, DC To Whom Paid Commonwealth of PA	State PA State	Zip Code (Plus 4) 17120 Zip Code (Plus 4)	MO 1 Descript Fundrais MO 1 Descript Text vei MO 2	DAY 22 tion of Exp Ser DAY 30 tion of Exp rification DAY	2024 enditure YEAR 2024 enditure YEAR 2024	\$	95.00

To Whom Paid			МО	DAY	YEAR				
Friends of Joshua Siegel			140		LAK				
Mailing Address PO Box 90781			3	26	2024	\$	49.85		
City Allentown State Zip Code (Plus 4)			Description of Expenditure						
	PA	18109	Account	correction	n/ old em	bassy			
To Whom Paid				DAY	YEAR				
Friends of Joe Kahn			МО		ILAK				
Mailing Address PO Box 60601			4	1	2024	\$	10,000.00		
City Harrisburg	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	17106	Loan to campaign						
To Whom Paid			мо	DAY	YEAR				
Friends of Stefanie Rafes			MO		ILAK				
Mailing Address 1240 Acorn Cir			4	4	2024	\$	500.00		
City Macungie	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	18062	Donatio	n					
						PAGE TOTAL			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							13,905.85		

STATEMENT OF UNPAID DEBTS

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

Name of Filing Committee or Candidate			Reporting Period						
FRIENDS OF JOSHUA SIEGEL From			From:		1/1/2024	To:		4/8/2024	
					DATE			tstanding ance of Debt	
Name of Creditor Joshua Siegel				мо	DAY	YEAR			
Mailing Address 449 W Whitehall St				4	12	2024	\$	4,010.00	
City Allentown	State	Zip Code (P	lus 4)	Description of Debt					
	PA	18102	Loan to Campaign						
								PAGE TOTAL	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.								4,010.00	