#### Commonwealth of Pennsylvania

#### CAMPAIGN FINANCE REPORT

PAGE	1	OF	12
			(COVER PAGE)

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

Filer Identification	>			Repor			CAND	IDATE	1-	COMIN	ITTEE	2.	LOB	BYIST	3.
Name of Filing Commi	ittee, Candidate or L	obbyist.						-	1			1			
	= lines														
Street Address:	Man Rec														
19 16 P2	liter Kerk					15	tate:	_		Zip Co	de:		_		
Bethlefu							Pa			19	0,5	_			
TYPE OF	6TH-TUESDAY	1.	2ND FRIDA		2.		AV.		3.	AMEND	MENT	YES		NO	
REPORT	PRE PHIMARY	-	PRE-PRIMA		5.	1	PRIM	AARY	-	REPORT	-	103	-	,,,,	
(place X to	PRE ELECTION	4.	2NO FRIDA PRE-ELECTI		5.		JAY T ELEC	TION	6.	REPORT		YES	V	NO	
the right of report type)	ANNUAL REPORT	7.	YEAR			FILIN	G ME	THOD		PAP	EŘ		DISK	ETTE	
Name of Office Sough		10 10				<b>PERMIT</b>			CTION		Offic		Party Code		inty de
Catal Co	me . [					MO	DA	Y	/EAR						
						7	19	15			(SEE II	NSTRUC	TIONS	FOR C	ODES)
		Mé	DAY YE	AR:		МО	DAY	# 1-17-N	ÆAR	THE C	OR OF	FICE	USE C	INLY	21
Summary of Re and Expenditure		Ų	18 200	ے ،	То	4	23		_	1		·			
A. Amount Brought		st Rep			T <sub>\$</sub>		,		_	1 3	ساره	11	12		
B. Total Monetary				dule I)	1					S		4	Y	3	
C. Total Funds Ava					\$	75	_			13	KEC	EIVEL	,	E	
D. Total Expenditur	es (From Schedul	e III)			\$	7	2	-		H	JUN :	257	2015	1	
E. Ending Cash Bala	ence (Subtract Lin	e D fro	om Line C)		8 8							- , .	.010	F	1
F. Value of In-Kin	d Contributions Re	eceived	(From Schedu	ule II)	\$ Q				0			1	(%)		
G. Unpaid Debts an	d Obligations (Fro	m Sche	edule IV)		\$	`	Q				ודופ		10	Y	
						ECTIO		N. C.			Mari	Gran A			
PARTA	a Committee re	port tr	easurer sion f	ere.	f this	10.2	andid	A7 <b>37</b>		endiane s		at.	25.55	.0	in the
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PART II - II this	PATRICTURE AND THE PARTY OF		e's Authorize	d Con	ımitte	e, can	Idate	shāli s	sign he	re.	- 5	- 75	-	-	
	PENNSYLVANIA ASSOCIA	ptnb9y12	816 and belief t				-	_		The state of the s	ons of th	ne Act	of June	3, 193	7
Sworn to and subscr	ibed before me this				`										
day o	·		20						Sign	sture of Ca	ndidasa				
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	Signature									Printed Na	me				
My commission exp	MO.	DAY	YR.	_	J		Area C	- 4-			aytime '				

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

#### SCHEDULE I

PAGE 2 OF \_\_\_\_\_\_

#### CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

	Reporting Period
	From To
. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$	50.00 OR LESS PER CONTRIBUTOR
TOTAL for the F	Reporting Period (1) \$
2. CONTRIBUTIONS \$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 R	Reporting Period (2) \$
3. CONTRIBUTIONS OVER \$250.00 (FROM PART CA	ND PART D)
Contributions Received from Political Committees (Part	C) \$
All Other Contributions (Part D)	\$
TOTAL for the R	eporting Period (3) \$
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED,	RETURNED CHECKS, ETC. (FROM PART E)

#### 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.

Name of Filing Committee of Candidate		From _		То		
			-	DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	PAY	YEAR	\$
Mailing Address		-	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address	$\overline{}$		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		1	Mo.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			Mo.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	Mo.	DAY	YEAR	\$
Full Name of Contributing Committee			Mo.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Enter Grand Total of Part A on S	chedule I,	Detailed Summar	y Page,	Sectio	n 2.	PAGE TOTAL
					- 1	THE RESIDENCE OF THE PARTY OF T

# ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

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

Name of Filing Committee or Candidate			111	Reporting	Period	
				From _		To
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address	···	· · · · · · · · · · · · · · · · · · ·	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAŸ	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Z p Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor		Washing Co.	мо.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	Silver	Zip Code (Rius 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	/	1	MQ.	DAY	YEAR	\$
Meiling Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	1		MQ.	DAY	YEAR	\$
Mailing Address		1	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor		Tana American American	Mo.	DAY.	YEAR	\$
Mailing Address	***************************************		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor		And the second section is a later	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor		the second	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$
Enter Grand Total of Part B on Sch	nedule I,	Detailed Summa	ry Page,	Section	n 2.	PAGE TOTAL

#### 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.

Name of Filing Committee or Candidate				From		То
PARAMETER STATE OF THE STATE OF				DATE	STEEL ST	AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address	_		Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	A SHAPE OF STREET		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address	$\wedge$		Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Ma.	DAY	YEAR	\$
Full Name of Contributing Committee			Mo.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address		, t	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Enter Grand Total of Part C on Sched	iule I,	Detailed Summary	Page,	Section	3.	PAGE TOTAL \$

# ALL OTHER CONTRIBUTIONS

PAGE 4 OF 12

\$

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

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

Name of Filing Committee or Candidate Reporting Period From To **AMOUNT** DATE Full Name of Contributor MO. DAY YEAR \$ Mailing Address MO. DAY YEAR \$ City Zip Code (Plus 4) State DAY \$ Employer Name Occupation Employer Mailing Address/Principal Place of Business Full Name of Contributor YEAR \$ Mailing Address MO. DAY YEAR \$ City State Zip Code (Plus 4 MO. DAY YEAR \$ Employer Name Occupation Employer Mailing Address/Principal Place of Business Full Name of Contributor YEAR \$ Mailing Address MO. DAY YEAR \$ City State Zip Code (Flus 4) MO. DAY YEAR \$ Employer Name Occupation Employer Mailing Address/Principal Place of Business Full Name of Contributor DAY YEAR Mailing Address DAY YEAR \$ Zip Code (Plus 4) MO. DAY YEAR \$ Employer Name Employer Mailing Address/Principal Place of Business Full Name of Contributor DAY YEAR MO. Mailing Address MO. DAY \$ State Zip Code (Plus 4) DAY YEAR Employer Name Occupation Employer Mailing Address/Principal Place of Business PAGE TOTAL Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

DSEB-502 (7-99)

PAGE 7 OF 12

# PART E OTHER RECEIPTS

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

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

ame of Filing Committee or Candidate	F	Reporting Period						
				From To				
					Sealing States			
ul! Name								
Mailing Address								
City	State	Zip Code (Plus 4)	MÓ.	DAY	YEAR	Amount		
	0.0.0	_	11.02	JA.	1000	\$		
Receipt Description								
u!l Name								
Mailing Address						- 1112-20-20-20-20-20-20-20-20-20-20-20-20-20		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount		
,	-	_	11.00		74-11	\$		
Receipt Description								
Full Name	`			#***				
Mailing Address		1						
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	Amount		
	State		1910.	WAL	LEAN	\$		
Receipt Description						Company of the Compan		
Full Name		1						
Mailing Address	+	1	/	-	-			
City	State	Zin Code (Plus 4)	140	L DAY	LVEAR	Amount		
	State	Z-11 Code 17105 41	MO.	DAY	YEAR	\$		
Receipt Description			1			h- 3		
uli Name		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	-		- Topic and	THE PERSON NAMED IN COLUMN TWO		
and the control of th			8					
Mailing Address								
Bitý	State	Zip Code (Plus 4)	MG.	DAY	YEAR	Amount		
Page int Date rintion						\$		
Receipt Description								
Full Name				100	-			
Mailing Address			-	_				
······································	le:	T 71 0 1 1 1 1 1	1		T 1.2 - 2 - 2			
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$		
Receipt Description								
	VE E YAYLEYS	Harris and the second	Santal Con	er and the second				
			-			PAGE TOTAL		
Enter Grand Total of Part E on Sc	hedule i,	Detailed Summary	Page,	Section	n 4.	\$		

