| | CAM | PAIGN 1 | FINANCE REP | ORT | | | |
|--|----------------|------------|-------------------|------------|------------|-------------|--|
| N | ame and Add | lress of F | iling Candidate | or Comn | nitte | 2 | |
| Name: Address: City, State, Zip: Friends of Don Cunningham PO Box 644 Bethlehem PA 18016 Report Filed By | | | | | | | |
| Candidate | | | Committee | | | Yes | |
| Type of Report | t 30 Day | Post | Election Date | Amendo | ed | Termination | |
| TERMINATIO | N REPORT | - AA** | | | | NO | |
| Office Sought | By Candidate | | Party | County | | | |
| Lehigh County Executive D Lehigh | | | | | | | |
| | Summ | ary of Ro | eceipts & Expend | ditures | | | |
| From: 10/19/2010 To: 11/22/20 | | | | 010 | | | |
| A. Amount Br | ought Forwar | d From L | ast Report | <u> </u> | 370,517.90 | | |
| B. Total Mone | tary Contribu | tions & R | eceipts (from Sch | edule I) | 445.24 | | |
| C. Total Funds Available (Sum of Lines A & B) | | | | 370,963.14 | | | |
| D. Total Expenditures (from Schedule III) | | | | 8,9. | 52.41 | | |
| E. Ending Cas | sh Balance (Su | btract Li | ne D from Line C) | | 362 | ,010.73 | |
| F. Value of In- | -Kind Contrib | outions Re | ceived (from Sche | dule II) | 0.00 | 0 | |
| G. Unpaid De | bts & Obligati | ions (from | Schedule IV) | | 0.0 | 0 | |

^{*}Complete reports including signatures are on file in the Office of Voter Registration.

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

PAGE 2 OF _____

Detailed Summary Page

| ame of Filing Committee or Candidate | | Reporting Period | | То |
|---|--|------------------|----------|--------|
| | | | | |
| 17/1. \$\frac{1}{2} \land 2 \frac{1}{2} \fr | | PER NONE | | |
| | TOTAL for the Reporting Perio | d (1) | \$ | ٥ |
| | | | | |
| PROPERTIES OF CONTRACTIONS OF THE PROPERTY OF | Deglasio Medali Paradio 27111 | | | |
| Contributions Received from Political (| Committees (Part A) | | \$ | 9 |
| All Other Contributions (Part B) | | | \$ | 0 |
| | TOTAL for the Reporting Period | od (2) | \$ | |
| | | | | |
| 美型((0)[255:1](B)[0]((0)](2)[6](V(2)[6](2)[6](2)[6]([6](1)[6]([6](1)[6](| E(all) 表表/// 概念/// 1/2 图 2/2 图 2 | | | |
| Contributions Received from Political | Committees (Part C) | | \$ | 330.00 |
| All Other Contributions (Part D) | | | \$ | 0 |
| | TOTAL for the Reporting Period | od (3) | \$ | 330.00 |
| | | | 1 | |
| Kijaksiakia ja akia ja akia ja kija ja kija ja kija ja kija ja kija ja kija ja k | | 可以 |) (F | |
| | TOTAL for the Reporting Period | | T | 115.24 |
| | | | <u> </u> | |
| TOTAL MONETARY CONTRIBUTIONS | AND RECEIPTS DURING | | | |
| THIS REPORTING PERIOD (Add and e | nter amount totals from | | \$ | 445.24 |

Cover Page, Item B.)

| PAGE | OF | |
|------|----|--|
|------|----|--|

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.

