	CA	MPAIGN I	FINANCE REPO	ORT			
Name:		Friends of	Amy Zanelli				
Address:		506 12 th Ave					
City, State, Z	ip:	Bethlehem	PA 18018				
Candidate			Committee			X	
Type of Report			Election Date	Amendo	ed	Termination	
2018 - ANN	UAL REPORT						
Termination	Report?						
			Donate	County			
Office Sough	ht By Candida	te	Party	County	, 		
Lehigh Cou	nty Commission	er Dist #3		Lehigh			
	Sum	mary of Re	ceipts & Expend	litures			
From:	01/01/2018		To:	12/31/2	018		
A A	Brought Forw	and From I	est Report		3.2	16.67	
A. Amount	Brought Form	aru From La	ist Report		, , ,		
B. Total Mo	onetary Contri	butions & R	eceipts (from Sch	edule I)	3,259.00		
C. Total Fu	nds Available	(Sum of Line	es A & B)		6,5.	34.21	
D. Total Expenditures (from Schedule III)					6,10	03.92	
E. Ending Cash Balance (Subtract Line D from Line C)					430	0.29	
F. Value of In-Kind Contributions Received (from Schedule II)				0.0	0		
G. Unpaid	Debts & Obliga	ations (from	Schedule IV)		0.0	U	

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

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
81-5433292	
8 01-3433232	

1.Unitemized Contributions and Receipts-\$\$0.00 or Less per Contributor		
Total for the recent in a second of the seco	1	41 92 miles (4.1
Total for the reporting period (1	.) \$	58.54
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	450
All Other Contributions (Part B)	\$	100
Total for the reporting period (2) \$	550
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	2500
All Other Contributions (Part D)	\$	
Total for the reporting period (3) \$	2500
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4) \$	759.99
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, Repor Cover Page, Item B)	\$ t	3259.99

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.

Filer Identification Number

		81-3433292							
								_	Amount
Full Name of Cor Committee	ntributing	- '- 40.					Date [MM/DD/YYYY]	\$	100
COMMINGE	# 14 m	Friends of De	an Donai	her			07/30/2018		100
House #	Street A	000000000000000000000000000000000000000					Date [MM/DD/YYYY]	5	
		710 V	Wedgewo	ood Dr					
City Bethleher	l xxx		State		Zip Code	T	Date [MM/DD/YYYY]	\$	
			Ver there is	PA		18017			
Full Name of Cor	4						Date [MM/DD/YYYY]	\$	
Committee	Alternation	Insulators Loc	cal 23				09/10/2018	1	250.00
House #	Street A	1000					Date [MM/DD/YYYY]	\$	
		3263	i Schoolh	house Road	.d				
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Middletov	wn		(PA		17057			
Full Name of Cor	ntributing				ESSE CONTRACTOR OF THE PARTY OF	<u>4</u>	Date [MM/DB/YYYY]	\$	
Committee	The Assessment	Susan Wild fo	r Congre	ess			08/25/2018		100
House #	Street A	Address					Date [MM/DD/YYYY]	\$	
913	E00400	88 88 88 88	, N Cedar	r Crest Blv	/d #183				
City Allentown		T	State	PA	Zip Code	18014	Date [MM/DD/YYYY]	\$	
				PA		18014			
Full Name of Con Committee	itributing						Date [MM/DD/YYYY]	\$	
House #	Street A	Address					Date [MM/DD/YYYY]	\$	
			_				4.7.4.74		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
									I
Full Name of Con	ntributing				Property and the second	<u> </u>	Date [MM/DD/YYYY]	\$	
Committee	A-2757	l							ļ.
House #	Street A	ıddress				-	Date [MM/DD/YYYY]	\$	***
									ı
City			State		Zip Code		Date [MM/DD/YYYY]	\$	7.07
						<i>i</i>			
Full Name of Con Committee	tributing						Date [MM/DD/YYYY]	\$	
House #	Street Ad	ddress					Date [MM/DD/YYYY]	\$	
									i
City	I		State		Zip Code		Date [MM/DD/YYYY]	\$	
/#2 									i

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

File' Identification Manaber: 81-5433292			_	

Full Name of Contributor Andrew Lee			07/30/2018	100
House # Street Address	30 Main St		Date [MM/DD/YYYY]	\$
City Hellertown	State PA	Zip Code 18055		\$
Full Name of Contributor			Date MM/DD/YFY)	\$
House # Street Address			Date [MM/DD/YYYY]	\$
(City)	State	Zip Soda	-	
Full Name of Considerations			Parts [MM/200/YYYY]	
House # Street Address			Date [NM/DD/YYYY]	
City 1	State	, dp Code	Date [MM/DD/YYYY]	
Full Name of Contributor			Diracham/DD/YXYY]	
House # Street Address			Date [MM/DD/YYYY]	
(ab)	State	Zip Code	Pate (MM/DD/YYYY) + S	
Full Name of Contributor			Cuite MM/OD/VVVV	
House # Street Address			Date [MM/OD/YYY] \$	
(day	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] S	
House # Street Address			Date [MM/DD/YYYY] \$	
(4)	State	Zip Code	Date MM/DD/Yerry	

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.

