	CA	MPAIGN F	INANCE REP	ORT		
	Name and A	ddress of Fi	ling Candidate	or Comi	nitte	e
Name: Address: City, State, 7	Zip:	PO Box 644 Bethlehem				
Candidate			Committee			Yes
Type of Rep	ort		Election Date	Amend	ed	Termination
TERMINATI	ION REPORT					
Office Sough	nt By Candida	te	Party	County		
Lehigh Coun	anty Executive D Lehigh					
	Sum	mary of Red	ceipts & Expend	litures		
From:	05/08/2010		To:	06/07/2	010	
A. Amount	Brought Forw	ard From La	st Report	1	385,804.29	
B. Total Mo	netary Contri	outions & Re	ceipts (from Sch	edule I)	3,743.80	
C. Total Funds Available (Sum of Lines A & B)					389,548.09	
D. Total Expenditures (from Schedule III) 8				8,42	27.22	
E. Ending C	E. Ending Cash Balance (Subtract Line D from Line C) 381,120.87					,120.87
F. Value of In-Kind Contributions Received (from Schedule II)				0.00	)	
G. Unpaid I	G. Unpaid Debts & Obligations (from Schedule IV)  0.00					)

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

#### SCHEDULE I

PAGE 2 OF

### CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate  Reporting Per  From	iod 5 [ G	To	6/7/2010
UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONT	RIBU	TOR -	
TOTAL for the Reporting Period (1)	\$	<b>Q</b>	
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	17.50		
Contributions Received from Political Committees (Part A)	\$	C	3
All Other Contributions (Part B)	\$	0	
TOTAL for the Reporting Period (2)	\$	$\widehat{\Omega}$	
	<u> </u>		
S. CONTRIBUTIONS OVER SYSTEM PART OF AND PART D			
Contributions Received from Political Committees (Part C)	\$	3,60	0,00
All Other Contributions (Part D)	\$	0	
TOTAL for the Reporting Period (3)	\$	3,60	0.00
·	-		
a-contentrecipals tretunds invereste arned recursive checks, a	C. (FF	(OM:)PAR	r Ø 💖
TOTAL for the Reporting Period (4)	\$	143	3.80
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.)	\$	3,71	13,80

PAGEOF	PAGE	3	OF	17
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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.

Friends of Dan Cunningham	From <u>51%</u>	то617 выго
	DATE	AMOUNT
Full Name of Contributing Committee		\$
Mailing Address	MORE EDITOR EXTERNI	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Committee	<b>三张MO元章 三型5/X4</b>	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MG == SHI DAYE XXIFAR (	\$
Full Name of Contributing Committee		\$
Mailing Address	MO. DAY MYEAR	\$
City State Zip Code (Plus 4)	MO DAY: - Y/A;	\$
Full Name of Contributing Committee		\$
Mailing Address	#MGAM BEDAYAN MYCAR	\$
City State Zip Code (Plus 4)	MO HOAY YEAR	\$
Full Name of Contributing Committee	27.54 BY 15.52	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	TO MOTOR THE DATE OF THE STATE OF	\$
Full Name of Contributing Committee	More works	\$
Mailing Address	ZAY YEAR	\$
City State Zip Code (Plus 4)	Mo. DAY YEAR	\$
Full Name of Contributing Committee	DAY YEAR	
Mailing Address	MO DAY YEAR	\$
City State Zip Code (Plus 4)	MO PAY YEAR	\$
Full Name of Contributing Committee		\$
Mailing Address	MO E DAYE AYEAR	\$
City State Zip Code (Plus 4)	MO. PAY YEAR	\$
Enter Grand Total of Part A on Schedule I, Detailed Summa	ry Page. Section 2	PAGE TOTAL
DSEB-502 (7-99)	y . ago, Geotion 2.	\$ ()

of 14

# 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	, <i>(</i>	unningham		From	518	To 6(712010
		/ . 4		DATE		AMOUNT
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	<u></u>		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	<u> </u>
						\$
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	
		_		p		\$
Full Name of Contributor			MO,	DAY	YEAR	\$
Mailing Address			MO.	S CAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	*
		_				\$
Full Name of Contributor			MOs	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	E YEAR	
Mailing Address	· . · . · · · · · · · · · · · · · · · ·		MO.	DAY	YEAR	\$
Maning Address			MIO:		35.6%	\$
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	RABY	\$
City	State	Zip Code (Plus 4)				3
		-	MO.	DAY	YEAR	\$
						PAGE TOTAL
Enter Grand Total of Part B on School	iule i	, Detailed Summary	Page	, Sectio	n 2.	\$

DSEB-502 (7-99)

