Name: Address: Address: City, State, Zip: Candidate County County County County Candidate County County County Candidate Candidate			
Address: City, State, Zip: Report Filed By Candidate Type of Report Annual 2011 Committee Type of Report Annual 2011 Committee Party County Lehigh County Commissioner R Lehigh Summary of Receipts & Expenditures From: 11/29/2011 To: 12/31/2011 A. Amount Brought Forward From Last Report 0.00			
Candidate Type of Report Annual 2011 Election Date Amended Termin YES Office Sought By Candidate Lehigh County Commissioner R Lehigh Summary of Receipts & Expenditures From: 11/29/2011 To: 12/31/2011 A. Amount Brought Forward From Last Report 0.00			
Type of Report Annual 2011 Election Date Amended YES Office Sought By Candidate Party County Lehigh County Commissioner R Lehigh Summary of Receipts & Expenditures From: 11/29/2011 To: 12/31/2011 A. Amount Brought Forward From Last Report 0.00			
Office Sought By Candidate Lehigh County Commissioner R Lehigh Summary of Receipts & Expenditures From: 11/29/2011 To: 12/31/2011 A. Amount Brought Forward From Last Report 0.00			
Office Sought By Candidate Lehigh County Commissioner R Lehigh Summary of Receipts & Expenditures From: 11/29/2011 To: 12/31/2011 A. Amount Brought Forward From Last Report 0.00	ation		
Lehigh County Commissioner R Lehigh Summary of Receipts & Expenditures From: 11/29/2011 To: 12/31/2011 A. Amount Brought Forward From Last Report 0.00			
Summary of Receipts & Expenditures From: 11/29/2011 To: 12/31/2011 A. Amount Brought Forward From Last Report 0.00			
From: 11/29/2011 To: 12/31/2011 A. Amount Brought Forward From Last Report 0.00			
A. Amount Brought Forward From Last Report 0.00	-		
	2011		
B. Total Monetary Contributions & Receipts (from Schedule I) 0.00			
	0.00		
C. Total Funds Available (Sum of Lines A & B) 0.00	0.00		
D. Total Expenditures (from Schedule III) 235.00	235.00		
E. Ending Cash Balance (Subtract Line D from Line C) 0.00			
F. Value of In-Kind Contributions Received (from Schedule II) 58,241.55			
G. Unpaid Debts & Obligations (from Schedule IV) 0.00			

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

SCHEDULE !!

PAGE <u>2</u> OF <u>4</u>

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	iod	
Vic Mazziotti	From <u> -1</u>	<u>=11</u>	To 12-3(-1)
UNITEMPZED N-KIND CONTRIBUTIONS RECEIVED - VALUE OF S	\$50.00 OR 1	ESS PE	R COM RIGITION
TOTAL for the Reporting Period	d (1)	\$	
2 IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$21	50.00 (FROA	I PART	7
TOTAL for the Reporting Period	d (2)	\$	
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART 6		
TOTAL for the Reporting Period	d (3)	\$ 5	18,241.55
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.)		\$ 5	58,241.55

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate		Reporting Period				
Vie Mazzio	:	From 1-1-1	To 12-31-11			
	DATE	AMOUNT				
Full Name of Contributor	4 /1					
Mailing Address	County PAZ	MO. DAY YEAR	53,461.55			
P.D. Box	3017		\$			
Allastan	PA 18106 -	MO. DAY YEAR	\$			
Employer of Contributor	181/1 10100	Occupation				
Employer Mailing Address/Principal Place of Business						
	Cample	MO. DAY YEAR! \$ 4,780-00				
Full Name of Contributor LVAR - PA	10	MO. DAY YEAR	\$ 4.780.00			
Full Name of Contributor LVAR - PA Mailing Address 10 S. Crammerce / City Bell lehan Employer of Contributor	Sacr	MQ. DAY YEAR	\$			
City Rall lola	State Zip Code Plus	P MO. DAY YEAR	\$			
Employer of Contributor	PA 18017 -	Occupation				
Employer Mailing Address/Principal Place of Business		Description of Contribution				
		1 1 1	Description of Contribution ALVENTER AG			
Full Name of Contributor		MO DAY AYEAR	¥			
Mailing Address		MO DAY YEAR	\$			
City	State Zip Code (Plus 4	MO. DAY YEAR	\$			
Employer of Contributor	Occupation	Occupation				
Employer Mailing Address/Principal Place of Business		Description of Contribution	Description of Contribution			
			•			
Full Name of Contributor	MO. DAY YEAR	\$				
Mailing Address		MO. L DAY YEAR	\$			
City	State Zip Code (Plus 4	MO. DAY YEAR	\$			
Employer of Contributor	Occupation					
Employer Mailing Address/Principal Place of Business		Description of Contribution				
Full Name of Contributor		A MO DAY YEAR	\$			
Mailing Address	MO. DAY YEAR	\$				
City	State Zip Code Plus 4	MO. DAY YEAR	\$			
Employer of Contributor		Occupation				
Employer Mailing Address/Principal Place of Business		Description of Country				
compress maining Addressifting psi Fisce of Business		Description of Contribution				
			PAGE TOTAL			
Enter Grand Total of Part G on Sched Summary Page, Section 3.	ule II, In-Kind Cont	ributions Detailed	\$ 58,241.55			
) ** ; [• • • •			

DSEB-502 (7-99)

SCHEDULE II

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			1	eporting (
Vic Mazziotti				From	<u>- 1-11</u>	To 12-31-11
To Whom Paid Lehigh Valley Com	141/Pa 3	admo	MO.	DAY 18	YEAR 2011	Amount \$ 185-80
	Rd		Description	on of Expe		
8344 Martz tau a	State	Zip Code (Plus 4)		MEN	7775	0 9
Al burtas	PA	18011				V
To Whom Paid Muhlenbare College	Rep	ublicins	MO.	DAY 6	YEAR //	Amount \$ <i>Sb - 6-0</i>
Mailing Address Muhlanborn Colle	3e_		Description	on of Expe	enditure "	·
City Allasta un	State	Zip Code (Pius 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description	on of Expe	inditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			160.	DAY	YEAR	Amount \$
Mailing Address			Description	on of Expe	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO	DAY	YEAR	Amount \$
Mailing Address			Description	on of Expe	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)				
To Whom Paid	1.		MO.	DAY	YEAR	Amount
Mailing Address			Descripti	on of Exp	enditure	18
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	7%. 48	Amount
Mailing Address			Descripti	on of Exp	enditure	\$
City	State	Zip Code (Plus 4)				
	<u> </u>		1			PAGE TOTAL
Enter Grand Total of Expenditures on Pa	ge 1,	Report Cover P	age, ite	em D.		\$ 735 M