

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		FRIENDS OF BRYAN CALAHAN					
Street Address		633 MAIN ST					
City	BETHLEHEM	State	PA	Zip Code	18018		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)		05/21/2013	Year		2013	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	05/07/2013	06/10/2013	
A. Amount Brought Forward From Last Report	\$	9692.08	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1000.00	
C. Total Funds Available (Sum of Lines A and B)	\$	10,692.08	
D. Total Expenditures (From Schedule III)	\$	9372.57	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1319.51	
F. Value of In-Kind Contributions Received (From Schedule I)	\$	0	
G. Unpaid Contributions (From Schedule I)	\$		

Part I- If 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 a

Signature: *[Redacted]*

Notary Public: PATRICIA SMITH

My Commission expires: CITY OF BETHLEHEM, LEHIGH COUNTY, My Commission Expires Jul 7, 2014

Area Code: *[Redacted]*

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 a

Signature: *[Redacted]*

My Commission Expires Jul 7, 2014

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	700.00
Total for the reporting period	(2)	\$	700.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	360.00
Total for the reporting period	(3)	\$	360.00
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	1000.00

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.

Filer Identification Number	
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							Amount
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #	Street Address					Date [MM/DD/YYYY]	
City			State	Zip Code			Date [MM/DD/YYYY]
Full Name of Contributing Committee						Date [MM/DD/YYYY]	
House #	Street Address					Date [MM/DD/YYYY]	
City			State	Zip Code			Date [MM/DD/YYYY]
Full Name of Contributing Committee						Date [MM/DD/YYYY]	
House #	Street Address					Date [MM/DD/YYYY]	
City			State	Zip Code			Date [MM/DD/YYYY]
Full Name of Contributing Committee						Date [MM/DD/YYYY]	
House #	Street Address					Date [MM/DD/YYYY]	
City			State	Zip Code			Date [MM/DD/YYYY]
Full Name of Contributing Committee						Date [MM/DD/YYYY]	
House #	Street Address					Date [MM/DD/YYYY]	
City			State	Zip Code			Date [MM/DD/YYYY]
Full Name of Contributing Committee						Date [MM/DD/YYYY]	
House #	Street Address					Date [MM/DD/YYYY]	
City			State	Zip Code			Date [MM/DD/YYYY]
Full Name of Contributing Committee						Date [MM/DD/YYYY]	
House #	Street Address					Date [MM/DD/YYYY]	
City			State	Zip Code			Date [MM/DD/YYYY]

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
DANIEL KRASNICK					05/01/2013		250.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
1160	GASPAR AVE						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
BETHLEHEM	PA	18017					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
LUKE R. CUNNINGHAM					05/05/2013		200.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
1325	CLAY ST.						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
BETHLEHEM	PA	18018					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
CHRISTIAN M. PERRUCCI					05/20/2013		200.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
1816	MAPLE ST.						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
BETHLEHEM	PA	18017					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
MICHELLE PORTNOFF					05/07/2013		50.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
1124	STONY LANE						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
GLADWYNE	PA	19035					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	

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.

Filer Identification Number:	
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	0	
House #	Street Address				Date [MM/DD/YYYY]	\$		
City				State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$		
City				State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$		
City				State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$		
City				State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$		
City				State	Zip Code		Date [MM/DD/YYYY]	\$

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$
BERNARD F. BROWN					05/06/2013		300.00
House #	Street Address				Date [MM/DD/YYYY]		\$
3169	GLENDON RD						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
BETHLEHEM	PA	18017					
Employer Name					Occupation		
B&B PAVING					OWNER		
Employer Mailing Address / Principal Place of Business							
3169 GLENDON RD, BETHLEHEM PA 18017							

Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address				Date [MM/DD/YYYY]		\$
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address				Date [MM/DD/YYYY]		\$
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address				Date [MM/DD/YYYY]		\$
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

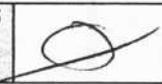
PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	
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Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description								

Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description								

Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description								

Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description								

Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description								

Full Name								
House #		Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description								

SCHEDULE II

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

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	0
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	0
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

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

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Description of Contribution							

102F12

SCHEDULE II
Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		BLASI PRINTING			Date [MM/DD/YYYY]	\$	8479.25
House #	1490	Street Address	SANS SOUCI PKWY		Description of Expenditure		
City	HANOVER TOWNSHIP	State	PA	Zip Code	18706 PRINTING		
To Whom Paid		FRIENDS OF ADAM WALDREN			Date [MM/DD/YYYY]	\$	200.00
House #	511	Street Address	2ND AVE		Description of Expenditure		
City	BETHLEHEM	State	PA	Zip Code	18018 CONTRIBUTION		
To Whom Paid		CHRISTMAS CITY PRINTING			Date [MM/DD/YYYY]	\$	28.00
House #	861	Street Address	14TH AVE		Description of Expenditure		
City	BETHLEHEM	State	PA	Zip Code	18018		
To Whom Paid		LAFAYETTE BANK			Date [MM/DD/YYYY]	\$	2.00
House #		Street Address	PO BOX 25091		Description of Expenditure		
City	LEHIGH VALLEY	State	PA	Zip Code	18002 SERVICE FEE		
To Whom Paid		SHIELD ENTERPRISES			Date [MM/DD/YYYY]	\$	525.00
House #	603	Street Address	POPLAR		Description of Expenditure		
City	CATASAUQUA	State	PA	Zip Code	18032 MAIL DESIGN		
To Whom Paid		STARTERS POB			Date [MM/DD/YYYY]	\$	63.28
House #	400	Street Address	JULICKS MILL RD		Description of Expenditure		
City	BETHLEHEM	State	PA	Zip Code	18018 DINNER		
To Whom Paid		BILLY'S DOWNTOWN DINER			Date [MM/DD/YYYY]	\$	46.91
House #	10	Street Address	E. BROAD ST		Description of Expenditure		
City	BETHLEHEM	State	PA	Zip Code	18018 LUNCH		
To Whom Paid		PANERA BREAD			Date [MM/DD/YYYY]	\$	28.13
House #	3301	Street Address	BATH PIKE		Description of Expenditure		
City	BETHLEHEM	State	PA	Zip Code	18017 LUNCH		

120F12

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.

