	CAN	MPAIGN F	INANCE REP	ORT			
	Name and Ac	ldress of Fil	ing Candidate	or Comi	mitte	e	
Name: Address: City, State, Z							
Candidate		Committee					
Type of Repo	rt		Election Date	Amend	ed	Termination	
2015 – 2 <sup>nd</sup> Friday Pre-Election		n	11/03/2015				
Termination	Report?						
Office Sough	t By Candidate	е	Party	County			
PAC				Lehigh	igh		
	Sumr	nary of Rec	eipts & Expend	litures			
From:	06/09/2015		To:	10/19/2015			
A. Amount B	rought Forwa	rd From Las	t Report		0.00		
B. Total Mon	etary Contrib	utions & Rec	ceipts (from Scho	edule I)	4,945.00		
C. Total Funds Available (Sum of Lines A & B)					4,945.00		
D. Total Expenditures (from Schedule III)				537.24			
E. Ending Cash Balance (Subtract Line D from Line C)				4,40	7.76		
F. Value of In-Kind Contributions Received (from Schedule II)				2,32	24.71		
G. Unpaid De	ebts & Obligat	tions (from S	chedule IV)		0.00	)	

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

## SCHEDULE I

## CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page							
Name of Filing Committee or Candidate  (1) UNTU FOULERNMENT THAT WAYS From Committee or Candidate	19/15 to 10/19/15						
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CON	RIBUTUR						
TOTAL for the Reporting Period (1)	\$ 505						
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)							
	Is 170						
Contributions Received from Political Committees (Part A)	000						
All Other Contributions (Part B)	\$ 810						
TOTAL for the Reporting Period (2)	\$ 940						
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	1 0000						
Contributions Received from Political Committees (Part C)	\$ 3500						
All Other Contributions (Part D)	\$ 0						
TOTAL for the Reporting Period (3)	\$ 3500						
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ET	C. PROM PART EJ						
TOTAL for the Reporting Period (4)	\$ 0						
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	\$ 4 945						

PAGE 3 OF 8

#### 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	NOI	of that le	Reporting From _	699	15 10/19/15
			DATE		AMOUNT
Full Name of Contributing Committee	ΙĎ	nchell	1013	15	\$ 70
310 N Front	30	Zip Code (Plus 4)		YEAR	\$
WITHIALL	YH	Myd			\$
Full Name of Contributing Committee  Mailing Address				YEAR	\$
wairing Address			MO. DAY	YEAR	\$
City	State	Zip Code (Plus 4)	2 MO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\$
Full Name of Contributing Committee			SE MOTE STATE	YEAR	\$
Malling Address			- W6 5AV-	YEAR	\$
City	State	Zip Code (Plus 4)		YEAR	\$
Full Name of Contributing Committee			MO. DAY	YEAR	\$
Mailing Address			<3.00 P 2 P/AY	YEAR	<b>\$</b>
City	State	Zip Code (Plus 4)		YEAR	\$
Full Name of Contributing Committee			MO. DAY	YEAR	\$
Mailing Address				YEAR	\$
City	State	Zip Code (Plus 4)		YEAR	\$
Full Name of Contributing Committee			MO. BAY	YEAR	\$
Mailing Address	• • • • • • • • • • • • • • • • • • • •			EVEAP.	\$
City	State	Zip Code (Plus 4)		YEAR	\$
Full Name of Contributing Committee		<del></del>	MO. DAY	YEAR	\$
Mailing Address			MG, DAY	YEAR	\$
City	State	Zip Code (Plus 4)		YEAR	\$
Full Name of Contributing Committee			200 N ( 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /		\$
Mailing Address			MO, DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO. BAY	YEAR	\$
Enter Grand Total of Part A on Sche	dule i	, Detailed Summar	y Page, Section	on 2.	\$ 70

PAGE 4 OF 8

## ALL OTHER CONTRIBUTIONS

\$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.)

