Commonwealth of Pennsylvania

PAGE 1 OF

(COVER PAGE)

CAMPAIGN FINANCE REPORT

Filer Identification	•		Report Filed By:	>	CA		1V	COMMI	TTEE	2.	LOBE	BYIST 3	
Name of Filing Commi	PP Korsi			-	-								
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city. Bethly	chen				Star	PA		Zip Cod	0/8	-	_		_
TYPE OF REPORT	STH TUESDAY 1. PRE-PRIMARY	2ND FRID	ARY		30 DA	Y PRIMARY	3.	AMENDN REPORT?	A COULT AND AND A STATE	YES		NQ	
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Name of Office Sough	it by Candidate:	1			DAT	E OF EL	Rectoration and	District Number	Offic		Party Code	Cou	
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Summary of R and Expenditur	es from:	2 11 1	5	То	5	52	615						
A. Amount Brough	t Forward From Last	Report		;		D		1					
B. Total Monetary	Contributions and Red	ceipts (From Sch	nedule I)	\$		0		1					
C. Total Funds Av	ailable (Sum of Lines	A and B)		3	C	5		1					
D. Total Expenditu	res (From Schedule II		4	\$	Č)		1					
E. Ending Cash Ba	lance (Subtract Line D) from Line C)		\$	C)							
F. Value of In-Kir	nd Contributions Rece	ived (From Sche	dule II)	5	7)]					
G. Unpaid Debts a	nd Obligations (From	Schedule IV)		ş	C	>							
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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 12

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

me of Filing Committee or Candidate	Reporting	Period	
	From _		To
UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 C	OR LESS PER C	ONTRIBUT	OR
TOTAL for the Reportin	g Period	(1) \$	0
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND	PART B)		
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	0
TOTAL for the Reportin	g Period	(2) \$	5
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PA	RT D)		
Contributions Received from Political Committees (Part C)		\$	\bigcirc
All Other Contributions (Part D)		\$	0
TOTAL for the Reportin	g Period	(3) \$	0
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETU	RNED CHECKS,	ETC. (FRO	M PART E)
TOTAL for the Reportin	ng Period	(4) \$	0
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from	G		<u> </u>
Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report		\$	\bigcirc
Cover Page, Item B.)		THE REAL PROPERTY OF	

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.

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	Enter Grand Lotal of Part A on Sch	iedule I,	Detailed Summary	/ Page,	Sectio	n 2.	\$

ALL OTHER CONTRIBUTIONS

PAGE 4 OF 18

\$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			R	eporting		
		No. Low Column (Classes)	_	The summer sealed	contraction and	To
Full Name of Contributor			MO.	DATE	YEAR	AMOUNT
			MO.	DAT	TEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor		And that such in the second such as the second	MO.	DAY	YEAR	and a subscription of the second s
	/					\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Xip Code (Plus 4)	MO.	DAY	YEAR	¢
			and the second design of the	A DESCRIPTION OF A DESC	Concession and some	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributor	HUMAN HOG BAT OLD HUMAN CANADO	/	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	No.	DAY	YEAR	\$
Full Name of Contributor	-		MO	DAY	YEAR	
				Uni	IFAB	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -	MO.	DAN	YEAR	\$
Full Name of Contributor	nermenhonensede		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	4
				TANK GARAGE		\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
	NATION OF THE OWNER OF THE OWNER OF		-	-	ALC: NO DE COMPANY	PAGE TOTAL
Enter Grand Total of Part B on So	hedule I,	Detailed Summary	y Page,	Section	n 2.	\$
						STATES AND

PAGE S OF 15

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.

me of Filing Committee or Candidate				eporting		Construction of the Constr	
				From		To	
				DATE		AMOUNT	
ull Name of Contributing Committee			MO.	DAY	YEAR	\$	
Asiling Address			MO.	DAY	YEAR	\$	
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
ull Name of Contributing Committee	no served as particular		MO.	DAY	YEAR	\$	
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City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
ull Name of Contributing Committee			MO.	DAY	YEAR	\$	
feiling Address			MO.	DAY	YEAR	\$	
ану	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
ull Name of Contributing Committee			MO.	DAY	YEAR		
Mailing Address			MO.	DAY	YEAR	\$	
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
		-		PARTY AND A DESCRIPTION		\$	
ull Name of Contributing Committee			MO.	DAY	YEAR	\$	
feiling Address			MO.	DAY	YEAR	\$	
Sity	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$	
ull Name of Contributing Committee		-	MO.	DAY	YEAR	\$	
Aailing Address	1.58	/	MO.	DAY	YEAR	\$	
Sity	State	Zip Code Plus 4)	M0.	DAY	YEAR	\$	
Full Name of Contributing Committee		/	MO.	DAY	YEAR	\$	
Mailing Address		/	MO.	DAY	YEAR	\$	
Sity	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$	
ull Name of Contributing Committee			- MQ	DAY	YEAR	\$	
Aailing Address	12.2	CALL STORE	мо.	DAY	YEAR	\$	
Sity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Contraction and an an and the second second		1		and the second s	-	PAGE TOTAL	