#### SCHEDULE II

PAGE OF 2

#### 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** 

lame of Filing Committee or Candidate		Reporting Per	ing Period		
		From	То		
UNITEMIZED IN-KIND CONTRIBUTIONS RECEI	IVED - VALUE OF	\$50.00 OR L	ESS PER CON	TRIBUTOR	
TOTAL for	the Reporting Peri	iod (1)	\$		
. /-				11 11 11	
. IN-KIND CONTRIBUTIONS RECEIVED - VALUE	E OF \$50 01 TO \$	250.00 (FROM	PART F)		
TOTAL fox	the Reporting Peri	od (2)	\$		
IN-KIND CONTRIBUTION RECEIVED - VALUE	OVER \$250.00 (F	ROM PART G			
TOTAL for	the Reporting Peri	od (3)	\$		
FOTAL VALUE OF IN-KIND CONTRIBUTIONS DUREPORTING PERIOD (Add and enter amount totals	s from Boxes 1, 2,		\$		
and 3; also enter on Page 1, Report Cover Page,	Item F.)				

#### SCHEDULE II PART F

#### IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	Period	
			From _		То
Full Name of Consultation		-	DATE		AMOUNT
Full Name of Contributor		MO.	DAY	- YEAR	\$
Mailing Address		MO.	DAY	YEAR	\$
City	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$
Description of Contribution			1		L
Full Name of Contributor		MO.	DAY	YEAR	# P**
Mailing Address		Mo.	DAY	YEAR	\$
				2,41	\$
City	ate Zip edde (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution	X	1			
Full Name of Contributor		NO.	DAY	YEAR	\$
Mailing Address		Мо.	DAY	YEAR	\$
City	ete Zip Code (Rius 4)	MO.	DAY	YEAR	
Description of Contribution:	<del>-</del> X		1		\$
			***		
Full Name of Contributor		MO.	DAY	YEAR	\$
Mailing Address		MO.	DAY	YEAR	\$
City St	ate Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:		1			
Full Name of Contributor		MO.	DAY	YEAR	The transfer of the transfer of
Mailing Address			= 7.7	3515	\$
		MO.	DAY	YEAR	\$
City	te Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	- L	<b>1</b>			1,100,000
ull Name of Contributor		MO.	DAY	YEAR	\$
failing Address		MO.	DAY	YEAR	\$
Sity	te Zip Code (Plus 4)	MO.	DAY	YEAR	Ψ
Description of Contribution:					\$
inter Grand Total of Best F Oct 11	11 1- 12 1 2 1 2				PAGE TOTAL
inter Grand Total of Part F on Schedule Summary Page, Section 2.	ii, in-Kind Contribut	ions De	etailed		\$
				Į.	

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# SCHEDULE II PART G N-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Cana	didate		F	Reporting	Period				
					From To				
				DATE		AMOUNT			
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address			MO.	DAY	YEAR	\$			
City	State Zip Code (Plus 4)				YEAR	\$			
Employer of Contributor	Occupati	on	-	1					
Employer Mailing Address/Principal Pla	ce of Business	Descript	ion of Cor	ntribution					
full Name of Contributor	MO.	DAY	YEAR	s					
Mailing Address			MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
Employer of Contributor		1	Occupation	on	1				
mployer Mailing Address/Principal Plac	e of Business	X	Descripti	ion of Con	tribution				
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address			MO.	DAY	YEAR	\$			
Dity	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$			
Employer of Contributor			Oscupatio	on					
Employer Mailing Address/Principal Plac	e of Business		Description	on of Con	tribution	***************************************			
ult Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address			MO.	DAY	YEAR	\$			
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
mployer of Contributor			Occupation						
mployer Mailing Address/Principal Plac	e of Business		Description	on of Cont	tribution				
ull Name of Contributor			MO.	DAY	YEAR	\$			
failing Address			Mo.	DAY	YEAR	\$			
State Zip Code (Plus 4)				DAY	YEAR	\$			
mployer of Contributor			Occupatio	n		· · · · · · · · · · · · · · · · · · ·			
mployer Mailing Address/Principal Place	of Business		Descriptio	on of Cont	ribution				
inter Grand Total of Day C	on Cohadata II			Single Passin	6 .	PAGE TOTAL			
inter Grand Total of Part G Summary Page, Section 3.	on Schedule II.	In-Kind Contribi	Hione Do	tailad	- 10				

