

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

PAGE 1 OF _____
 (COVER PAGE)

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

File Identification Number: ▶		Report Filed By: ▶		CANDIDATE ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}														
Name of Filing Committee, Candidate or Lobbyist: Friends of Mark Prinzinger																						
Street Address: 5655 East Texas Rd																						
City: East Texas				State: PA		Zip Code: 18046-0157																
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 <input type="checkbox"/> NO <input type="checkbox"/>															
	6TH TUESDAY PRE-ELECTION ^{4.}		2ND FRIDAY PRE-ELECTION ^{5.}		30 DAY POST ELECTION ^{6.}		TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>															
	ANNUAL REPORT ^{7.} ▶		YEAR		FILING METHOD ▶ () CHECK ONE		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>															
Name of Office Sought by Candidate: County Commissioner/ School Director					DATE OF ELECTION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>5</td> <td>19</td> <td>2009</td> </tr> </table>		MO.	DAY	YEAR	5	19	2009	District Number		Office Code							
MO.	DAY	YEAR																				
5	19	2009																				
							Party Code		County Code													
							(SEE INSTRUCTIONS FOR CODES)															
Summary of Receipts and Expenditures from: ▶			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>1</td> <td>1</td> <td>2009</td> </tr> </table>		MO.	DAY	YEAR	1	1	2009	To		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>5</td> <td>8</td> <td>2009</td> </tr> </table>		MO.	DAY	YEAR	5	8	2009	FOR OFFICE USE ONLY <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED 2009 MAY -8 P. 3: CAMPAIGN FINANCE DIV. </div>	
MO.	DAY	YEAR																				
1	1	2009																				
MO.	DAY	YEAR																				
5	8	2009																				
A. Amount Brought Forward From Last Report			\$ 100.56																			
B. Total Monetary Contributions and Receipts (From Schedule I)			\$ 1800.00																			
C. Total Funds Available (Sum of Lines A and B)			\$ 1900.56																			
D. Total Expenditures (From Schedule III)			\$ 1828.50																			
E. Ending Cash Balance (Subtract Line D from Line C)			\$ 72.06																			
F. Value of In-Kind Contributions Received (From Schedule III)			\$																			
G. Unpaid Debts and Obligations (From Schedule IV)			\$ 1800.00																			

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

COMMONWEALTH OF PENNSYLVANIA

I
do
swear
that
I
am
the
treasurer
of
the
above
named
committee
and
I
have
not
violated
any
provisions
of
the
Act
of
June
3,
1937
(P.L. 1333, No. 320) as amended.

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 before me on _____ day of _____, 2009, at _____, Pennsylvania.

NOTARIAL SEAL
 STACY J. STERNER, Notary Public

My

CONTRIBUTIONS AND RECEIPTS**Detailed Summary Page**

Name of Filing Committee or Candidate <i>Friends of Mark Prinzinger</i>	Reporting Period From <i>11-09</i> To <i>5-8-09</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)	\$ <i>1800.00</i>
TOTAL for the Reporting Period (2)	\$ <i>1800.00</i>

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

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>1800.00</i>
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PART D
ALL OTHER CONTRIBUTIONS

PAGE _____ OF _____

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 <i>Friends of Mark Prinzinger</i>	Reporting Period From <i>1-1-09</i> To <i>5-8-09</i>
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	
<i>Mark Prinzinger</i>				<i>2</i>	<i>27</i>	<i>2009</i>	<i>\$ 1800.00</i>
Mailing Address				MO.	DAY	YEAR	\$
<i>5655 East Texas Rd</i>							
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
<i>East Texas</i>	<i>PA</i>	<i>18046 -0157</i>					
Employer Name				Occupation			
<i>Kelly Auto Group</i>				<i>Management</i>			
Employer Mailing Address/Principal Place of Business							
<i>501 Lehigh St. Emmaus PA 18049</i>							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
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				MO.	DAY	YEAR	\$
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				MO.	DAY	YEAR	\$
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

\$ 1800.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Friends of Mark Prinziger</i>	Reporting Period From <i>1-1-09</i> To <i>5-8-09</i>
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To Whom Paid <i>Precision Marketing</i>	MO. <i>3</i>	DAY <i>4</i>	YEAR <i>2009</i>	Amount <i>\$ 1828.50</i>
Mailing Address <i>2906 William Penn Hwy</i>	Description of Expenditure <i>Palm Cards</i>			
City <i>Easton</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18045 -</i>		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				

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

PAGE TOTAL
\$ 1828.50

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate <i>Friends of Mark Prinzinger</i>	Reporting Period From <i>1-1-09</i> To <i>5-8-09</i>
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Name of Creditor <i>Mark Prinzinger</i>				Outstanding Balance of Debt \$ <i>1800.00</i>	
Mailing Address <i>5655 East Texas Rd</i>	DATE DEBT INCURRED	MO. <i>2</i>	DAY <i>27</i>	YEAR <i>2009</i>	
City <i>East Texas</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18046-0157</i>			
Description of Debt <i>Loan from Candidate</i>					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ <i>1800.00</i>
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