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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	X	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	ARTHUR J MURPHY						
Street Address	4046 W. Greenwood Drive						
City	BETHLEHEM	State	PA	Zip Code	18020		

Type of Report (Place x under report type)

1- 6th Tuesday Pre-Primary	2- 2nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6th Tuesday Pre- Election	5- 2nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2nd Friday Pre-Election	Special 30 Day Post-Election
☐	☐	☐	☐	X	☐	☐	☐	☐
Date Of Election (MM/DD/YYYY)		11/07/2023	Year		Amendment Report	☐	Termination Report	☐

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	4/12/23	10/23/23	
A. Amount Brought Forward From Last Report	$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	$	4,000-	
C. Total Funds Available (Sum of Lines A and B)	$	4,000	
D. Total Expenditures (From Schedule III)	$	5481.97	
E. Ending Cash Balance (Subtract Line D from Line C)	$	(1481.97)	
F. Value of In-Kind Contributions Received (From Schedule II)	$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	$	0	

Affidavit Section

Part 1- 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_____20_____

_____
Signature

My Commission expires_____
MO. DAY YR.

_____
Signature of Person Submitting report

_____
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 I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	

1. Unitemized Contributions and Receipts-$50.00 or Less per Contributor			
Total for the reporting period	(1)	$	0
2. Contributions of $50.01 to $250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		$	0
All Other Contributions (Part B)		$	1000
Total for the reporting period	(2)	$	1000
3. Contributions Over $250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		$	0
All Other Contributions (Part D)		$	3000
Total for the reporting period	(3)	$	3000
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	$	0
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 Page 1, Report Cover Page, Item B)*		$	4,000 -

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.

Filer Identification Number	

								Amount
Full Name of Contributing Committee						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	

PART B

All Other Contributions

$50.01 TO $250

Use this Part to itemize all other contributions with an aggregate value from $50.01 TO $250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	

Full Name of Contributor	CARLYN CHAIN						Date [MM/DD/YYYY]	$	250 -
House #	3333	Street Address	Fischer Road				Date [MM/DD/YYYY]	$	
City	EASTON	State	PA	Zip Code	18045		Date [MM/DD/YYYY]	$	
Full Name of Contributor	PATRICK McCABE						Date [MM/DD/YYYY]	$	250 -
House #	805	Street Address	Cedar ST.				Date [MM/DD/YYYY]	$	
City	MALVERN	State	PA	Zip Code	19355		Date [MM/DD/YYYY]	$	
Full Name of Contributor	John Plowen						Date [MM/DD/YYYY]	$	250 -
House #	15	Street Address	Upland WAY				Date [MM/DD/YYYY]	$	
City	Hatfield	State	PA	Zip Code	19380		Date [MM/DD/YYYY]	$	
Full Name of Contributor	Samuel Kucia						Date [MM/DD/YYYY]	$	250 -
House #	312	Street Address	Dutton Mill Road				Date [MM/DD/YYYY]	$	
City	West Chester	State	PA	Zip Code	19380		Date [MM/DD/YYYY]	$	
Full Name of Contributor							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City		State		Zip Code			Date [MM/DD/YYYY]	$	
Full Name of Contributor							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City		State		Zip Code			Date [MM/DD/YYYY]	$	

PART D

All Other Contributions

Over $250.00

Use this Part to itemize all other contributions with an aggregate value over $250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number	

Full Name of Contributor	Teresa Seluaggio					Date [MM/DD/YYYY]	$	1,000 -
House #	3713	Street Address	CARLINGTON Circle			Date [MM/DD/YYYY]	$	
City	EASTON	State	PA	Zip Code	18045	Date [MM/DD/YYYY]	$	
Employer Name	N/A					Occupation	Housewife	
Employer Mailing Address / Principal Place of Business								

