| CA                                    | MPAIGN I      | FINANCE REF                                      | PORT     |       |             |
|---------------------------------------|---------------|--|----------|-------|-------------|
| Name and A                            | Address of Fi | iling Candidate                                  | or Com   | mitte | e           |
| Name: Address: City, State, Zip:      |               | Wild for County<br>dar Crest Blvd Su<br>PA 18104 |          | ioner |             |
|                                       |               | ort Filed By                                     | ·····    |       |             |
| Candidate                             |               | Committee  |          |       | X           |
| Type of Report 2 <sup>nd</sup> Friday | Pre Election  | Election Date 11/05/2013                         | Amend    | led   | Termination |
| Office Sought By Candida              | ıte           | Party  | County   | 7     |             |
| Lehigh County Commission              | er Dist #2    | D  | Lehigh   |       |             |
| Sun                                   | mary of Rec   | eipts & Expend                                   | litures  |       |             |
| From: 06/11/2013                      |               | To:  | 10/21/2  | 013   |             |
| A. Amount Brought Forw                | ard From Las  | st Report  | L        | 10,4  | 11.37       |
| B. Total Monetary Contri              | butions & Red | ceipts (from Sche                                | dule I)  | 6,46  | 8.80        |
| C. Total Funds Available              | Sum of Lines  | A & B)   |          | 16,88 | 80.17       |
| D. Total Expenditures (fro            | m Schedule I  | II)  |          | 12,1  | 11.20       |
| E. Ending Cash Balance (S             | Subtract Line | D from Line C)                                   |          | 4,768 | 3.97        |
| F. Value of In-Kind Contr             | ibutions Rece | ived (from Sched                                 | lule II) | 0.00  |             |
| G. Unpaid Debts & Obliga              | tions (from S | chedule IV)                                      |          | (3,62 | 7.12)       |

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

## PAGE 2 OF 14

### SCHEDULE I

## **CONTRIBUTIONS AND RECEIPTS**

**Detailed Summary Page** 

| Name of Filing |      |      |     |        |               | Reporting |         |             |
|----------------|------|------|-----|--------|---------------|-----------|---------|-------------|
| SUSAN          | EUIS | WILD | FOR | COUNTY | CO MMISSIONER | From _    | 6/11/13 | To 10/21/13 |
|                |      |      |     | 7      |               |           |         |             |

| 1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50,00 OR LESS PE | R CONT | RIBL | TOR    |
|---|--------|------|--------|
| TOTAL for the Reporting Period                                | (1)    | \$   | 880.00 |

| 2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B) | TODA          |
|---|---------------|
| Contributions Received from Political Committees (Part A)     | \$<br>500,00  |
| All Other Contributions (Part B)                              | \$<br>2450.00 |
| TOTAL for the Reporting Period (2)                            | \$<br>2950.00 |

| 3. CONTRIBUTIONS OVER \$250,00 (FROM PART C AND PART D)   |               |
|---|---------------|
| Contributions Received from Political Committees (Part C) | \$<br>500.00  |
| All Other Contributions (Part D)                          | \$<br>2000.00 |
| TOTAL for the Reporting Period (3)                        | \$<br>2500.00 |

| 4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ET | C. (FROM PA | GT STEEL |
|---|-------------|----------|
| TOTAL for the Reporting Period (4)                                | \$          | 138.80   |

| Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report  Cover Page, Item B.) | \$ 6468.80 |  |
|---|------------|--|
|---|------------|--|

### SCHEDULE II

PAGE 3 OF 14

## 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 | ind     |               |
|--|---------------|---------|---------------|
|  | From 6        | , ,     | To 10/2/13    |
| SUSAN ELLIS WILD FOR COUNTY COMMISSIONER   | From          | בויןיין | 10 /0/4/13    |
|  |               |         |               |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S  | \$50.00 OR I  | ESS PE  | R GONTRIBUTOR |
| TOTAL for the Reporting Period   | d (1)         | \$      | -0 -          |
|  |               |         |               |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$20   | 50.00 (FRON   | I PART  | H.            |
| TOTAL for the Reporting Period   | d (2)         | \$      | -0-           |
|  |               |         |               |
| 3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO  | M PART G      | )       |               |
| TOTAL for the Reporting Period   | d (3)         | \$      | -0-           |
|  |               |         |               |
| 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.) |               | \$      | -0-           |