85

ALL OTHER CONTRIBUTIONS

PAGE LO 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	NELASSIMUM DE		R	porting	Period	
				From		То
			PARTY IN COLUMN 2	DATE		AMOUNT
Full Name of Contributor		2008-2009-0-10-04/	MO.	DAY	YEAR	\$
Mailing Address			MQ,	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4) -	MO,	DAY	YEAR	\$
Employer Name			Occupatio	on		
Employer Mailing Address/Principal Place of Business						
				and the last		
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	Crown 1	Tie Cede /Dive A		DAY	VEAD	-
	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Employer Name			Occupatio	n		
Employer Mailing Address/Principal Place of Business			1			
				-	_	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)		DAV		\$
ony	State	-	MO.	DAY	YEAR	\$
Employer Name	1		Occupati	on		
Employer Mailing Address/Principal Place of Business			_			And the second
		1				
Full Name of Contributor		/	MO.	DAY	YEAR	\$
Mailing Address		/	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		DAY	YEAR	Ψ
	Under		1410.	DAT	TEAN	\$
Employer Name		/	Occupati	on		
Employer Mailing Address/Principal Place of Business			1			
			1			
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
			- mor		Chernin	\$
Employer Name			Occupati	on		
Employer Mailing Address/Principal Place of Business			1			
	Distance in the			CARACINETON		
Enter Grand Total of Part D on Sched	dule I, I	Detailed Summar	y Page,	Sectio	n 3.	PAGE TOTAL
SEB-502 (7-99)						\$

PART E OTHER RECEIPTS

PAGE _____ OF _____

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.

	Janurare		Ke	porting F	Period	
ame of Filing Committee or (To
		NAME AND ADDRESS OF TAXABLE PARTY.	and the second			
ill Name		Service de la company de la	ED SUBSICION ACON			
ailing Address						
aning Address						
lity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
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eceipt Description						
ull Name		A Statistic and additional factor			a y a se a	
Mailing Address						
nuring Houreas						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
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		a service programme	_		mile	a the survey and
Aailing Address	·					
lity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
						2
Annual Description		-	1 million			\$
Receipt Description		-				\$
Receipt Description Full Name		-				Φ
Full Name						φ
Full Name		-				φ
full Name Mailing Address	Sinte	Zip Code (Plus 4)	MO:	DAY	YEAR	Amount
Full Name Mailing Address Dity	State	Zip Code (Plus 4)	MO:	DAY	YEAR	
	State	Zip Code (Plus 4)	MO:	DAY	YEAR	Amount
Full Name Mailing Address Dity	Site	Zip Code (Plus 4)	MO:	DAY	YEAR	Amount
Full Name Mailing Address Dity Receipt Description Full Name	State	Zip Code (Plus 4)		DAY	YEAR	Amount
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Full Name Mailing Address Dity Receipt Description	State	Zip Code (Plus 4)	MO:	DAY	YEAR	Amount \$
Full Name Mailing Address City Receipt Description Full Name Mailing Address City		-				Amount \$
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SCHEDULE II

PAGE B OF D

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

ame of Filing Committee or Candidate	Repo	orting Peri	od	
	Fr	om		To
		CONVERSION IN		ACTION CONTRACTOR OF A
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED	- VALUE OF \$50.0	O OR L	ESS PE	R CONTRIBUTOR
TOTAL for the	Reporting Period	(1)	\$	0
. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF	F \$50.01 TO \$250.0	FROM	PART	F)
TOTAL for the	Reporting Period	(2)	\$	0
The second s				
. IN-KIND CONTRIBUTION RECEIVED - VALUE OVI	ER \$250.00 (FROM I	PART G		
TOTAL for the	Reporting Period	(3)	\$	6
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING				()
REPORTING PERIOD (Add and enter amount totals from and 3; also enter on Page 1, Report Cover Page, Iter			\$	\cup

SCHEDULE II PART F

PAGE 9 OF 12

VALUE OF \$50.01 TO \$250.00

Jame of Filing Committee or Candidate	ne of Filing Committee or Candidate				Reporting Period				
	Sector Sector	No. of Colored Lines in the Street water		From		To			
				DATE		AMOUNT			
ull Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address			MO,	DAY	YEAR	\$			
City	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	\$			
Description of Contribution:			-						
full Name of Contributor	MO.	DAY	YEAR	\$					
Mailing Address			MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
Description of Contribution:			1						
Full Name of Contributor			MO,	DAY	YEAR	\$			
\			-			\$			
Mailing Address			MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$			
Description of Contribution:									
Full Name of Contributor	an analysis and		MO.	DAY	YEAR	\$			
Mailing Address			MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$			
Description of Contribution:	1			L					
Full Name of Contributor	and the second	formation and the second	MÓ.	DAY	YEAR	\$			
Mailing Address		1	MO.	DAY	YEAR				
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
Description of Contribution:						Φ			
	-	Non-second on the second s	-		Contraction of the	NAME OF TAXABLE PARTY AND ADDRESS OF TAXABLE PARTY.			
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address			MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
Description of Contribution:	<u> </u>		-						
Enter Grand Total of Part F on Sched	lule II,	In-Kind Contribut	tions De	atailed		PAGE TOTAL			
Summary Page, Section 2.					11 1	\$			

