	CAN	MPAIGN F	INANCE REP	ORT		
	Name and A	ddress of Fil	ing Candidate	or Com	mitte	e
Name: Address: City, State,	Zip:	PO Box 644 Bethlehem F				
Candidate	Candidate Committee				, , , , , , , , , , , , , , , , , , ,	Yes
Type of Rep	port	1	Election Date	Amend	ed	Termination
TERMINAT	TION REPORT					NO
Office Soug	tht By Candidat	e	Party	County	,	
Lehigh County Executive			D	Lehigh		
	Sum	mary of Rec	eipts & Expend	litures		
From:	09/13/2010		To:	10/18/2	010	
A. Amount	Brought Forwa	rd From Las	t Report		374,570.23	
B. Total Mo	onetary Contrib	utions & Rec	eipts (from Scho	edule I)	134.43	
C. Total Fu	ınds Available (S	Sum of Lines	A & B)		374,704.66	
D. Total Expenditures (from Schedule III)				4,187.47		
E. Ending	E. Ending Cash Balance (Subtract Line D from Line C)				370,	517.19
F. Value of In-Kind Contributions Received (from Schedule II)				0.00		
G. Unpaid	G. Unpaid Debts & Obligations (from Schedule IV)					)

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

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

#### SCHEDULE I

### CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

	Reporting Perio	od 1 , 2	To
Friends of Dan Conningham	From	17	_ To
F UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS.	gar con	RIBUT	OR CONTRACTOR OF THE PARTY OF T
TOTAL for the Reporting Period	(1)	\$	0
PAREONIRIBUTURNS SECTOR SECTION FOR SUBDICION FROM PARE SAND PARED			
Contributions Received from Political Committees (Part A)		s	
		<u> </u>	0
All Other Contributions (Part B)		\$	0
TOTAL for the Reporting Period	j (2)	\$.	9
FERNORESIDETIONS EXCRESSION (GROME PARTY OF AND FPARTED)			
Contributions Received from Political Committees (Part C)		\$	Q
All Other Contributions (Part D)		\$	0
TOTAL for the Reporting Period	3)	\$	0
AL OTHER RECEIPTS CREDUNDS INTEREST EARNED RETURNED C	IEGK\$71ET(	S. (FRC	
TOTAL for the Reporting Period	d (4)	\$	134.43
		<u> </u>	
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from			
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.)		\$	134.43

#### 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		From	To
		DATE	AMOUNT
Full Name of Contributing Committee			
		MO) DAY YEAR	\$
Mailing Address		CONTRACTOR OF THE PROPERTY OF	\$
City	State Zip Code (Plus 4)	MORE POLY	<b>*</b>
			\$
Full Name of Contributing Committee		AMOS はいん 単 MASS	\$
Mailing Address		MG Z DAY YEAR	\$
	State   Zip Code (Plus 4)	EMOVE SOLVEN EXPEAR	Ψ .
City	State Zip Code (Plus 4)	MO. DAY EYEAR	\$
Full Name of Contributing Committee		10 10 10 10 10 10 10 10 10 10 10 10 10 1	•
			\$
Mailing Address		MOPS DAY SALE	\$
City	State Zip Code (Plus 4)	MO DAY YEAR	
	_		\$
Full Name of Contributing Committee		MO DAY YEAR	\$
Mailing Address		HANGAH MEDAYAN MYEAR	
			\$
City	State Zip Code (Plus 4)	MO DAY YEAR	\$
Full Name of Contributing Committee			
			\$
Mailing Address		MO. DAY YEAR	\$
City	State Zip Code (Plus 4)		
	_		\$
Full Name of Contributing Committee		MOSS SON MINIS	\$
Mailing Address	<u> </u>	MO Z EZPAYE EYEAR	
·			\$
City	State Zip Code (Plus 4)	MO. DAY YEAR	\$
Name of Contribution Committee			
Full Name of Contributing Committee			\$
Mailing Address			s
City	State   Zip Code (Plus 4)		<b>T</b>
Oity	_	Control of the Contro	\$
Full Name of Contributing Committee		<b>三十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二</b>	\$
Mailing Address		SEMOES PEDAYER SYFARE	3
marring reaction			\$
City	State Zip Code (Plus 4)	MO. DAY YEAR	\$
			PAGE TOTAL
Enter Grand Total of Part A on Se	chedule I, Detailed Summ	nary Page, Section 2.	
			\$ O

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# 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.)