### SCHEDULE III

## STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate                                 | Reporting Period  |
|---|---|
| SUSAN ELLZS WOLD FOR COUNTY COMMISSIONS                               | ER From 6/11/13 To 10/21/13                                       |
|   |   |
| TO WHOM PAID  LEHIGH VALLEY LABOR COUNCEL                             | MO DAY YEAR Amount \$ 90.00                                       |
| Mailing Address /   | Description of Expenditure  |
| PO BOX 20226  | GOLD TOURNAMENT SPENSORSHIP                                       |
| LEATEN VALLY State Zip Code (Plus 4) PA 18002                         |   |
| To Whom Paid  | MO. DAY YEAR Amount   |
| JEWISH FEDERATION OF THE LEHZIN VALLEY Mailing Address                | 8 16 13 \$ 473.00  Description of Expenditure                     |
| 702 N 22 NO ST  | Description of Expenditure  |
| ALLENTOWN State Zip Code (Plus 4) ALLENTOWN /A 18/04                  |   |
| To Whom Paid  | MO. DAY YEAR Amount   |
| FLECK CONSULTING INC  | Description of Expenditure  |
|   |   |
| /322 HAM3470N ST  City   State   Zip Code (Plus 4)                    | CAMPAZGN CONSULTZNG   |
| ALLENTOUN PA 18102 -  |   |
| To Whom Paid  | MO: DAY YEAR Amount   |
| PAY DAC<br>Mailing Address  | 8 23 /3 \$ 3.20  Description of Expenditure                       |
| 2211 N. FIRST ST.   | PEES  |
| City State Zip Code (Plus 4)  | 1   |
| SAN JOSE CA 95/31-  |   |
| To Whom Paid  JEWISH FEDERATION OF THE LEHIGH VALLEY  Mailing Address | MO. DAY YEAR Amount 9 20 13 \$ 473.00  Description of Expenditure |
| 702 N. 22Nd ST.   | Description of Expenditure  HAKOL ADVERT251N4                     |
| AUGNTOWN State Zip Code (Plus 4) PA 18104                             | 1/1/-   |
| To Whom Brid  | MO. DAY YEAR Amount   |
| Mailing Address   | 6 14 13 \$ 1.75  Description of Expenditure                       |
| 2211 N. FZRST ST.   | Description of Expenditure  |
| SAN JOSE State Zip Code (Plus 4)  CA 95131-                           |   |
| To Whom Paid  | Mo. DAY YEAR Amount   |
| Mailing Address 2 0 ( ) TO TO TO TO                                   | 9 23 13 \$ 625.00  Description of Expenditure                     |
| 27.41 BROOKSIDE RD.   | FUNDRAZSZNG EVENT   |
| MACUNGIE PA 18062   |   |
| To Whom Paid KEUY BAUER   | MG. DAY YEAR Amount 9 23 13 \$ 10.60                              |
| Mailing Address Howel Town RD   | Reimbursement for Bollooms  |
| CATASAUQUA PA 18032   | FOR FUNDRAISING EVENT   |
|   | PAGE TOTAL  |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page        |   |

#### SCHEDULE III

## STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate                       | Reporting Period                                  |
|---|---|
| SUSAN EUSS WILD FOR COUNTY COMMISSION                       | VER From 6/11/13 To 10/21/13                      |
|   |   |
| To Whom Paid  | MO. DAY YEAR Amount 9 14 (3 \$ .30,00             |
| FACEBOOK JUC<br>Mailing Address                             | Description of Expenditure                        |
| 2145 HAMPLIAN AUF   | FACEBOOK FEES                                     |
| State Zip Code (Plus 4)  State Zip Code (Plus 4)  CA 9.5725 | 1   |
| Ta Whom Daid  | MO. BAY YEAR Amount                               |
| To Whom Paid FACE BOOK JNC Mailing Address                  | 9 20 13 \$ 27.69                                  |
|   | Description of Expenditure  CACE BOOK FEES        |
| City Ham IVON AVE State Zip Code (Pius 4)                   | -AUE DOUK TEED                                    |
| SAN JOSE CA 9.725   |   |
| To Whom Paid  | MO. DAY YEAR Amount \$ 1.75                       |
| Mailing Address   | Description of Expenditure                        |
| 22/1 N FZR57 57   | PAYPAL FEES                                       |
| SAN JOSE State Zip Code (Plus 4)  CA 953/-                  |   |
|   | MO. DAY YEAR Amount                               |
| To Wholf Paid PAC   | MU. DAY TEAN  9 22 /3  Description of Expenditure |
| Mailing Address WII N FILST ST.                             | Paypa FEES  |
| City State Zip Code (Plus 4)                                | 1 wyphic law                                      |
|   |   |
| To Whom Paid FACEBOOK INC                                   | Mg. DAY YEAR Amount 9 2 4 13 \$ 6.99              |
| Mailing Address   | Description of Expenditure                        |
| 2/45 HAMUTON AVE  City State Zip Code (Plus 4)              | FACEBOOK FEES                                     |
| SAN JOSE CA 95/25   |   |
| To Whom Paid  | Mo. DAY YEAR Amount                               |
| TACEBOOK INC  | g 27 13 \$ 72.37  Description of Expenditure      |
| 2145 HAMILTON AUE   | FACE BOOK FEES                                    |
| City / State   Zip Code (Plus 4)                            | 111111111111111111111111111111111111111           |
| SAN JOSE CA 95124   | Mo. DAY YEAR Amount                               |
| To Whom Paid  FLECK CONSULTING INC                          | MO: DAY YEAR Amount \$500.00                      |
| a maning wood cas   | Description of Expenditure                        |
| City /Ami/ton ST. State Zip Code (Plus 4)                   | CONSULTING DIRECT MAIL ADVENTISIE                 |
| Allentown PA 18102  |   |
| To Whom Paid  | Mg. DAY YENR Amount                               |
| Mailing Address   | 9 29 13 \$ /075  Description of Ekpenditure       |
| 2211 N. FJRS 7. 57.   | DAYPAC FEES                                       |
| City State Zip Code (Plus 4)                                |   |
| SAN JOSE CA 95/31-  | PAGE TOTAL  |
| Enter Grand Total of Expenditures on Page 1, Report Cover P |   |
| Cilial Algun Loral of Evbountaine on 1 220 it trobots cover | 4 8 6 4 V. JU                                     |