#### SCHEDULE III

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			R	eporting	Period	
				From _		То
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Exp	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid	- 0		MO.	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Exp	enditure	
City	State	Zip Code (Plus 4) —				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Expe	enditure	
City	State	Zip Code (Plus 4) —				
To Whom Paid			MO.	DÁY	YEAR	Amount \$
Mailing Address	1		Description	on of Expe	enditure	l <del>u</del>
City	Shate	Zip Code (Plus				
To Whom Paid	1		Mo.	DAÝ	YEAR	Amount \$
Mailing Address	1		Description	on of Expe	inditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			MQ.	DAY	YEAR	Amount \$
Mailing Address			Description	n of Expe	nditure	- The same at the
City	State	Zip Code (Plus 4)				
To Whom Paid	alan a sa al		MO.	DAY	YEAR	Amount \$
Mailing Address			Description	n of Expe	nditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			Mo.	DAY	YE 1R	Amount
Mailing Address			Descriptio	n of Expe	nditura	L\$
City	State	Zip Code (Plus 4)				
						PAGE TOTAL
Enter Grand Total of Expenditures on Pa	ge 1, i	Report Cover Pa	ige, itei	n D.		\$

# 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.

Name of Filing Committee or Candidate			Reporting		
			From _		То
lame of Creditor	27.8 - 107.2 Mar. 1				Contact dia Colonia di
					Outstanding Balance of
Mailing Address	DATE	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
		State	Zip Code	- (F105 4)	
Description of Debt					
Name of Creditor	Para transfer			-	
value of Creditor					Outstanding Balance of \$
Mailing Address	DATE	MO.	DAY	YEAR	
Dity	INCURRED	50.00		(7)	1
		State	Zip Code	(Plus 4)	
Description of Debt		1			Land of
20 Mary 3					
Name of Creditor					Outstanding Balance of
Mailing Address	DAJE	MO.	DAY	YEAR	\$
	DA JE DEBI- NCURRED	1		1	
City		State	Zip Code	(Plus 4)	1
Description of Debt	<del>X</del>	1// 1		-	
		7			
Name of Creditor			4 1 10 5 E 3		Outstanding Balance of
Mailing Address	- Inate		1		\$
Total Casa	DATE DEBT INCURRED	Mo	DAY	YEAR	
City	TIVEORRED	State	Zip Code	(Plus 4)	
Description of Debt		X.			
escription of Debt		1			
lame of Creditor			1	NAME OF TAXABLE PARTY.	Outstanding Balance of
Asilian Adda			1		\$
Aailing Address	DATE DEBT	MO.	DAY	YEAR	The second secon
ty	INCURRED	State	Z p Code	(Plus 4)	
			_		
escription of Debt					
ame of Creditor	A Committee of the second	-		-	Outstanding Balance of [
					S Salance of E
Mailing Address	DATE DEBT	MQ.	DAY	YEAR	
Ity	INCURRED	Cana I	710 05 4	(Div. 2	
		State	Zip Code	rius 4	
escription of Debt		1 1			
			- 1000	- 1	PAGE TOTAL
inter Grand Total of Unpaid Debts on Pa	age 1, Report Cover	Page, It	em G.		\$

