

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
Name:		<i>Friends of Bill Leiner Jr</i>		
Address:		<i>41 N 8th St</i>		
City, State, Zip:		<i>Coplay PA 18037</i>		
Report Filed By				
Candidate		Committee	<i>X</i>	
Type of Report <i>2nd Pre-Primary</i>		Election Date	Amended	Termination
		<i>05/21/2013</i>		
Office Sought By Candidate		Party	County	
<i>Lehigh County Commissioner Dist #1</i>		<i>D</i>	<i>Lehigh</i>	
Summary of Receipts & Expenditures				
From:	<i>01/01/2013</i>	To:	<i>05/06/2013</i>	
A. Amount Brought Forward From Last Report			<i>0.00</i>	
B. Total Monetary Contributions & Receipts (from Schedule I)			<i>1,355.00</i>	
C. Total Funds Available (Sum of Lines A & B)			<i>1,355.00</i>	
D. Total Expenditures (from Schedule III)			<i>366.83</i>	
E. Ending Cash Balance (Subtract Line D from Line C)			<i>1,155.91</i>	
F. Value of In-Kind Contributions Received (from Schedule II)			<i>0.00</i>	
G. Unpaid Debts & Obligations (from Schedule IV)			<i>(-7,776.30)</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 BILL LEINER</i>	Reporting Period From <i>1-1-13</i> To <i>5-6-13</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <i>655.-</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 FROM PART A AND PART B	
Contributions Received from Political Committees (Part A)	\$ <i>500.-</i>
All Other Contributions (Part B)	\$ <i>200.-</i>
TOTAL for the Reporting Period (2)	\$ <i>700.-</i>

3. CONTRIBUTIONS OVER \$250.00 FROM PART C AND PART D	
Contributions Received from Political Committees (Part C)	\$ <i>-</i>
All Other Contributions (Part D)	\$ <i>-</i>
TOTAL for the Reporting Period (3)	\$ <i>0</i>

4. OTHER RECEIPTS, REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ <i>0</i>

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>1,355.-</i>
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\$50.01 TO \$250.00

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

Name of Filing Committee or Candidate <i>Friends of Bill Weiner</i>	Reporting Period From <i>1-1-13</i> To <i>5-6-13</i>
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Full Name of Contributor				DATE			AMOUNT
JAMES STRACK				MO	DAY	YEAR	
Mailing Address				1	22	13	\$ 100.-
1980 MARK TOWN CIRCLE				MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
Bethlehem	PA	18017-1540					\$
Full Name of Contributor				MO	DAY	YEAR	\$
PATRICIA MARTINEZ				4	29	13	\$ 100.-
Mailing Address				MO	DAY	YEAR	\$
1838 PEBRA ST.				MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
CLOVIS	NM	88101-5392					\$
Full Name of Contributor				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City				MO	DAY	YEAR	\$
State				MO	DAY	YEAR	\$
Zip Code (Plus 4)				MO	DAY	YEAR	\$
Full Name of Contributor				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City				MO	DAY	YEAR	\$
State				MO	DAY	YEAR	\$
Zip Code (Plus 4)				MO	DAY	YEAR	\$
Full Name of Contributor				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City				MO	DAY	YEAR	\$
State				MO	DAY	YEAR	\$
Zip Code (Plus 4)				MO	DAY	YEAR	\$
Full Name of Contributor				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City				MO	DAY	YEAR	\$
State				MO	DAY	YEAR	\$
Zip Code (Plus 4)				MO	DAY	YEAR	\$
Full Name of Contributor				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City				MO	DAY	YEAR	\$
State				MO	DAY	YEAR	\$
Zip Code (Plus 4)				MO	DAY	YEAR	\$
Full Name of Contributor				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City				MO	DAY	YEAR	\$
State				MO	DAY	YEAR	\$
Zip Code (Plus 4)				MO	DAY	YEAR	\$
Full Name of Contributor				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City				MO	DAY	YEAR	\$
State				MO	DAY	YEAR	\$
Zip Code (Plus 4)				MO	DAY	YEAR	\$

