	CA	MPAIGN F	INANCE REP	ORT		
Name:		Committee i	o Elect Percy Do	ugherty		
Address: 5726 Sandtrap Ln						
City, State, Z	Zip:	Allentown F	•			
Candidate			Committee			X
Type of Repo	ort		Election Date	Amended T		Termination
2017 – 2 nd Friday Pre-Election		n	11/07/2017	NO		
Termination	Report?					
Office Sough	t By Candidate)	Party	County		
Lehigh County Commissioner Dist #2		r Dist #2	R	Lehigh		
	Sumn	nary of Rec	eipts & Expend	litures		
From:	06/06/2017		To:	10/23/20	017	
A. Amount B	rought Forwar	d From Las	t Report	<u> </u>	1,560	6.82
B. Total Mon	etary Contribu	itions & Rec	eipts (from Sche	dule I)	476.	19
C. Total Funds Available (Sum of Lines A & B)					2,04.	3.01
D. Total Exp	enditures (fron	Schedule II	(I)		16.5	1
E. Ending Ca	sh Balance (Su	btract Line	D from Line C)		2,020	5.51
F. Value of Ir	-Kind Contrib	outions Recei	ved (from Sched	lule II)	0.00	
G. Unpaid De	ebts & Obligati	ons (from S	chedule IV)		(-3,4	00.00)

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

SCHEDULE I

PAGE 2 OF

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate CommITTEE TO RELECT PERC	Y DAUGHERTY	Reporting Period From 6/14/201 To	10/23/2017

COLUMN TO THE RESIDENCE OF THE SECOND	EON	BURN NE	
TOTAL for the Reporting Period	(1)	\$ 274.	00

THE PARTY OF THE P	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$ 200.00
TOTAL for the Reporting Period (2)	\$

LA CONTRACTOR CONTRACTOR OF THE PARTY OF THE	*	
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
TOTAL for the Reporting Period	(3)	\$

		•	
TOTAL for the Reporting Period (4)	\$	0.19

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 8.)	\$ 476,19	
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------	--

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.)

DATE AMOUNT 10 16 2017 \$ 200 00
10 16 2017 \$ 200 00
MG PAN YEAR
\$
HANGER SEDAY STREAM
\$
\$
\$
MO. DAY PAR
\$
\$
MO BAY BAC
\$
\$
S S
S S
E. MO. S. PROAY SECURIT
\$
\$
AMO. SECTION STEERS
\$
MG DAY YEAR
\$
\$
MARIO MARIANA MARIANA
\$
THE STATE STATE
\$
\$
MO. YEAR S
\$
\$
MO. DAY SEAR
\$
W. Carlotte M. Car
\$
PAGE TOTAL Ty Page, Section 2. \$

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.

Name of Filing Committee or Ca	indidate			Reporti	ng Period	
Percentage Full Name EMEASSI A. Mailing Address	2 rute			From	4/16/	2017 -0 10/23/20
ull Name						
EMBASSI A.	BANK					
lailing Address Ity Left M July Beceipt Description	20405				····	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	Zip Code (Plus 4	Mo.	DAY	YEAF	Amount
eceipt Desgription	E17+	13002 -04	05 10	23		
III Name						
eiling Address						· · · · · · · · · · · · · · · · · · ·
ty						
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
ceipt Description						
! Name						
iling Address						
	•					
у	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	Amount
eipt Description		<u> </u>				\$
Name						
Hing Address						
www. wadiass				· · · · · · · · · · · · · · · · · · ·		
/	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	Almount
eipt Description					1625	\$
Neme						
Neme						
ing Address			····	····		
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
ipt Description		-		L	<u></u>	\$
Name						
Name .						
	State	Zip Code (Plus 4)	Mo.	DAY	YFAR	Amolini
ng Address	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
ng Address	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
ing Address ipt Description Br Grand Total of Part E		-				



SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			R	leporting	Period ,	
Peran Dough with				From 4	1/4/:	2017-0 10/23/2017
Very Daugherty						
To Whompaid	-		MO.	DAY	YEAR	Amount
PHY VAL			10	5	2017	\$ 16.51) FEE
Mariing Address			1 .	on of Exp		Cre
City	State	Zip Code (Plus 4)	140	NOM	TION) FEE
			l			!
To Whom Paid	-		MQ.	DAY	YEAR	Amount
	-					\$
Mailing Address			Description	on of Expe	enditure	
City	State	Zip Code (Pius 4)	+			
		-				
To Whom Paid	·		MO.	DAY	YEAR	Amount
						\$
Mailing Address			Description	on of Expe	anditure	
City	State	Zip Code (Plus 4)	 			
	3.5	-				!
To Whom Paid	<u> </u>		MO.	DAY	YEAR	Amount
			····	<u> </u>	1,500	\$
Mailing Address			Description	on of Expe	end:ture	
City	12	2 1- /21 41				
City .	State	Zip Code (Plus 4)				ļ
To Whom Paid			Mo.	DAY	YEAR	Amount
			10.0.	<u> </u>	7500	\$
Mailing Address			Description	on of Expe	enditure	<u> </u>
City	1					
,	State	Zip Code (Plus 4)				
To Whom Paid			+	240	VT AB	A marrat
			MO.	DAY	YEAR	Amount \$
Mariing Address			Description	on of Expe	enditure	- 1
City	1 5-3-0	The state of the Article of the Arti				
	State	Zip Code (Plus 4) —				
To Whom Paid			 	244	UEAD	Amount
10 0.000			MO.	DAY	YEAR	Amount \$
Mailing Address			Description	on of Expe	enditure	3
				· · · · · · · · · · · · · · · · · · ·		
City	State	Zip Code (Plus 4)				
To Whom Paid	<u> </u>					
To Whom Paid		!	MO.	DAY	YEAR	Amount e
Mailing Address			Description	on of Expe	anditura.	\$
City	State	Zip Code (Plus 4)		Miprogram a participa	- T	
						PAGE TOTAL
Enter Grand Total of Expenditures on Page	ge 1, f	Report Cover Pr	age, Ite	m D.	-	\$ 16.51

PAGE 6 OF 6

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.

S726 SANDTRAP LANE City WES POSVILLE Description of Debt	DATE DEBT NCURRED DATE DEBT NCURRED	State OA	zip Code	2005 (Plus 4)	
	DATE DEBT	State OA	Zip Code 180}	2005 (Plus 4)	\$ 2000.00
Name of Creditor PERCY DAUGHERT! Mailing Address	DATE DEBT	State OA	Zip Code 180}	2005 (Plus 4)	
	DEBT	OA	1801	2	
	DEBT				
Name of Creditor PERCY DAUGHERT! Mailing Address 57 26 SANDTRAP FAME City UESCOSFILEE Description of Debt	DEBT	深 森			
Mailing Address 5726 SANDTRNP FAME City WESCOSVILLE Description of Debt	DEBT	0734			Outstanding Balance of Deb \$ 1400.00
City WESCOSVILLE Description of Debt		ł	N. O. N.	2009	
Description of Debt		State	Zip Code	(Plus 4)	
	· · · · · · · · · · · · · · · · · · ·	15.4.1	76-70		
Name of Creditor					Outstanding Balance of Deb
11	DATE DEBT	3900	SONA'S		
City	NCURRED	State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor				-	Outstanding Balance of Deb
	DATE	2000	200	2503	
City	NCURRED	State	Zip Code	(Plus 4)	
Description of Debt				·················	
Name of Creditor					Outstanding Balance of Deb
[1	DATE DEBT	-7 May	7. W.S.	S. 65	
City	NCURRED	State	Zip Code	(Plus 4)	
Description of Debt		11			
Name of Creditor					Outstanding Balance of Deb
	DATE DEBT	20.0			
	NCURRED	State	Zip Code	(Plus 4)	
· · · · · · · · · · · · · · · · · · ·			_		
Description of Debt					
Description of Debt					PAGE TOTAL