### CAMPAIGN FINANCE REPORT

PAGE 1 OF

(NOTE: This report must be clear and legible

Filer Identification Number:	or must be clear	Report Filed By:	CANDIDATE	#38 <b>1</b>	11/2	ITTEE.	2.	OBBYIST 3.
Name of Filing Committee, Cendidate or	10 1	1 00			16- 75	1 1	V (3)	
Street Address:	0,00	Joth	Konsis			-		
City:	e tellar	n Kd	le					
Bett	Mehem		State: PA		Zip Co	816	- 1	407
TYPE OF STICTUESDAY REPORT	1. 2NO FRI		JO DAY	3.	AMENDA	AENT	YES	CLSEI.
OTH TUESDAY	4. 2NO FAI	DAY 5.	POST PRIMARY	6.	REPORT	A COLUMN	440 <b>.</b>	NO.
Iplace X to the right of ANNUAL	7. YEAR	ETION	POST ELECTION:		REPORT?		YES	No
report type) REPORT	2015		FILING METHOD ECHECK ONE		PAPE		DIS	KETTE
Name of Office Sought by Cendidate: Bethlehem City C	ouncil		DATE OF ELEC	TION AR	District Number	Office Code	Party	
			1.011960	כונ	N TO A SEC			S FOR CODE
Summary of Receipts and Expenditures from:	U 18 2		MO. DAY Y		<u> </u>	181	CEUSE	ONLY
. Amount Brought Forward From La		\$	91.40		13	D	4	1
. Total Monetary Contributions and F		nedule I) \$	0		H	1/5	LENED	100
. Total Funds Available (Sum of Line		\$ 0	11.40		1	JUN	2 5 20	
. Total Expenditures (From Schedule		\$ C	11.40		H		20	E
Ending Cash Balance (Subtract Line		\$ -	0		67			S
Value of In-Kind Contributions Red		dule II) \$	8.00		1	The	7110	
Unpaid Debts and Obligations (From	Schedule IV)	\$	8			4	النال	
Taren a mare a mare and		AFFIDAVIT SEC	CTION		1000			
And I mile is a Committee report swear (or affirm) that this report, including	of the attended select	here. If this is	a Candidate repo	art, came	liciate sig	n hera		
react and namelate	A me arracised scuse	ulas, on paper or	computer diskette, ar	e to the	hast of a	tic knowl	****	rue,
								-
e e en a limitar en en esta da labora son la el politico parcer municari promi	· · · · · · · · · · · · · · · · · · ·		to the same of the			- Carattagraphs   1	To the Call Section 1999, and	
CONTROL OF CHIEF CONTRO			2007 1 2000					-
Marion C. Noie, Notary Public			Area Code		Dayti	me Telep	hone Numb	er

Salisbury Twp., behart went of State Bureau of Commissions, Elections and Legislation

My Commission Explain State Of Field Building Harrisburg, PA 17120-0029 (717) 787-5280

#### SCHEDULE I

### CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Po	riod	
Friends of Seff Vocais	_		To 6/23/15
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CON	TRIBUT	OR
TOTAL for the Reporting Period			0
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART-A AND PART"	В)	151 9 Steel	
Contributions Received from Political Committees (Part A)	every process.	\$	
All Other Contributions (Part B)		\$	0
TOTAL for the Reporting Period	(2)	\$	0
			0
S. CONTRIBUTIONS OVER \$250,000 FROM PART C. AND PART D)		1251	
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	0
TOTAL for the Reporting Period	(3)	\$	0
CTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHE	CKS ETC	(FROM	PARTE
TOTAL for the Reporting Period	(4)	\$	$\bigcirc$
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING			
THIS REPORTING PERIOD (Add and enter amount totals from loxes 1, 2, 3 and 4; also enter this amount on Page 1, Report lover Page, Item 8.)		\$ (	$\supset$

#### SCHEDULE II

PAGE 3 OF 12

## 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** 

Name of Filing Committee or Candidate	Reporting Pe		
Friends of Jeff Kocsis			2015 to 6/23/2015
1 INITEMATED IN VIND CONTROL TO			
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF	50.00 OR	LESS	PER CONTRIBUTOR
TOTAL for the Reporting Perio	d (1)	\$	800
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	50.00 (FRO)	V PA	ART F)
TOTAL for the Reporting Period	d (2)	\$	0
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART G	)	atili in Assili
TOTAL for the Reporting Period	(3)	\$	0
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.)		\$	8.00

