

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>2nd Friday Pre 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>06/21/2013</i>	To:	<i>10/21/2013</i>	
A. Amount Brought Forward From Last Report			<i>451.14</i>	
B. Total Monetary Contributions & Receipts (from Schedule I)			<i>2,910.00</i>	
C. Total Funds Available (Sum of Lines A & B)			<i>3,361.14</i>	
D. Total Expenditures (from Schedule III)			<i>1,407.30</i>	
E. Ending Cash Balance (Subtract Line D from Line C)			<i>1,953.84</i>	
F. Value of In-Kind Contributions Received (from Schedule II)			<i>0.00</i>	
G. Unpaid Debts & Obligations (from Schedule IV)			<i>(7,776.30)</i>	

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

PART B
ALL OTHER CONTRIBUTIONS

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\$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 FRIENDS OF BILL LEINER				Reporting Period From 6/21/13 To 10/21/13			
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Full Name of Contributor			DATE			AMOUNT		
	MO	DAY	YEAR		MO	DAY	YEAR	
Patricia Martinez				7	27	13		\$ 100.-
Mailing Address: 1838 Weber St.				MO	DAY	YEAR		\$
City: Clavis	State: NM		Zip Code (Plus 4): -	MO	DAY	YEAR		\$
Rick and Lori Molchan				8	11	13		\$ 100.-
Mailing Address: 4041 Hunsicker Drive				MO	DAY	YEAR		\$
City: Wainwright	State: PA		Zip Code (Plus 4): 17088 -	MO	DAY	YEAR		\$
Robert Hauke								\$ 100.-
Mailing Address: 327 Chestnut St.				MO	DAY	YEAR		\$
City: Cogswell	State: PA		Zip Code (Plus 4): 18037 -	MO	DAY	YEAR		\$
Denise Horza								\$ 100.-
Mailing Address:				MO	DAY	YEAR		\$
City: Whitehall	State: PA		Zip Code (Plus 4): 18052 -	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	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)	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	DAY	YEAR		\$
Mailing Address:				MO	DAY	YEAR		\$
City	State		Zip Code (Plus 4)	MO	DAY	YEAR		\$

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.	PAGE TOTAL \$ 400.-
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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 FRIENDS OF BILL LEINER	Reporting Period From 6/21/13 To 10/21/13
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee COMMITTEE FOR GUCKER BRACE				10	21	13	\$ 1,500.-
Mailing Address 227 N. 9TH ST.				MO.	DAY	YEAR	
				10	18	13	\$ 500.-
City Allentown	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	\$
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

\$ 2,000.-

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS

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Detailed Summary Page

Name of Filing Committee or Candidate <i>FRIENDS OF BILL LEINER</i>	Reporting Period From <i>6/21/13</i> To <i>10/21/13</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period	(1) \$ <i>510.-</i>
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2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)

Contributions Received from Political Committees (Part A)	\$ <i>—</i>
All Other Contributions (Part B)	\$ <i>400.-</i>
TOTAL for the Reporting Period	(2) \$ <i>400.-</i>

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

Contributions Received from Political Committees (Part C)	\$ <i>2,000.-</i>
All Other Contributions (Part D)	\$ <i>—</i>
TOTAL for the Reporting Period	(3) \$ <i>2,000.-</i>

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

TOTAL for the Reporting Period	(4) \$ <i>—</i>
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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.)

\$ *2,910.-*

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRIENDS OF BILL LEINER		Reporting Period From 6/21/13 To 10/21/13	
To Whom Paid BUDGET INSTANT PRINT	07 26 13	Amount \$ 284.08	
Mailing Address 30 ALTA DRIVE	Description of Expenditure Campaign CARD		
City Whitehall	State PA	Zip Code Plus 4 18052	
To Whom Paid WELLS FARGO	08 04 13	Amount \$ 99.00	
Mailing Address Jochast Avenue Branch	Description of Expenditure STAMPS		
City Whitehall	State PA	Zip Code Plus 4 18052	
To Whom Paid STAPLES	09 25 13	Amount \$ 172.58	
Mailing Address 654 North West End Blvd	Description of Expenditure Office Printer, STAMPS from		
City Quakertown	State PA	Zip Code Plus 4 18951	
To Whom Paid STAPLES	10 04 13	Amount \$ 110.29	
Mailing Address 2180 MacArthur Road	Description of Expenditure Envelopes, Flyers, STAMPS from		
City Whitehall	State PA	Zip Code Plus 4 18052	
To Whom Paid Wells Fargo	10 12 13	Amount \$ 264.-	
Mailing Address MAIN ST. BRANCH	Description of Expenditure STAMPS		
City Northampton	State PA	Zip Code Plus 4 18067	
To Whom Paid JAM OWENS	10 20 13	Amount \$ 477.35	
Mailing Address 2ND & CHESTNUT ST	Description of Expenditure FUND RAISING EVENT LICENSE		
City Coghs	State PA	Zip Code Plus 4 18037	
To Whom Paid		Amount \$	
Mailing Address	Description of Expenditure		
City	State	Zip Code Plus 4	
To Whom Paid		Amount \$	
Mailing Address	Description of Expenditure		
City	State	Zip Code Plus 4	

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

PAGE TOTAL

\$1,407.30

SCHEDULE IV
STATEMENT OF UNPAID DEBTS

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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 FRIENDS of GILL LEVER		Reporting Period From 6-24-13 To 10-24-13	
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Name of Creditor William LEINER Jr		Outstanding Balance of Debt \$7,776.30	
Mailing Address 41 N. 8TH ST		DATE DEBT INCURRED 11-07	DAY MONTH YEAR - 12 2013
City COLUM	State GA	Zip Code (Plus 4) 17037-1514	
Description of Debt LOAN to Committee			

Name of Creditor		Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	DAY MONTH YEAR
City	State	Zip Code (Plus 4)	
Description of Debt			

Name of Creditor		Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	DAY MONTH YEAR
City	State	Zip Code (Plus 4)	
Description of Debt			

Name of Creditor		Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	DAY MONTH YEAR
City	State	Zip Code (Plus 4)	
Description of Debt			

Name of Creditor		Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	DAY MONTH YEAR
City	State	Zip Code (Plus 4)	
Description of Debt			

Name of Creditor		Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	DAY MONTH 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
\$7,776.30