	CA	MPAIGN	FINANCE REI	PORT		
	Name and A	ddress of	Filing Candidate	or Comi	nittee	
Name: Address: City, State,	, Zip:	Supporters for Thomas Slonaker 7090 Saw Mill Rd Germansville PA 18053 Report Filed By				
Candidate		No	Committee		Y	'es
Type of Re	Type of Report Election Date Amer		Amend	ed T	ermination	
2009 Annu	al Report			No	Λ	lo
Office Sought By Candidate Party County						
Lehigh County Controller			D	Lehigh		
	Sun	mary of	Receipts & Expen	ditures		
From:	01/01/2009		To:	12/31/2	009	
A. Amoun	t Brought Forw	ard From	Last Report		674.26	
B. Total Monetary Contributions & Receipts (from Schedule I)					700.00	
C. Total Funds Available (Sum of Lines A & B)					1374.26	
D. Total Expenditures (from Schedule III)					750.00	
E. Ending	Cash Balance (Subtract I	Line D from Line C)	624.26	
F. Value o	f In-Kind Conti	ibutions F	Received (from Sch	edule II)	0.00	
G. Unpaid	Debts & Oblig	ations (fro	m Schedule IV)		(42301	7.18)

^{*}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 Sopporters For Thomas Slonaker	Reporting Per From O 1-		09 TO 12-31-09
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBU	TOR
TOTAL for the Reporting Period	(1)	\$	·
2. CONTRIBUTIONS \$50.01 TO \$250.00 FROM PART A AND PART I	3)		······
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
TOTAL for the Reporting Period	(2)	\$	
•	•		
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	700,00
TOTAL for the Reporting Period	(3)	\$	700.00
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CH	ECKS, ETC	. (FR	OM PART E)
TOTAL for the Reporting Period	(4)	\$	
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.)		\$	700.00

PAGE 3 OF 6

PART D **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.)

Supporters For The	~ AA ^ !	Slancker		From 0	1-01-0	09 10 12-31-09
730 bot 4462 1201 116	ع إمريد إ	2 CONCERC		DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	•
Thomas Slowaker			04		09	\$ 700.00
Mailing Address 4110 Schailus Bd		·	MO.	DAY	YEAR	S
Mailing Address 4110 Scheidys Rd City Whitehall	State	Zip Code (Plus 4)	MO.	DAY	YEAR	S
Employer Name	111	1 (8 630	Occupe			
Lehigh County Employer Mailing Address/Principal Place of Business			hel	nish C	0004	Controller
Employer Mailing Address/Principal Place of Business	-110	A9 haroth	1810		`	
Full Name of Contributor	, , , ,		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	s
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
City	State			- Cay	TEAR	\$
Employer Name			Occupi	ition		
Employer Mailing Address/Principal Place of Business			1			
Full Name of Contributor			MO.	DAY	YEAR	
Political Contributor						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
	<u> </u>	<u>-</u>	 		<u> </u>	
Employer Name			Occupi	stion		
Employer Mailing Address/Principal Place of Business			<u> </u>			
Full Name of Contributor			MO.	DAY	YEAR	
		•				\$
Mailing Address		**************************************	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR.	\$
	L	<u> </u>	1	1		-
Employer Name			Occupi	RION		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	DAY	YEAR	
				-	Ve A =	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business			1		······································	
Enter Grand Total of Bart D on Schar	dula l	Detailed Common	, Den	Cantin	- 3	PAGE TOTAL 700.00