Filer Identification Number: 81-5433292		

Full Name of			Date (MM/DD/YYYY) S	
	for Congress			1000
	· · · · · · · · · · · · · · · · · · ·		11/14/2018	
House # Street Address	1636 N Cedar Crest Blv	d #183	Date [MM/DD/YYYY] S	1500
707			11/20/2018	
Allentown	State PA	Zip Code 18014	Date [MM/DD/YYY] \$	
Full Name of			Date (MM/DD/YYYY) 5	
Contributing Committee				
House # Street Address			Date:[Mille/DD/YYYY] \$	
City	State	2ip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MIM/DID/Ment]	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	_		Date [MM/DD/YYYY] \$	
Conditionaling Committee			•	
House # Street Address			Date [NIM/DO/YYYY] \$	
City	State:	Zip Code	Date [NIM/DD/MY] \$	
Full Name of			Date [MM/DD/YYY) \$	
Contributing Committee				
House # Street Address			Date [NIM/DD/YYY] 5	
City	State	Zip Code	Distri [MM/DD/YYYY] \$	
	175	77 - 247 C		
full Name of Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YDY] S	
		ESS OF STATE		

PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification number:	81-5433292			
Full Name of Contributor				
House # Str	eet Address		Date (NIM/DD/WYY)	
City	State	Zip Code		
Employer Name Employer Mailing Address			Occupation	
Principal Place of Busines Full Name of Contributor			Date (MNN/SD/YYYY)	
House &	est Address		Date (MW/DD/AAAA)	
City	State	Zip Code		
Employer Name			Occupation	
Employer Mailing Address Principal Place of Business	12 to			***
Full Name of Contributor			Date NAM/DD/ATTY	
	ent Address			\$
City	Shate	Zip Code		*
Employer Name			Occupation	
Employer Mailing Addres Principal Place of Busines				
Full Hame of Contributor				5
House of St.	reot/Address			· ·
City	Sinks	Zip Code		5

Occupation

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer identification Number:	81-5433292				
Full Name	"Northern Tool"				
House # St	reet Address				
City	S	tate	Zip Code	03/09/2018	759.99
Receipt Description	fradulent charge returned to ac	count			
Full Name					
House# St	reet Address				
City	44	tate	Zip Code	Date (MM/DD/MYY)	
Receipt Description			· ——·		
Full Name					
	reet Address				
City		tate	Zip Code	Date [MM/QD/TYYY]	
Receipt Description					
Full Name					
House # St	reet Address				
City		tate	Zip. Code	Date [MM/DD/YYYY]	\$
Receipt Description				-	-
Full Name					
House # St	reet Address				
City		State	Zip Code	Date [MM/DD/YYY]	\$
Receipt Description					
Pull Name					
	rect Address				
City:		Skate	Zíp Code	Date (MBA/DO/YYY)	
Receipt Description					

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number: 81-54332	92				
1. UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VA		PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$			
BURNE ASSESSED TO A SECOND STATE OF THE SECOND					
2. IN-KIND CONTRIBUTIONS REC	EIVEO-VACUE OF \$30.0		Mary 1	4.0	
TOTAL for the reporting period	(2)	\$			
3. IN-KIND CONTRIBUTION RECE	NETAVALNE AVED COE	S SS (GROW PART C)		-63 7	A10.
S. AM-KIND CONTRIBUTION RECE	VED VALUE OF EN 323	u.vu (i ivali i riivi u)			
TOTAL for the reporting period	(3)	\$			
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals fr on Page 1, Report Cover Page, Item F)					

