

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		Committee		Lobbyist	
Name of Filing Committee, Candidate or Lobbyist		Friends of Michael D. Recchiuti							
Street Address		P.O. Box 202							
City	Bethlehem	State	PA	Zip Code	18016				

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)		5/19/15	Year	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	5/5/2015	6/8/2015	
A. Amount Brought Forward From Last Report	\$	10732.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2275.00	
C. Total Funds Available (Sum of Lines A and B)	\$	13007.00	
D. Total Expenditures (From Schedule III)	\$	5849.59	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	7157.41	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	3901.33	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

Affidavit Section

Part 1- 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, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

City of Bethlehem, Northampton County
My Commission Expires Feb. 1, 2016

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I
Contributions and Receipts

Detailed Summary Page

Filer Identification Number	Friends of Michael D. Recchiuti
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period	(1)	\$	325.00
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

Contributions Received from Political Committees (Part A)	\$	0.00
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All Other Contributions (Part B)	\$	450.00
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Total for the reporting period	(2)	\$	450.00
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3. Contributions Over \$250.00 (From Part C and Part D)
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Contributions Received from Political Committees (Part C)	\$	0.00
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All Other Contributions (Part D)	\$	1500.00
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Total for the reporting period	(3)	\$	1500.00
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4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)
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Total for the reporting period	(4)	\$	0.00
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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>	\$	2275.00
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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:	Friends of Michael D. Recchiuti
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Full Name of Contributor		Herman and Clair Rij				Date [MM/DD/YYYY]	\$	250.00
						5/7/2015		
House #	2705	Street Address		Bridle Path Place		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Richard Master				Date [MM/DD/YYYY]	\$	200.00
						2/20/15		
House #	250	Street Address		E. Macada Road		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	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 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:	Friends of Michael D. Recchiuti
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Full Name of Contributor		Sean Boyle			Date [MM/DD/YYYY]	\$	500.00
					5/11/2015		
House #	2516	Street Address	Ludwig Ct		Date [MM/DD/YYYY]	\$	
City	Macungie	State	PA	Zip Code	18062	Date [MM/DD/YYYY]	\$
Employer Name		Boyle Construction			Occupation	President	
Employer Mailing Address / Principal Place of Business		1209 Hausman Rd., Allentown, PA 18104					
Full Name of Contributor		Lewis Ronca			Date [MM/DD/YYYY]	\$	1000.00
					5/18/15		
House #	179	Street Address	Mikron Rd.		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18020	Date [MM/DD/YYYY]	\$
Employer Name		MF Ronco & Sons			Occupation	President/Owner	
Employer Mailing Address / Principal Place of Business		179 Mikron Rd. Bethlehem, PA 18020					
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							

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	(3)	\$ 3901.33

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 G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor		Pennsylvania Democratic Party				Date [MM/DD/YYYY]	\$	3901.33
						5/14/2015		
House #	229	Street Address	State St.			Date [MM/DD/YYYY]	\$	
City	Harrisburg	State	PA	Zip Code	17101	Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution	Design Prodcution, Mailhouse & Postal	

