

# Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate <input checked="" type="checkbox"/>	Committee <input type="checkbox"/>	Lobbyist <input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		STEVEN GREGO		
Street Address		3540 COLEMAN ST		
City	BETHLEHEM	State	PA	Zip Code
				18020

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)			Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	04/27/2023	06/07/2023	REGISTERED 07/11/2023 11:34 AM - 8 PM ELECTION OFFICE EASTON PA 18042
A. Amount Brought Forward From Last Report	\$	- 0 -	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	- 0 -	
C. Total Funds Available (Sum of Lines A and B)	\$	- 0 -	
D. Total Expenditures (From Schedule III)	\$	677.27	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	- 677.27	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	- 0 -	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

**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 on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this \_\_\_\_\_ day of JULY 2023

Commonwealth of Pennsylvania - Notary Seal  
 Brenda L. Laughhead, Notary Public  
 Lehigh County  
 My commission expires July 5, 2024  
 My Commission number 1092772  
 Member, Pennsylvania Association of Notaries

\_\_\_\_\_  
 Signature of Person Submitting report  
 STEVEN GREGO  
 Printed Name

\_\_\_\_\_  
 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

My Commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

\_\_\_\_\_  
 Signature of Candidate

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Area Code

\_\_\_\_\_  
 Daytime Telephone Number

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		REPUBLICAN ACTION TEAM			Date [MM/DD/YYYY]	\$	250.00
House #	Street Address				Description of Expenditure		
City	State	Zip Code	POST CARDS				
To Whom Paid		TEE THRILL			Date [MM/DD/YYYY]	\$	#120.00
House #	Street Address	136 PALMER PARK MALL			Description of Expenditure		
City	State	Zip Code	SHIRTS				
To Whom Paid		VISTA PRINT			Date [MM/DD/YYYY]	\$	122.94
House #	Street Address	275 WYMAN ST			Description of Expenditure		
City	State	Zip Code	POST CARDS				
To Whom Paid		ALLIED SHIRTS			Date [MM/DD/YYYY]	\$	184.33
House #	Street Address	11525A STONE HOLLOW DRIVE			Description of Expenditure		
City	State	Zip Code	SHIRTS				
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City	State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City	State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City	State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City	State	Zip Code					