Reset Form

#### Print Form

## Commonwealth of Pennsylvania - Campaign Finance Report

Filer Identificat Number	ion			ort Filed E rk X)	By Cano	dida	te	X	Committee			Lobbyist
Name of Filing Lobbyist	Same and	ndidate or	A	dan	R		Wa	Idro.	1			
Street Address			5	11 7	ind	A,	ie.					
City	Bet	hlehen			Stat		PA		Zip Code	1901	8	
Type of Report		the second s										
1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary		Tuesday Election	5- 2 <sup>nd</sup> Frid Pre- Elect		6- 30 C Electio	Day Post	7- Annual	Special 2' Pre-Electi		Special 30 Day Post-Election
			Γ	1				1	X			
Date Of Election (MM/DD/YYYY			Year		2014	1	Amen	dment t		Terminat Report	lon	
Summary of Re Expenditures	ceipts and	From Date		To Date	e			a server	For	Office Use	Only	Contraction of the
	ught Forward F	rom Last Report	: \$	12	131/1	4	100			anget e		
B. Total Moneta (From Schedule		ons and Receipts	\$		00	-	12.					
C. Total Funds / (Sum of Lines A	Available		\$	0	50							
D. Total Expend (From Schedule	e III)		S	0	JT-							
E. Ending Cash (Subtract Line I F. Value of In-K	D from Line C)	one Received	4	0		_						
(From Schedule G. Unpaid Debt	e II)			1	0.00	_	1					
(From Schedule		and the second		(	2.00		-	_		5		
Part 1- If this is a	Filsert antie bert	TENOLUSINE POR 18-2	018 be	the state of the s	and the small st		ere. has not v	riolated an	ny provisions of	the Act of Jun	ne 3, 1937	(P.L. 1333, NO.320
Sworn to and sub		ne this										
						-		Sig	nature of Cand	lidate		19.12
	Signature		-	.1		-			Printed Name			-
My Commission	expires MO.	DAY YR.				-	Area Cod	e	Day	time Telepho	ne Numbe	ir

## 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)	\$
All Other Contributions (Part B)	\$
Total for the reporting period (2)	\$
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)	\$
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)	s O

#### PARTA

### **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.

					Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Addres	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Addres	55		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Addres	55		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Addres	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House #	Street Addres	55		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$	
House #	Street Addres	55	1.1.1	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$ 0

### 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 # Str	eet Address	Date [MM/DD/YYYY]	s	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Str	eet Address	Date [MM/DD/YYYY]	s	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	5
House # Str	eet Address	1.	Date [MM/DD/YYYY]	5
City	State	Date [MM/DD/YYYY]	5	
Full Name of Contributor		Date [MM/DD/YYYY]	3	
House # Str	eet Address	9. T. T.	Date [MM/DD/YYYY]	5
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributor		Date [MM/DD/YYYY]	1	
House # Str	eet Address		Date [MM/DD/YYYY]	22 2 2
City	State	Zip Code	Date [MM/DD/YYYY]	1
Full Name of Contributor			Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	D

### PART C

## **Contributions Received From Political Committees**

Over \$250.00

Use this Part to ite mize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:				
Construction of the second				
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
a set and a set of the		A Branch Street in	Deter Instal (DD hoopd	
nouse # Stri	eet Address		Date [MM/DD/YYYY]	S
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Stre	eet Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
	eet Address	-	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Stre	eet Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Stre	eet Address		Date [MM/DD/YYYY]	5
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Stre	et Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	s D

## PART D All Other Contributions

Over \$250.00

Use this Part to ite mize 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 Ad	ldress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		1	Occupation
Employer Mailing Address / Principal Place of Business			1.2000000000000000000000000000000000000
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Ad	ldress		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 Ad	ldress		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 Ad	ldress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		1973年後期的認識學習	Occupation
Employer Mailing Address / Principal Place of Business			