| ame of Filing Committee or Candidate | Reporting Period |
|---|--|
| | From To |
| | DATE AMOUNT |
| ull Name of Contributing Committee | MO. S |
| Mailing Address | 55 V (10 M) (10 M) (10 M) |
| lating various | \$ |
| City State Zip Code (Plus 4) | MO DAY YEAR S |
| | MOVE PAY AMERICA |
| ull Name of Contributing Committee | \$ |
| Mailing Address | MO. YEAR S |
| State Zip Code (Plus 4) | |
| State Zip Code (Flus 4) | \$ |
| Full Name of Contributing Committee | MO DAY A TOXI |
| | \$ SAME SEALED |
| Mailing Address | S S S S S S S S S S S S S S S S S S S |
| City State Zip Code (Plus 4) | MORE EDAYAN STRABLE |
| <u> </u> | \$ |
| Full Name of Contributing Committee | MOTE PERMIT |
| Mailing Address | SELVIONE SECONOMINATION OF THE PROPERTY OF THE |
| | \$ |
| City State Zip Code (Plus 4) | MO |
| A Complete Complete | |
| Full Name of Contributing Committee | \$ |
| Mailing Address | MO. VEAL S |
| City State Zip Code (Plus 4 | |
| _ | \$ |
| Full Name of Contributing Committee | S S |
| Mailing Address | |
| Matting Lagrange | \$ |
| City State Zip Code (Plus 4 | 4) MO. DAY YEAR \$ |
| | |
| Full Name of Contributing Committee | MO. DAY VEAR |
| Mailing Address | MO. DAY YEAR \$ |
| | |
| City State Zip Code (Plus 4 | 4) MO. DAY YEAR \$ |
| Full Name of Contributing Committee | MINIO NEW MINIO NAVE MAYER (NEW CO.) |
| | \$ |
| Mailing Address | MO. DAY YEAR \$ |
| City State Zip Code (Plus 4 | |
| - | \$ |
| Total of Book A on Cabodula I Batallad Come | PAGE TOTAL |
| Enter Grand Total of Part A on Schedule I, Detailed Sum | imary Page, Section 2. \$ Q |
| DSEB-502 (7-99) | |

| PAGE | OF | |
|------|----|--|
| | | |

Reporting Period

ALL OTHER CONTRIBUTIONS

\$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

| | | | | From | | То |
|--------------------------------------|--------|--------------------|--------|-----------------|---------------------|------------|
| | | | | DATE | | AMOUNT |
| Full Name of Contributor | | | MO. | E DAY | УЕАЯ | \$ |
| Mailing Address | | | MO. | DAY | YEAR | |
| City | State | Zip Code (Plus 4) | | io note orional | Electric Formula | \$ |
| | Gtate | | MO. | TO SECOND | YEAR | \$ |
| Full Name of Contributor | | | MO. | DAY | WARE | \$ |
| Mailing Address | | | MO. | DAY | ##Y-721:### | Ψ |
| | | | | | | \$ |
| City | State | Zip Code (Plus 4) | МО.,, | DAY | YEAR | \$ |
| Full Name of Contributor | | | Mo. | A DAY | YEAR | |
| | | | | | | \$ |
| Mailing Address | | | OM | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MO: | DAY | YEAR | <u> </u> |
| | | - | | | | \$ |
| Full Name of Contributor | | | MO, | - CAY | N/EAS | \$ |
| Mailing Address | | | MO. | PE DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MO | DAY | YEAR | <u> </u> |
| | | _ | | | | \$ |
| Full Name of Contributor | | | MO. | E DAY | 2447-7-1172B | \$ |
| Mailing Address | | | MO | DAY | YEAR. | |
| | 8 | | | | | \$ |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | | | MO. | DAY | ZAVEAR2 | |
| Mailing Address | | | MO. | DAY | YEAR | \$ |
| | | | | | 1 -020 1 - 2 . 9500 | \$ |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | | | MO. | DAY | I 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: | | | 4 |
| | | | MU. | DAY | YEAR | \$ |
| | | | | | | PAGE TOTAL |
| Enter Grand Total of Part B on Sched | iule I | , Detailed Summary | y Page | , Sectio | n 2. | \$ 0 |
| DSEB-502 (7-99) | | | | | į | <u> </u> |

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|---|---|----|---|----|--|
| • | | | | - | |

