	CAN	MPAIGN	FINANCE REP	ORT		
	Name and A	ldress of l	Filing Candidate	or Com	mitte	ee
Name: Address: City, State, Z	lip:	7090 Saw Germansv	rs for Thomas Slond Mill Rd ville PA 18053 port Filed By	iker		
Candidate			Committee			X
Type of Repo	ort 30 Day Post	Election	Election Date 11/08/2011	Amend	led	Termination
TERMINATIO	ON REPORT			No		No
Office Sought By Candidate Party County					7	
Lehigh County Controller D Lehigh						
	Sumr	nary of Re	eceipts & Expend	litures		
From:	10/25/2011		To:	11/28/2	011	
A. Amount Brought Forward From Last Report					5,378.76	
B. Total Mon	etary Contribu	ıtions & R	eceipts (from Sche	dule I)	1,67	0.00
C. Total Fund	ds Available (S	um of Line	es A & B)		7,04	8.76
D. Total Exp	enditures (fron	1 Schedule	III)	<u> </u>	3,78	24.64
E. Ending Ca	sh Balance (Su	ıbtract Lin	ne D from Line C)		3,26	4.12
F. Value of Ir	-Kind Contrib	utions Rec	ceived (from Sched	lule II)	268.	00
G. Unpaid De	ebts & Obligat	ions (from	Schedule IV)		<b>(</b> 69,8	01.18)

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

## PAGE 2 OF G

### SCHEDULE I

## **CONTRIBUTIONS AND RECEIPTS**

### **Detailed Summary Page**

INTERIOR OF LINEAR COMMITTEES OF COMMITTEES	porting Peri From <u>10-2</u>	оо <u>85-11</u> то <u>11-38-11</u>
300001 103 101 1100 31000		
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS F	ER CONT	RIBUTOR
TOTAL for the Reporting Period	(1)	\$ 70.00
2. CONTRIBUTIONS \$50.01 TO \$250.00 FROM PART A AND PART B	)	
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$ 1600.00
TOTAL for the Reporting Period	(2)	\$
	•	
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)	:	S
All Other Contributions (Part D)		\$
TOTAL for the Reporting Period	(3)	S
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHE	CKS, ETC	: (FROM PART E)
TOTAL for the Reporting Period	(4)	s
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.)		\$ 1670.00

# PART B 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			F	Reporting	Period	
Supporters For Thomas Slandher				•		11-84-11 01 11-
		Olaboria C		DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	
Cathy & Marshall Boo	yec		10 MO.	27 DAY	11	\$ 100.00
1825 Elmhurst Dr		<u></u>		L'an-	YEAR	s
Whitehall	51010 PA	1	MO.	DAY	YEAR	-
	TO	(80S <del>)</del> -	<del> </del>	<del> </del>		\$
Hall Name of Contributor  Larry Underkottler  Mailing Address			10	DAY TAN	YEAR	\$ 250.00
	<del></del>		MO.	DAY	YEAR	430,00
4785 S. Moustain Dr.	State	Zip Code (Plus 4)	1		<u> </u>	\$
Emmaus	PA		MO.	DAY	YEAR	s
Full Name of Contributor		1100.	MO.	DAY	YEAR	
Olszewski Fanily			10	อา	11	\$ 100.00
Mailing Address	<b>——</b>		Mo.	DAY	YEAR	\$
2135 Grandy CT	State		MO.	DAY		
Maconcie		18069 -		DAY	YEAR	s
Full Name of Contributor		1,00	MO.	DAY	YEAR	
Carl FG:tschier			10	97	11	\$ 100.00
131 Adams Rd	<u> </u>		MO.	DAY	YEAR	\$
	State	Zip Code Plus 4)	MO.	DAY	YEAR	
Breingsville	199	18031 -				\$
Full Name of Contributor			MO.	DAY	YEAR	
Charles J Fonzone Mailing Address		J	10	37	11	\$ 100.00
33 5 7th St	_	ı	MC.	DAY	YEAR	\$
City	State	Zip Code Plus 4	MO.	DAY	YEAR	
Alledown	49	18109				\$
Full Name of Contributor  TRAN'TEC Many			MO	DAY 22	YEAR	\$ 200.00
Jennifer Mann Mailing Address			MO.	DAY	I (	
2331 Fox Mealow Dr						\$
con Allertour	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	_
Full Name of Contributor	14~	18104 -	لييل			\$
Matthew P McTish		•	MO.	DAY TG	YEAR	\$ 250 40
watting wooders			10	DAY	YEAR	\$ 250.00
5728 Ricky Ridge Trail						\$
oretield	PA	Zip Code Plus 4) 18069 -	MQ.	DAY	YEAR	\$
Full Name of Contributor	[A 11	10001	MO.	DAY	YEAR	2
Philip 3 Ginder			10	7	YEAR	\$ 200,00
Philip 5 Ginder Mailing Address 4163 Scheidys 2d			MO.	DAY	YEAR	\$
	State	Zip Code Plus 4)	MO.	DAY	YEAR	
Whitehall	149	18052 -				\$
						PAGE TOTAL
Enter Grand Total of Part R on School	احابية	Detailed Comment	B (	<b>^</b> 41	_	- 1300.00

