CAMPAIGN FINANCE REPORT

Name and Address of Filing Candidate or Committee

Name:	*Dan Hartzell*
Address:	*4265 Heather Ct*
City, State, Zip:	*Allentown PA 18104*

Report Filed By

Candidate	*X*	**Committee**	

Type of Report 2015 – 30 Day Post Primary	**Election Date** **05/19/2015**	**Amended**	**Termination**
Termination Report?			

Office Sought By Candidate	**Party**	**County**
Lehigh County Commissioner At-Large	*D*	*Lehigh*

Summary of Receipts & Expenditures

From:	*05/04/2015*	**To:**	*06/08/2015*

A. Amount Brought Forward From Last Report	*0.00*
B. Total Monetary Contributions & Receipts (from Schedule I)	*0.00*
C. Total Funds Available (Sum of Lines A & B)	*0.00*
D. Total Expenditures (from Schedule III)	*0.00*
E. Ending Cash Balance (Subtract Line D from Line C)	*0.00*
F. Value of In-Kind Contributions Received (from Schedule II)	*2,912.00*
G. Unpaid Debts & Obligations (from Schedule IV)	*0.00*

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

SCHEDULE II
PART G

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER $250.00

Name of Filing Committee or Candidate	Reporting Period
DANNY E. HARTZELL	From 5/15/15 To 6/8/15

Full Name of Contributor			DATE MO.	DAY	YEAR	AMOUNT
Citizens for A Better Lehigh County			5	21	2015	$2,912.00
Mailing Address: 820 Hamilton St Ste 321						$
City: Allentown	State: PA	Zip Code (Plus 4): 18101 -				$
Employer of Contributor: NA			Occupation: —			
Employer Mailing Address/Principal Place of Business: NA			Description of Contribution: Campaign Mgmt Printing.			
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 $

DSEB-502 (7-99)