PAGE 5 OF

#### 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				Ř€	eporting F	Period End.	010 TO 6/7/2010
Friends of Dan Cu,	ning	rem				318/0	
					DATE		AMOUNT
Full Name of Contributing Committee  Franks of Sanathan  Mailing Address	50.7	lel		5	19	YEAR ∂010	\$ 1,800.00
Meiling Address  121 5. Broad 54.				10.	DAY	YEAR	\$
l City	State	Zip Code (Plus 4	6) [6	10.	DAY	YEAR	\$
			Ex comm	ю.	DAY	YEAR	
Full Name of Contributing Committee  C; +; Zen 5 for Ar	len	Spocter		G	9	2010	\$ 1,800.00
I Mailing Address				10.	DAY	YEAR	\$
236 Massachuser WASHINGTUN	State	Zip Code (Plus 4	4) N	AQ.	DAY	YEAR	\$
Full Name of Contributing Committee				AO.	÷ΆΥ	YEAR	\$
Mailing Address	<del></del>	,		10.	DAY	##Y=X1	\$
City	State	Zip Code (Plus	4)	10.	DAY	YEAR	\$
Full Name of Contributing Committee		_		10.	24.7.7.200	1867年7月2日	\$
Mailing Address			Common Common	10	Kara	SECTION S	Ψ
	T'A-			NO.	DAY	YEAR	\$
City	State	Zip Code (Plus –	<b>→</b> 1	AO.	DAY	YEAR.E	\$
Full Name of Contributing Committee			Asset.	40.	DAY	E-YE-AR	\$
Mailing Address			27 A 200	иО	DAY	YEAR	\$
City	State	Zip Code (Plus –	4)	MO. =	DAY	#47-77;##	\$
Full Name of Contributing Committee	1	<del></del>		иō,	DAY		\$
Mailing Address				ио.	DAY	YEAR:	\$
City	State	Zip Code (Plus	4)	иO.	DAY	YEAR	\$
Full Name of Contributing Committee	1	_		NO.	DAY	EYEAR E	
-				271127 A 27 29 11			\$
Mailing Address				wo.	DAY	YEAR	\$
City	State	Zip Code (Plus	4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				NO.	DAY	YEAR	\$
Mailing Address		<del></del>	223	vo.	DAY	YEAR	\$
City	State	Zip Code (Plus	4)	vo.	DAY	YEAR	\$
		_				L	•
		· ·			_		PAGE TOTAL
Enter Grand Total of Part C on Sche	dule i,	, Detailed Sum	mary Pa	age,	Sectio	n 3.	\$ 3,600
DSEB-502 (7-99)							V .

# ALL OTHER CONTRIBUTIONS

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			F	Reporting (	Period	11615.00
FODC		-		From	718	To 6/7/2010
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		<u></u>	MO.	DAY	¥1-/A1:	\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
Employer Name			Occupat	ion		
Employer Mailing Address/Principal Place of Business			<u></u>			
Full Name of Contributor			MC	E DAY	BAYEAR H	\$
Mailing Address			MO.	# # P/AYES	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	17.7.3	\$
Employer Name			Occupa	tion		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MG	BEDAVE	447737;建	\$
Mailing Address			_MO	E DAY	MY ZAT	\$
City	State	Zip Code (Plus 4)	МО	DAY	28V7-77112E	\$
Employer Name			Occupa	tion		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			<u></u>	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	∞ мо.	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	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name		<u> </u>	Occupa	tion		
Employer Mailing Address/Principal Place of Business						
The Court Total of Day Disa City	4.1.			0	- 0	PAGE TOTAL
Enter Grand Total of Part D on Sche	aule i	, Detailed Summary	y Page	, Sectio	on 3.	\$

PAGE	7	OF	l	7	

# 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	م.ا -	<b>4</b> 5		From	5/8	To 6/7/2010
Friends of Don Conn	· Aps.			-		
FUII NOME PNC BANK						
8 8 - 11 1 A - A - A - A - A - A -						
1003 W. B.	ord	37.				Amount
Bethlehen	PA	Zip Code (Plus 4)	<u>мо.</u> 5	- DAY 28	JUID	\$ 143.80
Bethlehen,  Receipt Description  Muney Market	12+	erest				
Full Name						
Mailing Address				<del></del>	<del></del>	
	Corne I	75- 0-d- (01m-4)				Amount
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Receipt Description						
Full Name						
Mailing Address						
		Tie Code (Blue A)		- Land	YEAR	Amount
City	State	Zip Code (Plus 4)	MO.	DAY		\$
Receipt Description						
Full Name						
Mailing Address						
		7:- Cade (Bine A)				Amount
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Receipt Description				<u>!</u>	<del></del>	<u> </u>
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Receipt Description	***************************************				<del></del>	
Full Name		· · · · · · · · · · · · · · · · · · ·				
Mailing Address						
City	- C	71.0.4.(0)	- Vicini and			W 2221164
city	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Receipt Description	<u> </u>		***************************************	, <del></del>	<del></del>	
				i		PAGE TOTAL
Enter Grand Total of Part E on Sched	lule I,	Detailed Summary	Page	, Sectio	n 4.	\$ 143,80

