## 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

liab	oilitie	es incurred <i>each</i> <u>did not exceed</u>	\$250.00 (	during	the re	eporting	period				
FILE IDENTIFICATION NUMBER:	<b>T</b>		PORT FILED	CANDIDATE	1. X	COMMITTEE	z. LOB	BYIST 3.			
		CANDIDATE OR LOBBYIST:									
STREET ADDRESS: 7946 Clauss	ville	Road									
Fogelsville			STATE: PA			ZIP CODE: 18051—					
TYPE OF REPO (CHECK ONE)	RT	NAME OF OFFICE SOUGHT BY CANDIDATE:	DISTRICT	DISTRICT NO. PARTY		MO.	DATE OF ELE	CTION YEAR			
6TH TUESDAY	1.	Lehigh County Commissioner	01	Re	Republican		19	2009			
PRE-PRIMARY						FOR OFFICE USE ONLY					
2ND FRIDAY PRE-PRIMARY	2. X	DATES OF REPORTING PERIOD 01 01 09		9							
30 DAY POST PRIMARY	3.	CASH BALANCE AT END OF REPORTING PERIOD:  \$ 0.00  TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:  \$ 0.00  AMENDMENT REPORT?  YES NO X									
6TH TUESDAY PRE-ELECTION	4.										
2ND FRIDAY PRE-ELECTION	5.										
30 DAY POST-ELECTION	6.										
ANNUAL REPORT	7.	TERMINATION YES	NO X								
		AFFIDAVIT :	SECTION								
If statement is t	filed or	n behalf of a <u>Political Committee <i>or</i> Candidate</u> n behalf of a <u>Candidate,</u> the Candidate must s n behalf of a <u>Contributing Lobbyist,</u> the Lobbyi	ign here.		isurer m	nust sign h	ere.				

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

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+SWEAR (OR AFFIRM) THAT 1 1937 (P.L. 1333, No. 320)			LEDGE AND BELL	HIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3,
SWORN TO AND SUBSCRIB	ED BEFORE	ME THIS		
DAY OF			20	
Market make ye indiversity have			li di de la compania del compania de la compania del la compania del c	SIGNATURE OF CANDIDATE
	SIGNATUR	:E		PRINTED NAME
MY COMMISSION EXPIRES				
	MO.	DAY	YR.	AREA CODE DAYTIME TELEPHONE NUMBER