

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

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 (COVER PAGE)

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

Filer Identification Number: 2008076		Report Filed By: CANDIDATE		1. CANDIDATE		2. COMMITTEE		3. LOBBYIST										
Name of Filing Committee, Candidate or Lobbyist: Friends of Mike Welsh																		
Street Address: 2430 Washington St.																		
City: Allentown					State: Pa		Zip Code: 18104											
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY		1.		2ND FRIDAY PRE-PRIMARY		2. <input checked="" type="checkbox"/>		30 DAY POST PRIMARY		3.		AMENDMENT REPORT?		YES		NO	
	6TH TUESDAY PRE-ELECTION		4.		2ND FRIDAY PRE-ELECTION		5.		30 DAY POST ELECTION		6.		TERMINATION REPORT?		YES		NO	
	ANNUAL REPORT		7.		YEAR				FILING METHOD () CHECK ONE				PAPER				DISKETTE	
Name of Office Sought by Candidate: County Commissioner					DATE OF ELECTION					District Number		Office Code		Party Code		County Code		
					MO. DAY YEAR 5 19 2009					4		OTH		R		39		
																(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from:					MO. DAY YEAR 1 1 2009			To			MO. DAY YEAR 5 4 2009			FOR OFFICE USE ONLY				
A. Amount Brought Forward From Last Report								\$			1276.74							
B. Total Monetary Contributions and Receipts (From Schedule I)								\$			1,000.00							
C. Total Funds Available (Sum of Lines A and B)								\$			2,276.74							
D. Total Expenditures (From Schedule III)								\$			4331.72 331.72							
E. Ending Cash Balance (Subtract Line D from Line C)								\$			1945.02							
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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

[Signature]

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Mike Welsh</i>	Reporting Period From <i>1-1-09</i> To <i>5-4-09</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$

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

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$ <i>1,000.00</i>
TOTAL for the Reporting Period (3)	\$ <i>1,000.00</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$

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.)	\$ <i>1,000.00</i>
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JOHN WELSH
 2009-2010
 My Comm

PART D
ALL OTHER CONTRIBUTIONS

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OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.

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

Name of Filing Committee or Candidate <u>Friends of Mike Welsh</u>	Reporting Period From <u>1-1-09</u> To <u>5-4-09</u>
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				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				\$
<u>Tom Scalici</u>	<u>3</u>	<u>1</u>	<u>09</u>				<u>1,000.00</u>
Mailing Address <u>221 N. 28th St.</u>	MO.	DAY	YEAR				\$
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18104</u>		MO.	DAY	YEAR	\$
Employer Name <u>Cornerstone Advisors</u>				Occupation <u>Managing Director</u>			
Employer Mailing Address/Principal Place of Business <u>74 Broad St, Bethlehem PA 18018</u>							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 1,000.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <u>Friends of Mike Welsh</u>	Reporting Period From <u>1-1-09</u> To <u>5-4-09</u>
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To Whom Paid <u>Enter.net</u>	MO. <u>3</u>	DAY <u>14</u>	YEAR <u>09</u>	Amount \$ <u>60.00</u>
Mailing Address <u>815 N. 12th St</u>	Description of Expenditure <u>web site</u>			
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18102 -</u>		
To Whom Paid <u>Mike Welsh</u>	MO. <u>3</u>	DAY <u>20</u>	YEAR <u>09</u>	Amount \$ <u>271.72</u>
Mailing Address <u>2646 W. Allen St</u>	Description of Expenditure <u>Stamps, P.O. Box,</u>			
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18104 -</u>		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL

\$ 331.72