	1. St. 1.		1 1
PAGE	18 34	OF	112
PAGE	14	UF	10

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

me of Filing Committee or Candidate		Reporting Period					
			From		To		
			DATE	A DATION OF THE PARTY OF	AMOUNT		
ull Name of Contributor		MO.	DAY	YEAR	\$		
Aailing Address		MO.	DAY	YEAR	\$		
Sta Sta	te Zip Code (Plus 4)	MO.	DAY	YEAR			
	-	WO.	DAT	TEAN	\$		
mployer of Contributor		Occupati	Occupation				
mployer Mailing Address/Principal Place of Business		Descript	ion of Con	tribution			
Full Name of Contributor			DAY	YEAR	\$		
Mailing Address			DAY	YEAR			
		MO.			\$		
ity Sta	te Zip Code (Plus 4) -	MO.	DAY	YEAR	\$		
mployer of Contributor			on	1			
Employer Mailing Address/Principal Place of Business			ion of Cor	tribution			
Employer Mailing Address/Principal Flace of Busiless			Description of Contribution				
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Mailing Address			DAY	YEAR	\$		
sity st	te Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
mployer of Contributor	<u> </u>	Occupati	ion		*		
mptoyer Mailing Address/Principal Place of Business		Descript	ion of Cor	tribution			
ull Name of Contributor	1	MO.	DAY	YEAR	\$		
Mailing Address		MO.	DAY	YEAR			
					\$		
ity Sta	te Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
mployer of Contributor		Occupat	ion				
mployer Mailing Address/Principal Place of Business		Descript	Description of Contribution				
ull Name of Contributor		MO-	DAY	YEAR	Plantice second and an owner of		
		MO.	UAT	TEAN	\$		
Aailing Address		MO.	DAY	YEAR	\$		
Sity St	te Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
mployer of Contributor		Occupat	ion		-		
mpiover Mailine Address/Principal Dises of Dust-		Desert	lan at C	the file sectors			
Employer Mailing Address/Principal Place of Business		Descript	ion of Cor	tribution			
		A SE SHELOWARD			PAGE TOTAL		
Inter Grand Total of Part G on Schedul Summary Page, Section 3.	e II, In-Kind Contri	butions D	etailed		\$		

PAGE 11 OF 12

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	didate		R	eporting	Period	
				From		To
and the interaction of the second of the second		Contraction Protocol and				
o Whom Paid			MO.	DAY	YEAR	Amount
						\$
Mailing Address			Description	on of Exp	enditure	
lity	State	Zip Code (Plus 4)				
		-	1.			
o Whom Paid			MO.	DAY	YEAR	Amount
						\$
Mailing Address			Descripti	on of Exp	enditure	
Dity	State	Zip Code (Plus 4)				
o Whom Paid			MO.	DAY	YEAR	Amount .
						\$
Nailing Address			Descripti	on of Exp	enditure	
lity	State	Zip Code (Plus 4)			1.11.10	
		-				The second second
o Whom Paid			MO.	DAY	YEAR	Amount
failing Address	1		Descripti	on of Exp		\$
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and the second second		-				Constant and the
o Whom Paid	1	and the second second second second	MO.	DAY	YEAR	Amount
Mailing Address			Descripti	on of Exp	anditura	\$
nannig huuress			Descripti	on or exp	enditure	
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		-			_	
o Whom Paid	/		MO.	DAY	YEAR	Amount
Mailing Address		/	Descripti	on of Exp	anditure	\$
			Descripti	on or exp	eneriore	
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		1-	-			
p Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Descripti	on of Exp	enditure	\$
		/				
City	State	Zip Code (Plus 4)	1		14	
	Designed and designed and the other strength					
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Descripti	on of Exp	enditura	\$
					NUCCESSION.	
City	State	Zip Code (Plus 4)				
		CHICK CHINA LA CALINA CALINA	-		Souther and	
						PAGE TOTAL
	nditures on Page 1, Re					\$