Reporting Period

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 | | | Rep | porting P | eriod | |
|---|---|-------------------|----------|-----------|-----------|------------|
| • | | | · F | rom | | To |
| | <u> </u> | | | DATE | | AMOUNT |
| Full Name of Contributing Committee | ماء ا | Sander | MO. | DAY | JOI O | \$ 330.00 |
| Mailing Address | 71 KJ | <u> Эрестог</u> | MO, | | YEAR | \$ |
| 255 5.1 | 12 34. | 150,7e603 | | | | 3 |
| Full Name of Contributing Committee C:+; zens for Mailing Address 255 5.1 City Philadelphia | PA State | 19103 - | MO | DAY | YEAR | \$ |
| Full Name of Contributing Committee | | | МО | DAY | N/FAI | \$ |
| Mailing Address | · - · · · · · · · · · · · · · · · · · · | | MO. | DAY | | |
| Matting Mariess | | | 3,1,0 | | | \$ ' |
| City | State | Zip Code (Plus 4) | Mo. | DAY | YEAR | \$ |
| Full Name of Contribution Committee | | | MO | | YEAR | _ |
| Full Name of Contributing Committee | | | | | | \$ |
| Mailing Address | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MO | DAY | YEAR | A |
| | | - | | | | \$ |
| Full Name of Contributing Committee | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | MO. | DAY | YEAR | \$ |
| | State | Zip Code (Plus 4) | | DAY | YEAR | · . |
| City | 3.00.0 | — — — | | | arcai () | \$ |
| Full Name of Contributing Committee | | | #/(io2# | DAY | EVE AT | \$ |
| Mailing Address | | | MO. | DAY | *YEAR | |
| | | | | | | \$ |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributing Committee | | | MO | DAY | E YEAR E | |
| Full Name of Contributing Committee | | | | | | \$ |
| Mailing Address | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MQ. | SE DAY | YEAR | \$ |
| | | - | | | | Ψ |
| Full Name of Contributing Committee | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | MO. | DAY | YEAR | \$ |
| | State | Zip Code (Plus 4) | | DAY | YEAR | T |
| City | 31018 | | MO: | DATE | EAG | \$ |
| Full Name of Contributing Committee | | | MO, | DAY | YEAR | \$ |
| Mailing Address | | | MO. | DAY | YEAR | |
| | | | | | | \$ |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| | | | | <u> </u> | <u> </u> | PAGE TOTAL |
| was Owned Total of Book Com | Cabadula I | Detailed Summer | ny Dage | Section | n 3 | \$ |
| Enter Grand Total of Part C on | ocnequie i | , petalled Summa | iy rage, | 366110 | 11 J. | <u> </u> |

DSEB-502 (7-99)

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 | То |
| | | | | DATE | AMOUNT |
| Full Name of Contributor | - | | MO. | | |
| Mailing Address | | | ###.1/ox | ## ### 57.7.48# ### ? 27. | |
| City | State | Zip Code (Plus 4) | Mo | | |
| Employer Name | | | Occupa | ation | 1 3 |
| Employer Mailing Address/Principal Place of Busines | | | Ш | | ************************************** |
| amproyal marring reacteds relicipal reacted by sustries | 13 | | | | |
| Full Name of Contributor | | | ZEMO: | 22 35 77 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | \$ |
| Mailing Address | | 72.0 | MO: | ## ##B5/./## ##\Z-2. | \$ |
| City | State | Zip Code (Plus 4) | MO | 要是公司 库(2) | \$ |
| Employer Name | <u> </u> | | Occupa | ation | |
| Employer Mailing Address/Principal Place of Busines | is | | | | |
| Full Name of Contributor | | | e we | | - 202 |
| | | | | | \$ |
| Mailing Address | | | : MO | 新 <u>計構 57.7.4/2</u> 2971年7 | \$ |
| City | State | Zip Code (Plus 4) | (e) | | \$ |
| Employer Name | | | Occupa | ation | |
| Employer Mailing Address/Principal Place of Busines | is | | | | ter en |
| Full Name of Contributor | | | Me | 新沙公园 2012. | \$ |
| Mailing Address | | | E WO | S 287-7AY 8 28 72 7 | \$ |
| City | State | Zip Code (Plus 4) | Wo | | * \$ |
| Employer Name | <u> </u> | <u>L</u> | Occupa | etion | |
| Employer Mailing Address/Principal Place of Busines | is | | | | |
| Full Name of Contributor | | | Moz | 题 333 文公会 1937 43 | \$ |
| Mailing Address | | | MÖ | E MOAVE AVEA | |
| City | State | Zip Code (Plus 4) | Mo. | E ETVYYEE WYEA | |
| Employer Name | | <u> </u> | Occupa | ation | <u> </u> |
| Employer Mailing Address/Principal Place of Busines | s | | | | |
| | | | | | |
| Enter Grand Total of Part D on Sch | edule l | , Detailed Summar | ry Page | e, Section 3. | PAGE TOTAL |
| nser-502 (7-99) | _ | | , -9- | | \$ |

