

CAMPAIGN FINANCE REPORT

Name and Address of Filing Candidate or Committee

Name:	<i>Committee to Elect Andrea Naugle</i>
Address:	<i>2304 E Fairmont St</i>
City, State, Zip:	<i>Allentown PA 18109</i>

Report Filed By

Candidate		Committee	<i>X</i>
Type of Report <i>30 Day Post Election</i>	Election Date	Amended	Termination
	<i>11/08/2011</i>		
<i>TERMINATION REPORT</i>		<i>No</i>	<i>No</i>
Office Sought By Candidate	Party	County	
<i>Lehigh County Clerk of Judicial Records</i>	<i>D</i>	<i>Lehigh</i>	

Summary of Receipts & Expenditures

From:	<i>10/25/2011</i>	To:	<i>11/28/2011</i>
A. Amount Brought Forward From Last Report			<i>559.33</i>
B. Total Monetary Contributions & Receipts (from Schedule I)			<i>0.00</i>
C. Total Funds Available (Sum of Lines A & B)			<i>559.33</i>
D. Total Expenditures (from Schedule III)			<i>105.00</i>
E. Ending Cash Balance (Subtract Line D from Line C)			<i>454.33</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 III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Committee to Elect Andrea Naugle	Reporting Period From <u>10/25/11</u> To <u>11/28/11</u>
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To Whom Paid	MO.	DAY	YEAR	Amount
PA Federation of Democratic Women	10	20	11	\$105.00
Mailing Address 531 Philadelphia Rd.		Description of Expenditure Fundraiser Brunch		
City Easton	State PA	Zip Code (Plus 4) 18042		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL \$ 105.00