lame of Filing Committee or Candidate				Reporting		To
				DATE	MINISTER STREET	AMOUNT
ull Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			мо.	DAY	YEAR	\$
Sity	State	Zip Code (Plus 4)	MO.	BAY	MY ARM	\$
ull Name of Contributor			MO.	DAY	ESYL-ATER	\$
Mailing Address			МО	THO YES	YEAR	\$
City	State.	Zip Code (Plus 4)	MO	PAY	YEAR	\$
Full Name of Contributor			МО	PA'	DYCANE	\$
Mailing Address			Mo	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
Full Name of Contributor			Me	. DAY		\$
Mailing Address	······································		MC	);	SAYFAR S	\$
City	State	Zip Code (Plus 4)	Mr	), DAY	YEAR	\$
Full Name of Contributor			MC		YEAR	\$
Mailing Address			MC	X TO AYE	YEAR	\$
City	State	Zip Code (Plus 4)	MC	). DAY	YEAR	\$
Full Name of Contributor			300 V/C	7.7.4		
Malling Address			M	DAY.	YEAR	\$
City	State	Zip Code (Plus 4)	M	DAY	YEAR	\$
Full Name of Contributor			M	DAY	是 第75Ai 湖	l
Mailing Address			М	0. DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Мем	o), and an object of	YEAR	\$
Full Name of Contributor				O DAY	YEAR	\$
Mailing Address			M	O. DAY	Y AR	\$
City	State	Zip Code (Plus 4)	M	G. DAY	YEAR	\$
			1			PAGE TOTAL
Enter Grand Total of Part B on Sc	hedule	I, Detailed Summ	ary Pa	ge, Secti	on 2.	\$ 0

	5		11
PAGE		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		- 1'	Reporting	Periou	
<u>,</u>			From		То
			DATE		AMOUNT
Full Name of Contributing Committee		MO.		YEAR	\$
•					<b>a</b>
Mailing Address	ž	MO.	DAY	YEAR	\$
City	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		MÖ.	DAY	YEAR	\$
Mailing Address		MO.	DAY	YEAR	\$
City State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	-				\$
Full Name of Contributing Committee		MQ.	DAY	YEAR	\$
Mailing Address		MO.	DAY	YEAR	\$
City	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
The Name of Contains and Contai		MO.	DAY	YEAR	
Full Name of Contributing Committee					\$
Mailing Address		MO.	DAY	YEAR	\$
City	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
·	-				7
Full Name of Contributing Committee		MO.	DAY	YEAR	\$
Mailing Address		MO.	DAY	YEAR	\$
City State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Tull Name of Contributing Committee	1	MO.	DAY	YEAR	
Full Name of Contributing Committee					\$
Malling Address		MO.	DAY	YEAR	\$
City	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Full Name of Contributing Committee	I	MO,	DAY:	A AN ZARAS	\$
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	s, Section	on 3.	<b>\$</b> 0

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PAGE	6	ΩF	17
· AGE		٠.	

## 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			l"	eporang r		<b>T</b> -
				From		To
				DATE		AMOUNT
ull Name of Contributor			MO.	DAY	YEAR	\$
failing Address			MO	DAY	YEAR	\$
lity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-	Occupat	00		\$
mployer Name			Occupar			
mployer Mailing Address/Principal Place of Bus	iness					
ull Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
City	State	21p Code (Flus 4)				\$
Employer Name			Occupat	ion		
Employer Mailing Address/Principal Place of Bus	iness					
Full Name of Contributor			MO.	DAY	YEAR	_
-UII Name of Contributor						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	#YEAR	\$
Employer Name			Occupa	tion	<u></u>	
Employer Mailing Address/Principal Place of Bus	siness					
		· · · · · · · · · · · · · · · · · · ·				
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			мо.	DAY	YEAR	\$
City	State	Zip Code (Pius 4)	MO	DAY	YEAR	\$
		-	Occupa	tion		7
Employer Name			Оссара			
Employer Mailing Address/Principal Place of Bu	siness					
Full Name of Contributor			MQ.	E PAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Employer Name			Occup	ILION		·
Employer Mailing Address/Principal Place of Bu	siness					-
		<u>.</u>				PAGE TOTAL
Enter Grand Total of Part D on	Schedule I,	<b>Detailed Summa</b>	ary Page	e, Section	on 3.	\$ 0

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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.

