CAMPAIGN FINANCE REPORT

Name and Address of Filing Candidate or Committee

Name:	*Friends of Bill Leiner*
Address:	*41 N 8th St*
City, State, Zip:	*Coplay PA 18037*

Report Filed By

Candidate		**Committee**	*X*

Type of Report Annual 2013	**Election Date**	**Amended**	**Termination**

Office Sought By Candidate	**Party**	**County**
Lehigh County Commissioner Dist #1	*D*	*Lehigh*

Summary of Receipts & Expenditures

From:	*10/22/2013*	**To:**	*12/31/2013*

A. Amount Brought Forward From Last Report	*182.74*
B. Total Monetary Contributions & Receipts (from Schedule I)	*12,570.00*
C. Total Funds Available (Sum of Lines A & B)	*12,752.74*
D. Total Expenditures (from Schedule III)	*12,578.93*
E. Ending Cash Balance (Subtract Line D from Line C)	*173.81*
F. Value of In-Kind Contributions Received (from Schedule II)	*0.00*
G. Unpaid Debts & Obligations (from Schedule IV)	*(13,666.30)*

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

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF JILL LEINER	From 1/1/2013 To 12/31/2013

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - $50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	$ 1,230.—

2. CONTRIBUTIONS $50.01 TO $250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	$ 650.—
All Other Contributions (Part B)	$ 950.—
TOTAL for the Reporting Period (2)	$ 1,550.—

3. CONTRIBUTIONS OVER $250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	$ 2,400
All Other Contributions (Part D)	$ —
TOTAL for the Reporting Period (3)	$ 2,400

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	$ 7,390

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.)*	$ 12,570.—

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF BILL LEINER	From 1/1/2013 To 12/31/2013

To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	Description of Expenditure
J Staples & Giant Foodstore	2180 MacArthur Rd / 2nd & Chestnut Sts.	Whitehall / Coplay	PA	–	1/1	—	5/6/13	$ 366.83	(SEE 1/1/13 TO 5/6/2013 REPORT) Paper, envelopes, postage, tape, ink, printing
Budget Instant Print / Wells Fargo Bank / J Staples / SAM OWENS RESTAURANT		Whitehall / Coplay		–	6/21	—	10/21/13	$ 1,407.30	(SEE 6/21/13 TO 10/21/13 REPORT) Printing, stamps, fundraising expense, flyers, envelopes
STaples, Inc.	2180 MacArthur Road	Whitehall	PA	18052 –	5-7-13	—	6/20/13	$ 704.77	(SEE 5/7/13 TO 6/20/13 REPORT) Flyers, envelopes, stamps
J Staples / Wells Fargo / William Leiner Sr.	Times News, Inc	Northampton / Whitehall / Coplay		–	10/22/13	—	11/25/13	$ 2,410.03	(SEE 10/22/13 TO 11/25/13 REPORT) Flyers, ads, stamps, debt repayment, envelopes
Budget INSTANT PRINT	30 ALTA DRIVE	Whitehall	PA	18052 –	10	23-31	2013	$ 7,390.—	(SEE 10/22 – 11/25/13 REPORT) Printing & Mailing post cards
William LEINER Sr.	41 N. 8TH ST.	Coplay	PA	18037 – 1514	12	09	2013	$ 300.—	LOAN RE PAYMENT
								$	
								$	
								$	

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL $ 12,578.93

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: FRIENDS OF BILL LEINER

Reporting Period: From 1/1/2013 To 12/31/13

Name of Creditor: WILLIAM LEINER JR.
Outstanding Balance of Debt: $ 7,390.—
Mailing Address: 41 N. 8TH ST.
DATE DEBT INCURRED: MO. — DAY 2013 YEAR —
City: COPLAY, PA
State: PA
Zip Code (Plus 4): 18037-1514
Description of Debt: LOAN TO FRIENDS OF BILL LEINER during 2013.

Name of Creditor:
Outstanding Balance of Debt: $
Mailing Address:
DATE DEBT INCURRED: MO. DAY YEAR
City:
State:
Zip Code (Plus 4): —
Description of Debt:

Name of Creditor:
Outstanding Balance of Debt: $
Mailing Address:
DATE DEBT INCURRED: MO. DAY YEAR
City:
State:
Zip Code (Plus 4): —
Description of Debt:

Name of Creditor:
Outstanding Balance of Debt: $
Mailing Address:
DATE DEBT INCURRED: MO. DAY YEAR
City:
State:
Zip Code (Plus 4): —
Description of Debt:

Name of Creditor:
Outstanding Balance of Debt: $
Mailing Address:
DATE DEBT INCURRED: MO. DAY YEAR
City:
State:
Zip Code (Plus 4): —
Description of Debt:

Name of Creditor:
Outstanding Balance of Debt: $
Mailing Address:
DATE DEBT INCURRED: MO. DAY YEAR
City:
State:
Zip Code (Plus 4): —
Description of Debt:

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL $ 7,390.—