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.)

Filer Identification Number:		Report Filed By:	>	CANDID	ATE		COMM	TTEE	X	LOBE	/IST 3.
Name of Filing Committee, Candidat	te or Lobbyist: of Mark Prin							***************************************			
Stract Programs.		121 Age						***************************************			
5655 East .	Texas Rd			State:	***************************************		Zip Cod	le:	•		
East Texas				State:PA	<u> </u>		•		, 2	015	-7
TYPE OF BRE-PRIMA		CHECK HOLDS CONTROL VICE AND A TOTAL OF THE PARTY OF THE	30	DAY ST PRIMA		3.	AMENDN REPORT?		YES		NO
(place X to	Market Market Control of the Control			DAY ST ELECTI	~~~) .	TERMINA REPORT?	Assertable 101 (Fig. 1)	YES		NO
the right of ANNUAL report type) REPORT	7. YEAR			NG METH		>	PAPE	A	X	DISKE	TTE
Name of Office Sought by Candidat	4		M	ATE OF	ELECTI YEA		District Number	Offic Code		Party Code	County Code
School Direc	tor		1	19	200	29		(SEE IN	ISTRUC	TIONS F	OR CODES)
	_ Mo. I DAY	EAR		D. DAY			F			JSE ON	
Summary of Receipts and Expenditures from:		009 To	<u>M</u>	- 8	YEA!						
A. Amount Brought Forward Fr	om Last Report	\$	10	0.5	6						
B. Total Monetary Contributions	and Receipts (From Sch	edule I) \$		0.00	***************************************				ţ	3	
C. Total Funds Available (Sum	of Lines A and B)	\$ [90	0.56					Company Company Species and company		73 42 77
D. Total Expenditures (From Sc	chedule III)	\$	18	28.5	.9					: <	
E. Ending Cash Balance (Subtrac	ct Line D from Line C)	\$.06	MB ibilio de la composition della composition d				: o	٥	ence.
F. Value of In-Kind Contribution	ons Received (From Sched							<u> </u>	· 		الايمان ويعت
G. Unpaid Debts and Obligations	s (From Schedule IV)	\$ 1	४०	0.00				And the second s			5 § 1 (4)
		AFFIDAVIT SE	СПС	N		183		and the second			
PART I - If this is a Commit	RANGROVEN LATER PER	here. If this NOYLVANIA	is a	Candidate	repor	t, car	didate s	ign her	6.		
ec											
S											
•											
-											
ħ											
PAHI II - If this is a report o	f a Candidate's Authoris	ed:Committee	a, car	ididate sh	all sign	here			7.0		
P.L. 1333, No. 320) as amended.	NOTARIAL SEAL J. STERNER, Notary Pub	this political co				***************************************		is of the	Act o	of June 3	, 1937
											·····
waterstein											
My											

SCHEDULE I

PAGE 2 OF

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Per	iod	
			TO 5-8-09
Friends of Mark Prinzinger	, , , , , , , , , , , , , , , , , , , ,		,,,
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBUTO	
TOTAL for the Reporting Period	d (1)	\$	
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	В)	ratury a	The Part of the Control of the Contr
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$ 18	300.00
TOTAL for the Reporting Period	d (2)	\$ 1	800,00
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	d (3)	\$	
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED C	HECKS, ETC	. (FROM	A PART E)
TOTAL for the Reporting Period	d (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.)		\$ /	800.00

