	CAN	MPAIGN F	INANCE REP	ORT				
	Name and Ac	ldress of Fi	ling Candidate	or Com	mitte	e		
Name: Address: City, State, Z	ip:	Vic Mazziotti 2430 Washington St Allentown PA 18104 Report Filed By						
Candidate	<del></del>	X	Committee					
Type of Repo	rt		<b>Election Date</b>	e Amended Termina				
2015 - 2 <sup>nd</sup> Friday Pre-Primary			05/19/2015					
Termination	Report?							
Office Sough	Party	County						
Lehigh County Commissioner At-Large			R	Lehigh	-			
	Sumr	nary of Rec	ceipts & Expend	litures				
From:	From: 01/01/2015 To: 05/04/2				2015			
A. Amount Brought Forward From Last Report						0.00		
B. Total Mon	edule I)	0.00						
C. Total Fund	***************************************	0.00						
D. Total Expenditures (from Schedule III)						350.00		
E. Ending Cash Balance (Subtract Line D from Line C)						(350.00)		
F. Value of In-Kind Contributions Received (from Schedule II)						11,205.16		
G. Unpaid Debts & Obligations (from Schedule IV)						0.00		

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

### SCHEDULE II

PAGE 2 OF 5

# 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** 

lame of Filing Committee or Candidate	Reporting Pe	riod	
VIC MAZZIOTTI	From	1115	To 5/4)15
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF	\$50.00 OR	LESS PE	. Verente de la con-
TOTAL for the Reporting Peri			The state of the s
IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$	250.00 (FRO	M PART	And the second s
TOTAL for the Reporting Peri			37.50
IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (F)	ROM PART G	The second secon	
TOTAL for the Reporting Peri	iod (3)	\$ 11,0	<b>267.66</b>
OTAL VALUE OF IN KIND CONTRIGUE			
OTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS EPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)		\$ 11,	20 <i>5.1</i> 6

### SCHEDULE II PART F

## IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

ivalie of Filing Committee or Candidate		Reporting	g Period			
VIC MAZZIOT		From	1/1/1	5 To 5/41,5		
Full Name of Contributor				DATE		AMOUNT
LIJA J. SCH	KCC4	FR	3	9	15	\$ 137.50
751 BENNE	751 BENNER ROAD					
ALENTONA	Chaha		Mo.	DAY	YEAR	\$ \$
Description of Contribution			111	<del> </del>		
Full Name of Contributor	<u> </u>	בורושל בתפער				
			MO.	DAY	YEAR	s
Mailing Address	M4-72-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)	MO:	DAY	YEAR	\$
Description of Contribution:		_		ALL FRANCES	7.600	\$
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address						\$
City			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	s
Description of Contribution:		L	<u> </u>			
Full Name of Contributor			Part Special			
			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	s
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
Description of Contribution:		-			JEan	\$
Full Name of Contributor			Mo.	DAY	YEAR	
Mailing Address						\$
Dity			MD.	DAY	YEAR	\$
	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Description of Contribution:				L		
uli Name of Contributor						
		ŀ	MO.	DAY	YEAR	\$
Mailing Address			MO:	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	3
Description of Contribution:		_	1-3-41 - 1-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	e ne al estado anoma	Mean	\$
,						<u> </u>
inter Grand Total of Part F on Sched	lula II	la-Kind O	_			PAGE TOTAL
Summary Page, Section 2.	iule II,	in-king Contributio	ons De	itailed		\$ /37.50