Filer Identification Number:	
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Name of Creditor		BRYAN CALLAHAN				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		100.00	
633	MAIN ST	03/01/2013					
City	State	Zip Code					
	BETHLEHEM	PA	18018				
Description of Debt		LOAN					

Name of Creditor		BRYAN CALLAHAN				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		2000.00	
633	MAIN ST	03/06/2013					
City	State	Zip Code					
	BETHLEHEM	PA	18018				
Description of Debt		LOAN					

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
City	State	Zip Code					
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
City	State	Zip Code					
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
City	State	Zip Code					
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
City	State	Zip Code					
Description of Debt							

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		BRYAN CALLAHAN					
Street Address		633 MAIN ST					
City	BETHLEHEM	State	PA	Zip Code	18018		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)		05/21/2013	Year		2013	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	05/07/2013	06/10/2013	
A. Amount Brought Forward From Last Report	\$	- 2100.00	
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)	\$	320.99	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	- 2420.99	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Part I - 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

Signature of Candidate

Printed Name

My Commission expires _____ MO. _____ DAY _____ YR.

Area Code

Daytime Telephone Number

20F12

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$ 0
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$
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)		\$ 0

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.

Filer Identification Number	
------------------------------------	--

							Amount
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #	Street Address					Date [MM/DD/YYYY]	
City			State	Zip Code			Date [MM/DD/YYYY]
Full Name of Contributing Committee						Date [MM/DD/YYYY]	
House #	Street Address					Date [MM/DD/YYYY]	
City			State	Zip Code			Date [MM/DD/YYYY]
Full Name of Contributing Committee						Date [MM/DD/YYYY]	
House #	Street Address					Date [MM/DD/YYYY]	
City			State	Zip Code			Date [MM/DD/YYYY]
Full Name of Contributing Committee						Date [MM/DD/YYYY]	
House #	Street Address					Date [MM/DD/YYYY]	
City			State	Zip Code			Date [MM/DD/YYYY]
Full Name of Contributing Committee						Date [MM/DD/YYYY]	
House #	Street Address					Date [MM/DD/YYYY]	
City			State	Zip Code			Date [MM/DD/YYYY]
Full Name of Contributing Committee						Date [MM/DD/YYYY]	
House #	Street Address					Date [MM/DD/YYYY]	
City			State	Zip Code			Date [MM/DD/YYYY]
Full Name of Contributing Committee						Date [MM/DD/YYYY]	
House #	Street Address					Date [MM/DD/YYYY]	
City			State	Zip Code			Date [MM/DD/YYYY]

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	
------------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		

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.

Filer Identification Number:	
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number: []

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

PART E
Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	
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Full Name							
House #	Street Address						
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Receipt Description							
Full Name							
House #	Street Address						
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Receipt Description							
Full Name							
House #	Street Address						
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Receipt Description							
Full Name							
House #	Street Address						
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Receipt Description							
Full Name							
House #	Street Address						
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Receipt Description							
Full Name							
House #	Street Address						
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Receipt Description							
Full Name							
House #	Street Address						
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Receipt Description							

SCHEDULE II

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

Filer Identification Number:	
------------------------------	--

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	
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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)		\$	
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SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							

SCHEDULE II
Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	①
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		PARTY CITY			Date [MM/DD/YYYY]	\$	9.48
House #	2404	Street Address	CATASAUQUA RD		Description of Expenditure		
City	BETHLEHEM	State	PA	Zip Code	18018	EVENT SUPPLIES	
To Whom Paid		PARTY CITY			Date [MM/DD/YYYY]	\$	50.63
House #	2404	Street Address	CATASAUQUA RD		Description of Expenditure		
City	BETHLEHEM	State	PA	Zip Code	18018	EVENT SUPPLIES	
To Whom Paid		GO DADDY . COM			Date [MM/DD/YYYY]	\$	25.34
House #		Street Address			Description of Expenditure		
City		State		Zip Code		WEBSITE ADDRESS	
To Whom Paid		NORTHAMPTON CO. DEMOCRATIC COMM.			Date [MM/DD/YYYY]	\$	45.00
House #	227	Street Address	MECHANIC ST.		Description of Expenditure		
City	WIND GAP	State	PA	Zip Code	18091	DONATION	
To Whom Paid		NORTHAMPTON COUNTY VOTER REG.			Date [MM/DD/YYYY]	\$	25.00
House #		Street Address			Description of Expenditure		
City	EASTON	State	PA	Zip Code		PETITIONS	
To Whom Paid		USPS			Date [MM/DD/YYYY]	\$	138.00
House #	535	Street Address	WOOD ST		Description of Expenditure		
City	BETHLEHEM	State	PA	Zip Code	18018	POSTAGE	
To Whom Paid		DUNKIN DONUTS			Date [MM/DD/YYYY]	\$	27.54
House #	1301	Street Address	LINDEN ST		Description of Expenditure		
City	BETHLEHEM	State	PA	Zip Code	18018	COFFEE	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

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.

Filer Identification Number:	
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Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						



Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						