#### SCHEDULE III

## STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate                            | Reporting Period   |
|--|--|
| SUSANGUIS WILD FOR COUNTY COMMISSION                             | UFR From 6/11/13 To 10/21/13                                     |
|  |  |
| To Whom Boid WAWOR   | MO. DAY YEAR Amount /.32   |
| Mailing Address 2211 N. FZR57 ST                                 | Description of Expenditure  PAYPAL FEES                          |
| SAN JOSE State Zip Code (Plus 4) CA 957/31                       | F 17 77 10 1 203   |
| To Whom Paid   | MO. DAY YEAR Amount  |
| Mailing Address ( )  | Description of Expenditure                                       |
| Mailing Address ( ) FZRS7 ST.  City State Zip Code (Plus 4)      | PAYPAC FEES  |
| JAN TOSE CA 95/31  |  |
| Mailing Address  | MO DAY YEAR Amount  //O 9 /3 \$ 3.20  Description of Expenditure |
| 2211 N F2R57 ST  | PAYPAL FEES  |
| SAN JOSE CA 95/31 -  | / /  |
| To Whom Paid PHYSICAL CRAFFI TEES Mailing Address                | MO. DAY YEAR Amount /0 // /3 \$ 282.00                           |
| Mailing Address  1951 W. TILGHMAN ST.                            | Description of Expenditure                                       |
| State Zip Code (Plus 4)  | CAMPAZEN T-SHIRTS  |
| TO WHOM POINT  |  |
| PAYPAC<br>Mailing Address  | MO: DAY YEAR Amount \$ 3.20                                      |
| 2211 N. FLRST 37.  | Description of Expenditure  AYPAL FEES                           |
| SAN JOSE State Zip Code (Plus 4) CA 95/3/-                       |  |
| To Whom Paid AYPAL   | MO. DAY YEAR Amount  /0 /3 /3 \$ /.75                            |
| Meiling Address 12211 N. FUST ST.                                | Description of Expenditure                                       |
| City State Zip Code (Plus 4)                                     | PAYPAL FEES  |
| 5AN JOSE VA 95/3/-   | MO. DAY YEAR Amount  |
| Mailing Address  | Description of Expenditure                                       |
| City State Zip Code (Plus 4)                                     |  |
| To Whom Paid   |  |
| Mailing Address  | MO. DAY YEAR Amount  |
|  | Description of Expenditure                                       |
| City State Zip Code (Plus 4)                                     |  |
| Enter Grand Total of Evannelitures on Burnet                     | PAGE TOTAL   |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page 1 | s 292.35   |

