

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE ¹	COMMITTEE ² <input checked="" type="checkbox"/>	LOBBYIST ³
Name of Filing Committee, Candidate or Lobbyist Karen Dolan for City Council						
Street Address 55 Bridle Path Rd.						
City Bethlehem			State PA		Zip Code 18017 - 3764	
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY ¹	2ND FRIDAY PRE-PRIMARY ²	30 DAY POST PRIMARY ³	AMENDMENT REPORT?	YES	NO
	6TH TUESDAY PRE-ELECTION ⁴	2ND FRIDAY PRE-ELECTION ⁵	30 DAY POST ELECTION ⁶	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT <input checked="" type="checkbox"/>	YEAR 2013	FILING METHOD <input checked="" type="checkbox"/> PAPER <input type="checkbox"/> DISKETTE			
Name of Office Sought by Candidate:				DATE OF ELECTION	District Number	Office Code
				MO. DAY YEAR		
				11 5 2013		OTH DEM 48
				(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from: <input type="checkbox"/>			MO. DAY YEAR	To	MO. DAY YEAR	FOR OFFICE USE ONLY
			11 26 2013	To	12 31 2013	
A. Amount Brought Forward From Last Report		\$		474.39		
B. Total Monetary Contributions and Receipts (From Schedule I)		\$		0		
C. Total Funds Available (Sum of Lines A and B)		\$		474.39		
D. Total Expenditures (From Schedule III)		\$		0		
E. Ending Cash Balance (Subtract Line D from Line C)		\$		474.39		
F. Value of In-Kind Contributions Received (From Schedule II)		\$		0		
G. Unpaid Debts and Obligations (From Schedule IV)		\$		0		

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

_____ day of _____ 20____

Signature

My commission expires _____
MO. DAY YR.

Signature of Person Submitting Report

Printed Name

Area Code

Daytime Telephone Number

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this

_____ day of _____ 20____

Signature

My commission expires _____
MO. DAY YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: <input type="text"/>		Report Filed By: <input type="text"/>		CANDIDATE <input checked="" type="checkbox"/>		COMMITTEE <input type="checkbox"/>		LOBBYIST <input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist: KAREN DOLAN									
Street Address: 55 BRIDLE PATH RD									
City: BETHLEHEM				State: PA		Zip Code: 18017 -3764			
TYPE OF REPORT (Place X to the right of report type)	6TH TUESDAY PRE-PRIMARY ^{1.}	2ND FRIDAY PRE-PRIMARY ^{2.}	30 DAY POST PRIMARY ^{3.}	AMENDMENT REPORT?	YES	NO			
	6TH TUESDAY PRE-ELECTION ^{4.}	2ND FRIDAY PRE-ELECTION ^{5.}	30 DAY POST ELECTION ^{6.}	TERMINATION REPORT?	YES	NO			
	ANNUAL REPORT <input checked="" type="checkbox"/>	YEAR: 2013	FILING METHOD <input checked="" type="checkbox"/>	PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>				
Name of Office Sought by Candidate:				DATE OF ELECTION		District Number	Office Code	Party Code	County Code
				MO. DAY YEAR 11 5 2013			OTH	DEM	48
						(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:				MO. DAY YEAR 11 26 2013		To		MO. DAY YEAR 12 31 2013	
A. Amount Brought Forward From Last Report				\$		0			
B. Total Monetary Contributions and Receipts (From Schedule I)				\$		0			
C. Total Funds Available (Sum of Lines A and B)				\$		0			
D. Total Expenditures (From Schedule III)				\$		0			
E. Ending Cash Balance (Subtract Line D from Line C)				\$		0			
F. Value of In-Kind Contributions Received (From Schedule II)				\$		0			
G. Unpaid Debts and Obligations (From Schedule IV)				\$		0			

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20____

Signature

My commission expires _____ MO. _____ DAY _____ YR.

Signature of Person Submitting Report

Printed Name

Area Code

Daytime Telephone Number

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1533, No. 326) as amended.

Sworn to and subscribed before me this _____ day of _____ 20____

Signature

My commission expires _____ MO. _____ DAY _____ YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

Department of State • Bureau of Commissions, Elections and Legislation
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280