CAMPAIGN FINANCE REPORT

Name: Address: City, State						
Candidate	;	X	Committee			
Type of Report 2017 – 30 Day Post Election		Election Date 11/07/2017	Amend	ed T	Termination YES	
	on Report?					
Office Sou	ight By Candid	ate	Party	County		
Lehigh County Commissioner Dist #5			R	Lehigh		
	Su	nmary of Re	ceipts & Expend	litures		
From:	06/10/2017		To: 12/04/2017			
A. Amour	t Brought Forv	vard From La	ast Report	L	-7,135.	75
B. Total N	Ionetary Contr	ibutions & R	eceipts (from Sch	edule I)	4,146.	59
C. Total Funds Available (Sum of Lines A & B)					-2,989.16	
D. Total Expenditures (from Schedule III)					0.00	
E. Ending	, Cash Balance	(Subtract Lin	e D from Line C)		-2,989	.16
F. Value	of In-Kind Con	tributions Rec	ceived (from Sche	dule II)	0.00	
			Schedule IV)	<u> </u>	0.00	

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

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CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate 2 er rshc.

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR TOTAL for the Reporting Period (1) \$

2. CONTRIBUTIONS \$50.01 TO \$250.00 FROM PART & AND PART B	
Contributions Received from Political Committees (Part A)	\$ \cap
All Other Contributions (Part B)	\$ 0
TOTAL for the Reporting Period (2)	\$ 0

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 4/4/0.59
All Other Contributions (Part D)	\$ 0
TOTAL for the Reporting Period (3)	\$ 4146,59

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECK	(S. ETC	. (FRI	N PARTS	
TOTAL for the Reporting Period	(4)	\$	\bigcirc	

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 \$ 4146,59 Cover Page, Item B.)

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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	1		Repo	orting Period	1 - 12/1/12/14
John Clonc	hes		Fr	om(<u>011010</u>	217 To 12/4/2017
				ATE	AMOUNT
Full Name of Contributing Committee			MO.	DAY YEAR	\$
Mailing Address			MO.	DAY YEAR	\$
City	State	Zip Code (Plus 4) —	MQ.	DAY YEAR	\$
Full Name of Contributing Committee			MO.		\$
Mailing Address			MO.	DAY YEAR	\$
City	State	Zip Code (Plus 4) 	MO.	DAY YEAR	\$
Full Name of Contributing Committee			MO.	DAY YEAR	\$
Mailing Address		<u></u>	MO.	DAY YEAR	\$
City	State	Zip Code (Plus 4)	MO	DAY YEAR	\$
Full Name of Contributing Committee			MO.	DAY YEAR	\$
Mailing Address		444 - 1444 - 	MO.	DAY YEAR	\$
City	State	Zip Code (Plus 4) 	MO.	DAY YEAR	\$
Full Name of Contributing Committee			MO.	DAY	\$
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) 		DAY YEAR	\$
Full Name of Contributing Committee			MO.	DAY	\$
Mailing Address			MO.	DAY	\$
City	State	Zip Code (Plus 4) —	NO.	DAY YEAR	\$
Full Name of Contributing Committee					\$
Mailing Address			MO,	DAY YEAR	\$
City	State	Zip Code (Plus 4) 	MO.	DAY YEAR	\$
					PAGE TOTAL
Enter Grand Total of Part A on S	Schedule I,	Detailed Summa	ry Page, S	section 2.	s <i>O</i>

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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 Filling Committee or Cendidate			R	eporting	Period	and pluidance
JOHN COOnche	25			From	YIUA	017 TO B/4/2017
				DATE		AMOUNT
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	e
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			mu.		I FAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	
	T					\$
City	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	\$
Full Name of Contributor	dama di		MO.	DAY	YEÁR	\$
Mailing Address			MO,	DAY	YEAR	₽
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MQ.	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)	MQ.	DAY	YEAR	
					- synt	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		<u></u>	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)				\$
	51018		MO.	DAY	YEAR	\$
						PAGE TOTAL
Enter Grand Total of Part B on Sche	dule I,	Detailed Summar	y Page,	Section	n 2.	s ()

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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			F	Reporting	Period	No In Indexe
Vohn (Jonche	5			From (1/0/2	017 10 12/4/2017
······································			-	DATE	•	AMOUNT
Full Name of Contributing Completee	m/m	155 loner	MO.	DAY	YEAR	\$
Mailing Address Minor ST	1 11 / 1		MO.	DAY	YEAR	\$4146.59
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Enancius	H	18049 -				\$
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		1	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		• • • • • • • • • • • • • • • • • • •	MQ.	DAY	YEAR	\$
Mailing Address		<u> </u>	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	<u>.</u>	*	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	L	1	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -	MQ.	DAY	YEAR	\$
	L.,	1	<u> </u>		L	PAGE TOTAL
Enter Grand Total of Part C on Sche	dule l	, Detailed Summary	/ Page,	Sectio	n 3.	\$4146.59

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	F	PART D
All	OTHER	CONTRIBUTIONS

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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				eporting From	Period	117 To 12/4/2017
				DATE	1-1	
Full Name of Contributor			MONT	DAY	YEAR	\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	·
Employer Name			Occupati	01		\$
Employer Name				•		
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)	MQ.	DAY	YEAR	
		· _				\$
Employer Name			Occupati	on		
Employer Mailing Address/Principal Place of Business		nina di seconda			<u></u>	
Full Name of Contributor			MO.	DAY	YEAR	^
		<u></u>	MO.	DAY	YEAR	\$
Mailing Address					1.500	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	11	· · · · · · · · · · · · · · · · · · ·	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	1	,	Occupation			
Employer Mailing Address/Principal Place of Business					<u></u>	
Full Name of Contributor			MO.	DAY	YEAR	
		ar ana 'n adamadain.ivitigian ar 1				\$
Mailing Address			<u>MO.</u>	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Employer Name	11		Occupat	ion		L
Employer Mailing Address/Principal Place of Business			<u> </u>			
Enter Grand Total of Part D on Sche	edule I,	Detailed Summa	ry Page,	Sectio	on 3.	PAGE TOTAL

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