DSEB-502 (7-99)

#### SCHEDULE II

PAGE 8 OF 1

## 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  Friends of Don Conningham	Reporting Per		To 6/7/2010
FREUNISTEMIZED IN SKIND CONTRIBUTIONS RECEIVED - VALUE OF	FREE BOOKOR		RECONSTRIBUTED
TOTAL for the Reporting Period	d (1)	\$	0
PENNEKINDERONTRIBBITTONIS RECEIVED ENVALUE OF SBOOKE (OES)	50, 60 (ERO)	AWii	
TOTAL for the Reporting Period	d (2)	\$	9
- IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250,00 FR	OM RZASI EEC	<b>L</b>	
TOTAL for the Reporting Period	d (3)	\$	0
		<u> </u>	
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.)		\$	0

AGE	9	ΩE	12
AGE.		Oi	

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate		Reporting Period	11 (15) (10)
FonC		From	б то <u>6/7/2010</u>
		DATE	AMOUNT
Full Name of Contributor		MO TO DAY AND PAY FARE	\$
Mailing Address		EMO TO TO THE TOTAL	
	·		\$
City	State Zip Code (Plus 4)	MO. DAY YEAR	\$
Description of Contribution:			
Full Name of Contributor		Mo. DAY	\$
Mailing Address		MG. DAY YEAR	<u> </u>
			\$
City	State Zip Code (Plus 4)	Mo E DAYE SYEARE	\$
Description of Contribution:	<u> </u>		l
Full Name of Contributor		AND THE PAYER SEATER	\$
Mailing Address		MENOTES MOTAVE SAVINE	<u>*</u>
	I Conso I T'o Code (Blue 4)		\$
City	State Zip Code (Plus 4)	MOW DAY ENEAR	\$
Description of Contribution:	_ <u></u>		<u> </u>
Full Name of Contributor			
Full Name of Contributor		MANOPAN PERDAY SAYEARS	\$
Mailing Address		## VIOT## ## 07.7## #AY = 21;##	\$
City	State Zip Code (Plus 4)	EMOSE EDAYE EYEAR	
			\$
Description of Contribution:			
Full Name of Contributor			
		Constant Life Constant Constan	\$
Mailing Address		MANAGE MEDICAL MANAGEMENT AND	\$
City	State Zip Code (Plus 4)		
			\$
Description of Contribution:			
Full Name of Contributor		MANOR SEPANCE SYLVE	_
			\$
Mailing Address		MO DAY	\$
City	State Zip Code (Plus 4)	MO: ANDAYA XEAR	<b>.</b>
Description of Contribution:			\$
See special of South Button.			
Enter Grand Total of Part 5 am Cala	dule II le Vier Cerri	Mana Detailed	PAGE TOTAL
Enter Grand Total of Part F on Sche Summary Page, Section 2.	raure II, In-Kind Contribu	itions Detailed	\$
<u> </u>			$\sim$

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Friends of Don Con	ningha	m		From _	518	To 6/7/8010		
				DATE		AMOUNT		
Full Name of Contributor			EZMO	DAY	YEAR	\$		
Mailing Address	······································		MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO:	ĐAY	YEAR	\$		
Employer of Contributor			Occupation					
Employer Mailing Address/Principal Place of Business			Description of Contribution					
Full Name of Contributor			##MGE	DAY	E WEAR	\$		
Meiling Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$		
Employer of Contributor			Occupa	ition				
Employer Mailing Address/Principal Place of Business			Descri	otion of Co	ntribution			
Full Name of Contributor			MO.	DAY	# YEAR	\$		
Mailing Address		· · · · · · · · · · · · · · · · · · ·	MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	TE TO ASY	YEAR	\$		
Employer of Contributor	<u>.</u>		Occupa	ation	<del>- k</del>			
Employer Mailing Address/Principal Place of Business		Description of Contribution						
Full Name of Contributor			wio.	<b>BAY</b>	MYEAT SE	\$		
Mailing Address		Mio.	## ###O/AY#	YEAR	\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor			Occupa	ation				
Employer Mailing Address/Principal Place of Business		Description of Contribution						
Full Name of Contributor		MO.	E PAY	Year	\$			
Mailing Address		MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	MO.		YEAR	\$		
Employer of Contributor			Occupa	stion				
Employer Mailing Address/Principal Place of Business			Descri	ption of Co	ontribution			
Enter Grand Total of Part G on Sched Summary Page, Section 3.	dule II,	In-Kind Contribu	utions I	Detailed		PAGE TOTAL		
Detained y rage, Section 5.								

