	CAN	MPAIGN F	INANCE REP	ORT				
	Name and Ac	ldress of Fi	ling Candidate	or Com	mitte	е		
Name:		Committee 1	to Elect Percy Do	ugherty				
Address:		5726 Sandtrap Ln						
City, State, Z	ip:	Wescosville	-					
			rt Filed By	<del>,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>				
Candidate			Committee		X			
Type of Repo	rt 2 <sup>nd</sup> Friday P	re Election	<b>Election Date</b>	Amend	ed	Termination		
•	•		11/05/2013					
Office Sough	Office Sought By Candidate Party County				7			
Lehigh County Commissioner Dist #2 R Lehigh				Lehigh				
	Sumn	nary of Rec	eipts & Expend	litures				
From:	06/12/2013		<b>To:</b> 10/25/			2013		
A. Amount Brought Forward From Last Report					2,035.68			
B. Total Monetary Contributions & Receipts (from Schedule I)						3,103.82		
C. Total Funds Available (Sum of Lines A & B)						5,139.50		
D. Total Expenditures (from Schedule III)					1,65.	3.44		
E. Ending Ca	sh Balance (Su	ıbtract Line	D from Line C)		3,480	6.06		
F. Value of Ir	n-Kind Contrib	outions Rece	ived (from Sched	lule II)	0.00			
G. Unpaid De	ebts & Obligat	ions (from S	chedule IV)		(-3,4	(00.00)		

<sup>\*</sup>Complete reports including signatures are on file in the Office of Voter Registration.

#### SCHEDULE I

### CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Detailed Summary 1 250		
ame of Filing Committee or Candidate	Reporting Period	2/13 to 10/15/13
		INITOS
UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	S PER CONTR	IBUTUR
TOTAL for the Reporting Perio	d (1)	\$ 50.00
CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	B) 1	
Contributions Received from Political Committees (Part A)		\$ 250.00
All Other Contributions (Part B)		\$ 250.00 \$ 400.00
TOTAL for the Reporting Period	od (2)	\$ 650.00
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ 1653.44 \$ 750.00
All Other Contributions (Part D)		\$ 750.00
TOTAL for the Reporting Peri	od (3)	\$ 2403.44
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED	CHECKS, ETC	. (FROM PART E)
TOTAL for the Reporting Per		
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from		\$3103.82

Cover Page, Item B.)

PART A

PAGE 3 0F9

#### 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.

Gercey Daugherty		From 🗳	1/2/1	3 10/25/13
		DATE		AMOUNT
WILL Name of Contributing Committee	0	DAY 20	13	\$ 250,
Moderate of Contributing Committee  Scient Mallings Republican Committee  1935 Mellingh Del  State Zip Code (Plus 4)  Moderate Del  18002		DAY	YEAR	\$
Maringa State Zip Code (Plus 4) Mic	0.	DAY	YEAR	\$
Full Name of Contributing Committee Mi	<del>).</del>	DAY	YEAR	\$
Mailing Address MI	ō.	DAY	YEAR	\$
City State Zip Code (Plus 4) MI	o.	DAY	YEAR	\$
Full Name of Contributing Committee M	0.	DAY	YEAR	\$
Mailing Address M	0.	DAY	YEAR	\$
City State Zip Code (Plus 4) M	0.	DAY	YEAR	\$
Full Name of Contributing Committee	0.	DAY	YEAR	\$
Mailing Address M	0.	DAY	YEAR	\$
City State Zip Code (Plus 4) M	0.	DAY	YEAR	\$
Full Name of Contributing Committee	10.	DAY	YEAR	\$
Mailing Address N	10.	DAY	YEAR	\$
City State Zip Code (Plus 4) N	10.	DAY	YEAR	\$
Full Name of Contributing Committee	10.	DAY	YEAR	\$
Mailing Address N	10.	DAY	YEAR	\$
City State Zip Code (Plus 4)	10.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	AO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	AO.	DAY	YEAR	\$
Full Name of Contributing Committee	NO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
				\$ 250 al

#### 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	1	From C	/12/1	13 To 10/15/13
- Company		DATE		AMOUNT
Full Name of Contributing Committee Afaltitual alliance 10		DAY JJ	YEAR 13	\$ 500,00
Mailing Address MC		DAY	YEAR	\$
City State Zip Code (Plus 4) MC	0.	DAY	YEAR	\$
Full Name of Contributing Gommittee Actions Astron 10		DAY 30	YEAR / 3	\$ 500.00
Mailing Address Sent Commune alley Commutets Mc		DAY	YEAR	\$
Sethlehen State / Zip Code (Plus 4) Mi	0.	DAY	YEAR	\$
Full Name of Contributing Committee & MI Martin 16	2	DAY 30	YEAR 13	\$ 65344
Mailing Address MI 1524 Lenden Street		DAY	YEAR	\$
allentour Stape Zip Code (Plus 4) M.	10.	DAY	YEAR	\$
Full Name of Contributing Committee M	Ю.	DAY	YEAR	\$
	10.	DAY	YEAR	\$
City State Zip Code (Plus 4) M	tO.	DAY	YEAR	\$
Full Name of Contributing Committee	10.	DAY	YEAR	\$
Mailing Address M	10.	DAY	YEAR	\$
City State Zip Code (Plus 4) M	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	AO.	DAY	YEAR	\$
Mailing Address N	4O.	DAY	YEAR	\$
City State Zip Code (Plus 4) N	#O.	DAY	YEAR	\$
Full Name of Contributing Committee	WO.	DAY	YEAR	<del>-</del> \$
Mailing Address N	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	\$
Enter Grand Total of Part C on Schedule I, Detailed Summary Pa	age	. Section	on 3.	* 1653.44

