

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
<b>Name:</b>		<i>Friends of Don Cunningham</i>		
<b>Address:</b>		<i>PO Box 644</i>		
<b>City, State, Zip:</b>		<i>Bethlehem PA 18016</i>		
Report Filed By				
<b>Candidate</b>		<b>Committee</b>	<i>Yes</i>	
<b>Type of Report</b>	<i>30 Day Post</i>	<b>Election Date</b>	<b>Amended</b>	<b>Termination</b>
<i>TERMINATION REPORT</i>				<i>NO</i>
<b>Office Sought By Candidate</b>		<b>Party</b>	<b>County</b>	
<i>Lehigh County Executive</i>		<i>D</i>	<i>Lehigh</i>	
Summary of Receipts & Expenditures				
<b>From:</b>	<i>10/19/2010</i>	<b>To:</b>	<i>11/22/2010</i>	
<b>A. Amount Brought Forward From Last Report</b>			<i>370,517.90</i>	
<b>B. Total Monetary Contributions &amp; Receipts (from Schedule I)</b>			<i>445.24</i>	
<b>C. Total Funds Available (Sum of Lines A &amp; B)</b>			<i>370,963.14</i>	
<b>D. Total Expenditures (from Schedule III)</b>			<i>8,952.41</i>	
<b>E. Ending Cash Balance (Subtract Line D from Line C)</b>			<i>362,010.73</i>	
<b>F. Value of In-Kind Contributions Received (from Schedule II)</b>			<i>0.00</i>	
<b>G. Unpaid Debts &amp; Obligations (from Schedule IV)</b>			<i>0.00</i>	

\*Complete reports including signatures are on file in the Office of Voter Registration.

SCHEDULE I  
**CONTRIBUTIONS AND RECEIPTS**

PAGE 2 OF \_\_\_\_\_

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$ 0

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 0
TOTAL for the Reporting Period	(2) \$

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ 330.00
All Other Contributions (Part D)	\$ 0
TOTAL for the Reporting Period	(3) \$ 330.00

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
TOTAL for the Reporting Period	(4) \$ 115.24

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 445.24
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## PART A

**CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES****\$50.01 TO \$250.00**

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		—					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		—					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		—					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		—					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		—					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		—					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		—					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		—					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		—					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL

\$ 0

**PART B**  
**ALL OTHER CONTRIBUTIONS**

PAGE \_\_\_\_\_ OF \_\_\_\_\_

**\$50.01 TO \$250.00**

Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 to \$250.00 in the reporting period.

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

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		—					
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		—					
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		—					
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		—					
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		—					
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		—					
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		—					
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		—					
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		—					

PAGE TOTAL

\$ 0

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

## PART C

# CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

## OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee <i>Citizens for Arlen Specter</i>				<i>11</i>	<i>1</i>	<i>2010</i>	\$ <i>330.00</i>
Mailing Address <i>255 S. 17th St. Suite 603</i>				MO.	DAY	YEAR	\$
City <i>Philadelphia</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19103 -</i>		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$

PAGE TOTAL

\$

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

**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	Reporting Period From _____ To _____
---------------------------------------	---

				DATE			AMOUNT
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							
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**  
**\$**

## PART E

# OTHER RECEIPTS

**REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.**

**Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.**

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

Full Name							PNC BANK		
Mailing Address									
1481 8th AVE.									
City			State	Zip Code (Plus 4)		MO.	DAY	YEAR	Amount
Bethlehem			PA	18018 -		10	29	2010	\$ 115.24
Receipt Description									
Money Market interest									
Full Name									
Mailing Address									
City			State	Zip Code (Plus 4)		MO.	DAY	YEAR	Amount
									\$
Receipt Description									
Full Name									
Mailing Address									
City			State	Zip Code (Plus 4)		MO.	DAY	YEAR	Amount
									\$
Receipt Description									
Full Name									
Mailing Address									
City			State	Zip Code (Plus 4)		MO.	DAY	YEAR	Amount
									\$
Receipt Description									
Full Name									
Mailing Address									
City			State	Zip Code (Plus 4)		MO.	DAY	YEAR	Amount
									\$
Receipt Description									
Full Name									
Mailing Address									
City			State	Zip Code (Plus 4)		MO.	DAY	YEAR	Amount
									\$
Receipt Description									
Full Name									
Mailing Address									
City			State	Zip Code (Plus 4)		MO.	DAY	YEAR	Amount
									\$
Receipt Description									

**Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.**

PAGE TOTAL  
\$ 330.00

**IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

**Detailed Summary Page**

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>	
TOTAL for the Reporting Period	(2) \$

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>	
TOTAL for the Reporting Period	(3) \$

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ 9
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**SCHEDULE II  
PART F  
IN-KIND CONTRIBUTIONS RECEIVED**

**VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							

**Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.**

**PAGE TOTAL**

\$

SCHEDULE II  
PART G  
**IN-KIND CONTRIBUTIONS RECEIVED**  
VALUE OVER \$250.00

PAGE \_\_\_\_\_ OF \_\_\_\_\_

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL

\$ 0

## SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
	From _____ To _____

To Whom Paid <b>Friends of Mike Hartaw</b>			MO <b>10</b>	DAY <b>19</b>	YEAR <b>2010</b>	Amount <b>\$ 250.00</b>
Mailing Address <b>1014 Hoe St.</b>			Description of Expenditure			
City <b>Allentown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18103-</b>	<b>Contribution</b>			
To Whom Paid <b>Better Citizens Committee</b>			MO <b>10</b>	DAY <b>20</b>	YEAR <b>2010</b>	Amount <b>\$ 5,000.00</b>
Mailing Address <b>Po Box 12054</b>			Description of Expenditure			
City <b>Harrisburg,</b>	State <b>PA</b>	Zip Code (Plus 4) <b>12054-</b>	<b>Contribution</b>			
To Whom Paid <b>Friends of Frank Dermody</b>			MO <b>10</b>	DAY <b>22</b>	YEAR <b>2010</b>	Amount <b>\$ 2,000.00</b>
Mailing Address <b>600 Woodland Ave</b>			Description of Expenditure			
City <b>Oakmont</b>	State <b>PA</b>	Zip Code (Plus 4) <b>15139 -</b>	<b>Contribution</b>			
To Whom Paid <b>DAVID Petzold Foundation</b>			MO <b>11</b>	DAY <b>16</b>	YEAR <b>2010</b>	Amount <b>\$ 150.00</b>
Mailing Address <b>Po Box 223</b>			Description of Expenditure			
City <b>Conter Valley</b>	State <b>PA</b>	Zip Code (Plus 4) <b>15034-</b>	<b>Contribution</b>			
To Whom Paid <b>Verizon online</b>			MO <b>11</b>	DAY <b>17</b>	YEAR <b>2010</b>	Amount <b>\$ 326.31</b>
Mailing Address <b>Po Box 4003</b>			Description of Expenditure			
City <b>Acworth</b>	State <b>GA</b>	Zip Code (Plus 4) <b>30101 -</b>	<b>CAMPAIGN cell phone</b>			
To Whom Paid <b>Capital One</b>			MO <b>11</b>	DAY <b>10</b>	YEAR <b>2010</b>	Amount <b>\$ 1,226.10</b>
Mailing Address <b>Po Box 71083</b>			Description of Expenditure			
City <b>Charlotte</b>	State <b>NC</b>	Zip Code (Plus 4) <b>26272</b>	<b>CAMPAIGN credit card</b>			
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

**\$ 9,952.41**

# SCHEDULE IV

## 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				Reporting Period From _____ To _____			
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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							

  

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 \$ 0	
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