	CAN	MPAIGN	FINANCE REP	PORT					
	Name and A	ddress of F	iling Candidate	or Com	mitte	e			
Name: Address: City, State, Z									
Candidate		X	Committee						
Type of Report Annual 2013			Election Date	Amended		Termination			
Office Sough	t By Candidate	2	Party	County	7				
Lehigh Count	y Commissionei	Dist #1	D	Lehigh	Lehigh				
	Sumn	nary of Re	ceipts & Expend	litures		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -			
From:	10/22/2013 <b>To:</b>					12/31/2013			
A. Amount Brought Forward From Last Report						(7,776.30)			
B. Total Monetary Contributions & Receipts (from Schedule I)						1,500.00			
C. Total Funds Available (Sum of Lines A & B)						(6,276.30)			
D. Total Expenditures (from Schedule III)					7,390.00				
E. Ending Cash Balance (Subtract Line D from Line C)					(13,666.30)				
F. Value of In-Kind Contributions Received (from Schedule II)					0.00				
G. Unpaid Debts & Obligations (from Schedule IV)					0.00				

<sup>\*</sup>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	Reporting Per	ind
WILLIAM LEINER BA	From 1	1013 To 12/31/13
V01004mm 0.0	11011	
NITE MIZED CONTRIBUTIONS AND RECEIPTS - \$5	0.00 OR LESS PER CON	RIBUTO
TOTAL for the Re	porting Period (1)	\$
CONTRIBUTIONS SOLUTION \$250,00 FROM PARTY	VAND PARTER)	
Contributions Received from Political Committees (Part A	V	\$
II Other Contributions (Part B)		\$
TOTAL for the Re	eporting Period (2)	\$
GONTRIBUTIONS OVER \$250.00 (FROM PART C AN	D#2ArieD	
contributions Received from Political Committees (Part C	<b>,</b>	\$
II Other Contributions (Part D)		\$ 1,500.
TOTAL for the Re	eporting Period (3)	\$
OTHER RECEIPE TREE MOST INTEREST EARNED.	RETURNED CHECKS, ET	
TOTAL for the Re	eporting Period (4)	\$
OTAL MONETARY CONTRIBUTIONS AND RECEIPTS D	A IDING	
THIS REPORTING PERIOD (Add and enter amount totals	from	\$1,500.
exes 1, 2, 3 and 4; also enter this amount on Page 1,	Report	1,000.

Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report

Cover Page, Item B.)

# 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.)

Name of Filing Committee or Candidate  (WILLIAM LEIMEN	L Bu	ι.		From	1 13	To 12/31/2013
				DATE		AMOUNT
Full Name of Contributor (niews of Bill	LEV	Mer	MO.	DAY - 2013 -	YEAR	\$ 1,500
Mailing Address 41 N 8 T 57			MO.	DAY	YEAR	\$
City Coyla.7	State GA	Zip Code (Plus 4) 18037 - 1514	MO.	DAY	YEAR	\$
Employer Name	L	<u> </u>	Occupa	tion	<b></b>	
Employer Mailing Address/Principal Place of Business	(Re	garment town.	1 Le	Mr)		
Full Name of Contributor		V	MO.	DAY	YEAR	\$
Mailing Address	h		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupat	tion	<u>L</u>	
Employer Mailing Address/Principal Place of Business	1500		<u> </u>	J		
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	J		Occupat	tion	<u></u>	
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) —	MO.	DAY	YEAR	\$
Employer Name			Occupat	ion		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor					YEAR	\$
failing Address				DAY	YEAR	\$
City	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	\$
Employer Name			Occupati	ion	L	
Employer Mailing Address/Principal Place of Business						
Enter Grand Total of Part D on Sched	ule I,	Detailed Summary	Page,	Section	n 3.	PAGE TOTAL \$ 1,500.

DSEB-502 (7-99)

#### PAKI D

PAGE 4 OF 5

## **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.)

Name of Filing Committee or Candidate	1	Reporting	Perjod	1 )				
WILLIAM LEINER		From _	1113	To 12/31/2013				
	L	DATE						
Full Name of Contributor	MO.	DAY	YEAR	AMOUNT				
Full Name of Contributor Friends of Bill	160	MEN-		2013-		\$ 1,500		
Mailing Address 41 N 8TH 57			MO.	DAY	YEAR	\$		
Coy LA'7	State	Zip Code (Plus 4) 18037 - 1504	MO.	DAY	YEAR	\$		
Employer Name	1		Occupat	ion	<u> </u>			
Employer Mailing Address/Principal Place of Business	10	1 1						
Employer Mailing Address/Principal Place of Business (Rigarmon) LOAN)								
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
Sia	T =					Ψ		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer Name	<del></del>		Occupat	ion	<u>L</u>			
Total Marillon Address (Principal Place of Punipage								
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	<u> </u>	_	Occupat	100		3		
			0000					
Employer Mailing Address/Principal Place of Business								
Full Name of Contributor			l wa	I KAV	Lucio			
			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR			
						\$		
Employer Name			Occupat	ion				
Employer Mailing Address/Principal Place of Business			<u> </u>	<del></del>				
Full Name of Contributor			MQ.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	7		
				<i>9</i> 7.	IEAN	\$		
Employer Name			Occupati	on	·			
Employer Mailing Address/Principal Place of Business								
						DACE TOTAL		

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

\$ 1,500.

### SCHEDULE III

# STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate					Den	- <b>D</b>			
WILLIAM LEWER	Be				From	g Period l/i/l	013 To 12/3	1/2013	
	-					1!			
To Whom Paid Friends of Bill LE	NEV.			MO.	DAY	YEAR	Amount 179	٨	
Mailing Address 41 M g TH 57				MO. DAY YEAR Amount 7,390  Description of Expenditure					
Cuy Los	Sta	e Z	ip Code (Plus 4)	+	1	<i>Z.</i>	\ -6 (iii )		
To Whom Paid	SA		8637 -1514	LOA	טד ע	TALEN	es of Bill L	t win	
WHOM Palo				MO.	DAY	YEAR	\$ Amount		
Mailing Address				Descrip	tion of Ex	penditure			
City	Stat	• Z	ip Code (Plus 4)						
o Whom Paid		<u> </u>	-			tin Statemen soner			
Mailing Address				MO.		YEAR	Amount \$		
Sity				Descrip	tion of Ex	penditure			
ity	Stat	Zi	p Code (Plus 4)						
o Whom Paid				MO:	DAY	YEAR	Amount		
ailing Address		<del></del>		Descript	tion of Ex		\$		
ity	Lean	1 =:		Jesu, , p.	TON OF EX	penal (ure			
	State	Zi	P Code (Plus 4)						
Whom Paid				MO.	DAY	YEAR	Amount		
ailing Address				Descript	ion of Exp	enditure	\$		
ty	State	Zic	Code (Plus 4)						
) Whom Paid			***		·				
				MO.	DAY	YEAR	•		
illing Address				Descripti	on of Exp	<u> </u> enditure	\$		
ly .	State	Zip	Code (Plus 4)						
Whom Paid			-	Section of the sectio					
iling Address				MO.		YEAR	Amount \$		
у				Description	on of Expe	enditure			
•	State	Zip	Code (Plus 4)						
Whom Paid		<u> </u>	_	No. 1	DAY	YE SR	Amount		
iling Address							\$		
,	l succession			Sescriptio	n of Expe	nditure			
	State	Zip	Code (Plus 4) —						
ton Onesid Trade ( 5							PAGE TOTAL		
ter Grand Total of Expenditures on	Page 1,	Repo	rt Cover Pa	ge, Ite	m D.		\$ 7.390.	•	