#### 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.

			Reporting	Period			
Supporters For Thomas Slowalker				From <u></u>	0.52-	11	10 11-98-11 ot
				DATE			AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	100.00
Arlane M Joseph Mailing Address			MO.	DAY	YEAR	<u>†                                     </u>	100.00
1010 W Liberty St Ap	<u> </u>	108				\$	
1010 W Liberty St Aprilia	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee	-	(4)-0	MQ.	DAY	YEAR	Ť	
Ed Hozza Ir			2	27	it	\$	240,00
Mailing Address 4347 Phillip St			MO.	DAY	YEAR	\$	-
Letty .	**************************************	Zip Code Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee	17	18.00	MQ.	DAY	YEAR	<b>  *</b>	
• 11		·		<del>  ~~</del>	TEAR	\$	
Mailing Address			90.	DAY	YEAR	\$	
City	State	Zip Code Plus 4)	MO.	DAY	YEAR	<u> </u>	
	:	, _			1624	\$	
Full Name of Contributing Committee		_	MQ.	DAY	YEAR		
Mailing Address				547	WEAR.	\$	
			MO.	DAY	YEAR	\$	
City	tate	Zip Code (Plus 4) —	MD.	DAY	YEAR	\$	
Full Name of Contributing Committee			MO.	DAY	YEAR		
Mailing Address						\$	
			MO.	DAY	YEAR	\$	
City	tete	Zip Code Plus 4)	MO.	DAY	YEAR		
						\$	
Full Name of Contributing Committee		· •	MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR		
City 1's	tate	Zin Code Blue Al				\$	
		Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	<u> </u>	
						\$	
City	tete	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee			110	DAY	YEAR	S	
Mailing Address			MO.	DAY	YEAR	\$	
City	tate	Zip Code Plus 4)			V7.45	•	
		_	<b>MO.</b>	DAY	YEAR	\$	<u> </u>
Enter Grand Total of Part A on Schedu	le i.	Detailed Summary	Page.	Section	n 2.		TOTAL TOTAL

#### SCHEDULE II

PAGE \_ \_ OF \_ 9

## 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**

.00 OR L	ECC DE	
.00 OR L	ECC DE	
	ESS FE	R CONTRIBUTOR
(1)	\$	
O (FROM	PART	F)
(2)	\$	
PART G	}	
(3)	\$ 6	00.802
-	\$ ()	00,8o4
	(2)	(2) \$ PART G