County Envernment that Marks	Reporting Period From	/15 to 10/19/15
<b>5</b>	DATE	AMOUNT
Full Name of Contributor S S S S S S S S S S S S S S S S S S S	91115	\$ 100
L 435 KINDE TIN	MO DAY YEAR	\$
HILINTOUN PAROS-	- Mo vers	\$
Meiling Address YO FOLWELLY	9 17 15	\$ 100
1201 Country Un	MO SEPAY	\$
Allentoun JPA 15/09-	MO SE BAY YEAR	\$
Full Name of Contributor S SOON	10 13 15	\$78
Mailing Maines RIOGE AVE	MO. DAY YEAR	s
HILEN TOWN ( ) 18703-11	MO DAY YEAR	\$
Full Name for Contributor  Mailing Addison	MO DAY YAR	\$ 100
Gile Beth lane	是1.00mm (A.D.A.m.) (A.D.A.M.)	\$
HUNTOUN DA 1872	MG DAY YEAR	\$
Mailing Address	1() 13 15	\$ 200°
4347 Phillip St		\$
UNITED OF 1800	MO M TONYAL TYPAR	\$
Full Namer of Cognitibutor  Mailing Address	10 5 15	\$ 100
-7644 SWEETWAND BY	\$ (500 PM	\$
11 WWW19U PA 180702	SOAYE SY AN	s
Mailing Address	10 13 15	s 100
4296 Glenword Dr	WO DAY YEAR	\$
EMMAUS PAISOUQ-	MOVE DEPAYED INVESTIGATION	\$
Full Name of Contributor  Mailing Address  Mailing Address	MD DAY, YEAR	\$ 100
1450. S JEHERSON ST	MO. BAY YEAR	\$
ALIONTOWN PA 18103 -	MO. LEAY YEAR	\$
Enter Grand Total of Part B on Schedule I, Detailed Summary	Page, Section 2.	\$ 870



PAGE 5 OF

### 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.

County Envernment that Works	From	150 10/19/15
	DATE	AMOUNT
Full Name of Committee Philad August	9 18 15	<b>\$</b> 750
Melling Studenturonal Dr	ATTENNESS OF THE STREET	\$
CITY OF WORLD PAY STORE COOK (Plus 4)	2 PAY 6 3 AV 6AV	\$
Full Name of Contributing Committee PN PN19h COUNTY	10 a 15	\$ 750
Marilla UY Salle tu Model or	SID. FOAY YEAR	\$
Maria PA 1819102	MO. DAY YEAR	\$
Full Name of Contributing Committee 177/0	MO. DAY YEAR	\$ 2000
Mailing Address 3031A MOUTAN Rd	MO. BAY YEAR	\$
City/Umouth Meeting PA PHOS PILOS	MO STATE YEAR	\$
Full Name of Contributing Committee		\$
Mailing Address	SAVEN S	\$.
City State Zip Code (Plus 4)	SWOL DAY YEAR	\$
Full Name of Contributing Committee	MO - ZOAY. YEAR	\$
Mailing Address	MO DAY YEAR	\$
City State Zip Code (Plus 4)	MIG DAY YEAR	\$
Full Name of Contributing Committee		\$
Mailing Address	MO - DAY - YEAR	\$
City State Zip Code (Plus 4)	SKINOTE IDAY	\$
Full Name of Contributing Committee		\$
Mailing Address	MANAGE TO DAY	\$
City State Zip Code (Plus 4)	MG DAY YEAR	\$
Full Name of Contributing Committee		\$
Mailing Address	MG. DAY YEAR	\$
City State Zip Code (Plus 4)	NO. DAY YEAR	ŝ
Enter Grand Total of Part C on Schedule I, Detailed Summary	Page, Section 3.	\$ 3500

#### SCHEDULE II

PAGE U OF B

## 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  Reporting Pe  From	19/15 To 10/19/15
1. UNITEMIZED IN KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50,00 OR	SESS PERSONNEIBUTOR
TOTAL for the Reporting Period (1)	\$ 0
2. IN: KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FRO)	
TOTAL for the Reporting Period (2)	* Ø
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 FROM PART (	
TOTAL for the Reporting Period (3)	\$ \$ 2324.71
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	s Ø