PAGE 4 OF 5

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				porting P		
C - Th	From 01-01-09 To 13-31-09					
Supporters For Thom	nas	->10Nork61				
						Amount
To Whom Paid			MO.	DAY	year o9	\$ (00,00
To Whom Paid Friends of Michael Schl	<u>1 220.</u>	279	Descriptio	10		3 (00,00
Mailing Address		U	Descriptio			contribution
PO BOX 8672			1000	Pan	261	(004) 0341010
City	State	Zip Code (Plus 4)	•			
Allen town	491	- Zal 81				
To Whom Paid			MO.	DAY	YEAR	Amount
Esignals of Michael D. Do	2 MOTE	<u> </u>	04	10	०९	\$ 100.00
To Whom Paid Friends & Michael D Do Mailing Address			Description	n of Expe	nditure	a . 1 . 1 . 1
750 N Irving St			1-00	w Hai	ser 1	contribution
City	State	Zip Code (Plus 4)	1			
Allentown	PA	18109-	<u> </u>			
			MO.	DAY	YEAR	Amount
To Whom Paid Fr. 20045 & Ed Pawlow Mailing Address	sk:		9.2	11	09	\$ 200.00
			Description	on of Expe	nditure 1	
P+ Box 9366			FUN	8 12	iser	Coortibulion
City	State	Zip Code (Plus 4)				
Aller town	49	18105 -	<u></u>			
			MO.	DAY	YEAR	Amount
Friends of Hillory Ku	31 at	ze k	80	11	09	\$ 100.00
Mailing Address			Description	on of Exp	enditure	
			FUN	d Rai	ser 1	Contribution
638 Spring 57	State	Zip Code (Plus 4)				
Bethleten	49	18018 -				
		100.0	MO.	DAY	YEAR	Amount
Friends of Jeanne McM Mailing Address	11		10	01	09	\$ 100.00
triends of Jeanne Live I	00,1		Descripti	on of Exp	enditure	
Mailing Address			F.	Buc	Bouse	r (coatribution)
3164 N Front St	State	Zip Code (Plus 4)				
whitehall		18029-				•
WK REVER(I	1,,,,		MO.	DAY	VEAR	Amount
To Whom Paid		<u>. </u>	10	08	09	
Lehigh County Dan, Co	WW.	nee		on of Exp		
Marilian Address					A ne	13
1852 S Wood St	State	Zip Code (Plus 4)	 	, , 0,,		
City \	49	1				
Allantour	1 41	18103-		BAY	YEAR	Amount
To Whom Paid			MO.	DAY	09	\$ 100,00
Connitiento he-elect D	an IV	<u>chartny</u>	Descript	ion of Ext		
		Ī				/ contribution
210 N 27th St	Ca-a-	Zip Code Plus 4)	+ , ,	~ (1000	
City	State	4	1			
Alledtown	PA	18104-	_		1	Amount
To Whom Paid			MO.	DAY	YEAR	
			- C	ion of Ex	Negoties = -	\$
Mailing Address			Descript	IUN UT EX	permitte d	
	16	Zip Code Plus 4)		<u></u>		
City	State	Zip Code Flus 4				
		<u> </u>				
						PAGE TOTAL
Enter Grand Total of Expenditures on F	Page 1.	Report Cover	Page, It	em D.		\$ 750,00
Cilia: Ciella i Arei Ai Exheligirei an Ali	-3- "					1, 2, 2, 2

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	
Supporters For Thomas SI	lonaker	_	09 TO 12-31-09
Name of Creditor			Outstanding Balance of Debt
Norgen Schneck Mailing Address			\$ 860.36
Mailing Address	DATE DEBT	MO. DAY YEAR	
Mailing Address 4110 Scheidys RD City	INCURRED	10 30 03 State Zip Code (Plus 4)	1
b hitehall		PA 18052-	1
Description of Debt		11110000	
Loan			
			Outstanding Balance of Debt \$ 3740,82
Name of Graditor Norean Schneck Mailing Address	DATE	MO. DAY YEAR	3717000
4110 Scheidus Rd	DEBT	10 29 03	1
		State Zip Code (Plus 4)	
Whitehall		-62081 A9	
Description of Debt		-	
			Outstanding Balance of Debt
Thomas Slonaker Meiling Address			\$ 6000,00
Mailing Address	DATE	MO. DAY YEAR	
4110 Scheidus Rd	INCURRED	10 29 03	
		State Zip Code (Plus 4)	1
Whitehall Description of Debt		PA 18052-	
Loan			
			
