

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
<b>Name:</b>	<i>Vic Mazziotti</i>			
<b>Address:</b>	<i>2430 Washington St</i>			
<b>City, State, Zip:</b>	<i>Allentown PA 18104</i>			
Report Filed By				
<b>Candidate</b>	<i>X</i>	<b>Committee</b>		
<b>Type of Report</b>	<b>Election Date</b>	<b>Amended</b>	<b>Termination</b>	
2015 - 2 <sup>nd</sup> Friday Pre-Primary	<b>05/19/2015</b>			
<b>Termination Report?</b>				
<b>Office Sought By Candidate</b>	<b>Party</b>	<b>County</b>		
<i>Lehigh County Commissioner At-Large</i>	<i>R</i>	<i>Lehigh</i>		
Summary of Receipts & Expenditures				
<b>From:</b>	<i>01/01/2015</i>	<b>To:</b>	<i>05/04/2015</i>	
<b>A. Amount Brought Forward From Last Report</b>			<i>0.00</i>	
<b>B. Total Monetary Contributions &amp; Receipts (from Schedule I)</b>			<i>0.00</i>	
<b>C. Total Funds Available (Sum of Lines A &amp; B)</b>			<i>0.00</i>	
<b>D. Total Expenditures (from Schedule III)</b>			<i>350.00</i>	
<b>E. Ending Cash Balance (Subtract Line D from Line C)</b>			<i>(350.00)</i>	
<b>F. Value of In-Kind Contributions Received (from Schedule II)</b>			<i>11,205.16</i>	
<b>G. Unpaid Debts &amp; Obligations (from Schedule IV)</b>			<i>0.00</i>	

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

# 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 <p style="text-align: center; font-size: 1.2em;"><b>VIC MAZZIOTTI</b></p>	Reporting Period From <u>11/15</u> To <u>5/4/15</u>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the Reporting Period	(1)	\$

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the Reporting Period	(2)	\$ <b>137.50</b>

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the Reporting Period	(3)	\$ <b>11,067.66</b>

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	<b>\$ 11,205.16</b>
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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 <b>VIC MAZZIOTTI</b>	Reporting Period From <u>1/1/15</u> To <u>5/4/15</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>LISA J. SCHELLER</b>	<b>3</b>	<b>9</b>	<b>15</b>	\$ <b>137.50</b>
Mailing Address <b>751 BENNER ROAD</b>	MO.	DAY	YEAR	\$
City <b>ALLENTOWN</b> State <b>PA</b> Zip Code (Plus 4) <b>18104 -</b>	MO.	DAY	YEAR	\$
Description of Contribution: <b>CATERING FOR RETIRED EVENT (1/4)</b>				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				

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

PAGE TOTAL  
**\$ 137.50**

SCHEDULE II  
PART G

**IN-KIND CONTRIBUTIONS RECEIVED**  
VALUE OVER \$250.00

Name of Filing Committee or Candidate <b>VIC MAZZIOSI</b>	Reporting Period From <b>1/1/15</b> To <b>5/4/15</b>
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Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	\$
<b>RESTORE PA</b>	<b>P.O. Box 4464</b>	<b>ALLENTOWN</b>	<b>PA</b>	<b>18105 - 4464</b>	<b>5</b>	<b>4</b>	<b>15</b>	<b>\$ 11,067.66</b>
Employer of Contributor <b>PAC</b>	Employer Mailing Address/Principal Place of Business	Occupation			Description of Contribution <b>CAMPAIGN PROMOTION</b>			
								\$
								\$
								\$
		Occupation			Description of Contribution			
								\$
								\$
								\$
		Occupation			Description of Contribution			
								\$
								\$
								\$
		Occupation			Description of Contribution			
								\$
								\$
								\$
		Occupation			Description of Contribution			
								\$
								\$
								\$
		Occupation			Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL  
**\$ 11,067.66**

SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>VIC MAZZIOTTI</b>	Reporting Period From <b>11/15</b> To <b>5/4/15</b>
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To Whom Paid <b>COUNTY OF LEHIGH</b>			MO. <b>3</b>	DAY <b>10</b>	YEAR <b>15</b>	Amount <b>\$ 100.00</b>
Mailing Address <b>17 S. SEVENTH STREET</b>			Description of Expenditure <b>FILING FEE</b>			
City <b>ALLENTOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18101-2400</b>				
To Whom Paid <b>RESTORE PA</b>			MO. <b>3</b>	DAY <b>11</b>	YEAR <b>15</b>	Amount <b>\$ 250.00</b>
Mailing Address <b>P.O. Box 4464</b>			Description of Expenditure <b>AAC CONTRIBUTION</b>			
City <b>ALLENTOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18105-4464</b>				
To Whom Paid			MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>				
To Whom Paid			MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>				
To Whom Paid			MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>				
To Whom Paid			MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>				
To Whom Paid			MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>				
To Whom Paid			MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>				

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

PAGE TOTAL  
**\$ 350.00**