

CAMPAIGN FINANCE REPORT

Name and Address of Filing Candidate or Committee

Name:	<i>Armstrong 4 Executive</i>
Address:	<i>3154 Brynwood Dr</i>
City, State, Zip:	<i>Whitehall PA 18052</i>

Candidate		Committee	<i>X</i>
Type of Report	Election Date	Amended	Termination
2017 – 2 nd Friday Pre-Primary	05/16/2017		
Termination Report?			
Office Sought By Candidate	Party	County	
<i>Lehigh County Executive</i>	<i>D</i>	<i>Lehigh</i>	

Summary of Receipts & Expenditures

From:	<i>03/15/2017</i>	To:	<i>05/01/2017</i>
A. Amount Brought Forward From Last Report			<i>0.00</i>
B. Total Monetary Contributions & Receipts (from Schedule I)			<i>5,540.00</i>
C. Total Funds Available (Sum of Lines A & B)			<i>5,540.00</i>
D. Total Expenditures (from Schedule III)			<i>2,342.94</i>
E. Ending Cash Balance (Subtract Line D from Line C)			<i>3,197.06</i>
F. Value of In-Kind Contributions Received (from Schedule II)			<i>0.00</i>
G. Unpaid Debts & Obligations (from Schedule IV)			<i>(-100.00)</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 ARMSTRONG 4 EXECUTIVE	Reporting Period From 3-15-2017 To 5-1-2017
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TOTAL for the Reporting Period	(1)	\$ 140.00
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Contributions Received from Political Committees (Part A)	\$ -0-
All Other Contributions (Part B)	\$ 400.00
TOTAL for the Reporting Period	(2) \$

Contributions Received from Political Committees (Part C)	\$ 5000.00
All Other Contributions (Part D)	\$
TOTAL for the Reporting Period	(3) \$ 5000.00

TOTAL for the Reporting Period	(4)	\$ -0-
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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.)	\$ 5,540.00
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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		Reporting Period		DATE	AMOUNT
ARISTONG 4 EXECUTIVE		From 3-15-2017 To 5-1-2017			
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)			\$
PAGE TOTAL					\$ - 0 -

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

PART B
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.)

Name of Filing Committee or Candidate ARMSTRONG EXECUTIVE	Reporting Period From <u>3-15-2017</u> To <u>5-1-2017</u>
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	DATE	AMOUNT
Full Name of Contributor PHILLIPS M. ARMSTRONG	3 15 2017	\$ 100.⁰⁰
Mailing Address 3154 BRYNWOOD DRIVE		
City WHITEHALL State: PA Zip Code (Plus 4): 18052-		
Full Name of Contributor FREDERICK H. WALKER	3 28 2017	\$ 100.⁰⁰
Mailing Address 2552 COVERED BRIDGE LANE		
City ALLENTOWN State: PA Zip Code (Plus 4): 18104-		
Full Name of Contributor ROCHELLE K. KAPLAN	3 28 2017	\$ 100.⁰⁰
Mailing Address 3153 MASTERS HILL RD.		
City FOGELSVILLE State: PA Zip Code (Plus 4): 18051-		
Full Name of Contributor ZEHRA FOLLWEILER	3 28 2017	\$ 100.⁰⁰
Mailing Address 1201 COUNTRY LN.		
City ALLENTOWN, State: PA Zip Code (Plus 4): 18104-		
Full Name of Contributor		\$
Mailing Address		\$
City		\$
Full Name of Contributor		\$
Mailing Address		\$
City		\$
Full Name of Contributor		\$
Mailing Address		\$
City		\$
Full Name of Contributor		\$
Mailing Address		\$
City		\$

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

PAGE TOTAL
\$ 400.⁰⁰

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 ARMSTRONG 4 EXECUTIVE	Reporting Period From <u>3-15-2017</u> To <u>5-1-2017</u>
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	DATE	AMOUNT
Full Name of Contributing Committee IBEW LOCAL UNION #375 PAC	3 29 2017	\$ 5000.⁰⁰
Mailing Address 1201 WEST LIBERTY STREET		\$
City ALLENTOWN, PA. State PA Zip Code (Plus 4) 18102 -		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City		\$

PAGE TOTAL
\$ 5000.⁰⁰

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

**PART D
ALL OTHER CONTRIBUTIONS**

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 ARMSTRONG 4 EXECUTIVE	Reporting Period From 3-15-2017 To 5-1-2017
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	DATE	AMOUNT
Full Name of Contributor	\$	
Mailing Address	\$	
City State Zip Code (Plus 4)	\$	
Employer Name Occupation		
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor	\$	
Mailing Address	\$	
City State Zip Code (Plus 4)	\$	
Employer Name Occupation		
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor	\$	
Mailing Address	\$	
City State Zip Code (Plus 4)	\$	
Employer Name Occupation		
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor	\$	
Mailing Address	\$	
City State Zip Code (Plus 4)	\$	
Employer Name Occupation		
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor	\$	
Mailing Address	\$	
City State Zip Code (Plus 4)	\$	
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 -