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				Reporting		
Friends of Mark Prinz	ince	_		From <u>l</u>	-1-09	To <u>5-8-09</u>
				DATE		AMOUNT
Full Name of Contributor			мо. ?	1 12 1 - Name (12)	YEAR 2009	* 1 C
Mailing Address	**************************************		Mo.	DAY	YEAR	
5655 East Texas Rd	Y 40 Y					\$
Full Name of Contributor Mark Prinzinger Mailing Address 5655 East Texes Rd City East Texes Employer Name	PA	Zip Code (Plus 4) 18046 -0157	МО.	DAY	YEAR	\$
Employer Name						
Kelly Auto Group Employer Mailing Address/Principal Place of Business] N	lonage	ment	
501 Lehich St Emmans P		049				
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address	······································		MO.	DAY	YEAR	\$
O'A.	1 =					3
Clty	State	Zip Code (Plus 4)	MO,	DAY	YEAR	\$
Employer Name			Occupa	tion	1	
Employer Mailing Address/Principal Place of Business					e andre de la company de la c	
Supply of morring reservoirs, more at a supply of the supp						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address	**************************************	The state of the s	мо.	DAY	YEAR	3
					T TO	\$
City	State	Zip Code (Pius 4)	MO.	DAY	YEAR	\$
Employer Name			Occupa	tion		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	DAY	YEAR	_
Mailing Address			MO	DAY	YEAR	\$
					FEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	S
Employer Name	<u></u>		Occupa	tion		*
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address						\$
mailing Address			MO.	DAY	PAR	\$
City	State	Zip Code (Plus 4)	мо,	DAY	YEAR	\$
Employer Name	<u></u>	Table	Occupa	tion		¥
Employer Mailing Address/Principal Place of Business	***************************************	:			-	
						PAGE TOTAL
Enter Grand Total of Part D on Sched	,i slut	Detailed Summar	y Page	, Sectio	n 3.	\$ 1800.00
DSEB-502 (7-99)						4 1000 100

SCHEDULE III

STATEMENT OF EXPENDITURES

ivame of riling Committee or Candidate			l n	eporting		
Friends of Mark Prinzin	in.			From _	1-1-0	19 To 5-8-09
	Commission of the Commission o					
To Whom Paid		<u> </u>	MO.	DAY	YEAR	Amount \$ 1828.50
Precision Marketing Mailing Address 2906 William Penn Hwy City	······································		3	on of Exp	2009	\$ 1828.50
2906 William Penn Hum					enaiture 	~
City	State	Zip Code (Plus 4)	Pe	1,000	- () 62. 3	
Easton	PA	18045 -				
To Whom Paid	88		MO.	DAY	УЕАЯ	Amount
						\$
Mailing Address			Descripti	on of Exp	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
						\$
Mailing Address			Descripti	on of Exp	enditure	
City	State	Zip Code (Plus 4)				
	0.0.0	-				
To Whom Paid			MO.	DAY	YEAR	Amount
						\$
Mailing Address		***	Descripti	on of Exp	enditure	
City	T Examp	Zin Cada (Gluo di		**************************************	***************************************	
•	State	Zip Code (Plus 4)				
To Whom Paid			мо.	DAY	YEAR	Amount
					150%	\$
Mailing Address			Descripti	on of Exp	enditure	
City						
on,	State	Zip Code (Plus 4)				
To Whom Paid				NAV.	Mary Town	Amount
1.5 1.1.5.1.			мо.	DAY	YEAR	\$
Mailing Address	······································		Descripti	on of Exp	enditure	
City	,	······································				
Спу	State	Zip Code (Plus 4)				
To Whom Paid						
10 WROM Fata			MO.	DAY	YEAR	Amount &
Mailing Address			Descripti	on of Expe	enditure	L\$
City	State	Zip Code (Plus 4)	<u> </u>	······································	······································	
To Whom Paid			MO.	DAY	YEVR	Amount
Mailing Address			Description	on of Expe	nditura	\$
· · · · · · · · · · · · · · · · · · ·				VI EXP	cus 1231 M	
City	State	Zip Code (Plus 4)				
		· · · · · · · · · · · · · · · · · · ·		· .	_	
To the control of the second of the second	egu ji Veraz	an may an area and towar	Company of the Land	No. of the second	in es la c	PAGE TOTAL
Enter Grand Total of Expenditures on Pag	je 1, F	Report Cover Pa	age, Ite	m D.		\$1828.50
			_			+ 10 20.30