OSEB-502 (7-89)

\$ 200

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRIENDS OF GILL LEIMER	Reporting Period From 1-1-13 To 5-6-13
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To Whom Paid: J. Staples, Inc. Mailing Address: 2180 MacArthur Road City: Whitehall State: PA Zip Code (Plus 4): 18052 -	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th>Amount</th> </tr> <tr> <td>4</td> <td>30</td> <td>13</td> <td>\$ 133.16</td> </tr> </table> Description of Expenditure: pages, sheet protections, envelopes, printing	MO.	DAY	YEAR	Amount	4	30	13	\$ 133.16
MO.	DAY	YEAR	Amount						
4	30	13	\$ 133.16						
To Whom Paid: J. Staples, Inc. Mailing Address: 2180 MacArthur Road City: Whitehall State: PA Zip Code (Plus 4): 18052 -	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th>Amount</th> </tr> <tr> <td>2</td> <td>2</td> <td>13</td> <td>\$ 61.63</td> </tr> </table> Description of Expenditure: INK cartridge and printing	MO.	DAY	YEAR	Amount	2	2	13	\$ 61.63
MO.	DAY	YEAR	Amount						
2	2	13	\$ 61.63						
To Whom Paid: GIANT, INC Mailing Address: 2ND & CHESTNUT STS. City: COGLIN State: PA Zip Code (Plus 4): 18037 -	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th>Amount</th> </tr> <tr> <td>1</td> <td>15</td> <td>13</td> <td>\$ 72.04</td> </tr> </table> Description of Expenditure: Postage, TAPE	MO.	DAY	YEAR	Amount	1	15	13	\$ 72.04
MO.	DAY	YEAR	Amount						
1	15	13	\$ 72.04						
To Whom Paid: J. Staples, Inc. Mailing Address: 2180 MacArthur Road City: Whitehall State: PA Zip Code (Plus 4): 18052 -	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th>Amount</th> </tr> <tr> <td>3</td> <td>13</td> <td>13</td> <td>\$ 100.-</td> </tr> </table> Description of Expenditure: INK cartridge, laminated letters, postage	MO.	DAY	YEAR	Amount	3	13	13	\$ 100.-
MO.	DAY	YEAR	Amount						
3	13	13	\$ 100.-						
To Whom Paid: Mailing Address: City: State: Zip Code (Plus 4):	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th>Amount</th> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> </tr> </table> Description of Expenditure:	MO.	DAY	YEAR	Amount				\$
MO.	DAY	YEAR	Amount						
			\$						
To Whom Paid: Mailing Address: City: State: Zip Code (Plus 4):	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th>Amount</th> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> </tr> </table> Description of Expenditure:	MO.	DAY	YEAR	Amount				\$
MO.	DAY	YEAR	Amount						
			\$						
To Whom Paid: Mailing Address: City: State: Zip Code (Plus 4):	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th>Amount</th> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> </tr> </table> Description of Expenditure:	MO.	DAY	YEAR	Amount				\$
MO.	DAY	YEAR	Amount						
			\$						
To Whom Paid: Mailing Address: City: State: Zip Code (Plus 4):	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th>Amount</th> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> </tr> </table> Description of Expenditure:	MO.	DAY	YEAR	Amount				\$
MO.	DAY	YEAR	Amount						
			\$						

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

PAGE TOTAL

\$ 366.83

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 FRIENDS OF BILL LEINER	Reporting Period From 1-1-13 To 5-6-13
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Name of Creditor WILLIAM LEINER JR.	Outstanding Balance of Debt \$ 7,776.30		
Mailing Address 41 N. 8TH ST	DATE DEBT INCURRED 2007 - 2012	MO 01	DAY 12
City COLUMBIA	State PA	Zip Code (Plus 4) 18037-1514	
Description of Debt LOANS to COMMITTEE			

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

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

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

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

Name of Creditor	Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO	DAY
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
\$ 7,776.30