

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
Name:	<i>Friends of Bill Leiner</i>			
Address:	<i>41 N 8th St</i>			
City, State, Zip:	<i>Coplay PA 18037</i>			
Report Filed By				
Candidate		Committee	<i>X</i>	
Type of Report	<i>30 Day Post - Election</i>	Election Date	Amended	Termination
		<i>11/05/2013</i>		
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>11/25/2013</i>	
A. Amount Brought Forward From Last Report			<i>1,953.84</i>	
B. Total Monetary Contributions & Receipts (from Schedule I)			<i>805.00</i>	
C. Total Funds Available (Sum of Lines A & B)			<i>2,758.84</i>	
D. Total Expenditures (from Schedule III)			<i>2,410.03</i>	
E. Ending Cash Balance (Subtract Line D from Line C)			<i>348.81</i>	
F. Value of In-Kind Contributions Received (from Schedule II)			<i>7,390.00</i>	
G. Unpaid Debts & Obligations (from Schedule IV)			<i>(13,966.30)</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

FRIENDS OF BILL LEINER

Reporting Period

From 10/22/13 To 11/25/13

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period (1) \$ 55.-

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)

Contributions Received from Political Committees (Part A) \$ 150.-

All Other Contributions (Part B) \$ 200.-

TOTAL for the Reporting Period (2) \$

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)

Contributions Received from Political Committees (Part C) \$ 400.-

All Other Contributions (Part D) \$

TOTAL for the Reporting Period (3) \$

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

TOTAL for the Reporting Period (4) \$ 0

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.)

\$ 805.-

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.

Name of Filing Committee or Candidate <i>FRIENDS OF GILL LEINER</i>	Reporting Period From <i>10/22/13</i> To <i>11/25/13</i>
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				DATE			AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR				
<i>USWA Local 2599 PAC</i>	<i>11</i>	<i>07</i>	<i>2013</i>				<i>\$ 150.-</i>
Mailing Address <i>53 E. Lehigh Street</i>	MO.	DAY	YEAR				\$
City <i>Bethlehem</i>	MO.	DAY	YEAR				\$
State <i>PA</i>	Zip Code (Plus 4) <i>18018 -</i>						\$
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						\$
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						\$
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						\$
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						\$
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						\$
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						\$
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						\$
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL

\$ 150.-

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 <u>FRIENDS OF BILL LEINER</u>	Reporting Period From <u>10/22/13</u> To <u>11/25/13</u>
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Full Name of Contributor				DATE			AMOUNT
Mailing Address				MO.	DAY	YEAR	
City				MO.	DAY	YEAR	
State				MO.	DAY	YEAR	
Zip Code (Plus 4)				MO.	DAY	YEAR	
<u>JAMES SONG</u>				<u>11</u>	<u>10</u>	<u>2013</u>	\$ <u>200.-</u>
<u>435 RIDGE AVENUE</u>							\$
<u>ALLENSTOWN</u>							\$
<u>PA</u>							\$
<u>18101 -</u>							\$
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PART C

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate GILL LEINER FRIENDS OF GILL LEINER	Reporting Period From 10/22/13 To 11/25/13
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee COMMITTEE TO ELECT WESLEY BARNETT				10	25	2013	\$ 400.-
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
EMMAUS	PA	-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					

PAGE TOTAL

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

\$ 400.-

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRIENDS OF GIL LEINER	Reporting Period From 10/22/13 To 11/25/13
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To Whom Paid WELLS FARGO, INC.			MO.	DAY	YEAR	Amount
Mailing Address MAIN STREET			10	24	2013	\$ 148.50
City NORTHAMPTON	State PA	Zip Code (Plus 4) 18067 -	Description of Expenditure STAMPS - POSTAGE			
To Whom Paid STAGLES, INC.			MO.	DAY	YEAR	Amount
Mailing Address 2180 MACARTHUR RD.			10	25	2013	\$ 124.66
City Whitehall	State PA	Zip Code (Plus 4) 18052 -	Description of Expenditure FLYERS			
To Whom Paid TIMES NEWS, INC.			MO.	DAY	YEAR	Amount
Mailing Address WWW.TNONLINE.COM			10	25	2013	\$ 479.23
City	State	Zip Code (Plus 4) -	Description of Expenditure POLITICAL AD IN EAST OCNJ PRESS, AND TIMES NEWS			
To Whom Paid STAGLES, INC.			MO.	DAY	YEAR	Amount
Mailing Address 2180 MACARTHUR RD			10	30	2013	\$ 141.72
City Whitehall	State PA	Zip Code (Plus 4) 18052 -	Description of Expenditure POSTAGE STAMPS AND FLYERS			
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			11	9	2013	\$ 402.-
City	State	Zip Code (Plus 4) -	Description of Expenditure			
To Whom Paid STAGLES, INC.			MO.	DAY	YEAR	Amount
Mailing Address 2180 MACARTHUR RD			11	23	2013	\$ 19.70
City Whitehall	State PA	Zip Code (Plus 4) 18052 -	Description of Expenditure FLYERS			
To Whom Paid WILLIAM LEINER JR.			MO.	DAY	YEAR	Amount
Mailing Address 41 N. 8TH ST.			10	23	2013	\$ 1200.-
City COPLAY	State PA	Zip Code (Plus 4) 18037 -	Description of Expenditure PAYMENTS TOWARD CAMPAIGN DEBT			
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address						\$
City	State	Zip Code (Plus 4) -	Description of Expenditure			

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

PAGE TOTAL

\$ 2,410.03

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

Name of Filing Committee or Candidate <i>FRIENDS OF BILL LEINER</i>	Reporting Period From <i>10/22/13</i> To <i>11/25/13</i>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period (1) \$ */*

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the Reporting Period (2) \$ */*

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)

TOTAL for the Reporting Period (3) \$ *7,390.-*

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)

\$ *7,390.-*

PART G

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate

FRIENDS OF BILL LEINER

Reporting Period

From 10/22/13 To 11/20/13

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	
William LEINER JR				10	23	2013	\$ 3,940.-
Mailing Address				MO.	DAY	YEAR	
41 N. 8 TH STREET				10	28	2013	\$ 1,725.-
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
COGLAN	PA	18037-1574		10	31	2013	\$ 1,725.-
Employer of Contributor				Occupation			
NEW VITAS, INC.				Manager			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
16 S. MAIN ST. QUAKERTOWN, PA 18951				Purchase of Postcard Mailing			
Full Name of Contributor				MO.	DAY	YEAR	
							\$
Mailing Address				MO.	DAY	YEAR	
							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
		-					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	
							\$
Mailing Address				MO.	DAY	YEAR	
							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
		-					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	
							\$
Mailing Address				MO.	DAY	YEAR	
							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
		-					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	
							\$
Mailing Address				MO.	DAY	YEAR	
							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
		-					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL

\$ 7,390.-

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 <i>FRIENDS OF BILL LEINER</i>	Reporting Period From <i>10/22/13</i> To <i>11/25/13</i>
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Name of Creditor <i>William LEINER Jr.</i>				Outstanding Balance of Debt \$ <i>(13,966.30)</i>	
Mailing Address <i>41 N. 8TH STREET</i>		DATE DEBT INCURRED	MO. <i>10</i>	DAY <i>-</i>	YEAR <i>2013</i>
City <i>Cogton</i>		State <i>GA</i>	Zip Code (Plus 4) <i>18037-1514</i>		
Description of Debt <i>LOAN to FRIENDS of BILL LEINER</i>					

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
\$ *(13,966.30)*