

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 Adam Waldron					
Street Address		511 2nd Ave					
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	Year		Amendment Report		<input type="checkbox"/>	Termination Report		<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	6-12-13	10-21-13	
A. Amount Brought Forward From Last Report	\$	1,917.31	<p style="text-align: center;">ENTERED</p> <p style="text-align: center;">2013 OCT 25 P 12:15</p> <p style="text-align: center;">NORTHAMPTON COUNTY ELECTION OFFICE EASTON, PA 18042</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	3,290.00	
C. Total Funds Available (Sum of Lines A and B)	\$	5,207.31	
D. Total Expenditures (From Schedule III)	\$	416.58	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	4,790.73	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	500.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	5,000.00	

Affidavit Section

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.



My Commission Expires June 12, 2016
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Area Code

Daytime Telephone Number



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)	\$	-
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	200.00
All Other Contributions (Part B)		\$	1,590.00
Total for the reporting period	(2)	\$	1,790.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	1,000
All Other Contributions (Part D)		\$	500
Total for the reporting period	(3)	\$	1,500
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>		\$	3,290

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]		\$	200.00
Bethlehem City Democratic Comm.					10/14/13			
House #	Street Address			Date [MM/DD/YYYY]		\$		
City	Bethlehem	State	PA	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]		\$	
Richard Santee						10-15-2013		50.00	
House #	Street Address		State		Zip Code	Date [MM/DD/YYYY]		\$	
44	E Broad St		PA		18016				
City	State		Zip Code		Date [MM/DD/YYYY]		\$		
Bethlehem	PA		18016						
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Sean Boyle						10-16-2013		250.00	
House #	Street Address		State		Zip Code	Date [MM/DD/YYYY]		\$	
2516	Ludwig Court		PA		18018				
City	State		Zip Code		Date [MM/DD/YYYY]		\$		
Morgie	PA		18018						
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Loretta Leeson						10-15-2013		100.00	
House #	Street Address		State		Zip Code	Date [MM/DD/YYYY]		\$	
2721	Briarwood Pl		PA		18018				
City	State		Zip Code		Date [MM/DD/YYYY]		\$		
Bethlehem	PA		18018						
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Paul Williams						10-15-2013		100.00	
House #	Street Address		State		Zip Code	Date [MM/DD/YYYY]		\$	
4915	Long Dr		PA		18020				
City	State		Zip Code		Date [MM/DD/YYYY]		\$		
Bethlehem	PA		18020						
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Maureen Leeson						10-15-2013		100.00	
House #	Street Address		State		Zip Code	Date [MM/DD/YYYY]		\$	
2721	Briarwood Pl		PA		18018				
City	State		Zip Code		Date [MM/DD/YYYY]		\$		
Bethlehem	PA		18018						
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
William Leeson						9/20/2013		100.00	
House #	Street Address		State		Zip Code	Date [MM/DD/YYYY]		\$	
958	Meadow Circle		PA		18017				
City	State		Zip Code		Date [MM/DD/YYYY]		\$		
Bethlehem	PA		18017						

**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		Deborah Waldron				Date [MM/DD/YYYY]	\$	240.00
						10-5-2013		
House #	2376	Street Address	Market St			Date [MM/DD/YYYY]	\$	
City	Albentown	State	PA	Zip Code	18104	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Michal Santanasto				Date [MM/DD/YYYY]	\$	150.00
						10-15-2013		
House #	114	Street Address	E Broad St			Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Sovereign Enterprise				Date [MM/DD/YYYY]	\$	250.00
						10-16-2013		
House #	1865	Street Address	Troxell St			Date [MM/DD/YYYY]	\$	
City	Albentown	State	PA	Zip Code	18109	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Brandon Benner				Date [MM/DD/YYYY]	\$	100.00
						10-15-2013		
House #	2005	Street Address	City line Rd			Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Friends of Robert Vidoni				Date [MM/DD/YYYY]	\$	150.00
						10-15-2013		
House #	555	Street Address	Spring St Apt 806			Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18018	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]	\$	

1,590

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: []

Full Name of Contributing Committee		Friends of Bob Donchez			Date [MM/DD/YYYY]	\$	500.00
House #	377	Street Address		Devonshire Dr	Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$

Full Name of Contributing Committee		Friends of J William Reynolds			Date [MM/DD/YYYY]	\$	500.00
House #		Street Address		PO Box 1632	Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18016	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]	\$

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**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		Dennis Benner			Date [MM/DD/YYYY]	\$	500.00
					10/15/2013		
House #	2005	Street Address	City Line Rd Suite 106		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$
Employer Name		Self - Employed			Occupation	Attorney	
Employer Mailing Address / Principal Place of Business		2005 City Line Rd Suite 106 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							

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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									

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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)	\$

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

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the reporting period \$ 500 (3)	\$ 500.00

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)	\$ 500.00
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10/13.

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]	\$
The Mint Gastro Pub VOID				10-15-2013	500.
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					

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SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor					The Mint Gastropub		Date [MM/DD/YYYY]	\$	500.00
							10-15-2013		
House #	1224	Street Address			W Broad		Date [MM/DD/YYYY]	\$	
City	Bethlehem		State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$	
Employer Name					The Mint Gastropub		Occupation	Restaurant	
Employer Mailing Address / Principal Place of Business					1224 W Broad St Bethlehem PA 18018		Description of Contribution	Fundraising event Food + Drinks	

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		

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SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid	Capitol Promolion				Date [MM/DD/YYYY]	\$	416.58
House #	Street Address	PO Box 231			Description of Expenditure		
City	GlenSide	State	PA	Zip Code	19038 Yard Signs		

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			

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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		Adam Waldron				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		5,000.00	
511	2nd Ave	4/2/2013					
City	State	Zip Code					
Description of Debt		Bethlehem PA 18018					
		Loan to Campaign					

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							