# 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  |  |                              | orting Period  | , _ ,   |  |
|--|--|------------------------------|--|---|--|
| GUSAN EUZS WILD FOR COUNTY   | COMMISSION                             | ER Fr                        | om <b>6/11</b>   | 13 TO 10/21/                                  | 13   |
| Name of Creditor   |  |                              |  | A Halance                                     | Cobt   |
| SUSAN EULS WILD  |  |                              |  | Outstanding Balance \$ 3627                   |  |
| SUSAN EULS WILD  Mailing Address  1386 DOE TRAIL RD.   | DATE<br>DEBT<br>INCURRED               | MO.                          | DAY YEAR   |   |  |
| City Aug To  | INCURRED                               | State Zip                    | Code (Plus 4)  |   |  |
| ALLENTOWN Description of Debt  |  | PA 12                        | 8104   |   |  |
| Description of Debt  |  |                              | •  |   | Trong.   |
| Name of Creditor   |  |                              |  | Outstanding Balance                           | of Debt  |
| Mailing Address  | DATE                                   | Mo.                          | DAY YEAR   | \$  |  |
|  | DEBT<br>INCURRED                       |                              |  |   |  |
| City   |  | State Zip                    | Code (Plus 4)  |   |  |
| Description of Debt  |  |                              |  |   |  |
|  |  | <u></u>                      |  |   |  |
| Name of Creditor   |  |                              |  | Outstanding Balance                           | of Debt  |
| Mailing Address  | DATE                                   | MD.                          | DAY YEAR   | ]   | ***  |
| City   | DEBT<br>INCURRED                       |                              |  |   |  |
|  |  | State Zip                    | Code (Plus 4)  |   |  |
| Description of Debt  |  |                              | ***************************************                    |   | A. A. A. A. S. |
|  |  |                              |  |   |  |
| Name of Creditor   |  |                              |  | Orifetanding Balance                          | ∼t Nebt  |
|  |  |                              |  | Outstanding Balance                           | of Debt  |
| Name of Creditor  Mailing Address  | DATE<br>DEBT                           | MO.                          | DAY YEAR   |   | of Debt  |
|  |  |                              | DAY YEAR   |   | of Debt  |
| Mailing Address City   | DEBT                                   |                              |  |   | of Debt  |
| Mailing Address  | DEBT                                   |                              |  |   | of Debt  |
| Mailing Address City   | DEBT                                   |                              |  | \$ Outstanding Balance                        |  |
| Mailing Address  City  Description of Debt   | DEBT<br>INCURRED                       | State Zip                    |  | <b>\$</b>                                     |  |
| Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  | DEBT<br>INCURRED                       | State Zip                    | Code (Plus 4)  | \$ Outstanding Balance                        |  |
| Mailing Address  City  Description of Debt  Name of Creditor   | DEBT<br>INCURRED  DATE DEBT            | State Zip                    | Code (Plus 4)  | \$ Outstanding Balance                        |  |
| Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  | DEBT<br>INCURRED  DATE DEBT            | State Zip                    | Code (Plus 4)  | \$ Outstanding Balance                        |  |
| Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  | DEBT<br>INCURRED  DATE DEBT            | State Zip                    | Code (Plus 4)  | Outstanding Balance                           | of Debt  |
| Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt   | DEBT<br>INCURRED  DATE DEBT            | State Zip                    | Code (Plus 4)  | \$ Outstanding Balance                        | of Debt  |
| Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt   | DEBT<br>INCURRED  DATE DEBT            | State Zip  MO. Zip           | Code (Plus 4)  | Outstanding Balance  Outstanding Balance      | of Debt  |
| Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt   | DEBT<br>INCURRED  DATE DEBT INCURRED   | State Zip  MO. Zip           | DAY YEAR Code (Plus 4)                                     | Outstanding Balance  Outstanding Balance      | of Debt  |
| Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  City  Mailing Address | DATE DEBT INCURRED                     | State Zip  MO. Zip           | DAY YEAR   | Outstanding Balance  Outstanding Balance      | of Debt  |
| Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address                              | DATE DEBT INCURRED                     | State Zip  MO. Zip           | DAY YEAR   | Outstanding Balance  Outstanding Balance      | of Debt  |
| Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  City  Mailing Address | DATE DEBT INCURRED                     | State Zip  MO. Zip           | DAY YEAR   | Outstanding Balance \$ Outstanding Balance \$ | of Debt  |
| Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  City  Mailing Address | DATE DEBT INCURRED  DATE DEBT INCURRED | State Zip  MO Zip  State Zip | Code (Plus 4)  Code (Plus 4)  Code (Plus 4)  Code (Plus 4) | Outstanding Balance  Outstanding Balance      | of Debt  |

#### 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 |         |  |            | porting  |         | 12 = 10/2.1/2  |
|---------------------------------------|---------|--|------------|----------|---------|----------------|
| SUSAN ELLIS WILD FOR G                | DUNTY   | COMMISSION                             | ER         | From     | 6/11/   | 13 To 10/21/13 |
|                                       | 1       |  |            | DATE     |         | AMOUNT         |
| Full Name of Contributing Committee   |         |  | MO. 8      | DAY<br>G | YEAR /3 | \$ 250,00      |
| CITIZENS FOR JOHN MOI                 | REANE   | :44                                    | MO.        | DAY      | YEAR    |                |
| 835 BARNSDALE RD                      |         |  |            |          |         | \$             |
|                                       | State   | Zip Code (Plus 4)                      | MO.        | DAY      | YEAR    |                |
| BETHLEHEM                             | PA      | 18017-                                 |            |          |         | \$             |
| Full Name of Contributing Committee   | ~ -     |  | MO.        | / 8      | YEAR    | \$ 250.00      |
| FILENDS OF KEVIN Mailing Address      | DE      | ely                                    | / <i>Q</i> | DAY      | YEAR    |                |
| 5842 MAZN ST FLOOR CENTER VALLEY      | 2       |  |            |          |         | \$             |
| City                                  | State   | Zip Code (Plus 4)                      | MO.        | DAY      | YEAR    |                |
|                                       | MA      | 18034-                                 |            |          |         | \$             |
| 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    | <b>Y</b>       |
| Maring Madress                        |         |  | 100        | <i>-</i> |         | \$             |
| City                                  | State   | Zip Code (Plus 4)                      | MQ.        | DAY      | YEAR    |                |
|                                       |         |  |            |          |         | \$             |
| Full Name of Contributing Committee   |         |  | MO.        | DAY      | YEAR    | \$             |
| Mailing Address                       |         |  |            |          |         | *              |
| Mailing Address                       |         |  | мо.        | DAY      | YEAR    | \$             |
| City                                  | State   | Zip Code (Plus 4)                      | MO.        | DAY      | YEAR    |                |
|                                       |         |  |            |          |         | \$             |
| Full Name of Contributing Committee   |         |  | MO,        | DAY      | YEAR    | \$             |
| Mailing Address                       | ····    |  |            | DAY      | YEAR    | 7              |
| meinid ungross                        |         |  | MO.        | UAI      | 1       | \$             |
| City                                  | State   | Zip Code (Plus 4)                      | MO.        | DAY      | YEAR    |                |
|                                       |         |  |            |          |         | \$             |
| Full Name of Contributing Committee   |         |  | MO.        | DAY      | YEAR    | \$             |
| \$6.:Una Addraga                      |         |  |            |          | V       |                |
| 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    |                |
| metroig Address                       |         |  |            | <u> </u> |         | \$             |
| City                                  | State   | Zip Code (Plus 4)                      | MO.        | DAY      | YEAR    |                |
|                                       |         |  |            |          |         | \$             |
|                                       |         |  |            |          |         | PAGE TOTAL     |
| Enter Grand Total of Part A on Scho   | edule i | , Detailed Summa                       | ry Page,   | Section  | on 2.   | \$ 500.00      |
|                                       |         |  |            |          |         |                |