Name of Creditor			Outstanding Balance of Debt
Name of Creditor	DATE	TAG CAY TYEAR	Outstanding Balance of Debt
Name of Creditor	DEBT	MO. DAY YEAR	
Name of Creditor Thomas Slowaker Mailing Address HILD Scheldys Rd City		State Zip Code (Plus 4)	
Name of Creditor Thomas Slonaker Mailing Address HIO Scheldys Rd City Whitehall	DEBT	08 01 03	
Name of Creditor Thomas Slonaker Mailing Address HID Scheldys Rd City Whitehall Description of Debt	DEBT	State Zip Code (Plus 4)	
Name of Creditor Thomas Slowaker Mailing Address HILD Scheillys RD: City Whitehall Description of Debt Loan	DEBT	State Zip Code (Plus 4)	\$ \ 000,00
Name of Creditor Thomas Slowaker Mailing Address HILD Scheidys RD: City Whitehall Description of Debt Loan Name of Creditor Thomas Slowaker	DEBT	State Zip Code (Plus 4)	
Name of Creditor Thomas Slowaker Mailing Address 4110 Scheidys Rd City Whitehall Description of Debt Loan Name of Creditor Thomas Slowaker Mailing Address	DEST	State Zip Code (Plus 4)	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Creditor Thomas Slonaker Mailing Address HID Scheidys Rd City Whitehall Description of Debt Loan Name of Creditor Thomas Slonaker Mailing Address HID Scheidys Rd	DEBT	NO. DAY YEAR OS OA OT	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Creditor Thomas Slowaker Mailing Address HID Scheidys RD City Whitehall Description of Debt Loan Name of Creditor Thomas Slowaker Mailing Address HID Scheidys RD City City	DEST INCURRED DATE DEST	MO. DAY YEAR OS OA OT State Zip Code (Plus 4) PA 18653	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Creditor Thomas Slonaker Mailing Address HID Scheidys Rd City Whitehall Description of Debt Loan Name of Creditor Thomas Slonaker Mailing Address HID Scheidys Rd	DEST INCURRED DATE DEST	NO. DAY YEAR OS OA OT	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Creditor Thomas Slowaker Mailing Address HILD Scheidys Rd: City Whitehall Description of Debt Loan Name of Creditor Thomas Slowaker Mailing Address HILD Scheidys Rd City Whitehall	DEST INCURRED DATE DEST	MO. DAY YEAR OS OA OT State Zip Code (Plus 4) PA 18653	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Creditor Thomas Slonaker Mailing Address HID Scheidys Rd City Whitehall Description of Debt Loan Name of Creditor Thomas Slonaker Mailing Address HID Scheidys Rd City Whitehall Description of Debt Loan Description of Debt Loan	DEST INCURRED DATE DEST	MO. DAY YEAR OS OA OT State Zip Code (Plus 4) PA 18653	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Creditor Thomas Slonaker Mailing Address HID Scheidys Rd. City Whitehall Description of Debt LOAN Name of Greditor Thomas Slonaker Mailing Address HID Scheidys Rd City Whitehall Description of Debt LOAN	DEST INCURRED DATE DEST INCURRED	State Zip Code (Plus 4) PA 18652- MO. DAY YEAR OS 02 07 State Zip Code (Plus 4) PA 18652-	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Creditor Thomas Slonaker Mailing Address HID Scheidys Rd. City Whitehall Description of Debt LOAN Name of Greditor Thomas Slonaker Mailing Address HID Scheidys Rd City Whitehall Description of Debt LOAN	DATE DEST INCURRED DATE DEST INCURRED DATE DEST	MO. DAY YEAR OS OA OA State Zip Code (Plus 4) MO. DAY YEAR OS OA OA State Zip Code (Plus 4) (A 1865A-	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Creditor Thomas Slonaker Mailing Address HID Scheidys Rd. City Whitehall Description of Debt Loan Name of Creditor Thomas Slonaker Mailing Address HID Scheidys Rd City Whitehall Description of Debt Loan Name of Creditor Thomas Slonaker Mailing Address HID Scheidys Rd Mailing Address HID Scheidys Rd	DEST INCURRED DATE DEST INCURRED	NO. DAY YEAR OS OA OT	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Creditor Thomas Slonaker Mailing Address HID Scheidys Rd. City Whitehall Description of Debt Loan Name of Creditor Thomas Slonaker Mailing Address HID Scheidys Rd