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	11		. 7
PAGE	14	OF	10

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 Period	
			From	To
		and a second		
Name of Creditor				Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	MO.	DAY YEAR	
City	Inconney	State	Zip Code (Plus 4)	
Description of Debt		1		and the second sec
Name of Creditor				Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY YEAR	\$
City	DEBT INCURRED	State	Zip Code (Plus 4)	The second s
		State	-	
Description of Debt				
Name of Creditor		and the Public	Contraction of the second second second	Outstanding Balance of Debt
Mailing Address	DATE DEBT	MO.	DAY YEAR	\$
City	INCURRED	State	Zip Code (Plus 4)	
Description of Debt			-	
				angel proste status Triples and general status and an an
Name of Creditor	1			Outstanding Balance of Debt
Mailing Address	DATE DEBT	MO.	DAY YEAR	
City	INCURRED	State	Zip Code (Plus 4)	
Description of Debt				
Name of Creditor		or second state		Outstanding Balance of Deb
Mailing Address	Inarel	1		\$
	DA TE DEBT INCURRED	MO.	DAY YEAR	
City		State	Zip Code (Plus 4)	
Description of Debt				Manual of Constant States and States and
Name of Creditor	CONTRACTOR OF		A SUPERIOR AND POST OF SUPERIOR	Outstanding Balance of Debi
Mailing Address	DATE	MO.	DAY YEAR	\$
City	DEBT INCURRED	State	Zip Code (Plus 4)	
		otate		
Description of Debt				
		Section of the local division of the local d		PAGE TOTAL
Enter Grand Total of Unpaid Debts	on Page 1, Report Cover	Page,	Item G.	\$

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Commonwealth of Pennsylvania

PAGE 1 OF 18 (COVER PAGE)

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Filer Identification			Rep	and the second second		CANDIDAT	0700700 1.	COMM	19-2-2-2	2.	LOB	BYIST	3.
Name of Filing Comm	ittee, Candidate or Lo		E Koci			and a second second	2.00.04	La se Adminis	969942-315		ACCESSION OF	o Detthick D	
Street Address:		-		212									
City:	916 Pell		d	-	1	State:	7	Zip Cod			1.	105	
TUPE OF	othleher BTH TUESDAY		FRIDAY	2	30	PAY PAY	7			-	1-	101	
TYPE OF REPORT	PRE-PRIMARY	PRE-	PRIMARY	5.	PO	ST PRIMARY	6.	REPORT		YES		NO	X
lplace X to	OTH TUESDAY	PRE-	ELECTION			DAY ST ELECTION	SALA	TERMIN		YES		NO	
the right of report type)	ANNUAL	7. YEA				G METHO		PAPI	1	X	DISK	ETTE	
Name of Office Sough	4				D	ATE OF EL	YEAR	District Number	Offic Code		Party Code		ode -
Dethiene	um City (oi	ANCI			F		2015	1	LOFF I	NSTRUC	TIONS	500	
			Real Property in	-		trackson some solars		E Star	OR OF	and the second se			JODES/
Summary of R and Expenditur		MO. DAY	JOIS	То		D. DAY	YEAR 2015						
A. Amount Brough			10- 0	\$		0							
B. Total Monetary	Contributions and	Receipts (From	Schedule	1) \$ 7	520	20.00	D	1					
C. Total Funds Ava	ailable (Sum of Lin	es A and B)		\$	57	20.00)	1					
D. Total Expenditu	res (From Schedul	e III)		\$.	200	3-1.98							
E. Ending Cash Ba			-	\$	318	5.00)	1					
F. Value of In-Kir		A CALL AND A CALL			20	15.00)						
G. Unpaid Debts an	nd Obligations (Fro	m Schedule IV)	\$	_	0			-	-	-	-	_
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The stranger and st													
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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

Name of Filing Committee or Candidate **Reporting** Period TO 5/5/2015 JER LOCSIS From2/115 Friendson

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period

\$ 1270.00

(1)

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ a950°
All Other Contributions (Part B)	\$ 20000
TOTAL for the Reporting Period (2)	\$ 31500

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 500 %
All Other Contributions (Part D)	\$ 30000
TOTAL for the Reporting Period (3)	\$ 80000

4.	OTHER	RECEIPTS		REFUNDS,	INTEREST	EARNED,	RETURNED	CHECKS,	ETC. (FROM	PART	E)
in the se	4 En En	The second	1000							HIND ROOMS I	

TOTAL for the Reporting Period

(4) \$

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from	\$ 5220.00
Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	* Ja a

PAGE 3 OF 18

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

PART A

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.

