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 2024	10073			Rep File			CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:	•	FRIE	NDS	S OF	TAIBA SI	JLTAN	4							
Street Address:	227 VISTA D	RIVE															
City:	EASTON							State:	PA			Zip Cod	de: 18	3042			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- 2	. X	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	•	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	j.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	•	/
report type)	ANNUAL REPORT	7.	Year 2024					IG METHO				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Candida	ite:	•					DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	ty
								МО	DAY	YE	AR	Number	code			couc	
								11		5	2024		(SEE IN	STRUCTI	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR				МО	DAY	YE	AR	FC	R OFFI	CE USE	ONLY		
Expenditures	from:		3 5	20	024	T	0	4		8	2024						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$	-		5,5	51.50						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule :	I)	\$			8	385.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			6,4	36.50						
D. Total Expend	ditures (From Sch	edule II	I)				\$			2,6	30.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C))			\$			3,8	06.50						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	hedul	le II))	\$			2,0	00.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00			1			
				AFF	IDA'	VI٦	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	ere. 1	If this	s is	a Can	didate re	eport, o	candio	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sche	edules	filed	on p	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ıe,
Sworn to and subs	cribed before me the	s	20							s	ignature	of Perso	n Submit	ting Rep	oort		_
	Signate	ıre					-					Prin	ted Name	e			
My Commission Ex	cpires						_					Ema	il				
	мо	D	AY	YR					Arc	ea Cod	e	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized C	Comm	ittee	e, Ca	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	f this	politi	cal	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	. 1333	s,
Sworn to and subsc	ribed before me this day of		20								s	ignature o	of Candid	ate			-
							-					Printe	d Name				-
	Signature						-					Ema	il				-
My Commission Exp	oires 																
	МО	D	AY	YR					Area	Code		Da	aytime T	elephor	e Numbe	er	⁻

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF TAIBA SULTANA	From:	3/5/202	<u>4</u> To:	4/8/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J Period	(1)	\$	35.00
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)			\$	850.00
TOTAL for the Reporting	y Period	(2)	\$	850.00
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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J 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			\$	885.00

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	Candidate	R	eporting	Period			
		F	rom:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Con	nmittee		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.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candida	ate		Repo	orting Po	eriod			
FRIENDS OF TAIBA SULTANA			From	n:	<u>3/5/</u>	2024 T o) :	4/8/2024
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
IMAAN MALIK								
Mailing Address 227 VISTA DRIVE							\$	100.00
City EASTON	State PA	Zip Code (Plus 4 18042)	3	16	2024		
Full Name of Contributor TAIBA SULTANA				мо	DAY	YEAR		
Mailing Address 227 VISTA DRIVE							\$	100.00
City EASTON	State	Zip Code (Plus 4)	3	16	2024		
	PA	18042						
Full Name of Contributor HUMA SHEIKH				мо	DAY	YEAR		
Mailing Address 1261 ROBERT ST	REET						\$	100.00
City HILLSIDE	State	Zip Code (Plus 4)					
	NJ	07205						
Full Name of Contributor MARY TOMILSON				мо	DAY	YEAR		
Mailing Address 7098 FERRY ROAI)						\$	100.00
City NEW HOPE	State	Zip Code (Plus 4	,	3	23	2024	Ť	100.00
	PA	18938						
Full Name of Contributor MURAT GUZEL				мо	DAY	YEAR		
Mailing Address 1139 LEHIGH AV							\$	250.00
City WHITEHALL	State PA	Zip Code (Plus 4)	3	23	2024		
	17	1 10930					<u> </u>	
Full Name of Contributor AYAZ MATIN				МО	DAY	YEAR		
Mailing Address 308 NORTH 36TH	COURT						\$	100.00
City ALLENTOWN	State	Zip Code (Plus 4)	3	30	2024		
	PA	18104						

Full Name of Contributor			мо	DAY	YEAR	
UZMA MRIAM						
Mailing Address 4250 MADISC	N DRIVE					\$ 100.00
City BETHLEHEM	State	Zip Code (Plus 4)	3	30	2024	
	PA	18020				