# 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        | 2 - 1./21/19  |
|---|-------------------------|---------------|
| SUSAN ELLIS WILD FOR COUNTY COMMISSE                                  | M213                    | 3 To /0/21/13 |
| Full Name of Contributor  | DATE DAY YEAR           | AMOUNT        |
| NARC & JUDITH DIAMONDSTEIN  | 6 14 13                 | \$ 100.00     |
| Mailing Address   | MO. DAY YEAR            | \$            |
| City / State   Zip Code (Plus 4)                                      | MO. DAY YEAR            |               |
| Allentown PA 18104-   |                         | \$            |
| Full Name of Contributor  ROBERT GORDON  Mailing Address              | 6 14 13                 | \$ 150.00     |
| Mailing Address   | MO. DAY YEAR            | \$            |
| City Suffe 325  | MO. PAY YEAR            | 7             |
| City Allentown PA 18103-  |                         | \$            |
|   | MO DAY YEAR             | \$ (00.00)    |
| CLYDE OGILVY BARTEL  Mailing Address                                  | 6 14 13                 | /00,00        |
| 609 HAMJLTON ST.  |                         | \$            |
| City ALLENTOWN State Zip Code (Plus 4)                                | MO. DAY YEAR            | \$            |
|   | MO DAY YEAR             |               |
| Full Name of Contributor  ELJZABETH - MICHAEL GRAVER  Mailing Address | 6 14 13<br>MO. DAY YEAR | \$ /00.00     |
| 2908 MEADOWBROOK (IRCLE N.  City A. State Zip Code (Plus 4)           |                         | \$            |
| City ALLENTOWN PA 18103 -   | MO. DAY. YEAR           | \$            |
|   | MO. DAY YEAR            |               |
| Full Name of Contributor  LINDA SHAY GARDNER  Mailing Address         | b 14 13                 | \$ 100.00     |
|   | MO. DAY YEAR            | \$            |
| 381 BJERY'S BRIDGE RD.  City State Zip Code (Plus 4)                  | MO. DAY YEAR            | _             |
| 3 ethlehem PA 18017-  |                         | \$            |
| Full Name of Contributor SCOTT WILLIAM Mailing Address                | 6 21 13                 | \$ 100.00     |
|   | MO DAY YEAR             | \$            |
| 2 HIU HOLLOW ROAD  City   State   Zip Code (Plus 4)                   | MO. DAY YEAR            |               |
| MILFORD NJ 08848-   |                         | \$            |
| Full Name of Contributor  | MO. DAY YEAR            | \$ 10000      |
| Mailing Address   | 8 23 /3<br>MO DAY YEAR  | 700.00        |
| 4435 CANTERBURRY DRIVE  |                         | \$            |
| EMMAUS  State Zip Code (Plus 4)  18049                                | MO. DAY YEAR            | \$            |
| Full Name of Contributor 1  | MO. DAY YEAR            |               |
| Mailing Address DIANE SNYDER  | 9 20 /3<br>Mb. DAY YEAR | \$ 100.00     |
| 135 N. MAIN ST  | MO. DAY YEAR            | \$            |
| ALLENTOWN State Zip Code (Plus 4)                                     | MO. DAY YEAR            | \$            |
| 1100010WN 1717 1 1 104 -  |                         | PAGE TOTAL    |
| Enter Grand Total of Part B on Schedule I, Detailed Summary           | / Page, Section 2       | \$ 850.00     |
| , Dames   |                         | 050.00        |