	Π	8
PAGE		of _ <i>0</i>

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	DY	that Wa	Reporting Period	15 to 10/19/15	
			DATE	AMOUNT	
Full Name of Contributor 4 EXAC				\$ 2324.71	
Mailing Address ON GYACIP L	01	U	MO. DAY YEAR	\$	
Marvinail	\$A	18100 (Plus 4)	MO. DAY YEAR	\$	
Employer of Contributor			Occupation		
Employer Meiling Address/Principal Place of Business			Description of Contribution		
Full Name of Contributor			\$4.70 mile (03.07.80) (45.1-7.1 mile	\$	
Mailing Address			MO DAY YEAR	\$	
City	State	Zip Code (Plus 4)	MO. S SAY YEAR	\$	
Employer of Contributor	<u> </u>		Occupation		
Employer Mailing Address/Principal Place of Business			Description of Contribution		
Full Name of Contributor			MORE SERVICE SYNAN	\$	
Mailing Address			MO. DAY YEAR	\$	
City	State	Zip Code (Plus 4)	MO DAY YEAR	\$	
Employer of Contributor	<u> </u>		Occupation		
Employer Mailing Address/Principal Place of Business			Description of Contribution		
Full Name of Contributor			MO. SAVA SAVA	\$	
Mailing Address	***************************************		MOSS MANAGE SYNCE	\$	
City	State	Zip Code (Plus 4)	MO. DAY YEAR	\$	
Employer of Contributor	<b></b>	<u></u>	Occupation		
Employer Mailing Address/Principal Place of Business			Description of Contribution		
Full Name of Contributor			NO. L. CAP.	\$	
Mailing Address			MO. DAY MEAR	\$	
Clty	State	Zip Code (Plus 4)	MO DAY YEAR	\$	
Employer of Contributor	<u> </u>	1	Occupation		
Employer Meiling Address/Principal Place of Business			Description of Contribution		
Enter Grand Total of Part G on Sched Summary Page, Section 3.	iule 1	I, In-Kind Contribut	tions Detailed	PAGE TOTAL	

#### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				B	
County Government	-//	at Worr	S	Reporting Period From ()	15 to 10/19/15
To Wipm Baid Drint Center	-		g	DAY YEAR	Amount 339.20
Mailing Address	15000	Zip Code (Plus 4)	Desérir	ation of Expenditure	<i>Pards</i>
EXAMELEIT !	144	8015-			
Mailing Address Payit 2.	$\sum \sum_{i} \sum_{j} \sum_{j} \sum_{i} \sum_{j} \sum_{j} \sum_{i} \sum_{j} \sum_{i} \sum_{j} \sum_{i} \sum_{j} \sum_{i} \sum_{j} \sum_{j} \sum_{i} \sum_{j} \sum_{j} \sum_{j} \sum_{i} \sum_{j} \sum_$	Ŋ	MO.	tion of Expenditure	* 24.82
City	State	Zip Code (Plus 4)	Or	Virul Old	nation tees
	3.0.0				
To Whom Do DUS FIRST CVE	Ou-	t Union	10	DAY YEAR	Amount \$ • 50
1530 Str /tue	Y =2Y		Joseph	1901VU-1	El .
Bethlehem	PA	Zip Code (Plus 4)		0	
TO WIFFAUNTAGE KAD	U	7	MO.	DAY YEAR	\$ 09
Mailing Address SCHAPHOLD)	1)	120 Ston	Descrip	ition of Expenditure	ment for
Bethlehem	PH	Code Plus 4)	er	ient cos	15
To Whom Paige II U TOWNEY			/MO.	DAY YEAR	Amount 3.72
Mailing adjoint Howertown Re	JF	tot 2	Descrip	tion of Expanditure	Supplies
Matasavaina	M	Zin Code (Pius 4)		reimbi	rsement
To Whom Paid			MO.	DAY YEAR	Amount \$
Mailing Address			Descrip	tion of Expenditure	
City	State	Zip Code (Plus 4)			Administrativista or a decima a ministrativista de la mentiona de la mentiona de la mentiona de la mentiona de
To Whom Paid			MO.	DAY YEAR	
Mailing Address	······		Descrip	tion of Expenditure	\$
City	State	Zip Code (Plus 4)			
To Whom Paid	<u></u>		MO.	DAY YESR	Amount
Mailing Address	··········		Descrip	tion of Expenditure	\$
Gity	State	Zip Code (Plus 4)			
		equi.			DACE TOTAL
Enter Grand Total of Expenditures on Page	ge 1, (	Report Cover Pa	age, It	em D.	\$ 537 JU