CAMPAIGN FINANCE REPORT						
	CAN	IFAIGN F	INANCE REF	OKI		
	Name and Ad	ldress of Fi	ling Candidate	or Com	mitte	e
Name:		Friends of I	Bill Leiner			
Address:		41 N 8 <sup>th</sup> St				
City, State, Z	Zip:	Coplay PA	18037			
			rt Filed By			
Candidate			Committee			X
Type of Repo	ort 2 <sup>nd</sup> Friday P	re Election	<b>Election Date</b>	Amend	ed	Termination
	•		11/05/2013			
Office Sough	t By Candidate	•	Party	County		
Lehigh Count	y Commissioner	· Dist #1	D	Lehigh		
	Sumn	nary of Rec	eipts & Expend	litures		
From:	06/21/2013		To:	10/21/2	013	
A. Amount Brought Forward From Last Report					451.14	
B. Total Monetary Contributions & Receipts (from Schedule I)					2,910.00	
C. Total Funds Available (Sum of Lines A & B)					3,361.14	
D. Total Expenditures (from Schedule III)				1,407.30		
E. Ending Cash Balance (Subtract Line D from Line C)			1,953.84			
F. Value of In-Kind Contributions Received (from Schedule II)			0.00			
G. Unpaid Debts & Obligations (from Schedule IV)				(7,77	(6.30)	

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

### 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	and the second s	Reporting Period	) - ) 1
GRIENDS OF BILL	LEWER	From 6 21	3 10/21/13
		DATE	AMOUNT
Full Name of Contributor BATRICIA M	ALTINEZ	HERMORES REPORTED RESIDENCE	Commence of the second
The state of the s	to a summary of the second	7 27 13	\$ 100
Mailing Address 1838 Nobra 4	transfero e Bardwitt (Control CCC) (see a con-		\$
cly Clovis	State Zip Code (Plus 4)	amen poncession	
	The state of the s	EDUOTE NEOLAGE EXIEMI	\$
(EICIL AND (	oni Molchany	8 11 13	\$ 100
Mailing Address 4041 14 UNSICILEM	· novi	ENERGY ENAME ENERGY	\$
Alternation of the second seco	State   Zip Code Plus 4		The state of the s
Waindgood	PA 19089 -		\$
FULL Name of Contributor assert HAVI	()		\$ 100
Mailing Address			
Mailing Address 327 Chest wit	51.		\$
Coplay	State Zip Code (Pius 4)		
(/enise 40	TT4	ENGLOS CONTROL OF THE PARTY OF	\$ 100
Malling: Address	And a service of the	ARMCSE SAPAYES SAFAREI	\$
P(W)	State Zip Code (Plus 4)		
Whitshill	BA 18052-		\$
ull Name of Committee		STUARES ESTANCE OF ANY AND A	
Mailing Address	The same of the sa	THE STATE OF THE S	\$
H 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s		•
	State Zip Code (Plus 4)	SACKA SERVICE STATES	
ull Name of Comelbutor			\$
Mailing Address			\$
maining Address:		SEMONAL SURVEY SEVERIFIE	\$
	State   Zip Code (Plus 4)		*
			\$
ull Name of Contributor			**
Helling Address		SENGER STORY SECURE	<del></del>
			*
	State Zip Code (Plus 4)	EMPER ENAME SAME	
ull Name, of Contributor			\$
alling Address			\$
AND THE PROPERTY OF THE PROPER		SEMICE NATIONAL SYCORES	\$
W .	State   Zip Code (Plus 4)	500 22 EXECUTE:	
manda and an			\$
	same and the same		PAGE TOTAL
nter Grand Total of Part B on Sc	hedule I, Detailed Summa	ry Page, Section 2.	\$ 400,-
R+502 (7+00)			to the state of th

#### 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

Name of Filing Committee or Candidate				Reporting	Period	. } 1
FRIENDS OF DI	u Li	Wir	l	From _	6/21	13 To 10/21/13
-				DATE		AMOUNT
Full Name of Contributing Committee  COMM, ITCL GA GO	-KE R	CALL	MO.	DAY	YEAR	- 6 . 600 -
Mailing Address	216 91	~~~	10	21	13	\$ 1,500.
277 N. 975 51			MO.	DAY	YEAR	\$ 500
	State	Zip Code (Plus 4)	10	18	13	1 3121
Allentoun	5.5.6	- Lip Code (Figs 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		•	MO.	DAY	YEAR	
Mailing Address						\$ \
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mp.	DAY	YEAR	_
		_			1	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
						1\$
Mailing Address			MO.	DAY	YEAR	
City					$\mathcal{N}$	<b>`</b>
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address						] <b>\$</b>
, , , , , , , , , , , , , , , , , , ,			MO.	DAY	YEAR	
City	Nearna I					1\$
	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			Mo.	DAY	YEAR	
	/			1	IEAN	\$
Mailing Address			MO.	DAY	YEAR	\
City					1	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\
<u> </u>						\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address				j		\$
			MO.	DAY	YEAR	
City	18000					\$
	State	Zip Code (Plus 4)	MO.	/DAY	YEAR	\$ .
Full Name of Contributing Committee						•
The same of Contributing Committee			MQ/	DAY	YEAR	
Mailing Address	/		//			\$
			/MO.	DAY	YEAR '	\$
City	State	Zip Code (Plus 4)	1			
			MO.	DAY	YEAR	\$/
full Name of Contributing Committee			MQ.	DAY !	No.	<u> </u>
			<del></del>	DAY	YEAR	\$
Mailing Address			MQ.	DAY	VEAR	
					- SAR	\$
Sity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_			12711	\$
						PAGE TOTAL
Enter Grand Total of Part C on Sci	hadula 1 's	Satallad C	_	_		
Stand Total Of Part C On Scr	neguie i, i	Jetailed Summary	Page. 9	Section	3	\$ 2,000.