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|-------|----|
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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 | | | R | eporting I | Period | |
|--|---------------|--|-----------|---------------------------------------|--|--------------|
| | | | | From | | To |
| | | | | | | |
| Full Name PNC BANK | | | | | | · |
| Full Name PNC BANK Mailing Address 1481 8円 5AV | ٠. | | | | | |
| Receipt Description Manay Market , | State | Zip Code (Plus 4) | мо. 10 | DAY 29 | YEAR dolo | \$ (15-24) |
| Receipt Description Maney Marlet 1 | flre, | * | | | | |
| Full Name | | | | | | |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | MO | ERV.VAR | PAYEAR B | Amount \$ |
| Receipt Description | | | | | | |
| Full Name | | | | | | |
| Mailing Address | | ······································ | | | | |
| City | State | Zip Code (Plus 4) | MO: | DAY | 10000000000000000000000000000000000000 | Amount \$ |
| Receipt Description | 1 | | | 1 | | |
| Full Name | | | | | | |
| Mailing Address | | | | ··········· | | <u> </u> |
| City | State | Zip Code (Plus 4) | MO. | DAY | #47=AF## | Amount \$ |
| Receipt Description | 1 | | <u> </u> | | <u> </u> | |
| Full Name | | | | | | |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | Amount \$ |
| Receipt Description | 1 | | | | <u> </u> | |
| Full Name | - | | | · · · · · · · · · · · · · · · · · · · | | |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | MO: | DAY | YEAR | Amount \$ |
| Receipt Description | | | <u></u> | J | | |
| | | <u> </u> | | | | PAGE TOTAL |
| Enter Grand Total of Part E on Sche | dule i | , Detailed Summary | Page | , Sectio | on 4. | \$ 330.00 |

SCHEDULE II

| AGE | OF | |
|-----|----|--|
| | | |

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 Peri | | |
|--|---------------------|------|---|
| | From | То _ | |
| | | ٠. | |
| PERION DESCRIPATOR DE LA CONTRACION DE PROPERTO DE PROPERTO DE LA CONTRACIONA DEL CONTRACIONA DE LA CONTRACIONA DE LA CONTRACIONA DE LA CONTRACIONA DEL CONTRACIONA DE LA CONTRACIONA DE LA CONTRACIONA DEL CONTRACIONA DEL CONTRACIONA DE LA CONTRACIONA DE LA CONTRACIONA DE LA CONTRACIONA DEL CONTRACI | Andrie Colonia | | |
| TOTAL for the Reporting Period | d (1) | \$ | |
| | | | |
| 2- INSKIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2 | io (40 de los (e) (| | |
| TOTAL for the Reporting Period | d (2) | \$ | · |
| | | | |
| K-HINEKINDERSIN RIGHTIONEREGENTEDE TVA HEROMEREGENT | 以前:不识域6 | | |
| TOTAL for the Reporting Perio | d (3) | \$ | |
| | | | |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.) | | \$ (| 9 |