#### PART B

PAGE 4 08 9

### 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	-		1	eporting I From (	Period	13 To 10/25/13
Lucy Dougherte	7				1191	
Full Name of Contributor 121			Mo. I	DATE	YEAR	AMOUNT
Dlake Marles			10	22	13	\$ 100, -
Mailing Address 1935 Mill Creek So	100	<b>A</b>	MO.	DAY	YEAR	\$
- Maeenau	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name Contributor	, , ,	1000	MC.	DAY	YEAR	
Lean Blow mul	7		10	93	/3	\$ 100
2432 Congress St			MC.	DAY	YEAR	\$
allentour	Sign 3	2 ip Code (Plys 4)	MC.	DAY	YEAR	\$
Full Name of Contributor			мо.	DAY	YEAR	\$ 1000 -
Margaret Herman	1		10	99	13	\$ 100.
JOZI Bashop 14	1.	·	MO.	DAY	YEAR	\$
City Ala	Stete	Zip Code (Pius 4)	MO.	DAY	YEAR	_
/ ellentown	M	18103				\$
Full Name of Contributor of Mark	. 31		MO.	DAY	YEAR 13	\$ 100 -
Mailing Addless	in	7	/() MC	<i>5</i> 0	/_O YEAR	-/00
13705 Horey Such	le 1	U.	MO.	DAY		\$
Beeklehun ;	PA	Zip Cade (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MC.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
					-	*
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	e
	-		and a second	<b></b>	4	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State		MO.	DAY	YEAR	s
				-	<del> </del>	7
Fuil Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	1.
		-				\$
						PAGE TOTAL
Enter Grand Total of Part B on Sche	dule l	, Detailed Summa	ry Page,	Section	on 2.	\$ 400 od

## ALL OTHER CONTRIBUTIONS

PAGE 6 OF 9

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			R	eporting From	Period ///2///	3 To 14/25/13
Peley Paughity				DATE		AMOUNT
Full Name of Contributor Mark Wandl			MO.	DAY	YEAR 13	\$ 750.00
Mailing Address 1914 Deell Carril			MO.	DAY	YEAR	\$
allentour	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name Unullen Bank			Occupan	* !lSie	end	1
Employer Mailing Address/Pringipal Place of Business Jelegnier Stut, alluste	in	DA		-		
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>		Occupati	on	<del>*************************************</del>	
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	<del></del>		Occupati	on .	<u> </u>	
Employer Mailing Address/Principal Place of Business	7.774 d viscosius versionales					·
Full Name of Contributor			MO.	DAY	YEAR	_
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)				\$
			MO.	DAY	YEAR	\$
Employer Name			Occupati	on		
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>		Occupati	On .	<u></u>	
Employer Mailing Address/Principal Place of Business						
Enter Grand Total of Port D on Sales	dula I	Detailed Co	n	0. 2	_	PAGE TOTAL
Enter Grand Total of Part D on Schee	uuie I,	petalled Summar	y Page,	Section	n 3.	2000

DSEB-502 (7-99)

PART E

PAGE 7 09 9

#### OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Lucy Douglis	1.7			rioin <u>Q</u>		13 to 10/75
ull Name Conduster Box	uke.					
P.O. Box 204	05			***************************************		
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#### SCHEDULE III

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				eporting		
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				-		
To Whom Paid 120 A OD A			MO.	DAY	YEAR	Amount
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City All 4	State	Zip Code (Plus 4)	1 //	77	<u> </u>	
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allentor.	State	Zip Code (Pius 4)				
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			0000	JII W. L.,.	3110112.	
City	State	Zip Code (Plus 4)		<u> </u>		
		_				
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			<u> </u>			TRACE TOTAL
Enter Grand Total of Expenditures on Pa	age 1,	Report Cover P	age, Ite	em D.		* 1653,44

# STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Mailing Address  DATE DATE DATE STAND DAY YEAR  STAND DAY YEAR STAND DAY YEAR  DATE DATE DATE DATE DATE DATE DATE DATE	Name of Filing Committee or Candidate			Reportin	g Period	<i>i i i</i>
Name of Creditor  Name of Cred	Pelay fact heits			From	6/12	2/13 to 10/25/13
Mailing Address  Mailing Address  Secretary for the secretary for	Numerical State of the State of			1		
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Incurred	Mailing Address		MO.	DAY	YEAR	<b>\$</b> 3000 =
DATE MO. DAY VEAR STORY STATE OF CONTROL OF	City Court awareey sun		State	Zip Cod		
Name of Creditor  Name of Cred	Description of Dest		PH	180		
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DATE DEBT INCURRED  State Zip Code (Pius 4)  esscription of Debt  DATE DEBT INCURRED  Outstanding Balance of Debt  \$  DATE DEBT INCURRED  State Zip Code (Pius 4)  State Zip Code (Pius 4)  PAGE TOTAL	ailing Address					
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nter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Itam G	scription of Dept			***************************************		
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