

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
Name:		<i>William Leiner, Jr</i>		
Address:		<i>41 N 8th St</i>		
City, State, Zip:		<i>Coplay PA 18037</i>		
Report Filed By				
Candidate	<i>X</i>	Committee		
Type of Report	<i>Annual 2013</i>	Election Date	Amended	Termination
Office Sought By Candidate		Party	County	
<i>Lehigh County Commissioner Dist #1</i>		<i>D</i>	<i>Lehigh</i>	
Summary of Receipts & Expenditures				
From:	<i>10/22/2013</i>	To:	<i>12/31/2013</i>	
A. Amount Brought Forward From Last Report			<i>(7,776.30)</i>	
B. Total Monetary Contributions & Receipts (from Schedule I)			<i>1,500.00</i>	
C. Total Funds Available (Sum of Lines A & B)			<i>(6,276.30)</i>	
D. Total Expenditures (from Schedule III)			<i>7,390.00</i>	
E. Ending Cash Balance (Subtract Line D from Line C)			<i>(13,666.30)</i>	
F. Value of In-Kind Contributions Received (from Schedule II)			<i>0.00</i>	
G. Unpaid Debts & Obligations (from Schedule IV)			<i>0.00</i>	

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

CONTRIBUTIONS AND RECEIPTS**Detailed Summary Page**

Name of Filing Committee or Candidate

William Leiner Jr

Reporting Period

From 1/1/2013 To 12/31/13**1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the Reporting Period (1) \$

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) \$

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) \$ *1,500.-*

TOTAL for the Reporting Period (3) \$

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM 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.)

\$ *1,500.-*

PART D
ALL OTHER CONTRIBUTIONS

PAGE 3 OF 5

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.)

Name of Filing Committee or Candidate <u>WILLIAM LEIMER JR.</u>	Reporting Period From <u>1/1/13</u> To <u>12/31/2013</u>
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				DATE			AMOUNT
Full Name of Contributor <u>FRIENDS OF BILL LEIMER</u>				MO.	DAY	YEAR	\$ 1,500
Mailing Address <u>411 N. 8TH ST</u>				MO.	DAY	YEAR	
City <u>Coglian</u>	State <u>GA</u>	Zip Code (Plus 4) <u>18037 - 154</u>		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business <u>(REGIMENT TOWARD LEAN)</u>							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

\$ 1,500.00

PART D ALL OTHER CONTRIBUTIONS

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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.)

Name of Filing Committee or Candidate <div style="font-family: cursive; font-size: 1.2em;">WILLIAM LEINER JR.</div>	Reporting Period From <u>1/1/13</u> To <u>12/31/2013</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor <div style="font-family: cursive; font-size: 1.2em;">FRIENDS OF BILL LEINER</div>				—	2013	—	\$ 1,500
Mailing Address <div style="font-family: cursive; font-size: 1.2em;">41 N. 8TH ST</div>				MO.	DAY	YEAR	\$
City <div style="font-family: cursive; font-size: 1.2em;">COGLAT</div>	State <div style="font-family: cursive; font-size: 1.2em;">GA</div>	Zip Code (Plus 4) <div style="font-family: cursive; font-size: 1.2em;">18037 - 154</div>		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business <div style="font-family: cursive; font-size: 1.2em;">(REPAYMENT TOWARD LOAN)</div>							

Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

\$ 1,500.✓

SCHEDULE III
STATEMENT OF EXPENDITURES

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Name of Filing Committee or Candidate <u>WILLIAM LEINER JR.</u>	Reporting Period From <u>1/1/2013</u> To <u>12/31/2013</u>
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To Whom Paid <u>FRIENDS OF BILL LEINER</u>	MO.	DAY	YEAR	Amount	
Mailing Address <u>41 N 8TH ST</u>	<u>2013</u>			\$	<u>7,390</u>
City <u>Coxton</u>	Description of Expenditure				
State <u>PA</u>	Zip Code (Plus 4) <u>18037-1514</u>			<u>LOAN to FRIENDS OF BILL LEINER</u>	
To Whom Paid	MO.	DAY	YEAR	Amount	
Mailing Address				\$	
City	Description of Expenditure				
State	Zip Code (Plus 4)				
To Whom Paid	MO.	DAY	YEAR	Amount	
Mailing Address				\$	
City	Description of Expenditure				
State	Zip Code (Plus 4)				
To Whom Paid	MO.	DAY	YEAR	Amount	
Mailing Address				\$	
City	Description of Expenditure				
State	Zip Code (Plus 4)				
To Whom Paid	MO.	DAY	YEAR	Amount	
Mailing Address				\$	
City	Description of Expenditure				
State	Zip Code (Plus 4)				
To Whom Paid	MO.	DAY	YEAR	Amount	
Mailing Address				\$	
City	Description of Expenditure				
State	Zip Code (Plus 4)				
To Whom Paid	MO.	DAY	YEAR	Amount	
Mailing Address				\$	
City	Description of Expenditure				
State	Zip Code (Plus 4)				
To Whom Paid	MO.	DAY	YEAR	Amount	
Mailing Address				\$	
City	Description of Expenditure				
State	Zip Code (Plus 4)				
To Whom Paid	MO.	DAY	YEAR	Amount	
Mailing Address				\$	
City	Description of Expenditure				
State	Zip Code (Plus 4)				
To Whom Paid	MO.	DAY	YEAR	Amount	
Mailing Address				\$	
City	Description of Expenditure				
State	Zip Code (Plus 4)				

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

PAGE TOTAL
\$ 7,390.-