

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
<b>Name:</b>	<i>Friends of 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>		<b>Committee</b>	<i>X</i>	
<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>10,000.00</i>	
<b>C. Total Funds Available (Sum of Lines A &amp; B)</b>			<i>10,000.00</i>	
<b>D. Total Expenditures (from Schedule III)</b>			<i>4,150.00</i>	
<b>E. Ending Cash Balance (Subtract Line D from Line C)</b>			<i>5,850.00</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>10,000.00</i>	

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

**CONTRIBUTIONS AND RECEIPTS****Detailed Summary Page**

Name of Filing Committee or Candidate <i>Friends of Norma A Cusick</i>	Reporting Period From <i>03-14-13</i> To <i>05-6-2013</i>
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**1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the Reporting Period	(1)	\$ <i>00.00</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>00.00</i>
All Other Contributions (Part B)	\$ <i>00.00</i>
TOTAL for the Reporting Period	(2) \$ <i>00.00</i>

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

Contributions Received from Political Committees (Part C)	\$ <i>00.00</i>
All Other Contributions (Part D)	\$ <i>10,000.00</i>
TOTAL for the Reporting Period	(3) \$ <i>10,000.00</i>

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

TOTAL for the Reporting Period	(4)	\$ <i>00.00</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.)

\$ <i>10,000.00</i>
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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				Reporting Period			
Friends of Norma A. Cusick				From 3-14-13 To 5-6-13			
				DATE			AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
		-					
		-					
		-					
		-					
		-					
		-					
		-					
		-					
		-					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL

\$ 00.00

**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 <u>Friends of Norma A. Cusick</u>	Reporting Period From <u>3-14-13</u> To <u>5-6-13</u>
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			DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL  
\$ 00.00

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 <i>Friends of Norma A Cusick</i>	Reporting Period From <i>3-14-13</i> To <i>5-6-13</i>
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				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Full Name of Contributing Committee							
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	\$
		-					

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

PAGE TOTAL  
\$ *80.00*

**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 <u>Friends of Norma A. Cusick</u>	Reporting Period From <u>3-14-13</u> To <u>5-6-13</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<u>Norma A Cusick</u>	<u>3</u>	<u>14</u>	<u>13</u>	\$ <u>10,000.00</u>
Mailing Address <u>535 E. Emmaus Ave</u>	MO.	DAY	YEAR	\$
City <u>Allentown</u> State <u>PA</u> Zip Code (Plus 4) <u>18103</u>	MO.	DAY	YEAR	\$
Employer Name <u>- Loan from Candidate</u>	Occupation <u>Homemaker</u>			
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	Occupation			
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	Occupation			
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	Occupation			
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	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

**PART E  
OTHER RECEIPTS**

PAGE 7 OF 12

**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 Candidate <i>Friends of Norma A. Cusick</i>	Reporting Period From <i>3-14-13</i> To <i>5-6-13</i>
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Full Name							Amount
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		\$
		-					
Receipt Description							
Full Name							Amount
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		\$
		-					
Receipt Description							
Full Name							Amount
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		\$
		-					
Receipt Description							
Full Name							Amount
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		\$
		-					
Receipt Description							
Full Name							Amount
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		\$
		-					
Receipt Description							
Full Name							Amount
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		\$
		-					
Receipt Description							

**Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.**

**PAGE TOTAL**

*\$0.00*

**IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS  
DURING THE REPORTING PERIOD.

## Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Norma A. Pasick</i>	Reporting Period From <i>3-1-13</i> To <i>5-6-13</i>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$ <i>00 00</i>

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>	
TOTAL for the Reporting Period	(2) \$ <i>00,00</i>

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>	
TOTAL for the Reporting Period	(3) \$ <i>00,00</i>

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <i>00,00</i>
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**SCHEDULE II  
PART F**

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**IN-KIND CONTRIBUTIONS RECEIVED**

**VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate <i>Friends of Norma A. Pusick</i>	Reporting Period From <i>03-14-13</i> To <i>5-6-13</i>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL  
\$ *80.00*

## PART G

## IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate

Friends of Norma A. Cusick

Reporting Period

From 3-14-13 To 5-6-13

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

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL

\$ 00.00

## SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <u>Friends of Norma A Pusick</u>	Reporting Period From <u>08-14-13</u> To <u>5-6-13</u>
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To Whom Paid <u>Cherly H. Corsa</u>			MO. <u>5</u>	DAY <u>3</u>	YEAR <u>13</u>	Amount <u>\$ 4,150</u>
Mailing Address <u>1290 Stark Road</u>			Description of Expenditure <u>Campaign Literature</u>			
City <u>Bethlehem</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18017</u>				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address						\$
City			Description of Expenditure			
State	Zip Code (Plus 4)					
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address						\$
City			Description of Expenditure			
State	Zip Code (Plus 4)					
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address						\$
City			Description of Expenditure			
State	Zip Code (Plus 4)					
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address						\$
City			Description of Expenditure			
State	Zip Code (Plus 4)					
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address						\$
City			Description of Expenditure			
State	Zip Code (Plus 4)					
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address						\$
City			Description of Expenditure			
State	Zip Code (Plus 4)					
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address						\$
City			Description of Expenditure			
State	Zip Code (Plus 4)					

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

PAGE TOTAL

\$ 4,150

# 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.

Name of Filing Committee or Candidate <u>Friends of Norma A Cusick</u>	Reporting Period From <u>3-14-13</u> To <u>5-6-13</u>
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Name of Creditor <u>Norma A Cusick</u>					Outstanding Balance of Debt <u>\$ 10,000.00</u>	
Mailing Address <u>535 E. Emmons Ave</u>	DATE DEBT INCURRED	MO. <u>3</u>	DAY <u>14</u>	YEAR <u>13</u>		
City <u>Allentown</u>		State <u>PA</u>	Zip Code (Plus 4) <u>18103</u>			
Description of Debt <u>Loan to Campaign</u>						

Name of Creditor					Outstanding Balance of Debt <u>\$</u>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City		State	Zip Code (Plus 4)			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt <u>\$</u>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City		State	Zip Code (Plus 4)			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt <u>\$</u>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City		State	Zip Code (Plus 4)			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt <u>\$</u>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City		State	Zip Code (Plus 4)			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt <u>\$</u>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	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  
\$ 10,000.00