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:	Friends of Michael Recchiuti
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To Whom Paid		Pennsylvania Democratic Party				Date [MM/DD/YYYY]	\$	4590.00
						5/7/2015		
House #	229	Street Address	State St.			Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17101	Third Mail Piece Payment		
To Whom Paid		National Penn Bank				Date [MM/DD/YYYY]	\$	25.00
						5/7/15		
House #		Street Address				Description of Expenditure		
City		State		Zip Code		Wire Fee		
To Whom Paid		Friends of Matt McKernan				Date [MM/DD/YYYY]	\$	250.00
						5/8/15		
House #		Street Address	Easton Ave			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18017	Contribution		
To Whom Paid		GJ Green-Obrien				Date [MM/DD/YYYY]	\$	100.00
						5/8/15		
House #		Street Address	Lehigh St.			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Ad in Program		
To Whom Paid		Paypal.com				Date [MM/DD/YYYY]	\$	7.55
						5/10/15		
House #		Street Address				Description of Expenditure		
City		State		Zip Code		Online Contribution Fee		
To Whom Paid		CPEC				Date [MM/DD/YYYY]	\$	197.32
						5/14/15		
House #		Street Address	PO Box 465			Description of Expenditure		
City	State College	State	PA	Zip Code	16804	Robo Call		
To Whom Paid		CPEC				Date [MM/DD/YYYY]	\$	210.96
						5/20/15		
House #		Street Address	PO Box 465			Description of Expenditure		
City	State College	State	PA	Zip Code	16804	Robocall		
To Whom Paid		Style You Need				Date [MM/DD/YYYY]	\$	90.62
						5/12/15		
House #		Street Address	3rd Street			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18015	T-Shirts for Campaign Volunteers		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	Friends of Michael Recchiuti
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To Whom Paid		Tanczo's Beverage			Date [MM/DD/YYYY]		\$	
					5/17/2015		141.37	
House #		Street Address	Jacksonville Road			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18017	Beverages for Election Results Watch Party		
To Whom Paid		Tanczo's Beverage			Date [MM/DD/YYYY]		\$	
					5/19/2015		5.98	
House #		Street Address	Jacksonville Road			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18017	Ice		
To Whom Paid		Wegman's			Date [MM/DD/YYYY]		\$	
					5/17/2015		16.18	
House #		Street Address	Wegman's Drive			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18017	Food for Elections Results Watch Party		
To Whom Paid		Fratelli Pizza			Date [MM/DD/YYYY]		\$	
					5/19/2015		94.99	
House #		Street Address	N. New Street			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Pizza/Food for Election Results Watch Party		
To Whom Paid		Billy's Downtown Diner			Date [MM/DD/YYYY]		\$	
					5/19/2015		48.14	
House #		Street Address	E. Broad Street			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Breakfast Meeting		
To Whom Paid		Facebook.com			Date [MM/DD/YYYY]		\$	
					5/20/15		50.03	
House #		Street Address				Description of Expenditure		
City		State		Zip Code		Online Ads		
To Whom Paid		Facebook.com			Date [MM/DD/YYYY]		\$	
					5/31/15		21.45	
House #		Street Address				Description of Expenditure		
City		State		Zip Code		Online Ads		
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

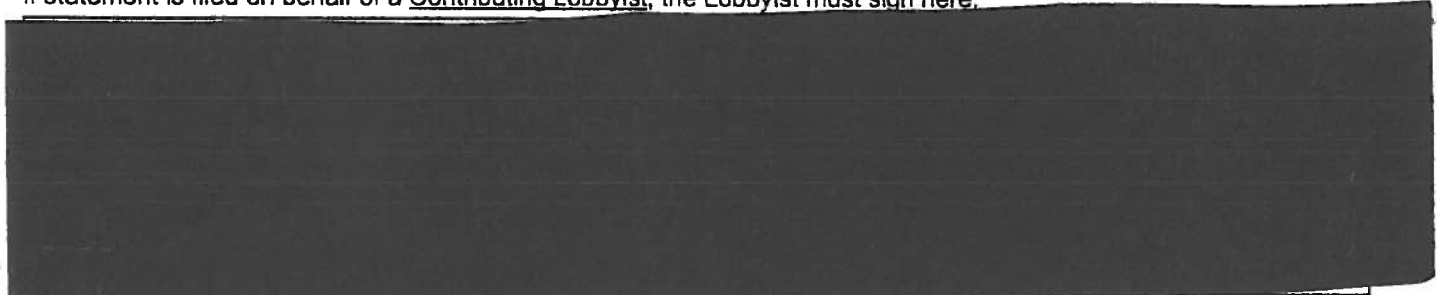
File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* did not exceed **\$250.00** during the reporting period.

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>Michael D. Recchiuti</i>						
STREET ADDRESS <i>1422 Monocacy St</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 <i>Bethlehem City Council</i>	DISTRICT NO.	PARTY <i>DEM</i>	DATE OF ELECTION		
				MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>				<i>5</i>	<i>19</i>	<i>15</i>
2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>						
30 DAY POST-PRIMARY <input checked="" type="checkbox"/>						
6TH TUESDAY PRE-ELECTION <input type="checkbox"/>						
2ND FRIDAY PRE-ELECTION <input type="checkbox"/>						
30 DAY POST-ELECTION <input type="checkbox"/>						
ANNUAL REPORT <input type="checkbox"/>						
				FOR OFFICE USE ONLY		
DATES OF REPORTING PERIOD						
MO. DAY YEAR		TO		MO. DAY YEAR		
<i>5 5 15</i>				<i>6 8 15</i>		
CASH BALANCE AT END OF REPORTING PERIOD:				\$ <i>0.00</i>		
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:				\$ <i>0.00</i>		
AMENDMENT REPORT?		YES	NO			
TERMINATION REPORT?		YES	NO			

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.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.



PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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