

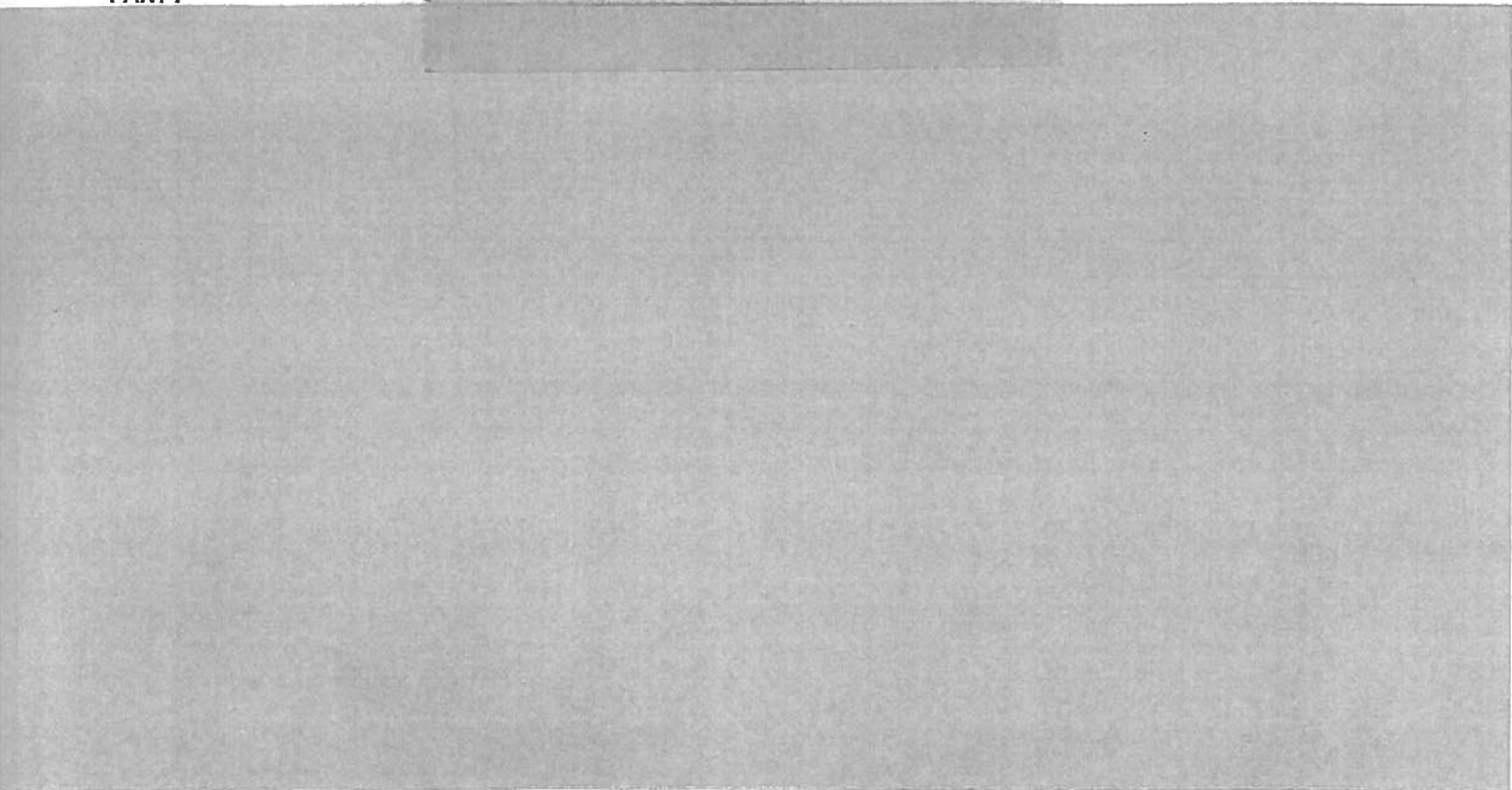
COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Adam Waldron</i>								
STREET ADDRESS <i>511 2nd Ave</i>								
CITY <i>Bethlehem</i>			STATE <i>PA</i>	ZIP CODE <i>18018 -</i>				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY		DATE OF ELECTION
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>		<i>Bethlehem City Council</i>				<i>D</i>		MO. DAY YEAR
2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/>								MO. DAY YEAR
30 DAY POST-PRIMARY <input type="checkbox"/>								MO. DAY YEAR
6TH TUESDAY PRE-ELECTION <input type="checkbox"/>								MO. DAY YEAR
2ND FRIDAY PRE-ELECTION <input type="checkbox"/>								MO. DAY YEAR
30 DAY POST-ELECTION <input type="checkbox"/>								MO. DAY YEAR
ANNUAL REPORT <input type="checkbox"/>								MO. DAY YEAR
		DATES OF REPORTING PERIOD						
		MO. DAY YEAR	TO	MO. DAY YEAR				
		<i>6 6 17</i>		<i>10 23 17</i>				
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>						
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>						
		AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>		
		TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>		
FOR OFFICE USE ONLY								

**AFFIDAVIT SECTION**

PART I -



COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**

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FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE <sup>1</sup>	COMMITTEE <sup>2</sup> <input checked="" type="checkbox"/>	LOBBYIST <sup>3</sup>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Friends of Adam Waldron					
STREET ADDRESS 511 2nd Ave					
CITY Bethlehem		STATE PA	ZIP CODE 18018 -		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY
6TH TUESDAY PRE-PRIMARY	1.	Bethlehem City Council			D
2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>	DATES OF REPORTING PERIOD		DATE OF ELECTION	
30 DAY POST-PRIMARY	3.	MO. DAY YEAR TO MO. DAY YEAR		MO.	DAY
6TH TUESDAY PRE-ELECTION	4.	6 6 17 TO 10 23 17		11	7
2ND FRIDAY PRE-ELECTION	5.			YEAR	
30 DAY POST-ELECTION	6.			17	
ANNUAL REPORT	7.			FOR OFFICE USE ONLY	
		CASH BALANCE AT END OF REPORTING PERIOD: \$		163.23	
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$		0	
		AMENDMENT REPORT?		YES	NO <input checked="" type="checkbox"/>
		TERMINATION REPORT?		YES	NO <input checked="" type="checkbox"/>

**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.