

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

PAGE 1 OF 4

(COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: ▶		Report Filed By: ▶		1. CANDIDATE ☐		2. COMMITTEE ☒		3. LOBBYIST ☐	
Name of Filing Committee, Candidate or Lobbyist: VOTE SCOTT OTT LEHIGH COUNTY EXECUTIVE									
Street Address: 1572 SIGMUND ROAD									
City: ZIONSVILLE					State: PA		Zip Code: 18092 -		
TYPE OF REPORT (place X to the right of report type)	1. 6TH TUESDAY PRE-PRIMARY	☐	2. 2ND FRIDAY PRE-PRIMARY	☒	3. 30 DAY POST-PRIMARY	☐	AMENDMENT REPORT?	YES ☐	NO ☒
	4. 6TH TUESDAY PRE-ELECTION	☐	5. 2ND FRIDAY PRE-ELECTION	☐	6. 30 DAY POST-ELECTION	☐	TERMINATION REPORT?	YES ☐	NO ☒
	7. ANNUAL REPORT	☐	YEAR ▶		FILING METHOD () CHECK ONE ▶		PAPER	☒	DISKETTE ☐

Name of Office Sought by Candidate: Lehigh County Executive			DATE OF ELECTION			District Number	Office Code	Party Code	County Code
			MO	DAY	YEAR				
			11	3	2009		OTH	REP	39
(SEE INSTRUCTIONS FOR CODES)									

Summary of Receipts and Expenditures from: ▶		MO	DAY	YEAR	To	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		3	5	2009		5	4	2009		
A. Amount Brought Forward From Last Report					\$	0				
B. Total Monetary Contributions and Receipts (From Schedule I)					\$	1235.00				
C. Total Funds Available (Sum of Lines A and B)					\$	1235.00				
D. Total Expenditures (From Schedule III)					\$	128.95				
E. Ending Cash Balance (Subtract Line D from Line C)					\$	1106.05				
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.

PART II. If this is a report of a Candidate's Authorized Committee member, sign here.

Board of Elections of Lehigh County
 Lehigh County Government Center
 17 S. 7th St.
 Allentown, PA 18101-2400

COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Jean Polczynski, Notary Public
 Lower Macungie Twp., Lehigh County
 My Commission Expires April 18, 2011
 Member, Pennsylvania Association of Notaries

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS

PAGE 2 OF 4

Detailed Summary Page

Name of Filing Committee or Candidate VOTE SEAT ON LEHIGH COUNTY EXECUTIVE	Reporting Period From 3/5/09 To 5/4/09
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ 385.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 850.00
TOTAL for the Reporting Period	(2) \$ 850.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 0
All Other Contributions (Part D)	\$ 0
TOTAL for the Reporting Period	(3) \$ 0

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.)	\$ 1235.00
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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.)

From 3/5/09 To 5/4/09

2. PAGE TOTAL
\$ 850.50

\$ 850.00

SCHEDULE III
STATEMENT OF EXPENDITURES

PAGE 4 OF 4

Name of Filing Committee or Candidate

VOTE SCOTT OTT LEHIGH COUNTY EXECUTIVE

Reporting Period

From 3/5/09 To 5/4/09

To Whom Paid

SCOTT OTT

Mailing Address

7572 SIGMUND ROAD

City

Zionsville

State

PA

Zip Code (Plus 4)

18092-

MO. DAY YEAR

4 2 09

Amount

\$ 106.95

Description of Expenditure

MISC SUPPLIES

To Whom Paid

AILENTOWN CRIME WATCH

Mailing Address

1221 S. FRONT ST.

City

AILENTOWN

State

PA

Zip Code (Plus 4)

-

MO. DAY YEAR

4 16 09

Amount

\$ 22.00

Description of Expenditure

BANQUET

To Whom Paid

Mailing Address

City

State

Zip Code (Plus 4)

MO. DAY YEAR

Amount

\$

Description of Expenditure

To Whom Paid

Mailing Address

City

State

Zip Code (Plus 4)

MO. DAY YEAR

Amount

\$

Description of Expenditure

To Whom Paid

Mailing Address

City

State

Zip Code (Plus 4)

MO. DAY YEAR

Amount

\$

Description of Expenditure

To Whom Paid

Mailing Address

City

State

Zip Code (Plus 4)

MO. DAY YEAR

Amount

\$

Description of Expenditure

To Whom Paid

Mailing Address

City

State

Zip Code (Plus 4)

MO. DAY YEAR

Amount

\$

Description of Expenditure

To Whom Paid

Mailing Address

City

State

Zip Code (Plus 4)

MO. DAY YEAR

Amount

\$

Description of Expenditure

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$ 128.95