

## Campaign Finance Report

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

Filer Identification Number :		20210187		Report Filed By :		CANDIDATE		COMMITTEE		✓		LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF JOSHUA SIEGEL													
Street Address: 528 N MUHLENBERG ST													
City: ALLENTOWN						State: PA			Zip Code: 18104				
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	✓			
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	✓			
	ANNUAL REPORT	7.	Year 2024	FILING METHOD ( ) CHECK ONE			PAPER		✓	DISKETTE			
Name of Office Sought by Candidate:  REPRESENTATIVE IN THE GENERAL ASSEMBLY						DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
						MO	DAY	YEAR	22	STH	DEM	39	
						11	5	2024	(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY				
		1	1	2024		4	8	2024					
A. Amount Brought Forward From Last Report						\$ 64,389.87							
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 12,000.00							
C. Total Funds Available (Sum Of Lines A and B)						\$ 76,389.87							
D. Total Expenditures (From Schedule III)						\$ 13,905.85							
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 62,484.02							
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00							
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 4,010.00							

## AFFIDAVIT SECTION

## PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief , true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

## Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
**Detailed Summary Page**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF JOSHUA SIEGEL	From: <u>1/1/2024</u> To: <u>4/8/2024</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 12,000.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 12,000.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)</b>	\$ 12,000.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

<b>PAGE TOTAL</b>	
\$	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 Candidate	Reporting Period
	From: To:

					DATE			AMOUNT	
Full Name of Contributor					MO	DAY	YEAR	\$0.00	
Mailing Address									
City		State	Zip Code (Plus 4)						

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 Candidate	Reporting Period	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

<b>PAGE TOTAL</b>
\$ 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.)**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF JOSHUA SIEGEL	<b>Reporting Period</b>  <b>From:</b> <u>1/1/2024</u> <b>To:</b> <u>4/8/2024</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Ruth R Green				3	1	2024	\$ 3,500.00
<b>Mailing Address</b> 100 Cascade Dr							
<b>City</b> Allentown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18109					
<b>Employer Name</b> Tama MFG				<b>Occupation</b> VP			
<b>Employer Mailing Address/Principal Place of Business</b> 100 Cascade Dr			<b>City</b> Allentown		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18109	
Rebecca Holder & Carlos Tovar				3	1	2024	\$ 5,000.00
<b>Mailing Address</b> 1437 Lorain Ave							
<b>City</b> Bethlehem	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18018					
<b>Employer Name</b> Diseño Urbano Studio				<b>Occupation</b> Architect			
<b>Employer Mailing Address/Principal Place of Business</b> 1437 Lorain Ave			<b>City</b> Bethlehem		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18018	
Jessica Goldberg				3	1	2024	\$ 3,500.00
<b>Mailing Address</b> 900 Palisade Ave, Apt 6C							
<b>City</b> Fort Lee	<b>State</b> NJ	<b>Zip Code (Plus 4)</b> 07024-4137					
<b>Employer Name</b> Memorial Sloan-Kettering Cancer Center				<b>Occupation</b> Assistant			
<b>Employer Mailing Address/Principal Place of Business</b> 1275 York Ave			<b>City</b> New York		<b>State</b> NY	<b>Zip Code (Plus 4)</b> 10065	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PAGE TOTAL**

\$ 12,000.00

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	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Receipt Description							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
FRIENDS OF JOSHUA SIEGEL		From: <u>1/1/2024</u> To: <u>4/8/2024</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	0.00

**SCHEDULE II**  
**PART F**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period  From: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						<b>PAGE TOTAL</b>  \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF JOSHUA SIEGEL	From <u>1/1/2024</u> To: <u>4/8/2024</u>

DATE				AMOUNT		
To Whom Paid Friends of Anna Thomas			MO	DAY	YEAR	\$ 250.00
Mailing Address 3325 Darien Rd			1	1	2024	
City Bethlehem	State PA	Zip Code (Plus 4) 18020	Description of Expenditure Donation			
To Whom Paid PA HDCC			MO	DAY	YEAR	\$ 2,000.00
Mailing Address 800 N 3rd St UNIT 303			1	1	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17020	Description of Expenditure Donation			
To Whom Paid Lehigh Valley Print Center			MO	DAY	YEAR	\$ 344.50
Mailing Address 1701 Union Blvd			1	22	2024	
City Allentown	State PA	Zip Code (Plus 4) 18109	Description of Expenditure Printing			
To Whom Paid Deco Grab & Go			MO	DAY	YEAR	\$ 556.50
Mailing Address 240 N 3rd St			1	22	2024	
City Harrisburg	State PA	Zip Code (Plus 4) 17120	Description of Expenditure Fundraiser			
To Whom Paid Campaign Verify			MO	DAY	YEAR	\$ 95.00
Mailing Address PO BOX 3554			1	30	2024	
City WASHINGTON, DC	State DC	Zip Code (Plus 4) 20007	Description of Expenditure Text verification			

<b>To Whom Paid</b> Commonwealth of PA			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 401 N st			2	12	2024	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17120	<b>Description of Expenditure</b> Filing fee			

  

<b>To Whom Paid</b> Friends of Joshua Siegel			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO Box 90781			3	26	2024	
<b>City</b> Allentown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18109	<b>Description of Expenditure</b> Account correction/ old embassy			

  

<b>To Whom Paid</b> Friends of Joe Kahn			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO Box 60601			4	1	2024	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17106	<b>Description of Expenditure</b> Loan to campaign			

  

<b>To Whom Paid</b> Friends of Stefanie Rafes			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 1240 Acorn Cir			4	4	2024	
<b>City</b> Macungie	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18062	<b>Description of Expenditure</b> Donation			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 13,905.85

**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**

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