## PART B

## **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   |                  |
|---|--|------------------|
| SUSAN FULLS WILD FOR COUNTY COMMISSIO                       | NER From 6/11/13   | 3_ To 10/21/13   |
|   | DATE   | AMOUNT           |
| Full Name of Contributor                                    | MO. DAY YEAR   | \$ 10000         |
| MAYWELL DAVISON Mailing Address                             | 9 27 13  | 100.00           |
| 2335 FOX MEADOW DR State   Zip Code (Plus 4)                |  | ] \$             |
| ALENTOWN State Zip Code (Plus 4)                            | MO. DAY YEAR   | \$               |
| Full Name of Contributor                                    | MO. DAY YEAR   |                  |
| MARTIN D. COHEN   | 9 27 13  | \$ 250,00        |
|   | MQ. DAY YEAR   | s                |
| City / State   Zip Code (Plus 4)                            | MO. DAY YEAR   |                  |
| DETHLEHEM PA 18020 -  |  | \$               |
| Full Name of C joutor  KAREN EL-CHAAR  Mailing Address      | MO. DAY YEAR   | \$ 25000         |
| Mailing Address   | 9 27 13  | 230,00           |
| 824 W. WALNUT ST. SUITE 2  City State Zip Code (Plus 4)     | Record Committee Control of the Cont | \$               |
| City State Zip Code (Plus 4)                                | MO. DAY YEAR   |                  |
| AUENTOWN PA (8/02-  | MO DAY YEAR  | \$               |
| BRUCE & DEBRA KAPLAN  Mailing Address                       | 9 27 13  | \$ (00.00)       |
|   | MO. DAY YEAR   | \$               |
| L986 FERLWANKLE CT. State Zip Code (Plus 4)                 | MO. DAY. YEAR  | <u> </u>         |
| MACUNGIE PA 18062-  |  | \$               |
| Full Name of Contributor                                    | MO. DAY YEAR   | \$ 15000         |
| GLADYS - DALE WILES Mailing Address                         | 9 27 13<br>MO DAY YEAR   | \$ <i>/50.00</i> |
| 1/23 N. VAN BUREN ST.                                       |  | \$               |
| State Zip Code (Plus 4)                                     | MO. DAY YEAR   | <u>.</u>         |
| ALLENTOWN PA 18/09 -  |  | \$               |
| SARAH KEVIN LEWIS   | 0 4 L3   | \$ 100.00        |
|   | MO. DAY YEAR   | \$               |
| 1592 PINEWIND DR.   Siete   Zip Code (Flus 4)               | MO. DAY YEAR   | <u> </u>         |
| ALBUR 725 Stete Zip Code (Plus 4) ABUR 725 ABUR 725         |  | \$               |
| Full Name of Contributor                                    | MO AND MODAY - SYEAR   | <b>&amp;</b>     |
| Mailing Address  ZOLOTSKY                                   | MO DAY YEAR  | \$ /00.00        |
| 5627 HOLJDAY DR.  | CHARLES OF STREET CONTROL OF S | \$               |
| City State Zip Code (Plus 4)                                | MO. DAY YEAR   | _                |
| Full Name of Contributor                                    |  | \$               |
| SALLY AND SITER-RUAN  | MO. DAY YEAR  10 18 13   | \$ 250.00        |
| Mailing Address   | MO. DAY YEAR   | \$               |
| 5540 DAJSY LANE  City   State   Zip Code (Plus 4)           | MO. DAY YEAR   | *                |
| COOPERSBURG State Zip Code (Plus 4) PA 18036-               | IIIO.  | \$               |
| <b>V</b>  |  | PAGE TOTAL       |
| Enter Grand Total of Part B on Schedule I, Detailed Summary | Page, Section 2.   | \$ 1300.00       |
| DSEB-502 (7-99)   |  | 2000             |

# 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 of Candidate                            |          |                               | , 1    | ricporting | 11.1                                    | 12 - 10/2.1.2    |
|--|----------|-------------------------------|--------|------------|---|------------------|
| SUSAN EU16 WILD FOR CO   | DUNTY (  | COMMISSIONER                  | 2      | From       | 1/1/0                                   | 13 To 10/21/13   |
|  |          |                               |        | DATE       | , | AMOUNT           |
| Full Name of Contributor    BERT M.   CNAUER     Mailing Address | p        |                               | MO.    | 18         | YEAR<br>/3                              | \$ 200,00        |
| Mailing Address 2829 LIBERTY ST                                  |          |                               | MIO.   | DAY        | YEAR                                    | \$               |
| 2829 LIBERTY ST. ALLENTOWN                                       | State    | Zip Code (Plus 4)<br>  8/04 - | MO.    | DAY        | YEAR                                    | \$               |
| Full Name of Contributor  VAN THOMAS  Mailing Address            |          |                               | MO.    | DAY //     | YEAR                                    | \$ /00.00        |
| Mailing Address 1070   S. EASTERN AV City HENDERSON              | /E. 1    | 423/1                         | MO.    | DAY        | YEAR                                    | \$               |
| City /   | State    | Zip Code (Plus 4)             | MO.    | DAY        | YEAR                                    |                  |
| HENDERSON  | WV       | 89052                         |        |            |   | \$               |
| Full Name of Contributor   |          |                               | MO.    | DAY        | YEAR                                    | \$               |
| Mailing Address  |          |                               | MO.    | DAY        | YEAR                                    | \$               |
| City   | State    | Zip Code (Plus 4)             | MO.    | DAY        | YEAR                                    | \$               |
|  |          |                               |        |            | YEAR                                    |                  |
| Full Name of Contributor   |          |                               | MO.    | DAY        | TEAR                                    | \$               |
| 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)             | MO:    | DAY        | YEAR                                    | \$               |
| Full Name of Contributor   |          |                               | MO.    | ME FYXYAM  | MAY:/XI:ME                              | \$               |
| Mailing Address  |          |                               | МО     | DAY        | YEAR                                    | \$               |
| City   | State    | Zip Code (Plus 4)             | MO.    | DAY        | YEAR                                    | \$               |
| Full Name of Contributor   |          |                               | мо     | DAY        | YEAR                                    | \$               |
| Mailing Address  | <b></b>  |                               | MO.    | DAY        | YEAR                                    | \$               |
| City   | State    | Zip Code (Plus 4)             | MO.    | DAY        | YEAR                                    |                  |
| Full Name of Contributor   | 1        |                               | MO.    | DAY        | YEAR                                    | \$               |
| Mailing Address  |          |                               | Mo.    | DAY        | YEAR                                    |                  |
| City   | State    | Zip Code (Plus 4)             | MO.    | DAY        | YEAR                                    | \$               |
| ~  |          |                               | MIU.   | L          | 1 - 1 1 1                               | \$               |
|  |          |                               |        |            |   | PAGE TOTAL       |
| Enter Grand Total of Part B on Scho                              | edule I, | Detailed Summar               | y Page | , Sectio   | n 2.                                    | <b>\$</b> 300.00 |

