	CAN	MPAIGN F	INANCE REP	ORT	
	Name and Ac	ldress of Fil	ing Candidate	or Comr	nittee
Name: Address: City, State, Z	ip:	Committee to 210 N 27 th S Allentown P		'arthy	
		L	t Filed By		
Candidate			Committee		X
Type of Repo	rt Annual	2012	Election Date	Amendo	ed Termination
Office Sough	t By Candidat	e	Party	County	
Lehigh County Commissioner District #4			D	Lehigh	
	Sumi	nary of Rec	eipts & Expend	litures	
From:	01/01/2012		To:	12/31/20	012
A. Amount B	rought Forwa	rd From Las	t Report	1	87.92
B. Total Mon	etary Contrib	utions & Rec	ceipts (from Scho	edule I)	0.06
C. Total Fun	ds Available (S	Sum of Lines	A & B)		87.98
D. Total Expenditures (from Schedule III)			0.00		
E. Ending Ca	ash Balance (S	ubtract Line	D from Line C)		87.98
F. Value of I	n-Kind Contri	butions Rece	ived (from Sche	dule II)	0.00
G. Unpaid D	ebts & Obliga	tions (from S	chedule IV)		0.00

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

SCHEDULE I

PAGE 2 OF ______

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Complete to ELECT DAN M. CARTHY	Reporting Period From ///29/2	To 12/31/2012

FERNAL STATES OF THE PROPERTY OF THE STATES	ECON	n Et	
TOTAL for the Reporting Period	(1)	\$	0.00

Contributions Received from Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	
) (0,00

Contributions Received from Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 000
TOTAL for the Reporting Period (3)	\$ 0.00

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11.5		ا نداد
. 5.	1 UTAL TOP THE REPORTING PERIOD (4)	115 4
	TOTAL for the Reporting Period (4)	.00
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TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING	The state of the s
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.)	.06

Reporting Period

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.

COMPLETEE TO ELECT DA	w	M. CARTHY		From	1/201	12 To 12/31/2012
Full Name All Experied Manual	n 6	Forces (18)	is U	vio i		
Mailing Address 1325 Ox Foxo DR.	<i>,</i>	COCKYC OCCO				
AUENTOWN	F\$"	Zip Code (Plus 4) [870] —	#MO. 12	DAY	YEAR Zov z	\$.06
Receipt Description Full Name	•					
Mailing Address						
City	State	Zip Code (Plus 4)	SEIMO!	DAY	LYEART	Amount \$
Receipt Description						
Full Name						
Mailing Address City	State	Zip Code (Plus 4)	Internal	E DAY E	evene	Amount
Receipt Description	State	Zip Code, Irius 4/	and more re-			\$
Full Name						
Mailing Address	······································					
City	State	Zip Code (Plus 4) —	MO	DAY	EYEAS:	Amount \$
Receipt Description						
Full Name Mailing Address						
City	State	Zip Code (Plus 4)	≥ Mox	P DAY	EX EAR	
Receipt Description		-				\$
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4). —	≓MÖ.	DAY	YEAR	Amount \$
Receipt Description						PAGE TOTAL
Enter Grand Total of Part E on Sched	iule I,	Detailed Summary	/ Page,	Section	n 4.	\$.06

Name of Filing Committee or Candidate