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

PAGE TOTAL
\$ 850.00

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:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				МО	DAY	YEAR		ſ	0.00
Mailing Address							+	C).00
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	L
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary 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:		Te):	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address								7	
City	State	Zi	p Code (Plus	s 4)					
Employer Name	•	•			Occupa	tion			
Employer Mailing Address/Principal Pla	ice of Business		City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	edule I, Detaile	ed Sumn	nary Page,	Section	on 3.			\$	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 Candidate		Report	ing Peri	od			
			From:			То:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	lus 4)					
Receipt Description	'	.					<u> </u>	
				_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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		
FRIENDS OF TAIBA SULTANA	From:	3/5/2024 To :	<u>4/8/2024</u>
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)	\$	2,000.00
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,	•	\$	2,000.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period				
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				 		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•			•		
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

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

 Name of Filing Committee or Candidate
 Reporting Period

 FRIENDS OF TAIBA SULTANA
 From: 3/5/2024
 To: 4/8/2024

						DATE			AMOUNT
Full Name of Contributor MUB MEDIA					МО	DAY	YEAR		
Mailing Address					3	15	2024	\$	1,000.00
City ALLENTOWN	State		Zip Code(Plus 4)						
	PA		18103						
Employer of Contributor	•	•			Occupa	tion			
Employer Mailing Address/Prin	cipal Place of Business	Cit	y .	State	Zip	Code(Plus 4)	Descri	otion of	Contribution
Full Name of Contributor					мо	DAY	YEAR		
MUB MEDIA						571.		#	1,000.00
Mailing Address					4	1	2024	\$	1,000.00
City ALLENTOWN	State		Zip Code(Plus 4)						
	l DA		18103						
	PA		10103	- 1					
Employer of Contributor	PA		10103		Occupa	tion			
Employer of Contributor Employer Mailing Address/Prin		Cit		State	<u>_</u>	tion Code(Plus 4)	Descri	otion of	Contribution
		! 		State	<u>_</u>		Descri	otion of	Contribution
	cipal Place of Business	Cit	у		e Zip		Descri	otion of	Contribution PAGE TOTAL

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period			
FRIENDS OF TAIBA SULTANA	From	<u>3/5/2024</u>	То:	<u>4/8/2024</u>

				DATE		AMOUNT		
To Whom Paid			МО	DAY	YEAR			
IMPRINT.COM			140	J	1 27 11 1			
Mailing Address			3	14	2024	\$	742.42	
City HOUSTON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	TX		PRINT					
To Whom Paid			мо	DAY	YEAR			
LV PRINT CENTER			MO	ואמן	ILAK			
Mailing Address						\$	954.00	
City ALLENTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
PA 18102			PRINT					
To Whom Paid			МО	DAY	YEAR			
CAMPAIGN.VA			140	ואמן	ILAK			
Mailing Address			3	25	2024	\$	95.00	
City State Zip Code (Plus 4)			Description of Expenditure					
			ADVERTISEMENT					
To Whom Paid			МО	DAY	YEAR			
NGP VAN INC			MO	DAI	ILAK			
Mailing Address			4	2	2024	\$	198.00	
City	State	Zip Code (Plus 4)	Description of Expenditure					
To Whom Paid			мо	DAY	YEAR			
HTTPSSCALET SCALE TO WIN				J				
Mailing Address		4	2	2024	\$	249.00		
City	State	Zip Code (Plus 4)	Description of Expenditure					
	CA		ON LINE MEDIA					
To Whom Paid			МО	DAY	YEAR			
FACEBOOK			140		LAK			
Mailing Address			4	8	2024	\$	250.00	
City	State	Zip Code (Plus 4)	Description of Expenditure					

To Whom Paid		МО	DAY	YEAR			
FACEBOOK			МО	DAT	TEAR		
Mailing Address		4	1	2024	\$	75.00	
City	State	Zip Code (Plus 4)	Description of Expenditure				
						r	
To Whom Paid			мо	DAY	YEAR		
FACEBOOK							
Mailing Address		3	25	2024	\$	35.00	
City	State	Zip Code (Plus 4)	Description of Expenditure				
To Whom Paid			МО	DAY	YEAR		
FACEBOOK			1-10		1 L /110		
Mailing Address		3	25	2024	\$	31.58	
City	State	Zip Code (Plus 4)	Description of Expenditure				
							PAGE TOTAL
Enter Grand Total of Expend	litures on Page 1, Re	port Cover Page, Item D				\$	2,630.00