### PART E

## **Other Receipts**

### REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

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

Receipt Description     Code       Full Name       House #       Street Address       City     State	
House #     Street Address       City     State     Zip Code     Date (MM/DD/YYYY)     \$       Receipt Description	_
House #     Street Address       City     State     Zip Code     Date (MM/DD/YYYY)     \$       Receipt Description	_
City     State     Zip Code     Date [MM/DD/YYYY]     \$       Receipt Description	
Receipt Description     Street Address       City     State       City     State       City     State       Full Name       House #     Street Address       City     State       City     Street Address       City     State       City     State	10-11-
Full Name       Street Address         City       State       Zip Code       Date [MIM/DD/YYYY]       \$         Receipt Description	
Full Name       Street Address         House #       Street Address         City       State       Zip Code       Date [MIM/DD/YYYY]       \$         Receipt Description	
House # Street Address City State Zip Code Date [MM/DD/YYY] \$ Receipt Description Full Name House # Street Address City State Zip Code Date [MM/DD/YYY] \$ Receipt Description Full Name House # Street Address City State Zip Code Date [MM/DD/YYY] \$ Receipt Description Full Name House # Street Address City State Zip Code Date [MM/DD/YYY] \$ Receipt Description Full Name House # Street Address City State Zip Code Date [MM/DD/YYY] \$	
City     State     Zip     Date [MM/DD/YYYY]       Receipt Description       Full Name       House #     Street Address       City     State       Full Name       House #     Street Address       City     State       City     State       City     State       City     State       Full Name       House #     Street Address       City     State       Zip     Date [MM/DD/YYY]       State     Zip       Code     Date [MM/DD/YYY]       Full Name       House #     Street Address       City     State       Zip     Date [MM/DD/YYY]       State     Zip       Code     Date [MM/DD/YYY]       State     City	
Receipt Description     Code       Full Name       House #       Street Address       City     State       Zip     Date [MM/DD/YYYY]       Receipt Description       Full Name       House #     Street Address       City     State       Zip     Date [MM/DD/YYYY]       \$       Receipt Description       Full Name       House #     Street Address       City     State       Zip     Date [MM/DD/YYYY]       \$       Receipt Description       Full Name       House #     Street Address       City     State       Zip     Date [MM/DD/YYYY]       \$       City     State       Zip     Code       City     State	
Full Name       Street Address         House #       Street Address         City       State       Zip Code       Date [MIM/DD/YYYY]       \$         Receipt Description       Full Name         House #       Street Address         City       State       Zip Code       Date [MIM/DD/YYYY]       \$         Full Name       Full Name       State       Zip Code       Date [MIM/DD/YYYY]       \$         Full Name       Full Name       State       Zip Code       Date [MIM/DD/YYYY]       \$         Full Name       Street Address       State       Zip Code       Date [MM/DD/YYYY]       \$         House #       Street Address       State       Zip Code       Date [MM/DD/YYY]       \$	
House #     Street Address       City     State     Zip     Date [MIM/DD/YYYY]     \$       Receipt Description	_
City     State     Zip Code     Date [MM/DD/YYYY]     \$       Receipt Description	
Receipt Description     Code       Full Name       House #       Street Address       City       State       Zip       Date [MM/DD/YYYY]       \$       Receipt Description       Full Name       House #       Street Address       City       State       Zip       Date [MM/DD/YYYY]       \$       City       Street Address	
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]     \$       Full Name       House #     Street Address       City     State     Zip Code     Date [MM/DD/YYY]     \$	
Full Name         House #       Street Address         City       State       Zip Code       Date [MM/DD/YYY]       \$         Receipt Description       Full Name         Full Name       Street Address         House #       Street Address         City       State       Zip Code       Date [MM/DD/YYY]       \$         City       Street Address       State       Zip Code       Date [MM/DD/YYY]       \$	
House #     Street Address       City     State     Zip Code     Date [MM/DD/YYYY]     \$       Receipt Description	
City     State     Zip Code     Date [MM/DD/YYYY]       Receipt Description       Full Name       House #     Street Address       City     State     Zip Code	
Receipt Description     Code       Full Name       House #       Street Address       City       State       Zip       Code	
Receipt Description       Full Name       House #     Street Address       City     State     Zip Code	
Full Name       House #     Street Address       City     State     Zip Code     Date [MM/DD/YYYY]	
House # Street Address City State Zip Code Date [MM/DD/YYYY] \$	
City State Zip Date [MM/DD/YYYY] \$	
Code	
Receipt Description	
Full Name	
House # Street Address	112
City State Zip Date [MM/DD/YYYY] \$	0
Receipt Description	0