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

full lane of Consilution			Data (MNI/IDD/YYYY) S	
House #			Deta (Alley/DID/YYYY) \$	
	State	Zip Code	Date [MM/DD/YYY] \$	
Description of Contribution				
Full Name of Contributor			Date (MAN/JOD/YYYY) \$	
House # Simet Address			Date [MM/DD/YYY] \$	
Cny	State	Zip Code	Date [MM/DD/YYY] \$	
Description of Contribution				
Pull Name of Contributor			STEENING ASSAULT	
House # Street Address			Date MM/DD/YYY] \$	
City (1)	State	Zip Code	Date [MM/DD/YYYV] \$	
Description of Contribution				
Full Name of Contributor			District Date (DECEMBER)	
House # Street Address			Data (MM/DD/YYY)] \$	
City	State	Zip odde	Date HAM/DD/XYYY] \$	
Description of Copyribution				
Full Name of Contributor			Circe (MM/DD/AVVI) \$	
House # Street Address			Date [MM/DD/YYYY] \$	
Chy,	State	Zip Sode	DIAD MM/DD/YYYY] \$	
Description of Contribution				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Flar Identification Number: 81-5433292	
Filer Identification Number:	
Court and control of the control of	
04 5400000	
81-5433292	
01 5 155252	

Full Name of Contributor		Date (MM/DD/YYY)
Street Address		Date (MM/OD/YYY) \$
<u>1</u>	State Zip Code	Date (MIM/DB/YYYY) \$
Employer Name	8	Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor:		Date (IVIM/DD/YYYY)
House # Street Address	Energy Control of the	Date [MM/DD/YYY]
City	State Zip Code	Date (MAN/OD/YYYY) \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business	-	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/80/YYYY] \$
	State Zip Code	Date (MM/ob/YYYY) \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Of Contribution
Full Name of Contributor		Date [MM/DQ/YYY]
House 3 Street Address		Date [MM/DC/YYY/] \$
City.	State Zip Code	Date (MM/DD/YYYY) \$
Employer Name Employer Mailing Address / Principal		Occupation
Place of Business		Description of Contribution:

SCHEDULE III Statement of Expenditures

Plier Identification Number:	31-5433292			

	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
To Whom Raid	Ema(MM/DD/XXXI); \$
House # Street Address	Description of Expenditure
City State Zip Code	
Fo Wham Paid Bethlehem Brew Works	01/04/2018 \$ 423.75
House # Street Address 559 Main St #101	Description of Expenditure
Bethlehem State PA Zio Code	18018 Swearing in Party for Amy Zanelli
Shawna Knipper	01/04/2018 850.00
Street Address 324 N 9th St	Description of Expanditure
Allentown State PA Code	18102 Benefactor of Holidays for the Heart
No Whom Paid Amazon.com	01/09/2018 74.95
House # Street Address 410 Terry Ave	Description of Expenditure
North Seattle State WA Zip Code	98109 Office Supplies
To Whom Paid Etsy.com	02/08/2018 185.00
House # Street Address 117 Adams St	Constitution of Expanditure
Brooklyn State NY Zip Code	11201 Gifts for Volunteers
To Whom Paid Donna Forsythe	02/14/2018 30.00
Street Address 537 Prospect Ave	Generalities of Expenditure
Bethlehem State PA Zip Code	18020 Decor
Marshall's	02/23/2018 107.01
Street Address 2144 W Union Blvd	Description of Expanditure
Bethlehem State PA Zip Code	18018 Supplies for Petition Signing Event
To Whom Paid Leighann Ertle	02/23/2018 \$ 400.00
House # Street Address 2806 Liberty St	Description of Espenditure

Statement of Expenditures

Filer Identification Number: 81-5433292

To Whom Paid		·	Date [MM/DD/YYY]	\$
Giant			02/26/2018	42.64
	2174 W Union Blvd		Description of Expenditu	
Bethlehem	PA	Code 18018	Event Refreshments	
To Whom Paid PA Wine and Spirits	s #3915		Date (NW/OD/YYY)	63.75
			02/28/2018	
House # Street Address	2289 Schoenersville Rd		Description of Expenditu	246.5. 推到体制。
Bethlehem	State PA	Zip Code 18017	Event Refreshments	
Friends of Lisa Boso	cola		O3/21/2018	25.00
House # Street Address	2285 Schonersville Rd, Suite	207	Description of Expenditu	2000年
City Bethlehem	State PA	Zip Code 18017	Event Ticket	
6 Whiten Field Friends of Jeanne N	/IcNeill		03/21/2018	50.00
House 7 Street Address	3163 N Front St		Description of Expenditu	re mechanism Carding 12
Whitehall	State PA	Zip Code 18052	Event Ticket	
To Whom Paid Susan Wild for Con	gress		04/04/2018	250.00
House # Street Address	1636 N Cedar Crest Blvd #18	3	Description of Expenditu	re Tradicia
Allentown	State PA	Zip Coole 18104	Donation	
To Whom Paid PA Dems Caucus of	f County Commissioners		Date (MM/CO/MY) 04/19/2018	35.00
House # Street Address	229 State St		Description of Expenditu	
Gity Harrisburg	State PA	Code 17101	Ticket	
C Whices Pald LV Print Center			04/27/2018	76.00
House # Street Address	1701 Union Biva		Description of Expenditu	Chillippia)
Allentown	PA	Sode 18109	Print Materials	
Fo Wrom Paid Lehigh Valley 4 All			06/07/2018	30.00
House # Street Address	53 E Lehigh St		Description of Expanditu	
Bethlehem	State PA	Zip Code 18018	Fundraiser Purchase	

