

# 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)	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Meghan Lomangino					
Street Address		2212 Rose Ln					
City	Hellertown	State	PA	Zip Code	18055		

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/04/2025	Year	2025	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	06/09/2025	10/20/2025	
A. Amount Brought Forward From Last Report	\$	0	<div style="border: 1px solid black; padding: 5px; display: inline-block;">                     NOVEMBER ELECTIONS                      FILED - OCT 28 2025 12:00                 </div>
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)	\$	0	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
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

22<sup>nd</sup> day of October, 2025

*[Signature]*  
Signature

*[Signature]*  
Signature of Person Submitting report

Meghan E Lomangino  
Printed Name

My Commission expires 6/2/27  
MO. DAY YR.

Commonwealth of Pennsylvania - Notary Seal  
Crystal L. King, Notary Public  
Northampton County  
Commission expires June 2, 2027  
Commission number 1261313

631  
Area Code

741-4343  
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	
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<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
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Total for the reporting period	(1)	\$	
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<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
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Contributions Received from Political Committees (Part A)	\$	
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All Other Contributions (Part B)	\$	
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Total for the reporting period	(2)	\$	
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<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
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Contributions Received from Political Committees (Part C)	\$	
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All Other Contributions (Part D)	\$	
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Total for the reporting period	(3)	\$	
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<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
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Total for the reporting period	(4)	\$	
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Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	
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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]		\$
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:	
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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]	\$	
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]	\$	
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]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #					Street Address		Date [MM/DD/YYYY]	\$
City	State			Zip Code		Date [MM/DD/YYYY]	\$	

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:	
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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]			
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 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:	
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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						
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						
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						
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						

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:	
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Full Name							
House #	Street Address				Date [MM/DD/YYYY]		\$
City		State	Zip Code				
Receipt Description							
Full Name							
House #	Street Address				Date [MM/DD/YYYY]		\$
City		State	Zip Code				
Receipt Description							
Full Name							
House #	Street Address				Date [MM/DD/YYYY]		\$
City		State	Zip Code				
Receipt Description							
Full Name							
House #	Street Address				Date [MM/DD/YYYY]		\$
City		State	Zip Code				
Receipt Description							
Full Name							
House #	Street Address				Date [MM/DD/YYYY]		\$
City		State	Zip Code				
Receipt Description							
Full Name							
House #	Street Address				Date [MM/DD/YYYY]		\$
City		State	Zip Code				
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:	
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**1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the reporting period	(1)	\$	
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**2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)**

TOTAL for the reporting period	(2)	\$	
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**3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)**

TOTAL for the reporting period	(3)	\$	
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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)		\$	
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SCHEDULE II  
PART F

**In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>				

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

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

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

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

SCHEDULE II

Part G

**In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:	
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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:	
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<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$
<b>House #</b>	<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>				

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:	
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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							