ame of Filing Committee or Candidate	Reporting Period					
Friends of Jeff		From Z	2/14/201	15 TO 5/5/2015		
				DATE		AMOUNT
II Name of Contributing Committee	100		MD.	DAY Zo	YEAR	\$ 200.005
11 Name of Contributing Committee Ctizens For John ailing Address 335 BARNSDE ty Bothlichem	V-Corgane //	1	4 MO.	DAY	YEAR	* (00
1335 Racioch	0. pl		110.	Uni	1.607.011	\$
TY O LALL	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
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II Name of Contributing Committee			MO.	DAY	YEAR	
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ailing Address			MO.	DAY	YEAR	\$
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
II Name of Contributing Committee	and west conciliance when	Contractive Contraction of Contract	MO.	DAY	YEAR	A PROPERTY OF A PROPERTY OF A PROPERTY OF
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ailing Address			MO.	DAY	YEAR	\$
ity	State	Zip Code (Plus 4)		DAY	VELO	
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in Name of Contributing Committee			INO.	UAI		\$
ailing Address			MO.	DAY	YEAR	¢
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ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
III Name of Contributing Committee		and the second second	MO.	DAY	YEAR	
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ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
and the second		A REAL PROPERTY OF A PROPERTY OF	-	Crastili Clask 24		
ull Name of Contributing Committee			MO.	DAY	YEAR	\$
tailing Address			MO.	DAY	YEAR	
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ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	AND DESCRIPTION OF TAXABLE PARTY.	-	CO. March & Constant	MAXIM MALE AND	SECURATE SOCIES	\$
all Name of Contributing Committee			MO.	DAY	YEAR	\$
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			MO	DAT	15AN	\$
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
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ull Name of Contributing Committee			MO.	DAY	YEAR	\$
Tailing Address	and the second		MO.	DAY	YEAR	4
The second se			- MD.	DAT	15:00	\$
fity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
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Enter Grand Total of Part A o						\$ 260,00

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PAGE	OF	18

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.)

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	1	PART B
ALL	OTHER	CONTRIBUTIONS

PAGE 5 OF 18

\$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			R	eporting	Period	
Friends of Jeff Kocsi	5			From 3	414201	5 TO 5/5/2013
			Property and and	DATE		AMOUNT
Full Name of Contributor			мо.	DAY	YEAR	\$ 10/200
Mailing Address Loughney			MO.	DAY	2015 YEAR	icc
11015 Electric St						\$
Durmore,	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	PITI	18509-	MO.	DAY	YEAR	NUMBER OF STREET, STREE
Denise Bedits			4	14	2015	\$ 150.00
Mailing Address			MO.	DAY	YEAR	\$
Steg Dundee Kd	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Ψ
Bethlehem	PA	18020 -	WIO.	DAT	TEAD	\$
Full Name of Contributor	1 1.7.1	The second s	MO.	DAY	YEAR	¢.
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Full Name of Contributor	ALARY DEPENDENCE		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor		A CONTRACTOR AND AN INCOME	MO.	DAY	YEAR	
Mailing Address				DAY	YEAR	\$
Maring Address			MO.	DAT	TEAN	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address	-		MO.	DAY	YEAR	
						\$
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Mailing Address			MO.	DAY	YEAR	\$
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		-				\$
Full Name of Contributor	Con Service (Ser		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	¢
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Enter Grand Total of Part P or Cab	dula 1	Dotailad Summer	Dees	Cantin	2 2	\$ 250.00
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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.)

me of Filing Committee or Candidate	R	eporting		E - ASTAC
Friends of Jeff Kassis		DATE	NY LOI	5 TO 51512015
(Name of Contributor	MO.	DATE	YEAR	AMOUNT
Wine or contributor Voyers	2		15	\$ 100 00
Name of Contributor Wichele Kersis	MO.	12 DAY	YEAR	
		JAL	1 Lenn	\$
1602 Greatline St State Zip Code (Plus 4)	MO.	DAY	YEAR	
Bothlehum at 18017 -	MIC.	DAT	TEAR	\$
	MO.	DAY	YEAR	
Name of Contributor	2	15-	15	\$ 100 00
Linda Baldarff	MO.	DAY	YEAR	
234 S Blackely St State Zip Code (Plus 4)	mo.	DAT	1.500	\$
y State Zip Code (Plus 4)	1		L WEAR	
	MO.	DAY	YEAR	\$
Dumpre PA 18510 -			NAME AND ADDRESS OF	The second s
News of Contributor	MO.	DAY	YEAR	\$ 250.00
Jan Bertol. No	2	22	15	* a)0
ling Address	MO.	DAY	YEAR	\$
2410 Royal Manner Ed State Zip Code (Plus 4)				+
State Zip Code (Plus 4)	MO.	DAY	YEAR	
Easton Dr. 18042 -				\$
Name of Contributor	MO.	DAY	YEAR	The second se
	2	24	11-	\$ 200.00
Michael Nolt	MO.	DAY	YEAR	
3734 GAKLING / Kil				\$
State Zip Code (Plus 4)	MO.	DAY	YEAR	
Bala la				\$
I Name of Contributor DAVIA BUJE	MQ.	DAY	VEAD	Contraction of the Contraction o
Derric A A	2	22	YEAR	\$ 100
	MO.	DAY	YEAR	1. 100
	MO.	DAT	TEAN	\$
7.40 Relight Right Man RA State Zip Code (Plus 4)	_			
	MO.	DAY	YEAR	- A
ustin PF PA 12046 -		-		\$
Name of Contributor	MO;	DAY	YEAR	6 7
Name of Contributor Alless FreeltLicH	Z	15	16	\$ 20000
ling Address	MO.	DAY	YEAR	\$
7219 Coventry ct State Zip Code (Plus 4)				*
	MO.	DAY	YEAR	
Riverdala NJ 67417-				\$
Name of Contributor	MO.	DAY	YEAR	
James Boland	2	24	15	\$ 100.00
ling Address	MO.	DAY	YEAR	
1709 CIAN AVE				\$
State Zip Code (Plus 4)	MO.	DAY	YEAR	
Dinmica RA 18:00-			1	1\$
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	2	77	15	\$ 100.00
Hayle R Bedies (Zurick)	the second se	The second second second second second		100 00
	MO.	DAY	YEAR	\$
734 Delaware Ave State Zip Code (Plus 4)			-	
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Bathlehun 141 18015 -		1	-	\$
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	COMMUNICATION OF STREET			\$ 1150,00