#### 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           |             |                     |          | eporting  |  | ,             |
|---|-------------|---------------------|----------|-----------|--|---------------|
| SUSAN EURS WILD FOR COU                         | NTY C       | COMMISSIONER        |          | From      | 6/11/13  | 3 To 10/21/13 |
|   | 1           |                     |          | DATE      |  | AMOUNT        |
| Full Name of Contributing Committee             |             | . )                 | мо.<br>8 | DAY       | YEAR /3  | \$ 500,00     |
| FRIENDS OF JOHN CA                              | LAHE        | <del>λ</del> ν      | MO.      | 30<br>DAY |  | 300.00        |
| PO Box 1403                                     |             |                     |          |           |  | \$            |
| City  | State<br>PA | Zip Code (Plus 4)   | MO.      | DAY       | YEAR   | \$            |
| BE THLE HEM Full Name of Contributing Committee | 117         | 18016-              | MO.      | DAY       | YEAR   | À             |
| •   |             |                     |          |           |  | \$            |
| 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                                 |             |                     | мо.      | DAY       | YEAR   | *             |
|   | 18          | Zip Code (Plus 4)   |          |           |  | \$            |
| City  | State       | Zip Code (Flus 4/   | MO.      | DAY       | YEAR   | \$            |
| Full Name of Contributing Committee             |             |                     | MO.      | DAY       | YEAR   |               |
|   |             |                     |          |           |  | S             |
| 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   | 8             |
|   | 17,         |                     |          |           |  | \$            |
| City  | State       | Zip Code (Plus 4) — | MO.      | DAY       | YEAR   | \$            |
| Full Name of Contributing Committee             |             |                     | MO.      | DAY       | YEAR   | *             |
|   |             |                     |          |           | YEAR   | \$            |
| Mailing Address                                 |             |                     | MO.      | UAT       | TEAR   | \$            |
| City  | State       | Zip Code (Plus 4)   | MO.      | DAY       | YEAR   | \$            |
|   |             |                     |          |           | · Carlotte State of the Carlotte State of th |               |
| Full Name of Contributing Committee             |             |                     | W.O.     | UAI       | YEAR   | \$            |
| Mailing Address                                 |             |                     | MO.      | DAY       | YEAR   | \$            |
| City  | State       | Zip Code (Plus 4)   | MO.      | DAY       | YEAR   | <b>*</b>      |
|   |             |                     |          |           |  | \$            |
| Full Name of Contributing Committee             |             |                     | MO.      | DAY       | YEAR   | \$            |
| Mailing Address                                 | ······      |                     | MO.      | DAY       | YEAR   |               |
|   |             |                     |          |           |  | \$            |
| City  | State       | Zip Code (Plus 4)   | MO.      | DAY       | YEAR   | \$            |
|   |             |                     |          | <u> </u>  |  | PAGE TOTAL    |
| Enter Crand Total of Bart C as Cab              | احادات      | Datailed Commen     | , Denn   | Cantin    | n 3  |               |
| Enter Grand Total of Part C on Sch              | cuule l     | , peraned Summar)   | , rage,  | Sectio    | :: J.  | \$ 500.00     |