#### SCHEDULE II PART F

### IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate				Reportir		
Friends of Jef	FK	ocsis				5 TO U123/1
ull Name of Contributor	-			DAT	A COLUMN TWO	AMOUNT
OF O	min	200	MO.	DAY	YEAR	
Mailing Address	Anna	SOL	MO.	DAY	VEAR	
	1		INO.	DAT	YEAR	\$
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I Name of Contributor			MO.			\$
II Name of Contributor				DAY	YEAR	
II Name of Contributor	State	Zip Code (Plus 4)		DAY	YEAR	\$
I Name of Contributor Illing Address	State		Mo.	DAY	YEAR	\$
Il Name of Contributor  illing Address  y  scription of Contribution	State		Mo.	DAY	YEAR	\$
Il Name of Contribution:  Stription of Contribution:  I Name of Contribution:	State		Mo.	DAY	YEAR	\$ \$ \$
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Il Name of Contributor  Siling Address  Y  Scription of Contribution:  I Name of Contributor	State		MO.	DAY	YEAR YEAR	\$ \$ \$
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# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Friends of Jeff	- Koc	Sis			g Period اگالی	5 TO U123/5
Full Name of Contributor				DAT		AMOUNT
1000- and	Dirak	do	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Employer of Contributor		_				\$
			Occupat	an		
Employer Mailing Address/Principal Place of Busi	ness		Descript	tion of Co	intribution	
Full Name of Contributor	***		Mo.	DAY	YEAR	
Mailing Address			110	244		\$
Sia.			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupati	on	-	1
imployer Mailing Address/Principal Place of Busin	ėss		Descripti	on of Co	ntribution	
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Mailing Address			Mò.	DAY	YEAR	\$
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
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ployer of Contributor			Occupation	1		
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ployer Mailing Address/Principal Place of Busines			Description	of Contr	ibution	
ter Grand Total of Part G on Scho				-		PAGE TOTAL

#### 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.

Friends of Jeff Kons	2				Period	5 To Le [23]
The difference of the differen	013			_		
Full Name of Contributing Committee			MO.	DAT	Contraction of the last	AMOUNT
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Mailing Address						\$
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lling Address			Mo.	DAY	YEAR	
18						\$
S	tate	Zip Code (Plus 4)	MO.	DAY	YEAR	
	_					\$
ter Grand Total of Part A on Schedu						PAGE TOTAL

# ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate				Reportin	g Period		
Friends of Je	tt K	ocsis		From	418/6	205	To 10/23/20
				DATE	CONTRACT SECTION		AMOUNT
Full Name of Contributor  Mailing Address	inch	10	MO.	DAY	YEAR	\$	1
Mailing Address	Mac	<u> </u>	MO.	DAY	YEAR	-	$-\varphi$
City	151-1-					\$	
	State	Zip Code (Plus 4)	MÓ.	DAY	YEAR	\$	
ull Name of Contributor		_	MO	DAY	YEAR		*
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Addiess			MO.	DAY	YEAR	\$	
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		_	MO.	DAY	YEAR	\$	
						PAGE	TOTAL
ter Grand Total of Part B on Sched	4.1. 1 2	Detailed Commen			. [	\$	

#### 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.

	s of Jeff				DATE		AMOUNT
Full Name of Contributing Committee				MO.	DAY		
Mailing Address	applicable	_		110	200		\$ (1)
				MO.	DAY	YEAR	\$
Sity	Sta	te	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
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		_					Ψ

# ALL OTHER CONTRIBUTIONS

PAGE 9 OF 12

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

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

	From	6/18/	15 TO LE 23/1
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# PART E OTHER RECEIPTS

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

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

ame of Filing Committee or		,	Reporting	Period	-
Friends	of Jeff X	eiem	From (	018/2015 To cal	23/
ıll Name					
Notan	plicable.				
ailing Address	- Carrier Carr				
ity	State	7'- 0 1 7			
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DSEB-502 (7-99)

#### SCHEDULE III

## STATEMENT OF EXPENDITURES

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State Zip Code (Plus 4)	DAY YE F		

# STATEMENT OF UNPAID DEBTS

Use this Section to Itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Friends of Jeff Kon				211010	2015 to 14/23/20
Name of Creditor Non applicable					Outstanding Balance of
Mailing Address	DATE	Mo.	DAY	YEAR	Man Tilley Charles
City	INCURRED	State	Zip Cod	e (Plus 4)	
Description of Debt				-	
ame of Creditor					Outstanding Balance of
failing Address	DATE	MO.	DAY	YEAR	<b>L\$</b>
ity	DEBT	-			
		State	Zip Code	Plus 4)	
escription of Debt					plays, the terms are
ame of Creditor		_	-		Outstanding Balance of
ailing Address					\$
anny hadress	DATE DEBT INCURRED	MO.	DAY	YEAR	The Marie Park
ty	INCONNED	State	Zip Code	(Plus 4)	
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