SCHEDULE II

## IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

### 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 CONTR	BUTIONS RECEIVED-VAL	UE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01	TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250	.00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals f on Page 1, Report Cover Page, Item F)			

### SCHEDULE II PART F In-Kind Contributions Received VALUE OF \$50.01 TO \$250

Filer Identificatio	n Number:				
10 11 10 10 10 10 10 10 10 10 10 10 10 1	and the second				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	a Statistical	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	Contribution				
A CONTRACTOR					
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	-	201 - C. 1			
Description of C	Contribution				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	Contribution	Course and	TE STANDER COM		
Full Name of Co	ontributor		Sector Pro-	Date [MM/DD/YYYY]	\$
				1	
House #	Street Address			Date [MM/DD/YYYY]	\$
City	AN AREA ST	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	Contribution	1000			
"你,你,你,你???			Sector Sector		
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	18月11日	State	Zip Code	Date [MM/DD/YYYY]	\$ ()
Description of C	ontribution				U
or a comption of C			All the second	Constant and the	

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

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	12:00:00		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		1	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	on Number:	and some start		
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	ALC N. PRIMA	State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid			Langer	Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	Los and the second second	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	Sec. 1	State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address	L estavel l		Description of Expenditure
City To Whom Paid		State	Zip Code	Date [MM/DD/YYYY] \$
	L. L	357		0
House #	Street Address	State	Zip	Description of Expenditure
city		State	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.

	n Number:			
Name of Credito				Outstanding Balance of Deb
House #	Street Address		DATE DEBT INCURRED	\$
	Street Address	-	[MM/DD/YYYY]	-
City		State	Zip Code	
Description of D	lebt	C. 2-51.07	cours	
Name of Credito	DE			Outstanding Balance of Deb
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	-
Description of D	lebt			
Name of Credito	or			Outstanding Balance of Deb
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	-
Description of D	ebt			
Name of Credito	or			Outstanding Balance of Deb
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	1 1	State	Zip Code	-
Description of D	lebt		in the second second	
Name of Credito	or			Outstanding Balance of Deb
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	-
Description of D	lebt			
Name of Credito	Pr -		1. 19 - 10 MA	Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
	lebt	0.0012	ALCONTRACTOR AND A DESCRIPTION OF A DESC	Lange and Lange

**Reset Form** 

## Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible, it should be typed)

Filer Identification			Repo ( Mar	rt Filed B rk X)	Y Candida	te	Committee	X	Lobbyist
Name of Filing Committee, Candidate or Lobbyist			Fi	Friends of Adam Waldron					
Street Address			5	511	011	fre			
city Bethlehem					State	PA	The Code		
Type of Report (F	Place x under r	report type)		-					
	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	A State of Colorest	Tuesday lection	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
							X		
Date Of Election (MM/DD/YYYY)			Year		2014	Amendment Report		Termination Report	
Summary of Rec Expenditures	eipts and	From Date	_	To Date 12/31/14			For	Office Use Only	
A. Amount Brought Forward From Last Report		t S	\$ 625.73						
B. Total Monetary Contributions and Receipts (From Schedule I)		5			100				
C. Total Funds A (Sum of Lines A			\$	\$ 625.73					
D. Total Expendi (From Schedule	111)			\$ 100.00		1.1.1			
E. Ending Cash B (Subtract Line D	from Line C)			\$ 525.73					
F. Value of In-Ki (From Schedule	1)			\$ 0.00					
G. Unpaid Debts and Obligations (From Schedule IV)			\$	0	.00				
		rt treasurer sign l		his is a fai	Affidavit Se				

swear (or affirm) that new Bert as a Smy AND MESSel AND Berte NATA Monthle Committee has not violated any provide

