	CAN	MPAIGN F	INANCE REP	PORT			
	Name and Ad	ddress of Fi	ling Candidate	or Com	mitte	e	
Name: Address: City, State, Z	Lip:	Friends of I 41 N 8 th St Coplay PA					
		Repo	rt Filed By				
Candidate			Committee			X	
Type of Repo	ort 30 Day Pos	t - Election	Election Date 11/05/2013	Amend	led	Termination	
Office Sought By Candidate Party Count				County	y		
Lehigh Count	y Commissioner	r Dist #1	D	Lehigh			
	Sumn	nary of Rec	eipts & Expend	litures			
From:	10/22/2013		To: 11/25/2013				
A. Amount B	rought Forwai	rd From Las	t Report	I	1,953.84		
B. Total Monetary Contributions & Receipts (from Schedule I)					805.00		
C. Total Fund	ds Available (S	um of Lines	A & B)		2,758.84		
D. Total Expe	enditures (fron	n Schedule I	II)	M	2,410.03		
E. Ending Ca	sh Balance (Su	btract Line	D from Line C)		348.8	31	
			ived (from Sched	lule II)	7,390	0.00	
G. Unpaid De	ebts & Obligati	ons (from So	chedule IV)		(13,9	66.30)	

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

PAGE 2 OF __ 9

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed S	iummary Page				
Name of Filing Committee or Candidate FRIENS OF BILL LEINER		Reporting Peri	vl	13 To 11/25	13
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS	\$50.00 OP LESS	PER CONT	DIDIII		
	ne Reporting Period		\$		
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PA	RT A AND PART	B)	The state of the s		
Contributions Received from Political Committees (P.	art A)		\$	150,-	
All Other Contributions (Part B)			\$	200	
TOTAL for the	ne Reporting Period	ı (2)	\$		
3. CONTRIBUTIONS OVER \$250.00 (FROM PART Contributions Received from Political Committees (P		The second se	\$	400	
All Other Contributions (Part D)			\$		
TOTAL for the	ne Reporting Period	i (3)	\$		
4. OTHER RECEIPTS - REFUNDS, INTEREST EARN	NED, RETURNED CI	HECKS, ETC	. (FR	OM PARTE	
TOTAL for the	ne Reporting Period	(4)	\$	0	
TOTAL MONETARY CONTRIBUTIONS AND RECEIP THIS REPORTING PERIOD (Add and enter amount to Boxes 1, 2, 3 and 4; also enter this amount on Page 1, 2, 3, and 4; also enter this amount on Page 2, 3, and 4; also enter this amount on Page 3, and 4; also enter this amount on Page 3, and 4; also enter this amount on Page 3, and 4; also enter this amount on Page 3, and 4; also enter this amount on Page 3, and 4; also enter this amount on Page 3, and 4, also enter this amount on Page 3, and 4, also enter this amount on Page 3, and 4, also enter this amount on Page 3, and 4, also enter this amount on Page 3, and 4, also enter this amount on Page 3, and 4, also enter this amount on Page 3, and 4, also enter this amount on Page 3, and 4, also enter this amount on Page 3, and 4, also enter this amount on Page 3, and 4, also enter this amount on Page 3, and 4, also enter this amount on Page 3, and 4, also enter this amount on Page 3, and 4, also enter this amount on Page 3, and 4, also enter this amount on Page 3, and 4, also enter this amount on Page 3, and 4, also enter this amount on Page 3, and 4, also enter this amount on Page 3, and 4, also enter this amount on Page 3, and 4, also enter this amount on Page 3, and 4, also enter this amount on Page 3, and 4, also enter this amount on Page 3, and 4, also enter this amount on Page 3, and 4, also enter this amount on Page 3, and also enter this amount of t	otals from		\$	805	

Cover Page, Item B.)

