

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
Name:		<i>Lehigh County Tax Facts</i>		
Address:		<i>987 Postal Rd</i>		
City, State, Zip:		<i>Allentown PA 18109</i>		
Report Filed By				
Candidate		Committee		
Type of Report		Election Date	Amended	Termination
2015 - 2 nd Friday Pre-Primary		05/19/2015		
Termination Report?				
Office Sought By Candidate		Party	County	
			<i>Lehigh</i>	
Summary of Receipts & Expenditures				
From:	<i>01/01/2015</i>	To:	<i>05/04/2015</i>	
A. Amount Brought Forward From Last Report				<i>35,000.00</i>
B. Total Monetary Contributions & Receipts (from Schedule I)				<i>0.00</i>
C. Total Funds Available (Sum of Lines A & B)				<i>35,000.00</i>
D. Total Expenditures (from Schedule III)				<i>25,315.00</i>
E. Ending Cash Balance (Subtract Line D from Line C)				<i>9,685.00</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.

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Lalough County Tax Facts</i>	Reporting Period From <i>1/1/15</i> To <i>5/4/15</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period	(1)	\$	<i>- 0 -</i>
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2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)

Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
TOTAL for the Reporting Period	(2) \$ <i>- 0 -</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)

Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
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>
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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>- 0 -</i>
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PART B
ALL OTHER CONTRIBUTIONS

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\$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.)

Name of Filing Committee or Candidate <u>Lehigh County Tax Facts</u>	Reporting Period From <u>1/1/15</u> To <u>5/4/15</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Full Name of Contributor							\$ <u>-0-</u>
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$ <u>-0-</u>

PART C

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.

Name of Filing Committee or Candidate <i>Lehigh County Tax Facts</i>				Reporting Period From <i>1/1/15</i> To <i>5/4/15</i>			
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$ -0-
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					
Full Name of Contributing Committee							
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					
Full Name of Contributing Committee							
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					
Full Name of Contributing Committee							
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					
Full Name of Contributing Committee							
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					
Full Name of Contributing Committee							
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					
Full Name of Contributing Committee							
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					
Full Name of Contributing Committee							
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					
Full Name of Contributing Committee							
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					
Full Name of Contributing Committee							
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.	PAGE TOTAL \$ -0-
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PART D
ALL OTHER CONTRIBUTIONS

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OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate <i>Lehigh County Tax Facts</i>	Reporting Period From <i>1/1/15</i> To <i>5/4/15</i>
---	---

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$ -0-
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ -0-

PART E
OTHER RECEIPTS

PAGE 7 OF 12

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate <u>Helix County Tax Facts</u>	Reporting Period From <u>1/1/15</u> To <u>5/4/15</u>
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Full Name							Amount \$ <u>-0-</u>
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Receipt Description							
Full Name							Amount \$
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Receipt Description							
Full Name							Amount \$
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Receipt Description							
Full Name							Amount \$
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Receipt Description							
Full Name							Amount \$
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Receipt Description							
Full Name							Amount \$ <u> </u>
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Receipt Description							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL

\$ -0-

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVEDUSE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate <u>Helix County Tax Facts</u>	Reporting Period From <u>1/1/15</u> To <u>5/4/15</u>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTORTOTAL for the Reporting Period (1) \$ -0-**2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)**TOTAL for the Reporting Period (2) \$ -0-**3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)**TOTAL for the Reporting Period (3) \$ -0-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.)\$ -0-

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED

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VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <u>Lehigh County Tax Facts</u>	Reporting Period From <u>1/1/15</u> To <u>5/4/15</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Full Name of Contributor							\$ -0-
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$ -0-

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

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Name of Filing Committee or Candidate <u>Lehigh County Tax Facts</u>	Reporting Period From <u>1/1/15</u> To <u>5/4/15</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$ -0-
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
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

\$ -0-

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Lehigh County Tax Facts</i>	Reporting Period From <i>1/1/15</i> To <i>5/4/15</i>
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To Whom Paid <i>National Research, Inc</i>	MO. <i>3</i>	DAY <i>26</i>	YEAR <i>15</i>	Amount <i>\$ 16,000.00</i>
Mailing Address <i>146 State Highway 34</i>	Description of Expenditure <i>Poll for Lehigh County</i>			
City <i>Holmdel</i>	State <i>NJ</i>	Zip Code (Plus 4) <i>07733-</i>		
<i>Commissioner's Race</i>				
To Whom Paid <i>Postmaster</i>	MO. <i>5</i>	DAY <i>1</i>	YEAR <i>15</i>	Amount <i>\$ 4,700.50</i>
Mailing Address <i>Lehigh Valley Retail Unit</i>	Description of Expenditure <i>Postage for mailers</i>			
City <i>Bethlehem</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18017-9026</i>		
<i>opposing Osborne/Mazzotti</i>				
To Whom Paid <i>Postmaster</i>	MO. <i>5</i>	DAY <i>1</i>	YEAR <i>15</i>	Amount <i>\$ 4,612.50</i>
Mailing Address <i>Lehigh Valley Retail Unit</i>	Description of Expenditure <i>Postage for mailers</i>			
City <i>Bethlehem</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18017-9026</i>		
<i>supporting Browning</i>				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL

\$ 25,315.00

SCHEDULE IV
STATEMENT OF UNPAID DEBTS

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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 <u>Helix County Tax Facts</u>	Reporting Period From <u>1/1/15</u> To <u>5/4/15</u>
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Name of Creditor					Outstanding Balance of Debt \$ <u>0-</u>	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
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 \$ <u>0-</u>