### PART D **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                                   |   | *   |       | Reporting I |               | - /- /   |
|---|---|---|-------|-------------|---------------|--|
| SUSAN EUIS WILD FOR CO.   | NTU                                     | COMMISSION  | ER    | From        | 2/11/1        | 3 To 10/21/13  |
|   |   |   |       | DATE        |               | AMOUNT   |
| Full Name of Contributor BILL HEILMAN                                   |   |   | Mg.   | 20          | YEAR<br>13    | \$ 1000.00   |
| Mailing Address   |   |   | Mb.   | DAY         | YEAR          | \$   |
| 500 PHILADELPHIA RD   | T 61                                    | Zip Code (Plus 4)                                       |       |             | YEAR          | 4  |
| EASTON EASTON   | State                                   | 18042   | MO.   | DAY         | TEAR          | \$   |
| Employer Name   | *************************************** |   | Occup |             | I             |  |
| By HEILMAN VIDEO SERV   | ZCES                                    | INC.  | TRS   | AL PRE      | SENTA         | 1200 Support SERVICE   |
| Emblose Matting Maniessy ( Incide, 1 vace of positions                  |   |   |       |             |               | <b>,</b> ,   |
| 500 PHZIADELPHZA RD.  Full Name of Contributor,                         | C MO                                    | TON, PA 180   | MO.   |             | YEAS          | <b>A</b>   |
| ROBERT 4 CRISTEN B  | ENN                                     | ETT   | 9     | 22          | 13            | \$ 1000,00   |
| Mailing Address 970 N. 384k ST  |   |   | Mo.   | DAY         | YEAR          | \$   |
| 7/0 N. 28-W 3/  | State                                   | Zip Code (Plus 4)                                       | MO.   | DAY         | YEAR          |  |
| AUENTOWN  | PA                                      | 18104-  |       |             | Ė             | \$   |
| Employer Name   |   | 0   | Occup |             |               | Dense  |
| BENNETT AUTOMOTIVE Employer Mailing Address/Principal Place of Business | GRO                                     | مِن   |       | ZIOMOE      | TLE           | DEALER   |
| 1951 LEHIGH ST. AL  | LEN                                     | TOWN PA 181   | 103   |             |               |  |
| 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>                                |   | Occup |             |               |  |
| Employer Name   |   |   |       |             |               |  |
| Employer Mailing Address/Principal Place of Business                    |   |   |       |             |               |  |
|   |   |   |       |             | ERIT - PURSUE |  |
| Full Name of Contributor  |   |   | MO.   | DAY         | YEAR          | \$   |
| Mailing Address   |   |   | MO.   | DAY         | YEAR          | \$   |
| A   | State                                   | Zip Code (Plus 4)                                       |       |             |               | <b>Y</b>   |
| City  | State                                   | Zip Code (Files: 4/                                     | MO.   | DAY         | YEAR          | \$   |
| Employer Name   | <u> </u>                                |   | Occup | ation       |               |  |
|   |   | HIII HII GARANI AND |       |             |               |  |
| 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)                                       | МО    | DAY         | YEAR          |  |
|   | <u> </u>                                | <u> </u>  | 1     |             |               | \$   |
| Employer Name   |   |   | Occup | ation       |               |  |
| Employer Mailing Address/Principal Place of Business                    |   |   |       |             |               |  |
|   |   | ***************************************                 |       | <u></u>     |               | and the second s |
| Enter Grand Total of Part D on Sched                                    | dule i                                  | , Detailed Summar                                       | y Pag | e, Section  | n 3.          | PAGE TOTAL   |
| DSER-502 (7-99)   |   | च्या च्या च्या च्या च्या च्या च्या च्या                 | ,     |             |               | \$ 2000.00   |

DSEB-502 (7-99)

Reporting Period

# PART E 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.

| SUSAN ELLIS WILD FOR COV  | NTY         | COMMISSION                  | ER From -    | 6/11/13                                 | To 10/21/13  |
|---|-------------|-----------------------------|--------------|---|--|
| Full Name   |             |                             |              |   |  |
| SUSAN EUZS WZLD   | )           |                             |              |   | nananannan proportionida in anno anno anno anno anno anno anno |
| Full Name SUSAW EUZS WZLD  Mailing Address  1386 DOF TRAJL RO  City | AD          |                             |              |   |  |
| ALLENTOWN !   | State       | Zip Code (Plus 4)<br>18/04- | MOR DAY      | YEAR                                    | \$ /38.80  |
| Receipt Description  LOANS TO CAMPALE                               | رند.        |                             |              |   |  |
| Full Name   |             |                             |              |   |  |
| Mailing Address   |             |                             |              |   |  |
| City  | State       | Zip Code (Plus 4)           | MO DAY       | YEAR                                    | Amount \$  |
| Receipt Description   |             |                             |              |   |  |
| Full Name   |             |                             |              |   |  |
| Mailing Address   | <del></del> |                             |              |   |  |
| City  | State       | Zip Code (Plus 4)           | МО, ДАУ      | YEAR                                    | Amount \$  |
| Receipt Description   |             |                             |              |   |  |
| Full Name   |             |                             |              |   | :  |
| Mailing Address   |             |                             |              |   |  |
| City  | State       | Zip Code (Plus 4)           | MO. DAY      | YEAR                                    | Amount<br>\$   |
| Receipt Description   |             |                             | 1            |   |  |
| Full Name   |             | <b>V</b>                    |              |   |  |
| Mailing Address   | <del></del> |                             |              |   | :  |
| City  | State       | Zip Code (Plus 4)           | MO. DAY      | YEAR                                    | Amount \$  |
| Receipt Description   | L           |                             | <u> </u>     |   |  |
| Full Name   |             |                             |              |   |  |
| Mailing Address   |             |                             |              | *************************************** |  |
| City  | State       | Zip Code (Plus 4)           | MO. DAY      | YEAR                                    | Amount   |
| Receipt Description   |             | <u></u>                     |              |   | \$   |
|   |             |                             |              |   |  |
| Enter Grand Total of Part E on Schedu                               | ule I. C    | etailed Summary             | Page. Sectio | n 4.                                    | PAGE TOTAL  \$ /3000   |

Name of Filing Committee or Candidate