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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.)

e of Filing Committee or Candidate		R	eporting			
Friends of Seff Koosis	5		From 1	AVIS		TO_5/5/15
	Sector and an and a sector of the sector of	an cass dass	DATE			AMOUNT
Name of Contributor		MO.	DAY	YEAR	\$	1
Address Kocher		2 MO.	23 DAY	YEAR	-	100.00
14 Extune. 11+ Red			DAI		\$	
State	Zip Code (Plus 4)	MO.	DAY	YEAR		
helville NJ	08425				\$	
Name of Contributor		MO.	DAY	YEAR	\$	100 - ~
Philip Berhinu		2 MO.	ZT	15 YEAR	-	/00 4
		1910.	DAT	TEAN	\$	
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Umauh PA 12	306-1 -				\$	
Name of Contributor	interesting and the second second	MO.	DAY	YEAR		
FRANL BIKTNIK		3	14	11-	\$	100 00
		MO.	DAY	YEAR	\$	
2138 Robers St State	Zip Code (Plus 4)			THE PERSON AND ADDRESS OF	-	
0 1 10 10 10 10 10 10 10 10 10 10 10 10		MO	DAY	YEAR	\$	
150 freide freiden	1017 -	-	D. A.M.	WEAD	+	
Name of contributor Craig Cocsis		MO. Z	DAY 18	YEAR	\$	50.00
ing Address		MO.	DAY	YEAR		
625 Briggarood La		4	28	15	\$	75-00
State	Zip Code (Plus 4)	MO.	DAY	YEAR		
	1011 -	LAND IN COLUMN AND IN COLUMN	COLUMN AND ADDRESS OF		\$	
Name of Contributor		MO.	DAY	YEAR	\$	100.00
J. 11 Box1. 1C		3 MO.	DAY	YEAR	-	100
					\$	
5141 MERDONVIEN DE	Zip Code (Plus 4)	MO.	DAY	YEAR	-	
Macing a PA	19062-				\$	
Name of Contributor	and dependent in the set of the s	MO.	DAY	YEAR	- ct	And the state of the second
SAMES Wish Gule		3	23	15	\$	100 60
Address A		MO.	DAY	YEAR	\$	
2310 Walburt Arm	Zip Code (Plus 4)	MO	DAY	YEAR	-	
	104 -	-	- OAT	1.5711	\$	
Name of Contributor	enerformer announcement	MO.	DAY	YEAR	-	
Zuch Sonting		3	20	15	\$	160
ling Address		MO.	DAY	YEAR	\$	
338 Laurence St	Zin Pade (Blue A)	4	14	15	-	5000
Bothleh PA 15	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
and the second	lui -	1 MO	DAY	YEAR	-	
Name of Contributor		MO.	DAY 14	YEAH	- \$	75-00
(u RL 07 Simility)		MO.	DAY	YEAR	-	
1794 Mertet dran					\$	
State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Constan 012	19045-				\$	

PAGE 8 OF 18

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

PART C

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

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City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
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	PART D	PAGE 9	OF l
ALL	OTHER CONTRIBUTIONS		

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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.)

lame of Filing Committee or Candidate			Reporting Period				
Friends or 1.	off Kocsis	>		From 2	1415	_ TO 5/5/15_	
00			-	DATE		AMOUNT	
Tom BARKer			MO.	DAY	YEAR	\$ 300	
Tailing Address			Mo.	10 DAY	YEAR		
1007 Prospect	- HVIL					\$	
	State	Zip Code (Plus 4)	MÖ.	DAY	YEAR		
Solution	Q14	1808-				\$	
mployer Name	1		Occupatio	on			
mployer Mailing Address/Principal Place	of Business						
1007 Prospect							
ull Name of Contributor	The second second second		MO.	DAY	YEAR	\$	
						\$	
failing Address			MO.	DAY	YEAR	\$	
iity.	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
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		Sec. and Sec.					
mployer Mailing Address/Principal Place	of Business						
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ull Name of Contributor			MO.	DAY	YEAR	\$	
Nailing Address			MO.	DAY	YEAR		
						\$	
Sity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
						Ψ	
Employer Name			Occupatio	0h			
Employer Mailing Address/Principal Place	of Business		_				
				111			
ull Name of Contributor			MO.	DAY	YEAR	\$	
			-			Φ	
Mailing Address			MO.	DAY	YEAR	\$	
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mployer Mailing Address/Principal Place	of Business						
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ull Name of Contributor			MO.	DAY	YEAR	\$	
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PAGE _	10	OF	18