| P | AGE | OF | |
|---|-----|--------|--|
| | | | |

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 |
| Full Name of Contributor | | | MO. | er derpysy <i>de</i> | YEAR | \$ |
| Mailing Address | | | MQ. | DAY | EYEAR # | c |
| | | | TO AND TO A STATE OF | | STREET ALLSS COLORS | \$ |
| City | State | Zip Code (Plus 4) | MO. | E PAYES | YEAR | \$ |
| Description of Contribution: | | | | | | · |
| Full Name of Contributor | <u> </u> | | MO. | | #VEX: | \$ |
| Mailing Address | | | MO | | YEAR | \$ |
| City | State | Zip Code (Plus 4) | een(e) | E SAYE | Mark 1 | \$ |
| Description of Contribution: | | | | | <u> </u> | |
| Full Name of Contributor | | | (A) (A) (B) | EZ \$\$P\$.\Ze | E 0.202 | \$ |
| Meiling Address | | | # Mio | E FOXY | ************************************** | \$ |
| City | State | Zip Code (Plus 4) | Me | TIDAY. | | \$ |
| Description of Contribution: | · · · · · · · · · · · · · · · · · · · | | | | _1 | |
| Full Name of Contributor | | | 2 1/6 | ## ## 17.74. | 超(子):谜 | \$ |
| Mailing Address | | | Mē | *** *** ****** | EYEA:45 | \$ |
| City | State | Zip Code (Plus 4) — | en | | | \$ |
| Description of Contribution: | | | | | 1 | |
| Full Name of Contributor | | - | Me | 925 25.74 | EYEAR. | \$ |
| Mailing Address | | | Me | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | Me | DAY | #Y-X1 | \$ |
| Description of Contribution: | | | · · · · · · · · · · · · · · · · · · · | | | |
| Full Name of Contributor | | | - ME | BAY | YEAR | \$ |
| Mailing Address | | | Mc | DAY | ******* | \$ |
| City | State | Zip Code (Plus 4) | Mc | , DAY | YEAR | \$ |
| Description of Contribution: | | | <u> </u> | | | |
| The Court Table of Daniel Court | ala adrel a d | I In Vind Contain | utless | Detciled | 1 | PAGE TOTAL |
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| | | | | | | |

| PAGE | OF | |
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| | | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | Reporting | Period | |
|--|--------------|-------------------|-----------|------------------------|------------------------|---------------------------------------|
| | | | | From | | То |
| | | | | DATE | | AMOUNT |
| Full Name of Contributor | | | E MO | E E D'AN | YEAR | \$ |
| Mailing Address | | | MO. | DAY | YEAR | |
| | | | | | | \$ |
| City | State | Zip Code (Plus 4) | MO; | DAY | YEAR | \$ |
| Employer of Contributor | | | Occupa | tion | | |
| Employer Mailing Address/Principal Place of Busines | s · | | Descrip | tion of Con | tribution | |
| · | | | | | | |
| Full Name of Contributor | | | MO | PAY | #NEXION | \$ |
| Mailing Address | | | MO. | DAY | TYEAR. | \$ |
| City | State | Zip Code (Plus 4) | and Value | DAY | THE TOTAL SEC | |
| | State | | | | | \$ |
| Employer of Contributor | | | Occupa | tion | | |
| Employer Mailing Address/Principal Place of Busines | \$ | | Descrip | ition of Cor | tribution | |
| | - | | | | | |
| Full Name of Contributor | | | Mo | DAY | YEAR | \$ |
| Mailing Address | | | MO. | DAY | YEAR | \$ |
| | 101-1- | | | Sid Walter T I Service | | 3 |
| City | State | Zip Code (Plus 4) | M.U. | ## DAY | TEAK | \$ |
| Employer of Contributor | | | Occupa | tion | 1 | |
| Employer Mailing Address/Principal Place of Busines | 5 | | Descrip | otion of Cor | tribution | |
| | | | | | | · · · · · · · · · · · · · · · · · · · |
| Full Name of Contributor | | - | MO. | 望 ボルムで | Mexical and the second | \$ |
| Mailing Address | | | MO. | DAY | YEAR | |
| | | | | | | \$ |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Employer of Contributor | | | Occupa | tion | <u> </u> | |
| | | | | | · | · |
| Employer Mailing Address/Principal Place of Busines | \$ | | Descrip | otion of Co | ntribution | |
| Full Name of Contributor | | | MO | DAY | YEAR | \$ |
| Mailing Address | | | MO. | DÁY | YEAR | * |
| | | | , MU | | | \$ |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Employer of Contributor | 1 | | Occupa | ition | | |
| Employer Mailing Address/Principal Place of Busines | ;3 | | Descri | otion of Co | ntribution | |
| | | | | | | |
| Fator Count Total of Part Com C. | a alore a se | I- 1/2: 1.0 | | - · · · | | PAGE TOTAL |
| Enter Grand Total of Part G on Sch Summary Page, Section 3. | edule li | , In-Kind Contrib | utions l | Jetailed | | \$ |
| Defa.502 /7-99) | | | | | | <u> </u> |

