

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER 80692		REPORT FILED ON BEHALF OF		CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Mike Welsh						
STREET ADDRESS 2646 W. Allen St.						
CITY Allentown			STATE Pa.	ZIP CODE 18104		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY	DATE OF ELECTION
	County Commissioner			4	R	MO. DAY YEAR 5 19 09
6TH TUESDAY PRE-PRIMARY 1.						
2ND FRIDAY PRE-PRIMARY 2. <input checked="" type="checkbox"/>						
30 DAY POST-PRIMARY 3.						
6TH TUESDAY PRE-ELECTION 4.						
2ND FRIDAY PRE-ELECTION 5.						
30 DAY POST-ELECTION 6.						
ANNUAL REPORT 7.						

DATES OF REPORTING PERIOD		TO	
MO. DAY YEAR 1 1 09	5 4 09		

CASH BALANCE AT END OF REPORTING PERIOD: \$ 0	
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0	

AMENDMENT REPORT?	YES	NO
TERMINATION REPORT?	YES	NO

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

PENNSYLVANIA
 Notary Seal
 Melissa J. Keller, Notary Public
 South Whitehall Twp., Lehigh County
 My Commission Expires Dec. 20, 2011
 Member, Pennsylvania Association of Notaries

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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	SIGNATURE OF CANDIDATE
DAY OF 20	PRINTED NAME
SIGNATURE	AREA CODE DAYTIME TELEPHONE NUMBER
MY COMMISSION EXPIRES MO. DAY YR.	