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

PAGE # OF \_\_\_\_\_

Detailed Summary Page

Name of Filing Committee or Candidate  (FLICKYS OF GILL LEINER	Reporting P	eriod	To 10/21/13
	From <u>U</u>	2. [13	To 10/01/19
1 INSTERNZED CONTRINGERIOR			
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS		TRIBU	TOR
TOTAL for the Reporting Period	(1)	\$	510
2. CONTRIBUTIONS \$50.01 TO \$250.00 FROM PART A AND PART E	4		
Contributions Received from Political Committees (Part A)	N .	T <sub>s</sub>	
All Other Contributions (Part B)		<del>                                     </del>	400.
TOTAL for the Reporting Period	(2)		400
			(00)
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)			
Contributions Received from Political Committees (Part C)		\$	2,000.
All Other Contributions (Part D)		\$	
TOTAL for the Reporting Period	(3)	\$ '	V,000
4 OTHER RECEIPED			
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHE	CKS, ETC	FRO	M PART E
TOTAL for the Reporting Period	(4)	\$	
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.)		\$ <i>(</i> (	2,910.

### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
friens of bulliner	ETORO 1 1 / J
	William September Amount and he
SUDGET 2 NSTONT GANT	07 26 13 Amount 284. 08
30 ALTA DRIVE	CAMP IN CARD
Ship Whitehall BA 19052	
TO WHOM PAID NEUS FARLO	08 04 13 \$ 99.00
Malling Robbess Johnet Avenue Branch	Description of Expenditure STAMUS
WhiteHALL BA 18052	
TOWN PHY STAPLES	09 25 13 Antioxint 172.58
MESTERS BUD North West END BUD	Office Chutch STAMPS FUM
GIV GUALUNTONN PA 18951 =	Copler Post Office; Copley GUANT
STAPLES	10 04 13 110.29
Malling Address 2180 MACARthun Ruad	Emaloxes, Flyers, STAMS from
Whitchail Ca 18052 -	Wilk Fango, AND Coglay GUANT
Wells FANSO	10 12 13 Amount 264.—
MAIN ST. BRONCH	Description of Expenditure  511 mx3
Northampton DA 18067 -	
To Whom Paid Jam Owens	10 20 13 Amount 417.35
MAINING ARROWS 2M2 SI Chestant STE	Cond Wish Cron Extensions
Costor Co 18037 =	
to whom take	Amount
Matthip Address	Description of Expanditure.
City State Zip bate Plus 4	
To Whom Raid	Amount \$
Mailling Address	Description of Expenditure
State Zip Code (Plus 4)	
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Gover P	age, Item D. \$1,407.30

## STATEMENT OF UNPAID DEBTS

PAGE 6 0 8

Reporting Period

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

Name of Filing Committee of Candidate

fliends of fice le	WER		From 6-21	-13 To 10-24-13
Name of Graditor William LEINER BEST				Outstanding Balance of Deb \$7,776.30
41 N.8TH ST	DATE DEST DEST	166	ADAVE YEA	
Coxin		State		
COMMENTER WANTER				
Name of Creditor				Outstanding Balance of Debi
	CATE CERT MESANNED		(Spares Ve)	
		State	Zip Gode Plus	
Chiescologica (al 1984)			· · · · · · · · · · · · · · · · · · ·	
Name of Caditor				Outstanding Balance of Debt
Malling Assesse	DAYTE SERT (RESIDED)	400		
	35,23,000,000	State	Zip Code Plus A	
Penintiplani M Dabit			and the same of th	
Name of Creditor	-		The second secon	Outstanding Balance of Debit
	MATE AND ADDRESS OF THE PARTY O		APEDAY JEYEAN	The state of the s
Description of Color		State	Zip Dode (Plus 4	
±				
Name of Creditor				Outstanding Balance of Debt
Andreas	DATE DEET HICORDED	÷#/095	SULV.	
)		State	Zip Code (Pius 4)	
Description of Diebit				
Mailing Address	V 22			Outstanding Balance of Hebr
Same Audies	DATE DEST INCORRED	SENOE?	CEDAYAJI VEAN	
		State	Zip Code (Plus 4)	
mer Grand Total of Unpaid Debts on Page 1	Report Cover	Daga 14		PAGE TOTAL
The second secon	. Befrair Prizit	rage, c	.J. 1119	\$7,776.30