My Commission Expires Feb. 1, 2016 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

## SCHEDULEI 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)	\$
All Other Contributions (Part B)	\$
Total for the reporting period (2)	) \$
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	s
Total for the reporting period (3)	) \$
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)	· · · · · · · · · · · · · · · · · · ·

### 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.

					Amount
Full Name of Co Committee	Intributing			Date [MM/DD/YYYY]	5
Vaura #	Street Addres	-		Date [MM/DD/YYYY]	\$
House #	Street Addres	55		Date (MM/DD/TTT)	3
City		State	Zlp Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing		Date [MM/DD/YYYY]	\$	
House #	Street Addres	55		Date [MM/DD/YYYY]	s
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House #	Street Addres	55		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Addres	55		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Addres	ss		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Addres	55		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.)

House # Street Address Date [MM/DD/YYYY] City: State Zip Code Date [MM/DD/YYYY]	\$
House # Street Address Date [MM/DD/YYYY] City State Zip Code Date [MM/DD/YYYY]	5
City: State Zip Code Date [MM/DD/YYYY]	
	\$
Full Name of Contributor Date [MM/DD/YYYY]	11111
	5
House # Date [MM/DD/YYYY]	5
City State Zip Code Date [MM/DD/YYYY]	5
Full Name of Contributor Date [MM/DD/YYYY]	\$
House # Street Address Date [MM/DD/YYYY]	\$
City State Zip Code Date [MM/DD/YYYY]	5
Full Name of Contributor Date [MM/DD/YYYY]	\$
House # Street Address Date [MM/DD/YYYY]	5
City State Zip Code Date [MM/DD/YYYY]	\$
Full Name of Contributor Date [MM/DD/YYYY]	\$
House # Date [MM/DD/YYYY]	5
City State Zip Code Date [MM/DD/YYYY]	5
Full Name of Contributor Date [MM/DD/YYYY]	\$
House # 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:			
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	Zlp Code	Date (MM/DD/YYYY) \$
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$
House # Street A	Address	and the second	Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee	2114		Date [MM/DD/YYYY] \$
House # Street A	Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$
House # Street A	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	F		Date [MM/DD/YYYY] \$		
House # Street Addre	255		Date [MM/DD/YYYY] \$		
City	State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name		La contra de contra de	Occupation		
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor			Date [MM/DD/YYYY] \$		
House # Street Addre	255		Date [MM/DD/YYYY] \$		
City	State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name		Lassevenera	Occupation		
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor			Date [MM/DD/YYYY] \$		
House # Street Addre	255		Date [MM/DD/YYYY] \$		
City	State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name		1	Occupation		
Employer Mailing Address / Principal Place of Business	1000 C				
Full Name of Contributor			Date [MM/DD/YYYY] \$		
House # Street Addre	*55	1-2-35	Date [MM/DD/YYYY] \$		
City	State	Zìp Code	Date [MM/DD/YYYY] \$		
Employer Name			Occupation		
Employer Mailing Address / Principal Place of Business					

### PARTE **Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC. Use this Part to report refund s received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification	2 M 0 1 2 1 2 M 1 2 M			
• 《理論》,現象《於傳	CARE COLOR			
Full Name	1.35.20	100 C		
House #	Street Address	and the second		
City	The state of the second	State	Zip	Date [MM/DD/YYYY] \$
	No. A		Code	
Receipt Descript	tion			
Full Name		A REAL PROPERTY.		
House #	Street Address		111111	
City	1.4	State	Zip. Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion		code	1
	Sector Sector	and the second		
Full Name	A HEARING			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$-
Receipt Descript	tion			
Full Name	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
House #	Street Address	-		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion	1.110		
Full Name				
House #	Street Address			
City	Torder and	State	Zip	Date [MM/DD/YYYY] \$
An Advisit	14 1 2 3 1 14 1 2 3 1 2		Code	
Receipt Descript	tion	1	Lacostand	1.14
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
Receipt Descript	ALC: NOT ALC: ALC: ALC: ALC: ALC: ALC: ALC: ALC:	- E-2	Code	
Accept Descript	unit of the second s			

