

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
Name:	<i>Committee to Elect Ed Zucal</i>			
Address:	<i>650 North 16th St</i>			
City, State, Zip:	<i>Allentown PA 18102</i>			
Report Filed By				
Candidate		Committee	<i>X</i>	
Type of Report	Election Date	Amended	Termination	
2015 – 30 Day Post Primary	05/19/2015			
Termination Report?				
Office Sought By Candidate	Party	County		
<i>Lehigh County Sheriff</i>	<i>D</i>	<i>Lehigh</i>		
Summary of Receipts & Expenditures				
From:	<i>05/04/2015</i>	To:	<i>06/08/2015</i>	
A. Amount Brought Forward From Last Report			<i>5,450.57</i>	
B. Total Monetary Contributions & Receipts (from Schedule I)			<i>2,600.00</i>	
C. Total Funds Available (Sum of Lines A & B)			<i>8,050.57</i>	
D. Total Expenditures (from Schedule III)			<i>2,484.04</i>	
E. Ending Cash Balance (Subtract Line D from Line C)			<i>5,566.53</i>	
F. Value of In-Kind Contributions Received (from Schedule II)			<i>0.00</i>	
G. Unpaid Debts & Obligations (from Schedule IV)			<i>0.00</i>	

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

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period (1)	\$	0
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	800
Total for the reporting period (2)	\$	800

3. Contributions Over \$250.00 (From Part C and Part D)
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Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	1,800
Total for the reporting period (3)	\$	1,800

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)
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Total for the reporting period (4)	\$	0
Total Monetary Contributions and Receipts during this reporting period <i>(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>	\$	2,600

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 Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Rick Mongalitz					6/1/2015	\$	100
House #	3638	Street Address			Date [MM/DD/YYYY]	\$	
		Manchester Rd.					
City	Allentown	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	
				18104			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Eric Dowdle					6/2/15	\$	250
House #	29	Street Address			Date [MM/DD/YYYY]	\$	
		South Law Street					
City	Allentown	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	
				18101			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Anthony Stellar					5/9/15	\$	250
House #	5190	Street Address			Date [MM/DD/YYYY]	\$	
		Memorial Road					
City	Schnecksville	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	
				18078			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Ayasofia Top Diner					5/16/15	\$	200
House #	1019	Street Address			Date [MM/DD/YYYY]	\$	
		Union Blvd.					
City	Allentown	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	
				18109			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	

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)

Full Name of Contributor	
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Full Name of Contributor		Wael Yacoub				Date (MM/DD/YYYY)	\$	500
						6/1/15		
House #	525	Street Address	5th. Street			Date (MM/DD/YYYY)	\$	
City	Whitehall	State	PA	Zip Code	18052	Date (MM/DD/YYYY)	\$	
Employer Name		Whitehall Medical Associates				Occupation	physician	
Employer Mailing Address / Principal Place of Business		525 5th. Street Whitehall, PA 18052						

Full Name of Contributor		Mickey & Michael Ross				Date (MM/DD/YYYY)	\$	500
						5/9/15		
House #	3257	Street Address	Jordan Street			Date (MM/DD/YYYY)	\$	
City	Orefield	State	PA	Zip Code	18069	Date (MM/DD/YYYY)	\$	
Employer Name		A-1 Towing				Occupation	Business owner	
Employer Mailing Address / Principal Place of Business		1046 N. Gilmore Street Allentown, PA 18052						

Full Name of Contributor		Aziz Wehbey				Date (MM/DD/YYYY)	\$	300
						5/13/15		
House #	815	Street Address	Hanover Ave.			Date (MM/DD/YYYY)	\$	
City	Allentown	State	PA	Zip Code	18109	Date (MM/DD/YYYY)	\$	
Employer Name		Waheeb inc.				Occupation	Business owner	
Employer Mailing Address / Principal Place of Business		815 Hanover Ave. Allentown, PA 18109						

Full Name of Contributor		Nidal Yacoub				Date (MM/DD/YYYY)	\$	500
						6/2/15		
House #	450	Street Address	Pershing Blvd.			Date (MM/DD/YYYY)	\$	
City	Whitehall	State	PA	Zip Code	18052	Date (MM/DD/YYYY)	\$	
Employer Name		Whitehall Medical & Dental Associates				Occupation	Dentist	
Employer Mailing Address / Principal Place of Business		525 5th. Street Whitehall, PA 18052						

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		PCS Signs				Date (MM/DD/YYYY)	5/9/15	\$	2,484.04
House #		Street Address	internet			Description of Expenditure			
City		State		Zip Code		Signs			
To Whom Paid						Date (MM/DD/YYYY)		\$	
House #		Street Address				Description of Expenditure			
City		State		Zip Code					
To Whom Paid						Date (MM/DD/YYYY)		\$	
House #		Street Address				Description of Expenditure			
City		State		Zip Code					
To Whom Paid						Date (MM/DD/YYYY)		\$	
House #		Street Address				Description of Expenditure			
City		State		Zip Code					
To Whom Paid						Date (MM/DD/YYYY)		\$	
House #		Street Address				Description of Expenditure			
City		State		Zip Code					
To Whom Paid						Date (MM/DD/YYYY)		\$	
House #		Street Address				Description of Expenditure			
City		State		Zip Code					
To Whom Paid						Date (MM/DD/YYYY)		\$	
House #		Street Address				Description of Expenditure			
City		State		Zip Code					