

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
<b>Name:</b>	<i>Norma A. Cusick</i>			
<b>Address:</b>	<i>535 E Emmaus Ave</i>			
<b>City, State, Zip:</b>	<i>Allentown PA 18103</i>			
Report Filed By				
<b>Candidate</b>	<i>X</i>	<b>Committee</b>		
<b>Type of Report</b>	<i>2<sup>nd</sup> Friday Pre-Primary</i>	<b>Election Date</b>	<b>Amended</b>	<b>Termination</b>
		<i>05/21/2013</i>		
<b>Office Sought By Candidate</b>		<b>Party</b>	<b>County</b>	
<i>Lehigh County Commissioner Dist #5</i>		<i>R</i>	<i>Lehigh</i>	
Summary of Receipts & Expenditures				
<b>From:</b>	<i>03/12/2013</i>	<b>To:</b>	<i>05/06/2013</i>	
<b>A. Amount Brought Forward From Last Report</b>			<i>0.00</i>	
<b>B. Total Monetary Contributions &amp; Receipts (from Schedule I)</b>			<i>0.00</i>	
<b>C. Total Funds Available (Sum of Lines A &amp; B)</b>			<i>0.00</i>	
<b>D. Total Expenditures (from Schedule III)</b>			<i>(-10,000.00)</i>	
<b>E. Ending Cash Balance (Subtract Line D from Line C)</b>			<i>(-10,000.00)</i>	
<b>F. Value of In-Kind Contributions Received (from Schedule II)</b>			<i>0.00</i>	
<b>G. Unpaid Debts &amp; Obligations (from Schedule IV)</b>			<i>0.00</i>	

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

**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 <i>Norma A. Cusick</i>	Reporting Period From <i>3-14-13</i> To <i>5-6-13</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Norma A. Cusick</i>	<i>03</i>	<i>14</i>	<i>2013</i>	\$ <i>10,000.00</i>
Mailing Address <i>535 E. Emmus St</i>	MO.	DAY	YEAR	\$
City <i>Allentown</i> State <i>PA</i> Zip Code (Plus 4) <i>18103</i>	MO.	DAY	YEAR	\$
Employer Name <i>-</i>	Occupation <i>Homemaker</i>			
Employer Mailing Address/Principal Place of Business <i>Candidates Ivan to</i>				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

**Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.**

**PAGE TOTAL**  
**\$ *10,000.00***