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 Candi FN40CLS ST	date 5 Joff 10	PRIC	Re	Porting From $2/$	Period NV15	To 35/5/201
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SCHEDULE II

PAGE 1 OF 18

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 Period Friends on leff Kocsis From 2/11/15 To 5/5/15 UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR 45 TOTAL for the Reporting Period (1) \$ IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) 2. 250.00 (2) TOTAL for the Reporting Period \$ IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G) 3. (3) TOTAL for the Reporting Period \$ TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS 295-00 REPORTING PERIOD (Add and enter amount totals from Boxes 1. 2. \$ and 3; also enter on Page 1, Report Cover Page, Item F.)

IN-KIND CONTRIBUTIONS RECEIVED

PAGE 12 OF 18

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period				
Fnencis or Jeffkness		From 2	AV15	To 5/5/15	
		DATE		AMOUNT	
Full Name of Contributor	MO.	DAY	YEAR	\$ 250.00	
Anthon Spondas	4	Re	15	\$ 250.00	
Full Name of Contributor An thom Spinal a Mailing Address 1 895 West Mincana City Bighthum PA 18017-	Mo.	DAY	YEAR	\$	
City State Zip Code (Plus 4)	MO.	DAY	YEAR		
Behichen PA 18017-				\$	
Description of Contribution:					
Pizza + Bruzanes					
UI Name of Contributor	MO.	DAY	YEAR	\$	
				\$	
Mailing Address	MO.	DAY	YEAR	\$	
City State Zip Code (Plus 4)	MO.	DAY	YEAR		
	MIC.	DAI	Lagit	\$	
Description of Contribution:					
Full Name of Contributor	MO.	DAY	YEAR	\$	
				Þ	
Mailing Address	MO.	DAY	YEAR	\$	
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City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
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Full Name of Contributor	MO.	DAY	YEAR		
				\$	
Mailing Address	MO.	DAY	YEAR	\$	
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Full Name of Contributor	MO.	DAY	YEAR	STRATES AND A CONTRACT OF STREET	
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Mailing Address	MO.	DAY	YEAR	\$	
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Full Name of Contributor	MO.	DAY	YEAR		
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Description of Contribution: Enter Grand Total of Part F on Schedule II, In-Kind Contribution Summary Page, Section 2.	ns De	tailed		PAGE TOTAL	

PAGE 13 OF 18

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Friends of Jeff Kocous		P (P)		Reporting Period				
		From 2	5 10 5/5/15					
	C- and a setting	DATE		AMOUNT				
Full Name of Contributor Application	MO.	DAY	YEAR	\$ ()				
Meiling Address	MO.	DAY	YEAR	\$				
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$				
Employer of Contributor	Occupatio	n	1					
Employer Mailing Address/Principal Place of Business	Descriptio	on of Con	tribution					
Full Name of Contributor	MO.	DAY	YEAR					
Mailing Address				\$				
nerring oddrese	MO.	DAY	YEAR	\$				
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$				
mployer of Contributor	Occupatio	n						
Employer Mailing Address/Principal Place of Business	Description of Contribution							
Full Name of Contributor	MO.	DAY	YEAR	\$				
Mailing Address	MO.	DAY	YEAR	\$				
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$				
Employer of Contributor	Occupatio	n						
Employer Mailing Address/Principal Place of Business	Description of Contribution							
Full Name of Contributor	MO.	DAY	YEAR	\$				
Mailing Address	MO.	DAY	YEAR	s				
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$				
Employer of Contributor	Occupation							
Employer Mailing Address/Principal Place of Business	Description of Contribution							
Full Name of Contributor	MO.	DAY	YEAR					
		UNI	16An	\$				
Mailing Address	MO.	DAY	YEAR	\$				
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$				
Employer of Contributor	Occupatio	n						
Employer Mailing Address/Principal Place of Business	Descriptio	on of Con	tribution					
		-	-	PAGE TOTAL				