City Whitehall Description of Debt Loan Name of Creditor Thomas Slonaker Mailing Address HIO Scheidys Rd City Whitehall Description of Debt Loan Name of Creditor Thomas Slonaker Mailing Address HIO Scheidys Rd City Whitehall	DATE DEST INCURRED DATE DEST INCURRED DATE DEST	MO. DAY YEAR OS OA OA State Zip Code (Plus 4) MO. DAY YEAR OS OA OA State Zip Code (Plus 4) (A 1865A-	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Creditor Thomas Slonaker Mailing Address HID Scheidys Rd. City Whitehall Description of Debt Loan Name of Creditor Thomas Slonaker Mailing Address HID Scheidys Rd City Whitehall Description of Debt Loan Name of Creditor Thomas Slonaker Mailing Address HIO Scheidys Rd City Whitehall Description of Debt Loan Name of Creditor Thomas Slonaker Mailing Address HIO Scheidys Rd City Whitehall Description of Debt	DATE DEST INCURRED DATE DEST INCURRED DATE DEST	MO. DAY YEAR OS OA OA State Zip Code (Plus 4) MO. DAY YEAR OS OA OA State Zip Code (Plus 4) (A 1865A- MO. DAY YEAR LO 23 OA State Zip Code (Plus 4)	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Creditor Thomas Slonaker Mailing Address HID Scheidys Rd. City Whitehall Description of Debt Loan Name of Creditor Thomas Slonaker Mailing Address HID Scheidys Rd City Whitehall Description of Debt Loan Name of Creditor Thomas Slonaker Mailing Address HIO Scheidys Rd City Whitehall Description of Debt Loan Name of Creditor Thomas Slonaker Mailing Address HIO Scheidys Rd City Whitehall	DATE DEST INCURRED DATE DEST INCURRED DATE DEST	MO. DAY YEAR OS OA OA State Zip Code (Plus 4) MO. DAY YEAR OS OA OA State Zip Code (Plus 4) (A 1865A- MO. DAY YEAR LO 23 OA State Zip Code (Plus 4)	S 1000,00 Outstanding Balance of Debt S 10000.00 Outstanding Balance of Debt S 200000
Name of Creditor Thomas Slonaker Mailing Address HID Scheidys Rd. City Whitehall Description of Debt Loan Name of Creditor Thomas Slonaker Mailing Address HID Scheidys Rd City Whitehall Description of Debt Loan Name of Creditor Thomas Slonaker Mailing Address HIO Scheidys Rd City Whitehall Description of Debt Loan Name of Creditor Thomas Slonaker Mailing Address HIO Scheidys Rd City Whitehall Description of Debt	DATE DEBT INCURRED DATE DEBT INCURRED DATE DEBT INCURRED	MO. DAY YEAR OS OA OT State Zip Code (Plus 4) NO. DAY YEAR OS OA OT State Zip Code (Plus 4) (A 1865) MO. DAY YEAR LO 23 OT State Zip Code (Plus 4) (A 1865)	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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 Re			Reporting Period			
Supporters For Thomas S	Slonake	ر	From _	-10-1C	-09 to 12-31.09	
Name of Creditor					Outstanding Balance of Debt	
Name of Creditor Thomas Slowaker Mailing Address 4110 Scheidys RD City Whitehall Description of Debt					\$ 700.00	
Mailing Address	DATE DEBT	MO.	DAY	YEAR		
City Scherdys RD	INCURRED	State	Zip Code	109	1	
1.0 Lidaka 11		PX				
Description of Debt			-62081			
Loan						
Name of Creditor					Outstanding Balance of Debt	
reality of Co. 13.					S	
Marling Address	DATE	MO.	DAY	YEAR		
	DEBT INCURRED				1	
City		State	Zip Code	(Plus 4)		
Description of Debt		1.00	-			
Name of Creditor					Outstanding Balance of Debt	
	T :				\$	
Mailing Address	DATE DEBT	MO.	DAY	YEAR		
City	INCURRED	<u> </u>				
City		State	Zip Code	(Plus 4)		
Description of Debt						
been prior of been						
Name of Creditor					Outstanding Balance of Debt	
					¢	
Mailing Address	DATE	MO.	DAY	YEAR	3	
·	DEBT		1			
City		State	Zip Code	(Plus 4)		
				·		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address	r			,	\$	
Mailing Address	DATE DEBT	MO.	DAY	YEAR		
City	INCURRED	State	Zip Code	101 4)		
		""	-	Irius -	,	
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
					\$	
Mailing Address	DATE	MO.	DAY	YEAR	-	
	DEBT INCURRED					
City		State	Zip Code	(Plus 4)		
Description of Debt						
Description of Debt						
Description of Debt					PAGE TOTAL	