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				1.	Panast'= :	Da-1- 4		
VIC MAZZIA	0 F F	`1			Reporting From _	1/1/	5	To 5/4/15
					DATE			AMOUNT
Full Name of Contributor				0.		YEAR		41.000
RESTORE PA				-	4	15	<b> </b> *	11,067.66
80. Box 446	4		· · · · · ·	0.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	M	ο.	DAY	YEAR	-	
ALLENTOWN	M	18105 -44					\$	
employer of Contributor			Occ	upati	on		- <b>L</b>	
Employer Mailing Address/Principal Place of Business					ion of Cor		ΔΔ.	
Full Name of Contributor							7840	Morrow
ruii Name of Contributor			M	0	DAY	YEAR	\$	
Mailing Address			M	0.	DAY	YEAR	<del>ا</del> نا	
				¥		1	\$	
City	State	Zip Code (Plus 4)	M	0,	DAY	YEAR	+-	
		_					\$	
Employer of Contributor			Occi	upati	on			
Employer Mailing Address/Principal Place of Business			Door		on of Cor	A-16		
			Desi	ar ipti	on or cor	ttribution		
Full Name of Contributor			M	o ·	DAY	YEAR	-	
				<u> </u>		I FAIL	\$	
Mailing Address			M	<b>)</b> .	DAY	YEAR	<del>                                     </del>	
							\$	
City	State	Zip Code (Plus 4)	M	0.	DAY	YEAR	\$	***************************************
Employer of Contributes		_						
Employer of Contributor			Occi	upati	on			
Employer Mailing Address/Principal Place of Business			Desc	ripti	on of Cor	tribution		
				•				
Full Name of Contributor			M	<b>0.</b>	DAY	YEAR		
							\$	
Mailing Address			-M	<b>)</b>	DAY	YEAR	\$	
City	State	7:- 0-d- (D) - d)		112.00 · 1	C31420 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3	
	State	Zip Code (Plus 4)	M	) <u>, 1</u>	DAY	YEAR	\$	
Employer of Contributor			Occi	pati	on	I	<u> </u>	
Employer Mailing Address/Principal Place of Business			Desc	ripti	on of Cor	tribution		
Full Name of Contributor			M	9.	DAY	YEAR	•	
							\$	
Mailing Address			M	<b>).</b>	DAY	YEAR	s	
City	State	Zip Code (Plus 4)	M	guzar (	DAY	YEAR	<u> </u>	
		-		-		- Contract	\$	
Employer of Contributor	-	•	Occi	peti	on	1		
Employer Mailing Address/Principal Place of Business			Desc	Description of Contribution				
						VVVI - 1888		
Enter Grand Total of Part G on Sche	dula !	l. In-Kind Contril	nutione	D-	atailad		PAG	E TOTAL
Summary Page, Section 3.	~=.• 1	, ar king oontin	-4110113		aiieu		\$	11,067.66

DSEB-502 (7-99)

\$ 11,067.66

#### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing	Committee or Candidate			T	Reporting	Period						
	VIC MAZZIC	5			From	Hilis	5 to <u>5/4/15</u>					
To When Did												
To Whom Paid	County of LEF	WGH		Mo. 3	DAY	YEAR 15	Amount \$ /00.00					
City	17 S. SEVENTH STREET					Description of Expenditure  F. L. NU FEE						
City	ALLEMONA	State	Zip Code (Plus 4) /8/01 - 240	9	***************************************							
To Whom Paid	RESCORE AG			МО.			Amount					
Mailing Address	P.O. Box 4464			Descripti	on of Ex		\$ 250,00					
City	ALLENTOWN	State	Zip Code (Plus 4) 18405 - 446	ı	nc	CONTR	אפ ודנ צו					
To Whom Paid				Mo.	DAY	YEAR	* Amount					
Mailing Address			· · · · · · · · · · · · · · · · · · ·	Descripti	on of Exp		\$					
City		State	Zip Code (Plus 4)	-								
To Whom Paid			-									
				MO.	DAY	YEAR	Amount					
Mailing Address				Description	on of Exp	enditure	\$					
City		State	Zip Code (Plus 4)									
To Whom Paid			_	MO.	And the second of the							
Mailing Address						YEAR	Amount \$					
City				Description	on of Exp	enditure						
		State	Zip Code (Plus 4)		***************************************							
To Whom Paid				MO.	DAY	YEAR	Amount					
Mailing Address				Description	n of Exp	enditure	\$					
City		State	Zip Code (Plus 4)									
			-									
To Whom Paid				MO.	DAY	YEAR						
Mailing Address				Descriptio	n of Expe	inditure	\$					
City		State	Zip Code (Plus 4)									
o Whom Paid			-		VI TO THE PARTY OF	S44-54-00-00-00-00-00-00-00-00-00-00-00-00-00						
Mailing Address		****		Mo.		YK <b>v</b> A	Amount \$					
-				Description	n of Expe	nditura						
ity		State	Zip Code (Plus 4)									
			-				DAGE 2021					
nter Grand T	otal of Expenditures on	Page 1, R	leport Cover Pa	ge, Iten	n D.		PAGE TOTAL \$ 3.50.00					
				<u> </u>			4 22 V, VC					