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٠.	L 475 0	•	₩		

STATEMENT OF UNPAID DEBTS

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

- A A A A		Reporting Period	c
Friends of Mark Prinzinger		From 1-1-0	9 TO 5-8-09
Name of Creditor			Outstanding Balance of Debt
Mark Prinzinger Mailing Address	DATE		\$ 1800.00
	DEBT INCURRED	MO. DAY YEAR	4
5655 East Texas Rd	, mounted	State Zip Code (Plus 4)	
East Texas Description of Debt	***************************************	PA 18046-0157	
Loan from Candidate			
Name of Creditor			
 -			Outstanding Balance of Debt \$
Mailing Address	DATE DEBT	MO. DAY YEAR	
City	INCURRED		
-		State Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
Mailing Address			s
mounty Addieso	DATE DEBT	MD. DAY. YEAR	
City	INCURRED	State Zip Code (Plus 4)	
Description of Debt		***************************************	
Name of Creditor			Outotondia a Dalas
			Outstanding Balance of Debt
Mailing Address	DATE	[S Substanting Balance of Debt
Mailing Address	DATE DEBT INCURRED	MO. DAY YEAR	
Mailing Address City	DEBT	MO: DAY YEAR State Zip Code (Plus 4)	
City	DEBT		
City	DEBT		
	DEBT		\$
Description of Debt Name of Creditor	DEBT		
City Description of Debt	DEBT INCURRED		\$ Outstanding Balance of Debt
Description of Debt Name of Creditor	DEBT INCURRED	State Zip Code (Plus 4)	\$ Outstanding Balance of Debt
Description of Debt Name of Creditor Mailing Address	DEBT INCURRED	State Zip Code (Plus 4)	\$ Outstanding Balance of Debt
City Description of Debt Name of Creditor Mailing Address City	DEBT INCURRED	State Zip Code (Plus 4)	\$ Outstanding Balance of Debt
City Description of Debt Name of Creditor Mailing Address City Description of Debt	DEBT INCURRED	State Zip Code (Plus 4)	\$ Outstanding Balance of Debt
City Description of Debt Name of Creditor Mailing Address City	DEBT INCURRED	State Zip Code (Plus 4)	\$ Outstanding Balance of Debt
Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor	DEST INCURRED DATE DEST INCURRED	State Zip Code (Plus 4) MO: DAY YEAR: State Zip Code (Plus 4)	Outstanding Balance of Debt
City Description of Debt Name of Creditor Mailing Address City Description of Debt	DATE DEBT INCURRED	State Zip Code (Plus 4)	Outstanding Balance of Debt Cutstanding Balance of Debt
Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor	DATE DEBT INCURRED	State Zip Code (Plus 4) MO: DAY YEAR: State Zip Code (Plus 4)	Outstanding Balance of Debt Cutstanding Balance of Debt
Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City	DATE DEBT INCURRED	State Zip Code (Plus 4) MO. DAY YEAR State Zip Code (Plus 4) DAY YEAR	Outstanding Balance of Debt Cutstanding Balance of Debt
Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City	DATE DEBT INCURRED	State Zip Code (Plus 4) MO. DAY YEAR State Zip Code (Plus 4) DAY YEAR	Outstanding Balance of Debt Cutstanding Balance of Debt
Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City	DATE DEBT INCURRED	State Zip Code (Plus 4) MO. DAY YEAR State Zip Code (Plus 4) DAY YEAR	Outstanding Balance of Debt S Outstanding Balance of Debt \$
Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DATE DEBT INCURRED DATE DEBT INCURRED DATE DEBT INCURRED	State Zip Code (Plus 4) MO. DAY YEAR State Zip Code (Plus 4) State Zip Code (Plus 4)	Outstanding Balance of Debt \$ Outstanding Balance of Debt \$
Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DATE DEBT INCURRED DATE DEBT INCURRED DATE DEBT INCURRED	State Zip Code (Plus 4) MO. DAY YEAR State Zip Code (Plus 4) State Zip Code (Plus 4)	Outstanding Balance of Debt S Outstanding Balance of Debt \$