#### SCHEDULE II

## IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

### 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	0.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	5
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	M PART G)
TOTAL for the reporting period (3)	S
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)	s O

### SCHEDULE II PART F In-Kind Contributions Received VALUE OF \$50.01 TO \$250

Filer identification Number:				
Full Name of Contributor		-	Date [MM/DD/YYYY] \$	
House # Street Addre	55		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution		1		
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Addres	55		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution		1.000		
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Addres			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 Addres	s		Date [MM/DD/YYYY] \$	
City	State	Zlp Code	Date [MM/DD/YYYY] \$	
Description of Contribution	清朝	and set of the		
Full Name of Contributor			Date [MM/DD/YYYY] 5	
House # Street Addres			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution		1		>

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

Filer Identification Number:

	distantion of		
Full Name of Contributor			Date [MM/DD/YYYY] \$
The second second			
House # Street Addre	ss	Date [MM/DD/YYYY] \$	
City	State	Zlp Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Princip. Place of Business	al		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Addres	55		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation	
Employer Mailing Address / Principa Place of Business			Description of Contribution
Full Name of Contributor		No. Contraction	Date [MM/DD/YYYY] \$
House # Street Addres	s		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	121		Occupation
Employer Mailing Address / Principa Place of Business	al.		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYY] \$
House # Street Addres	3		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		146.2	Occupation
Employer Mailing Address / Principa Place of Business			Description of Contribution

Filer Identification	lumber:					
The location	Turnser.					
					Land and the second second	
To Whom Paid	Friends	F.	JW	Iliam	Reynolds	Date [MM/DD/YYYY] \$ [00.00
House # 34	Street Address	Elizabe	th Ave	,		Description of Expenditure
City Beth	ikhem	State	PA	Zip Code	18018	Donation
To Whom Paid						Date [MM/DD/YYYY] \$
House # Street Address						Description of Expenditure
City	14-16-16-16-1	State		Zip	1	La sub-state of the state of the second s
1444		1.744		Code		
To Whom Paid						Date [MM/DD/YYYY] \$
House #	Street Address				1.00	Description of Expenditure
City	Later see water	State		Zip Code		
To Whom Paid						Date [MM/DD/YYYY] \$
House #	Street Address					Description of Expenditure
City	ALC: NO DECIDE	State		Zip Code		
To Whom Paid			1011	cour	3	Date [MM/DD/YYYY] \$
House #	Street Address			-	and the second	Description of Expenditure
City		State		Zip	1	《《···································
4. 新闻		1800		Code		
To Whom Paid						Date [MM/DD/YYYY] \$
House #	Street Address		1998			Description of Expenditure
City	1 and our of the stand	State		Zip Code		
To Whom Paid			1.119			Date [MM/DD/YYYY] \$
House #	Street Address		-			Description of Expenditure
City	- use a	State	-	Zip	1	
To Whom Paid				Code	1	Date [MM/DD/YYYY] \$
with a strat						
House #	Street Address					Description of Expenditure
City		State		Zip Code		

SCHEDULE III
Statement of Expenditures

### 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 Identificatio	n Number:			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	-
Description of I	Debt			
Name of Credit	or	Outstanding Balance of Debt		
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	-
Description of I	Debt			
Name of Credit	OF Latin 2			Outstanding Balance of Debt
House #	Street Address	-	DATE DEBT INCURRED [MM/DD/YYYY]	5
City		State	Zip Code	
Description of 0	Debt			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Debt			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address	-	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of (	Debt			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address	-	DATE DEBT INCURRED [MM/DD/YYYY]	5
City		State	Zip Code	

Description of Debt