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 Freems of bu	L LÉINEN	•		Reporting From	Period OZZ	13 To 11/2/13
				DATE		AMOUNT
Full Name of Contributing Committee USWA Cocol 2599 Mailing Address 53 E. Whigh S	RAG		MO.	DAY	YEAR	\$ 150
Mailing Address	7		II	07	2013	\$ 100.
53 G. Whyh 5	Treci					\$
bethlehem	State	Zip Code (Plus 4) 8018 -	MO.	DAY	YEAR	
-	UN	18018 -				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	/
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_			<u></u>	\$
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	
			mo.	UAT	TEAR	\$
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	_
		-		<u></u>		\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_		1		\$
Enter Grand Total of Part A on	Schedule I	Detailed Summer	ry Page	Section	n 2	PAGE TOTAL
			, , e2e	, Jeono	·· •.	\$ 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	Reporting Period /
FRIENDS OF BILL LEINER	From 10/22/13 To 11/25/13

1/2:2:00 01 8:02		_		From	19/-	10
				DATE		AMOUNT
Full Name of Contributor PAMES SOAN Mailing Address 435 ROGE AVE	15		MO.	DAY	YEAR	
Mailing Address			11	10	20:3	
435 RIDGE AVE	ME		MO.	DAY	YEAR	s
City	State					
A LLENTOWN	RA	13101 -	MO.	DAY	YEAR	4
	10 /1	10 -1				\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address						
			MO.	DAY	YEAR	\$
City	1 64-4-	Zip Code (Plus 4)				*
S.,,	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
\		-				\$
Full Name of Contributor			MO.	DAY	YEAR	
Walliand						1 \$
Mailing Address			MO.	DAY	YEAR	s
6 :						
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	
		_] \$
Full Name of Contributor			MO.	DAY	YEAR	
The same of the sa						1 \$
Mailing Address			MO.	DAY	YEAR	
] \$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	\	√ -] \$ \
Full Name of Contributor			MO.	DAY	YEAR	
The second secon						1 s
Mailing Address			MO.	DAY	YEAR	
					7 7 11	1 \$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	1	_		DAI	TEAN	s ´
full Name of Contributor	4		MQ.			¥
and the second second				DAY:	YEAR	s
Mailing Address			MO.	DAY	YEAR	
			rai O1	UAT	TEMA	\$
City	State	Zip Code (Plus 4)	MÓ.	DAV	YEAR	
		_	mo.	UAI	TEAN	\$
ull Name of Contributor						7
**************************************			MO.	DAY	YEAR	\$ %
Mailing Address			+			-
			MO.	DAY	YEAR	\$
Sity	State	Zip Code (Plus 4)	 			
		=	MO.	DAY	YEAR	•
ull Name of Contributor		-	11			\$
an name of Contributor			MO.	DAY	YEAR	e 15
Mailing Address						\$
•			MO.	DAY	YEAR	\$
Sity	k Casas	T				9
•	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	
	<u> </u>					\$
						PAGE TOTAL

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

\$ 200,-

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		Reporting Period)	1 /
ETHER BE	FRIENCS OF BILL LEINER	From 10/22/13	To 11/25/13

			DA	TE	AMOUNT
Full Name of Contributing Committee	- 11 455/10	W KARATT		AY YEAR	
Full Name of Contributing Committee COMMITTEE TO ELECTOR	000312	7 GARRETT	10 2		\$ 100.
Mailing Address			MO. D	AY YEAR	\$
City	State	Zip Code (Plus 4)	MO. D	AY YEAR	
CMMAUS	PA	-			\$
Full Name of Contributing Committee			MO. D	AY YEAR	\$
Mailing Address			MO. D	AY YEAR	_
					\$
City	State	Zip Code (Plus 4) —	MO. D	AY YEAR	\$
Full Name of Contributing Committee			MO. 0	AY YEAR	^
-					\$
Mailing Address			MO. D	AY YEAR	\$
City	State	Zip Code (Plus 4)	MO. D	AY YEAR	
		-] \$
Full Name of Contributing Committee			MO. D	AY YEAR	\$
				***************************************	7
Mailing Address			MO. D	AY YEAR	\$
City	State	Zip Code (Plus 4)	MO. D	AY YEAR	
		_			\$
Full Name of Contributing Committee			MO. D	AY YEAR	\$
Mailing Address			MO. D	AY YEAR	
•				1,57,51	1 \$
City	State	Zip Code (Plus 4)	MO. D	AY YEAR	\$
		-			\$
Full Name of Contributing Committee			MO. D	AY YEAR	\$
Mailing Address			MO. D	AY YEAR	
•					\$
City	State	Zip Code (Plus 4)	MO. D	AY YEAR	\$
		-			7
Full Name of Contributing Committee	**************************************		MO. D	AY YEAR	\$
Mailing Address			MO. D	AY YEAR	6
	100-0-1	7:- 6-d- (8) 4)			\$
City	State	Zip Code (Plus 4) —	MO. D	AY YEAR	\$
Full Name of Contributing Committee			MØ. D	AY YEAR	\$
Mailing Address		Partie		AY YEAR	*
			MO. D	AY YEAR	\$
City	State	Zip Code (Plus 4)	MO. D	AY YEAR	\$
					PAGE TOTAL
					+ (/od