Statement of Expenditures

CAN HAVE A STATE OF THE STATE O	
01-7433232	
81-5433292	

To Whom Paid	DAGE (MIM/DD/ASSA)
Bradbury-Sullivan LGBT Community Center	07/12/2018 500.00
House # Street Address 522 W Maple St	Description of Expenditure
	18101 Sponsorship of Pride Event
To Whom Paid	08/14/2018 502.39
House # Street Address 506 12th Ave	-Description of Expenditure
City Bethlehem State PA	Reimbursement for Picnic Expenses
To When Pold Amy Zanelli	08/17/2018 61.43
House # Street Address 506 12th Ave	Description of Expenditure
Chy Bethlehem State PA Co	18018 Event Decor - Reimbursement
To Whom Paid Lehigh Valley Labor Council	09/05/2018 \$ 30.00
House # Street Address 3614 Lehigh St	Description of Dependiture
Whitehall State PA	p 18052 Donation
To Whom Raid LV Print Center	09/21/2018 \$ 300.00
House # Street Address 1701 Union Blvd	Description of Expenditure
City State PA	18109 Printing Materials
Yo When Paid LV Print Center	09/21/2018 \$ 100.00
House # Street Address 1701 Union Blvd	Description of Expenditure
All A DA	Printing Materials
Shirley Morganelli	10/16/2018 100.00
House 2 Street Address 33 W Locust St	Description of Expanditive
Bethlehem State PA	18018 Donation
To Whom Pakid	11/19/2018 1000.00
House # Street Address 1390 Stoke Park Road	Description of Expenditure
	18017 Consulting Services

Statement of Expenditures

Filer identification Number: 81-5433292	,

To Whom Paid	Amy Zanelli	"		11/26/2018 672.00
House #	Street Address 50	6 12th Ave		Description of Expenditure
City		State	Zip .	Hotel for Conference
Bethlehem To Whom Paid		PA	Code 18018	
to whom Pac	Amy Zanelli			11/26/2018 195.00
House 3	Street Address 50	6 12th Ave		Description of Expanditure
Bethlehem		State PA	Zip 18018	Registration for Conference
To Whom Paid				Date [MM/OD/YYYY] \$
House #	Street Address	<u> </u>		Description of Expenditure
City		State	Zip Code	
To Milion Paid				Desc [MM/OD/YYY] 3
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				* DIRE (MM/CD/AVAIL :
House #	Street Address			Description of Expanditure
City		State	Žip Code	
To Whom Paid				Carps (MM/00/VVX) 4
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Pald				Date (MAN/OD/1771) - \$
House	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/GD/XYYY] : 5
House #	Street Address			Description of Expenditure
City		State	Zip. Code	

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.

SECURITION OF THE PROPERTY OF		
Floridoptikation Nephor		
Filer Identification Number:		
81-5433292		
101 3-33232		
		T .

Name of Cr	adhar 300	
House #	Street Address	Outstanding Balance of Debt DATE DEBT INCURRED S [MM/0D/YYY]
City		
Description		State Code
Name of Cre		Outstanding Sulance of Debt
House #	Street Address	OATE DEBT INCURRED \$ [MIM/DD/ATTY]
City Description	of built	State 2/p Code
	editor and the	
House #	Street Address	DATE DEBT INCURRED STATEMENT OF DAME
City.		State Zip Good
	editor 1.1.1	Constanding Salance of Debt
House #	Street Address	DATE DEBT INCURRED \$
City (a)		Spate Zip Code
Name of Cre		
House #	Strout Address	DATE DEBT INCURRED . \$ [MM/DD/YYYY]
City Description o	31 2 1 2 19 1 31 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	State 20 Code
Name of Cred	7	
House #	Street Address	Outstanding Balance of Debt DATE DEBT INCURRED S
diam'r		IMM/DD/YYYY]
City Description o		State Zip Code
7.0		