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 ARMSTRONG 4 EXECUTIVE	Reporting Period From 3-15-2017 To 5-1-2017
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TOTAL for the Reporting Period (1)	\$ — 0 —
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TOTAL for the Reporting Period (2)	\$ — 0 —
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TOTAL for the Reporting Period (3)	\$ — 0 —
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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 —
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SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate: **ARMSTRONG 4 EXECUTIVE**
Reporting Period: From **3-15-2017** To **5-1-2017**

Full Name of Contributor		DATE	AMOUNT
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			\$

PAGE TOTAL
\$ 0

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

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

Name of Filing Committee or Candidate ARMSTRONG EXECUTIVE	Reporting Period From <u>3-15-2017</u> To <u>5-1-2017</u>
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				DATE			AMOUNT
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			
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
\$ 0

**PART E
OTHER RECEIPTS**

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 ARMSTRONG 4 EXECUTIVE	Reporting Period From <u>3-15-2017</u> To <u>5-1-2017</u>
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Full Name

Mailing Address

City	State	Zip Code (Plus 4)	Amount	
		-	\$	

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	Amount	
		-	\$	

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	Amount	
		-	\$	

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	Amount	
		-	\$	

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	Amount	
		-	\$	

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	Amount	
		-	\$	

Receipt Description

PAGE TOTAL
\$ <u>— 0 —</u>

Enter Grand Total of Part E on Schedule 1, Detailed Summary Page, Section 4.

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate ARMSTRONG 4 EXECUTIVE	Reporting Period From 3-15-2017 To 5-1-2017
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To Whom Paid	Date	Amount	Description of Expenditure
STAPLES 2180 MacARTHUR RD. WHITEHALL PA 18052-	3/27/2017	\$ 42.98	PAPER SUPPLIES, COPY COSTS
PNC BANK 1300 THIRD ST. WHITEHALL PA 18052-	3/15/2017	\$ 19.99	CHECK / DEPOSIT TICKET COSTS
NEVLUS BEVERAGES 4041 Rte 309 SCHNACKSVILLE PA 18079-	3/25/17	\$ 48.30	ANNOUNCEMENT NITE Refreshments
LOUIE'S RESTAURANT 2071 31st ST ALLENTOWN PA 18103-	3/24/2017	\$ 752.30	ANNOUNCEMENT NITE Refreshments
FINE WINE & Good Spirits 3901 CREST PLAZA SHOPPING CTR. ALLENTOWN PA 18104-	3/25/2017	\$ 34.96	ANNOUNCEMENT NITE Refreshments
GIANT FOODS 2641 MacARTHUR RD. WHITEHALL PA 18052-	3/27/2017	\$ 54.16	ANNOUNCEMENT NITE Refreshments
IBEW LU #375 HOME ASSOCIATION 1201 W. Liberty St. ALLENTOWN PA 18102-	3/29/2017	\$ 25.00	HALL RENT
LV PRINT CENTER 1701 UNION Blvd. Suite 114 ALLENTOWN PA 18109-	4/11/2017	\$ 1,364.75	SIGNS, BANUSE

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

PAGE TOTAL
\$2,342.94

SCHEDULE IV STATEMENT OF UNPAID DEBTS

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 ARMSTRONG 4 EXECUTIVE	Reporting Period From 3-15-2017 To 5-1-2017
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Name of Creditor PHILLIPS M. ARMSTRONG	Outstanding Balance of Debt \$ 100.⁰⁰
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Mailing Address 3154 BRYNWOOD DRIVE	DATE DEBT INCURRED 3 15 2017	State PA	Zip Code (Plus 4) 18052-
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Description of Debt LOAN FROM PHILLIPS M. ARMSTRONG TO ARMSTRONG 4 EXECUTIVE COMMITTEE
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Name of Creditor	Outstanding Balance of Debt
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Mailing Address	DATE DEBT INCURRED	State	Zip Code (Plus 4)
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Description of Debt

Name of Creditor	Outstanding Balance of Debt
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Mailing Address	DATE DEBT INCURRED	State	Zip Code (Plus 4)
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Description of Debt

Name of Creditor	Outstanding Balance of Debt
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Mailing Address	DATE DEBT INCURRED	State	Zip Code (Plus 4)
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Description of Debt

Name of Creditor	Outstanding Balance of Debt
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Mailing Address	DATE DEBT INCURRED	State	Zip Code (Plus 4)
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Description of Debt

Name of Creditor	Outstanding Balance of Debt
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Mailing Address	DATE DEBT INCURRED	State	Zip Code (Plus 4)
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Description of Debt

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL
\$ 100.⁰⁰