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| PAGE | OF |

SCHEDULE III

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | Reporting Period |
|---|------------------------------------|--|
| | | From To |
| | | |
| To Whom Paid Friends of Mike Hartaw Mailing Address | | 10 19 3-10 \$ 250.60 |
| Mailing Address [6[4] Floe 5+, | | Description of Expenditure |
| City | State Zip Code (Plus 4) | |
| All entown To Whom Paid | PA- 18103- | Mo Bar Stran Amount |
| Better Citizan Com | m:Hee | 10 20 2010 \$ 5,000.00 Description of Expenditure |
| Mailing Address PU Box 17054 | | Description of Expenditure |
| City | State Zip Code (Plus 4) PA 12058- | Contribution |
| To Whom Paid Friends of Frank De | | 10 22 3010 \$ 3,000,00 |
| Mailing Address 600 Woodland Ave | - Vice 1 | Description of Expenditure |
| City | State Zip Code (Plus 4) | Contribution |
| To Whom Paid | | Mg SAVAGE SAME Amount |
| DAWD PETZOLD For Mailing Address Day | und this | Description of Expenditure |
| PO Box 223 | State Zip Code (Plus 4) | |
| Contor Valley | PA- 15034- | contribution |
| To Whom Paid Verizon Wine | | 11 17 2010 \$ 326.31 |
| Mailing Address Po Box 4 003 | | Description of Expenditure |
| Ac Worth | State Zip Code (Plus 4) 6A 30101 - | CAMARIEN Cell phone |
| To Whom Paid Capital One | | 11 10 2010 \$ 1 24 10 |
| Mailing Address PU Box 7(083 | | Description of Expenditure |
| City Charlotte | State Zip Code (Plus 4) | CAMPAGEN CIERIF COL |
| To Whom Paid | 100000 | 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 P | age 1 Report Cover ! | PAGE TOTAL |
| Enter Grand Lotal of Expenditures on P | age i, nepoli cover i | Page, Item D. \$ 9,952,41 |

| AGE | QF | |
|-----|----|--|
| | | |

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 |
| | | | | | - |
| Name of Creditor | | | | | Outstanding Balance of Debt |
| Mailing Address | DATE | Mđ. | | YEAR | \$ |
| City | DEBT INCURRED | | | | |
| · | | State | Zip Code | (Plus 4) | |
| Description of Debt | | | | - | |
| | | | | | |
| Name of Creditor | | - | | | Outstanding Balance of Debt |
| Mailing Address | DATE | MO. | | YEAR | \$ |
| | DEBT | - MC | | T CAR | Part of the second of the seco |
| City | | State | Zip Code | (Plus 4) | The state of the |
| Description of Debt | | | | | |
| | | | | | |
| Name of Creditor | | • | | | Outstanding Balance of Debt |
| Mailing Address | | A Marion of S. C. or other | | | \$ |
| | DATE DEBT | MO. | DAY | YEAR | |
| City | INCURRED | State | Zip Code | (Plus 4) | |
| Description of Debt | | | | • | 1.12 |
| pescription of pest | | | | | |
| Name of Creditor | | | | · · · · · · · · · · · · · · · · · · · | Outstanding Balance of Debt |
| | | | | | \$ |
| Mailing Address | DATE DEBT | MQ. | DAY | YEAR | GOTT. |
| City | INCURRED | State | Zip Code | (Plus 4) | There is a second of the secon |
| | | | · | | (F) |
| Description of Debt | | | | | |
| Name of Creditor | | | | | Outstanding Balance of Debt |
| | | | | | \$ |
| Mailing Address | DATE DEBT | MO. | DAY | YEAR | |
| City | INCURRED | State | Zip Code | (Plus 4) | 1975 - 1985 |
| | | | _ | | |
| Description of Debt | | | | | |
| Name of Creditor | | | | | Outstanding Balance of Debt |
| | | | | | \$ |
| Mailing Address | DATE DEBT | Mo. | DAY | YEAR | |
| City | INCURRED | State | Zin Code | (Plue 4) | |
| | | State | Zip Code | (F105 4) | |
| Description of Debt | | | • | | |
| | | | | | |
| Enter Grand Total of United Dates | | _ | | | PAGE TOTAL |
| Enter Grand Total of Unpaid Debts on Pa | ge 1, Report Cover | Page, I | tem G. | | \$ (_) |
| | | | | | |