lame of Filing Committee or Candidate	(0) An:	L	Report	ng Period	To 10118
Friends of Dan	33711119	72/1	11011		
uli Name	10				
Italian PNC BENT AND	<u>, v.                                    </u>	<u> </u>			
1481 44 4	U.L.	Zip Code (Plus 4)	North Esp	Y YEAR	Amount
Receipt Description  Money  Full Name	PA	18018-	9 30		\$ 134.43
eceipt Description	uschet	Interest			
uil Name					
Mailing Address	-				
	State	Zip Code (Plus 4)	MO. D	Y YEAR	Amount
City					\$
Receipt Description					
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)	MO. D.	AY YEAR	Amount
Receipt Description					\$
Receipt Description					
Full Name			_		
Mailing Address					
City	State	Zip Code (Plus 4)	MO.	NE BUKO	Amount \$
Receipt Description		-			4
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)	## N(0) ###   ### (1)	YEAR	Amount \$
Receipt Description					
Full Name	<u></u>				
Mailing Address		·			4
City	State	Zip Code (Plus 4)	MO.	YEAR.	\$
Receipt Description					
					PAGE TOTAL
Enter Grand Total of Part E on S	Schedule i, i	Detailed Summa	ry Page, Se	ction 4.	\$ 134.43
	•		-		

### 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 Per	riod		
	From	Т	·o	
THE INITIALIZED TO KIND ENDING BURNESS RESERVED TO AND THE STATES OF SERVED TO AND THE STATES OF SERVED TO AND THE SERVE			erenia de la companya	
TOTAL for the Reporting Period	d (1)	\$		
2 TINE KIND I CONTRIBUTIONS RECEIVED TAVALUE OF SECTOR S21	50,00 (EFF <b>C)</b>	avije i		
TOTAL for the Reporting Period	d (2)	\$	·	
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	MayAtage			
TOTAL for the Reporting Period	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.)		\$	0	

	G		15
PAGE	ı	OF	4

# PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	-			Reporting	Period	
				From _		То
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	ZYFA:	\$
Mailing Address			MO.	DAY	YEAR	
City						1 \$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	J	<u>L</u>		_1		
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address	<del></del>		MO.	-DAY	YEAR	
			3.3.10.3.2.2.3.4.0			\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:					<u> </u>	<u> </u>
Full Name of Contributor			MO.	DAY	EVEAR	\$
Mailing Address				ali diren vi vi vino		ð
			MO.	PAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Description of Contribution:		_				\$
Seed spread of Control Control						
Full Name of Contributor			Mo.	DAY	YEAR	_
Mailing Address						\$
maning Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	<u> </u>
		<del>-</del>				\$
Description of Contribution:						
Full Name of Contributor			MO.	I KAU	YEAR	
			310.	DAI		\$
Mailing Address			MO.	DAY	PAR	\$
City	State	Zip Code (Plus 4)		- Sept. 17 - 17 - 18 -		*
		-	MO.	DAY	YEAR	\$
Description of Contribution:			1	<u>.                                    </u>	<u></u>	
				<del></del>		
Enter Grand Total of Part F on School	lule II,	In-Kind Contribut	ions D	etailed		PAGE TOTAL
Summary Page, Section 2.						\$ P

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	Reporting Period					
	From To					
		DATE	AMOUNT			
Full Name of Contributor		ENAME EN AN EN EN AN EN	\$			
			<b>-</b>			
Mailing Address		MO: DAY YEAR	\$			
City	State Zip Code (Plus 4)	PENO E STOAY EN TATO	<b>.</b>			
	<b>-</b>		\$			
Employer of Contributor	Occupation					
	· · · · · · · · · · · · · · · · · · ·	Description of Contribution				
Employer Mailing Address/Principal Place of Business		Description of Contribution				
Full Name of Contributor		1000	<b>A</b> :			
. a rance of contributor			\$			
Mailing Address		MODEL SOLAY SYEAR	\$			
City	State Zip Code (Plus 4)	EMOVE PAPAYER SEYEAL	· .			
City			\$			
Employer of Contributor		Occupation				
	Description of Contribution					
Employer Mailing Address/Principal Place of Business		Description of Contribution				
Full Name of Contributor		EMOS EMONAN EYEARE	<b>&amp;</b>			
Turi realite of Contributor			\$			
Mailing Address		TWO STANDAY WAY THE	\$			
Ci	State Zip Code (Plus 4)	<b>芸芸(0)体型 芸芸(0)火人世間 205/1-2/1</b> 年間				
City	State Zip Code (Plus 4)		\$			
Employer of Contributor	<u> </u>	Occupation				
Employer Mailing Address/Principal Place of Business		Description of Contribution				
		(16) (14) (15) (16) (17) (16) (17) (17) (17) (17) (17) (17) (17) (17				
Full Name of Contributor		Control of the contro	\$			
Mailing Address		<b>至10.65 25.7</b> (年 37.52) 38	\$			
	Te 1 = 2 : 1- : :		*			
City	State Zip Code (Plus 4)	MG. DAY YEAR	\$			
Employer of Contributor		Occupation				
Employer Mailing Address/Principal Place of Business		Description of Contribution				
		long Canaga Man Transaction				
Full Name of Contributor		ZINOZZE ZOZAVE ZYCZE	\$			
Mailing Address		SOMO SE SOME SE ON ASSESSION SE VENTAS				
			\$			
City	State Zip Code (Plus 4)	MO PER STANCE STANCES	\$			
Employer of Contributor	<u> </u>	Occupation				
Employer Mailing Address/Principal Place of Business		Description of Contribution				
			DAGE TOTAL			
Enter Grand Total of Part G on Sche	dule II. In-Kind Contrib	utions Detailed	PAGE TOTAL			
Summary Page, Section 3.		\$ Q				