Reporting Period

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate

Supporters For Thom	as '	Slovaller		From 1	<u>-26.0</u>	1) to //- 28-11
				DATE		AMOUNT
Full Name of Contributor GIRNN & John Solt			MO.	ÐAY	YEAR OO 11	\$ 268,00
Blo Mallard Dr			MID.	DAY	YEAR	\$
City	Stote	1	MO.	DAY	YEAR	\$
Employer of Contributor	4.,,		Occupati		<u> </u>	<u>L.</u>
Lekigh County Hone M Employer Mailing Address/Principal Place of Business	<u>aller</u>	<u> </u>	Ma	ναςει	Hor	ne waker
17 5 7th St Allendon	49 G	10181	Re	<u>ce07</u>	.'مہ <i>ا</i>	
Full Name of Contributor			MQ.	DÁY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	<del></del>	<u> </u>	Occupati	On .	1	
Employer Mailing Address/Principal Place of Business			Descript	on of Con	tribution	
				,		
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	s
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Employer of Contributor	1	<u></u>	Occupati	<u>i</u> on	<u> </u>	
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution	
		-	1 200	DAY	we and	
Full Name of Contributor	<del></del>		MO.	DAT	YEAR	\$
Mailing Address			MC.	DAY	YEAR	s
City	State	Zip Code Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	<del>.1</del>	<u>*************************************</u>	Occupati	<b>o</b> n	·	
Employer Mailing Address/Principal Place of Business	<del></del>		Descripti	on of Can	tribution	
Full Name of Contributor			MO.	DAY	YEAR	
Meiling Address						\$
• • • • • • • • • • • • • • • • • • • •			MC.	DAY	YEAR	s
City	State	Zip Code (Plus 4)		DAY	YEAR	s
Employer of Contributor			Occupati	20		
Employer Mailing Address/Principal Place of Business	<del></del>		Descripti	an of Com	tribution	
			<del></del>			PAGE TOTAL
Enter Grand Total of Part G on Scher Summary Page, Section 3.	dule l	I, In-Kind Contribut	tions Do	etailed		\$ 268.00

#### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			ŧ	Reporting		_
Supporters For Thom	as	Slonaker	-	From 1	0-57 E-0	11-8611 ot 11
30 PT 01 103 1 01 1101		- 10(1-01 C.				· · · · · · · · · · · · · · · · · · ·
		<del> </del>			<del>,</del>	
To Whom Paid			MO.	DAY	YEAR	Amount \$ シコ84んV
CIEC			10	大ion of Exp	11	2 107.64
Mailing Address						3.100
10 001 702	Leans	Zip Code (Plus 4)	120	10 he	rea v	Calling
C) de C None					•	-
To Whom Paid CPEC Mailing Address PD Box 465 City State College		16804-				
To Whom Paid	, ,		MO.		YEAR	Amount
to Whom Paid Lehich County Deno, Com Mailing Address	WIT	tee	77	tion of Exp	77	\$ 1000.00
Mailing Address						14.1.
Po Box 33 Allentown	State	Zip Code (Plus 4)	هی ا	7 65	t the	Vote
City	49		ł			
A MEN TOWN	177	18105 -		-		
To Whom Paid		-	MO.	DAY	YEAR	Amount
					<u> </u>	\$
Meiling Address			Descrip	tion of Exp	enditure	
	12.					
City	State	Zip Code Flus 4				
	<u> </u>					
To Whom Peid		-	MO.	DAY	YEAR	Amount
					<u> </u>	<u> </u>
Mailing Address			Descrip	rtion of Exp	enditure	
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid			MC.	DAY	YEAR	Amount
						\$
Mailing Address		.,	Descrip	tion of Exp	enditure	
			<u> </u>			
City	State	Zip Code Plus 4)			·	
		-				
To Whom Paid			MO.	DAY	YEAR	Amount
						ls
Mailing Address			Descrip	tion of Exp	anditure	
City	State	Zip Code (Plus 4)		****		
		-				
To Whom Paid			MO.	DAY	YEAR	Amount
		·				l s
Mailing Address			Descrip	tion of Exp	enditure	
			Ì			
City	State	Zip Code (Plus 4)				
		-	l			
To Whom Paid			MQ.	DAY	YEAR	Amount
						5
Mailing Address	-		Descrip	tion of Expe	inditura	
		·				
City	State	Zip Code (Plus 4)				
		-				
· · · · · · · · · · · · · · · · · · ·						PAGE TOTAL
Enter Grand Total of Expanditures on Pa		Dan and Carrer =	*-			e 2784 hu
CILE UTANG LOTE OF PERSONNERS OF PR	T. 1	REDORT LINVER DE	300 M	(a) (n) (1)		# C & 1 X H4 IvU