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 (CRICAN) OF BILLEING	n		R	eporting	Period	13 To 11/25/13
(Jecons of Gin Comme						
To Whom Paid WELLS FARGO, 2NC.			MO.	DAY 1,4	VEAR 2013	Amount 143.50
Mailing Address MAIN SI NET			Description	on of Expe	enditure	Postoje
City NorthAmpTON	State	Zip Code (Plus 4) 18067 —		(XIII)	<u> </u>	<i>3</i>
TO Whom Paid STPOLES, INC				25		Amount \$ 124.65
Mailing Address 21 Po MACARthur (w.			on of Expo イベルら	enditure	
City Whitehall		Zip Code (Plus 4) し名がー				
To Whom Paid TIMES NEWS, ZNC.			MO.	US DAY	YEAR Zil 3	Amount 479. 23
Mailing Address WWW-TNONLINE, COM			Col.	on of Expe	enditure Ad	in EAST GOWN
City	State	Zip Code (Plus 4) —				imes News
To Whom Paid STAPLES, 2NC.			MO.	30	YEAR	Amount
Mailing Address 2180 MACANthur	RJ		Descripti	on of Exp	enditure TA かんり	s brg
whitetall	State PA	Zip Code (Plus 4) 13652 -		60		
To Whom Paid			MO.	DAY	YEAR 2013	Amount 402.
Mailing Address			Descripti	on of Exp		
City	State	Zip Code (Plus 4) —				
To Whom Paid STAPLES, ENC.			MO.	DAY 23	YEAR 20.3	Amount 19,70
Mailing Address 2180 MACANTHUR A	しり		Descripti	on of Expe	enditure	
City Whitehall	State	Zip Code (Plus 4) / 800~ _	 			
To Whom Paid WILLIAM LEINEN BR. Mailing Address 41 N. 853 51.	اد د د د د د د د د د د د د د د د د د د		MO.	DAY 23	YEAR Zoi3	Amount 1200.—
Mailing Address 41 ル、8では 5丁・				on of Expo	enditure To U	راعمان
City COCLAY	State	Zip Code (Plus 4) 18037 —				16ht
To Whom Paid			MO.	DAY	YE AR	Amount \$
Mailing Address		/	Descriptí	on of Exp	enditur	
City	State	Zip Code (Plus 4)			/	
						PAGE TOTAL
Enter Grand Total of Expenditures on Pa	age 1, l	Report Cover P	age, ite	em D.		\$ 2,410,03