Full Name of Contributor	MARK WAGNER					Date [MM/DD/YYYY]	$	1,000 -
House #		Street Address				Date [MM/DD/YYYY]	$	
City	Bethlehem	State	PA	Zip Code	18020	Date [MM/DD/YYYY]	$	
Employer Name						Occupation	ENTREPENEUR	
Employer Mailing Address / Principal Place of Business								

Full Name of Contributor	Denise Molloy					Date [MM/DD/YYYY]	$	500 -
House #	3660	Street Address	MANOR Road			Date [MM/DD/YYYY]	$	
City	Bethlehem	State	PA	Zip Code	18020	Date [MM/DD/YYYY]	$	
Employer Name	unknown					Occupation	unknown	
Employer Mailing Address / Principal Place of Business								

Full Name of Contributor	David Ronca					Date [MM/DD/YYYY]	$	500 -
House #	279	Street Address	E. MACADA Road			Date [MM/DD/YYYY]	$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	$	
Employer Name	Michael Ronca + Sons					Occupation	Principal	
Employer Mailing Address / Principal Place of Business	179 Mikron Road Bethlehem PA 18020								

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 over $250.00 in the reporting period.

Filer Identification Number:	

Full Name of Contributing Committee							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City			State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City			State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City			State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City			State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City			State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee							Date [MM/DD/YYYY]	$	
House #		Street Address					Date [MM/DD/YYYY]	$	
City			State		Zip Code		Date [MM/DD/YYYY]	$	

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.

Filer Identification Number:	

Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Receipt Description								
Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Receipt Description								
Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Receipt Description								
Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Receipt Description								
Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Receipt Description								
Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Receipt Description								

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

Filer Identification Number:	

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF $50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the reporting period	(1)	$	

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF $50.01 TO $250.00 (FROM PART F)			
TOTAL for the reporting period	(2)	$	

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER $250.00 (FROM PART G)			
TOTAL for the reporting period	(3)	$	

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, Report Cover Page, Item F)	$	

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF $50.01 TO $250

Filer Identification Number:	

Full Name of Contributor						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Description of Contribution								

Full Name of Contributor						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Description of Contribution								

Full Name of Contributor						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Description of Contribution								

Full Name of Contributor						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Description of Contribution								

Full Name of Contributor						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Description of Contribution								

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER $250

Filer Identification Number:	

Full Name of Contributor						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		
Full Name of Contributor						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		
Full Name of Contributor						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		
Full Name of Contributor						Date [MM/DD/YYYY]	$	
House #		Street Address				Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	

To Whom Paid	SIGNS on the Cheap					Date [MM/DD/YYYY]	$	508.16
House #	Street Address	11525 Stonehollow Dr. B220				Description of Expenditure		
City	AUSTIN	State	TX	Zip Code	78758	SIGNS		

To Whom Paid	SIGNS on the Cheap					Date [MM/DD/YYYY]	$	1609.65
House #	Street Address	11525 Stonehollow Dr. B220				Description of Expenditure		
City	Austin	State	TX	Zip Code	78758	SIGNS		

To Whom Paid	SIGNS on the Cheap					Date [MM/DD/YYYY]	$	638.18
House #	Street Address	11525 Stone hollow Dr. B220				Description of Expenditure		
City	Austin	State	TX	Zip Code	78758	SIGNS		

To Whom Paid	Direct Mail Service					Date [MM/DD/YYYY]	$	2023.16
House #	Street Address	313 Sumner Ave				Description of Expenditure		
City	Allentown	State	PA	Zip Code	18102	Mailers & Cards		

To Whom Paid	VISTA PRINT					Date [MM/DD/YYYY]	$	702.82
House #	Street Address	on-line				Description of Expenditure		
City		State		Zip Code		SIGNS		

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				

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.

Filer Identification Number:	

Name of Creditor						Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		$
City		State		Zip Code		
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		$
City		State		Zip Code		
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		$
City		State		Zip Code		
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		$
City		State		Zip Code		
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		$
City		State		Zip Code		
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		$
City		State		Zip Code		
Description of Debt						