neserruini	<b>a</b> 1	() H. H. E. E.	OTHE.

## Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification		Candidate	Committee		Lobbyist		
Number	( Mark X)	1					
Name of Filing Committee, Candidate or Lobbyist	STEYEN	GREC	00				
Street Address 3540 Coheman 51							
City BETHLEA	EM	State PA	Zip Code	18020	) .		
Type of Report (Place x under report type)							
1- 6 <sup>th</sup> Tuesday   2- 2 <sup>nd</sup> Friday   3- 30 Day Post Pre-Primary   Pre-Primary   Primary		Friday   6- 30 Day Election   Election	Post 7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election		
Date Of Election (MM/DD/YYYY)	Year	Amendm Report	ent	Termination Report			
Summary of Receipts and From Date	To Date	i jednika je sakti Li je sakti i sakti	era e e e e e e e e e e e e e e e e e e	Office Use Only			
Expenditures			what have a fifther was a series				
04/27/20		023		Control of the second			
A. Amount Brought Forward From Last Répor	-0-						
B. Total Monetary Contributions and Receipts 8							
C. Total Funds Available	8		;	重発型の関	j		
(Sum of Lines A and B)  D. Total Expenditures	- 0-						
D. Total Expenditures (From Schedule III)							
E. Ending Cash Balance	8 _ / 77	27		<del>-</del> ',			
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	-661.	~ (					
(From Schedule II)							
G. Unpaid Debts and Obligations (From Schedule IV)	0						
		Affidavit Section	a horo				
Fart 1- If this is a Committee report, treasurer sign liswear (or affirm) that this report, including the att	nere. IT this is a Candidat ached schedules on pape	e report, candidate signer, is to the best of my l	n nere. knowledge and belief.t	rue, correct and complet	te.		
Sworn to and subscribed before me this			V/ (1				
day of JAL 20 CD	<u>/ 'ı                                   </u>	$-\Delta$	4				
Signature of Person Submitting report							
Brenda L. Laughead, Notary Public Printed Name							
Lehigh County  My commission expires July 5, 202	• '	1-21	フ	96-6578			
My commission expires July 5, 202 My Commission expires 1092772 Ommission number 1092772 Member, Pennsylvania Association of Note	uries	Area Code		ytime Telephone Numbe	er er		
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 of20	_ '1						
	,		Signature of Cand	idate			
Signature	1		Printed Name		<del></del>		
My Commission expiresMO. DAY YR.		Area Code	Day	time Telephone Numbe	 r		

## Statement of Expenditures

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		งเลเซ	ment of exhengit	iui 62
Filer Identification	n Number:			
To Whom Paid		Λ		Date [MM/DD/YYYY] \$
	P-AULI	CAN Action		
House #	MEDUDA	CAN Telion	ULEAM	04/27/2023 250.00  Description of Expenditure
nouse #	Street Address			Description of Expenditure
City		State	7712	
only .		State	Zip Code	POST CANSS
To Whom Paid	75a-1	多用的格兰·克兰		
				Date [MM/DD/YYYY] \$ #/20.60  Description of Expenditure
	House # Street Address \ \( \O \) \( \O \			05/08/2023 4/20.00
House #	House # Street Address 136 PALMER PARK MALL			Description of Expenditure
in the second		136 PALMER	e PARK THALL	
City	4 / 6	State PA	Zip Code /804/3	elote.
	FSION		Loue /004/3	SAIRIS
To Whom Paid	11/50			Date [MM/DD/YYYY] \$
	VISTA PA	2141		05/20/2023 /22.94 Description of Expenditure
House #	Street Address	775 11		Description of Expenditure
City		213 Wym	AW 51	
City	LTHAM	275 Wym State MA	Zip Code 02451	POST CARDS
WA	- I FILM	115	Code 02451	
To Whom Paid	3.4 A.4	/ '_		Date [MM/DD/YYYY] \$
ALLIED SAIRTS			05/26/2023 184.33	
House #	Street Address		J . A	Description of Expenditure
		11525A STOR	E-HOLLOW DeiVE	
City A	<u> </u>	State	Zip	11.7
AUSTIN TX Code 78758			SHIRTS	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip	
e generalista Light schooling			Code	
To Whom Paid	(1) 사람			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip	
			Code	
To Whom Paid	(4.2)			Date [MM/DD/YYYY]   \$
	· natig			
House # Street Address			Description of Expenditure	
	Sticet Addiess			Description of Expenditure
City		State	Zip	
			Code	
To Whom Paid	****	142 to 144 1		Date (MM/DD/WWW - 1 cont
	[10]			Date [MM/DD/YYYY] 8
Hama # I				
House #	Street Address		Description of Expenditure	
City		State	. Zin	
		σιαισ	Zip Code	
1300 July 101		4	LOUGE	I