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#### SCHEDULE III

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			A	Reporting	Period	
Friends of Dan	CUM	minchem		From _	911	) To
To Whom Paid		· · · · · · · · · · · · · · · · · · ·	MO.	DAY	YEAR	Amount
Capital ONC			9	14	2010	\$ 1.995.96
PO Bay 7104	3		Descripti	on of Exp		credit cred
Charlotte	State	Zip Code (Plus 4) 2 (272 -		•	•	el expass
To Whom Paid	///C	4 4×14	MO.	Service Control of the Control of th		Amount
Verizon  Mailing Address	-		9	14	2010	\$ 716.51
10 Box 4003				on of Exp		((
Acworth	State	Zip Code (Plus 4) 30 0  -		1-1		
7- 140 0-24			MO.	DAY	YEAR	Amount
Leddership for Ams	7:02r	Opportuity	9 Descripti	24 on of Expe	10	\$ 1,000,00
499 5. Cepital 51	Ĺ		Doscripti		stion.	•
Wishington	DC	Zip Code (Plus 4) 2003				
		-	MO.	BAY	YEAR	Amount
Mailing Address Fester LV Chamber	of	Commae	9 Descripti	on of Expe	1 0	\$ 450.00
Mailing Address 158 A Northa	mpfa	n 44.		w	112	GZZOO Donation
Esstan PA	PA	1804)-				
To Whom Paid N21: mal M5 Soc	-01		MO	DAY	YEAR	Amount
Mailing Address			Description	on of Expe	inditure	\$ 25.00
City	T				Don:	stion
City	State	Zip Code (Plus 4)				
To Whom Paid	<u></u>		MO.	DAY	YEAR	Amount
Maillan Address						\$
Meiling Address			Description	on of Expe	enditure	
City	State	Zip Code (Plus 4)			*******	
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address	<del> </del>		Description	on of Expe	nditura	\$
			J COOL I J	J. O. LAP		
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YE AR	Amount
Mailing Address			Description	on of Expe	nditura	\$
City	State	Zip Code (Plus 4)				
						PAGE TOTAL
Enter Grand Total of Expenditures on Pag	ge 1, F	Report Cover Pa	ge, ite	m D.		\$ 4,197.47
						\ - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

# 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.

e of Filing Committee or Candidate			Repor	ting	Period		
			Fro	m		To	
Name of Creditor						Outstanding Balance of D	ebt
Mailing Address	DATE	MO.	l e	AY	YEAR	<u> </u>	
	DEBT INCURRED						
City		State	Zip	Code —	(Plus 4)		
Description of Debt							
Name of Creditor						Outstanding Balance of D	ebt
		Marie Constitution	esia tirenati	No. or a deposit	NAMES OF THE OWNER, TH	\$	
Mailing Address	DATE DEBT	MO.	E	AY	YEAR		
City	INCURRED	State	Zip	Code	(Plus 4)		
						T. C. P. S.	
Description of Debt							
Name of Creditor						Outstanding Balance of D	ebt
		· incression	agency flores manne			\$	
Mailing Address	DATE DEBT	MO.		AY	YEAR		
City	INCURRED	State	Zip	Code	(Plus 4)	1	
				_			
Description of Debt							
Name of Creditor						Outstanding Balance of D	ebt
						\$	
Mailing Address	DATE DEBT	MO.	, C	AY	YEAR		
City	INCURRED	State	Zip	Code	(Plus 4)		
Description of Debt							
Name of Creditor						Outstanding Balance of D	ebt
	·	T				\$	
Mailing Address	DATE DEBT	MO.	E	AY	YEAR		
City	INCURRED	Ştate	Zip	Code	(Plus 4)		
						(1997) (1	
Description of Debt							
Name of Creditor						Outstanding Balance of D	ebt
						\$	
Mailing Address	DATE DEBT	MO.	2	AY	YEAR		
City	INCURRED	State	Zip	Code	(Plus 4)		1.5
						en e	
Description of Debt							
						PAGE TOTAL	_
Enter Grand Total of Unpaid Debts on Page 1, Re	port Cover F	age.	ltem	G		_	
Line. Claim of Clipala Debit Off (age ), Hepott Over (age, Italii G.						\$ 0	