# 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	
Supporters For Thomas S	longker	From	то
307001 1012 101			
Name of Creditor			Outstanding Balance of Debt
Norpen Schneck	DATE MO		\$ 860,36
Marting Address	DEBY NO.	DAY YEAR	
4110 Scheidys Rd	State	Zip Code Plus 4	
Whitehall	PA	18052-	
Description of Debt			
Name of Creditor		<del>_</del>	Outstanding Balance of Debt
Norsen Schneck			Outstanding Balance of Debt \$3740,82.
	DATE MO.	DAY YEAR	
4110 Scheidys Rd	INCURRED 10	2.0 Code (Plus 4)	
"by hitchell	PA	1805	
Description of Debt			
Loan			Outstanding Balance of Debt
Thomas Slowater			\$ (000.00
	DATE MO.	DAY YEAR	
Mailing Address 4110 Scheidys Rd	INCURRED 16		
whitehall	State	Zip Code Plus 41	
Description of Debt	13/7	10400	
Loan			
Name of Creditor			Outstanding Balance of Debt
Thomas Stenaker	DATE MO	DAY YEAR	\$ 1000.00
4110 Scheidys Rd	DEBT INCURRED		
	State	Zip Code (Plus 4)	]
"Whitehall	<u> </u>	WS	
Description of Debt			
			Outstanding Balance of Debt
Thomas Slowaker			\$10000.00
Mailing Address 4110 Scheidys Rd	DATE MO. DEBT O.S		1
Sity	State	Zip Code (Plus 4:	
Whitehall	Ph	18050-	<u> </u>
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
Thomas Slowaker			\$ 20000.00
Marian Address	DATE MO		
4110 Scheidys Rd	INCURRED State		4
"Whitehall	4)	1805	
Description of Debt			
Loan			Taxon non-
		h C	PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Rep	port Cover Page,	item G.	\$41601.18

PAGE	9	OF	9	

# 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 Peri	od
Supporters for Thomas	s Slopa	Ker From	То
Name of Creditor			Outstanding Balance of Debt
Thomas Slomaker	DATE	1 1 1	\$ 700.00
4110 Scheidys Rd	DEBT		EAR A
City	INCURRED	State Zip Code Plus	<del></del>
whitehall		PA BUSS-	
Description of Debt	<u></u>		
Loan			
Name of Creditor Thomas Slowaker			Outstanding Baiance of Debt
NA. A - Address	DATE	MO. DAY YE	\$ 500.00
4110 Scheidys Rd	DEST	8 35 10	
City •	INCURRED	State Zip Code (Plus	<del>-</del>
Whitehall		PA 18052-	
Description of Debt	· · · · · · · · · · · · · · · · · · ·		
Loan		·	
Name of Creditor			Outstanding Baiance of Debt
Thomas Slonaker	1		\$ 2000,00
Mailing Address	DATE DEBT		EAR
4110 Scheidys Rd	INCURRED	State   Zip Code Pius	
"Le histerall		Ph 1800-	
Description of Debt		11.10	
Load			
Name of Creditor			Outstanding Balance of Debt
Thomas Slonater			\$10000.00
	DATE		EAR
4110 Sheidys Rd	INCURRED	07 01 1	· · · · · · ·
Whitehall		State Zip Code (Pius	4
Whitehall Description of Debt		PA 18052-	
Loap			
Name of Condition			Outstanding Balance of Debt
Thomas Slonaker			\$15000,00
Mailing Address	DATE	MO. DAY YE	EAR
4110 Scheidys Rd	DEBT INCURRED		1
City		State Zip Code (Plus	4
Whitehall		PA 18652-	
Lna 2			
Name of Creditor	<del></del>		Outstanding Balance of Debt
THE UT WHITE			S
Mailing Address	DATE	MO. DAY YE	EAR
•	DEST		
City	<u> </u>	State Zip Code (Plus	s 4)
Description of Debt			
	-		PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, I	Report Cover	Page, Item G.	S0.00.68