#### SCHEDULE III

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Friends of Don Cunningham	From 51812010 To 617/2010
To Whom Paid	MO: DAY YEAR Amount \$ 314.30
Verizon	5   13   2010   \$ 319.30   Secription of Expenditure
Mailing Address Box 4 00 3	Description of Expanditure
City I State I Zin Code (Plue A)	Cell phone bill
	1
To Whom Paid  Capital One  Mailing Address D. A. 71047	MO. DAY YEAR Amount 64 5 14 2010 \$ 691,
(D DOX 1107)	Description of Expellocture
Charlotte State Zip Code (Plus 4) NC 26272 -	campaisacred: + card parament
To Whom Paid AJ for eyes	MO. DAY YEAR Amount 5 8 2010 \$ 00
Mailing Address 38 West Market St.	Description of Expenditure
Bethlehem   State Zip Code (Plus 4)	Donation
To Whom Paid Levi Price Direct MAIL	MO. DAY YEAR Amount  5 10 2010 \$ 7053.08
Mailing Address 1701 WYNKUOP	5 10 2010 \$ 7.053.08  Description of Expenditure Payment for direct mail
Denver State Zip Code (Plus 4)	
To Whom Paid US Post office	MO. DAY YEAR Amount 5 18 2010 \$ 17.60
Mailing Address 511 HAMILTUN St.	Description of Expenditure  Stamp purch (SC
Allentown PA 18101 -	Tony Pool 10
To Whom Paid	MO. DAY YEAR Amount
ST. George Church	5 36 3010 \$ 350.00
Mailing Address   Oll Catasagua Aue	Southir Journal Spansorchip
1 State   ZID Code (Plus 4)	300 C. VI BOOTTON SPINSHEN, P
Allentown PA 18102-	
To Whom Paid	MO. DAY YEAR Amount
Mailing Address	Description of Expenditure
City State Zip Code (Plus 4)	
State Zip Code (Flus 4)	
To Whom Paid	MO; DAY YEAR Amount
Mailing Address	Description of Expenditure
City State Zip Code (Plus 4)	
-	
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover P	age, Item D. \$ 8, 427.22

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# 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		Į f	Reporting	Period	7	1.14/1.	. /7
Friends of Don Cunningham	24		From _	91	7 то	01010	
Name of Creditor	<del>-</del>				Outstanding \$	palance of	Debt
Mailing Address	DATE DEBT	MO.	DAY	YEAR			
Dity	INCURRED	State	Zip Code	(Plus 4)			
			_				
Description of Debt		_ <del>_</del>	. <del>_</del>		- <del></del>		
Name of Creditor					Outstanding	Balance o	f Debt
Mailing Address	DATE	MO.	DAY	YEAR	\$		1,000
	DEBT INCURRED				1000	- 13	
lity		State	Zip Code	(Plus 4)	-	1000	
Description of Debt							
tons of Cardina					(Andrews	Del-	·
Name of Creditor					Outstanding \$	Daiance O	r Debi
Mailing Address	DATE DEBT	MD.	DAY	YEAR			
Sity	INCURRED	State	Zip Code	(Plus 4)		and the second	
Secretary of Date			_	,			
Description of Debt							
Name of Creditor					Outstanding	Balance o	f Debt
Mailing Address	DATE	MO.	Day	YEAR	\$		
	DEBT INCURRED						
City		State	Zip Code	(Plus 4)	100 mg/s	e e e e e e e e e e e e e e e e e e e	
Description of Debt				<del></del>	L	100.25	
Name of Creditor		<u> </u>			0.1	B.:	
Name of Creditor					Outstanding \$	palance o	T Debt
Mailing Address	DATE DEBT	MO.	DAY	YEAR			
Sity	INCURRED	State	Zip Code	(Plus 4)	STATE OF THE PARTY		
Description of Date				, 			
Description of Debt						_	
Name of Creditor					Outstanding	Balance o	f Debt
Mailing Address	DATE	MO.	DAY	YEAR	\$		
	DEBT INCURRED						
ity		State	Zip Code	(Plus 4)			
Description of Debt				,	<u> </u>		
				<b>1000</b>			
Enter Grand Total of Unpaid Debts on Page 1, Re	inort Course		tem ^		PAGE TOT	AL	
Lines Grand Total of Olipaid Depts of Page 1, Re	POLL COVEL P	age, I	tem G.		\$	()	