SCHEDULE II

AGE 7 OF 9

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	Reporting Per	riod /	12.1
FRIENDS OF BILL LEINER	From 10	11/13	To 11/25/13
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF	\$50.00 OR 1	LESS PE	R CONTRIBUTION
TOTAL for the Reporting Period	od (1)	\$	
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2	50.00 (FROM	A PART	3
TOTAL for the Reporting Period	od (2)	\$	
A IN VINE CONTRIBITION PECEIVED WATER OVER \$250.00 FE			
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FR	OM PARI	tion professional fields	
TOTAL for the Reporting Period	od (3)	\$ 7	.390
		Ť –	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2,		1. 1	390
and 3; also enter on Page 1, Report Cover Page, Item F.)			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate		Reporting F	eriod	1 .1.1.
FRIENDS OF BILL LE	INCh	From L	0/2/	113 TO 11/2/13
		DATE		AMOUNT
Full Name of Contributor William LEINER	2 Br		YEAR 20.3	\$ 3,940-
Mailing Address 41 N. 8 TH ST NEW				\$1,725
City COC LM	State Zip Code (Plus 4)			\$1,725,
Employer of Contributor NEW Vitor , Anc	1	000000000000000000000000000000000000000	nger	
Employer Mailing Address/Principal Place of Business	- CA 18951	Description of Contr	ribution	tooned Molings
Full Name of Contributor		MO. DAY		\$
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 Contr	ribution	
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	1	
Employer Mailing Address/Principal Place of Business		Description of Contr	ibution	
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 Contr	ibution	
Full Name of Contributor		MO. DAY	YEAR	\$
Mailing Address		MO. DAY	YEAR	\$
City	State Zip Code (Plus 4)		YEAR	\$
Employer of Contributor		Occupation		
Employer Mailing Address/Principal Place of Business		Description of Contri	ibution	
Enter Grand Total of Part G on Sched Summary Page, Section 3.	Jule II, In-Kind Contributi	ons Detailed		* 7, 390, -

DSEB-502 (7-99)

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			Papartin	- Parind	
Name of Filing Committee or Candidate (-) (CNOS OF BILL LEINER		,	From	10/11	413 To 11/25/13
			F (G.)	<u></u>	10
Name of Creditor William LEINER Br.					Outstanding Balance of Del
WILLIAM LEINER UN			-		Outstanding Balance of Deb \$ (13, 966, 30)
Mailing Address 41 N. 8 TY SINCET	DATE DEBT INCURRED	MO.	DAY	YEAR 2012	
	INCURRED	State	Zip Code	de (Plus 4),	
Coglos		SA	18037	7-1514	
City Coston Description of Debt LOANS to FRICALS of BILL Name of Creditor	1 EINER				F440 31 37 14 4400 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of Creditor					Polynome Affine Relance of Del
					Outstanding Balance of Deb
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	7in Cod	le (Plus 4)	1
		3.6	Zip CC.	2 (Plus	
Description of Debt		4			Lilian gama
			>		
Name of Creditor					Outstanding Balance of Deb
Mailing Address	DATE	MQ.	DAY	1 VEAR	<u>Ls</u>
	DEBT INCURRED		Un.	YEAR	+ \
City	11100	State	Zip Code	e (Plus 4)	4
Description of Debt				-	
Description of Debt	_			,	
Name of Creditor					Outstanding Balance of Deb
					S Salance of Deb
Mailing Address	DATE DEBT	MQ.	DAY	YEAR	
City	INCURRED	State	7in Code	e (Plus 4)	1
		131010	Zip coc.	(Pius 🛶	$\Gamma_{i,j} = \sum_{i \in I} \sum_{j \in I} \sum_{j \in I} \sum_{i \in I} \sum_{j \in I} \sum_{i \in I} \sum_{j \in I} \sum_{j$
Description of Debt					Line
The second					
Name of Creditor					Outstanding Balance of Deb
Mailing Address	DATE	MO.	DAY	YEAR	\$
City	DEBT INCURRED		## No.	<u> </u>	
Sitv					
		State	Zip Code	(Plus 4)	
Description of Debt		State	Zip Code	(Plus 4)	
Description of Debt		State	Zip Code	(Plus 4)	
		State	Zip Code	: (Plus 4) -	Outstanding Balance of Deb
Description of Debt			_	-	Outstanding Balance of Deb
Description of Debt Name of Creditor	DATE QEBT	State	Zip Code	YEAR	
Description of Debt Name of Creditor			_	YEAR	
Description of Debt Name of Creditor Mailing Address City	- DEBT	Mo.	DAY	YEAR	
Description of Debt Name of Creditor Mailing Address	- DEBT	Mo.	DAY	YEAR	
Description of Debt Name of Creditor Mailing Address City	- DEBT	Mo.	DAY	YEAR	\$
Description of Debt Name of Creditor Mailing Address City	DEBT INCURRED	State	Zip Code	YEAR	