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	nul fee at second when the second	Reporting Period
Friends of Jeff	Kircsis	From 2/142015 To 5/5/2015
To Whom Paid Alyssa Nole		Amount 2 11 2015 \$ 28.91
Mailing Address		Description of Expenditure
city 1916 Pelham Rd	State Zip Code (Plus 4)	Reimburgement for Staples
Bethlehem	197 18018 - HO-	1 office supplies
To Whom Paid Alyssa Nole		MO. DAY YEAR Amount 2 17 2015 \$ 11.00
Mailing Address		Description of Expenditure
city 1916 Petham Ed	State Zip Code (Plus 4)	Reimburgement for Committee
Bethlehem	18018 - HO	T Check Fees
To Whom Paid		MO. DAY YEAR Amount
Mailing Address		Description of Expenditure
city 1916 Pelham Ed	State Zip Code (Plus 4)	Reimbursement torprinting
Bethlehem	PA 18018 - 140	7 Fees at Staples
To Whom Paid Alussa Nite		MO. DAY YEAR Amount
Mailing Address Dil DI		Description of Expenditure
City 1916 Kelham Fo	State Zip Code (Plus 4)	Remainsement for WebSite
Bethlehem -	DA 18018 -140	1 fees at Go Daddy. Com
To Whom Paid AUSSANDO		MO. DAY YEAR Amount
Mailing Address		Description of Expenditure
city 1916 Kelham Ka	State Zip Code (Plus 4)	Keimbursement for copying
Bethlehem	017 18018 -140-	+ + Supplies at Staples
To Whom Paid Alussa NOLO		MO. DAY YEAR Amount . 2 18 2015 \$ (29,75
Mailing Address		Description of Expenditure
city 1914 Felham Rd	State Zip Code (Plus 4)	Reimbursement for copying t
Bethlehem	PA 1804 -140	7 Suppikes at Starles
To Whom Paid ALUSSE NICK		MO. DAY YEAR Amount . 2 24 2015 \$ 21.18
Meiling Address		Description of Expenditure
city MILL Felham Ka	State Zip Code (Plus 4)	Reinhursement for business
Bethlenem	PA- 18018 -140	7 Cards at Staples
To Whom Paid Deff Korsis		MO. DAY YEAR Amount 3 (2 2015 \$25.00
Mailing Address 1911 Pelham Rd		Rempussement for the
City Bothlehem	State Zip Code (Plus 4) 197 18015 -140	7 County Filing Fee
1 sen nur len i	11000 140	PAGE TOTAL
Enter Grand Total of Expenditures on	Page 1, Report Cover	

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SCHEDULE III

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STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Friends of Joff Kacsis	From 212015 To 5/5/2015
To Whom Paid Staples	MO. DAY YEAR Amount 3 11 2015 \$ 4(2.)
Mailing Address	Description of Expenditure
City 2138 WUNION BIVD	Copying Costs For Flyers
Bethlehem 04 18018 -2011	J
To Whom Paid Staples	MO. DAY YEAR Amount 99.89
2138 WUNION Blud	Print Shop COSts +
City Bethlehem PA 18018 -2011	Supplies
To Whom Paid Sign Rook I	MO. DAY YEAR Amount 3 11 2015 \$ (172.50)
Mailing Address -	Description of Expenditure
City	Camporign Signs
St. Paul Park MN 55071 +840	
To Whom Paid AlySSG NOLE	MO. DAY YEAR Amount 3 15 2015 \$ 10.59
Mailing Address 916 Pelham Rd	Description of Expenditure
City State Zin Code (Plus A)	Reimbursement for website
Bethrenem PA 18018 - 1407	renuwal fees at Go Daddy. rom
To Whom Paid Staples (Online)	MO. DAY YEAR Amount 3 28 15 \$ 100,57
Mailing Address 2138 W Union Blvd	Copy - Print Service SFOS
City Bethtehen PA 18018-2011	Post Cards
To Whom Paid	MO. DAY YEAR Amount
Mailing Address Staples (Online)	3 27 2015 \$ (03.20) Description of Expenditure
2138 WUNION Blud	Photshop services for
Bethlehem pA 18018 ZOII	Banners
Lehigh County Employees Federal Credit Union	MO. DAY YEAR Amount 3 30 15 \$ 1200
455 Hamilton St	Description of Expenditure Check CODYING Fee
City Allentown PA 18101 - 1414	Citce apping the
To Whom Paid	MO. DAY YEAR Amount
Mailing Address Dantander Bank	3 2C1 75 \$ 3.11 Description of Expenditure
424 Eaton Ave	MISC. Bank Ges in relation to
Bethrehem PA 18018 - 1800	withdrawal + payment of services
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page	age, Item D. \$1067.97

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SCHEDULE III

STATEMENT OF EXPENDITURES

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El Grecos Pizza ailing Address 2115 Stefto Blvd ty Bethlehem PA 18017 - 5444 Bethlehem Volunteer Association 5 ailing Address (e Hillmond St	ion of Expenditure
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Bethlehem Volunteer Association 5 (e Hillmond St Let	
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Whom Paid Bethlehem BUSINESS Forms 5	DAY YEAR Amount 5 205 \$ 31.75
iling Address De Descript	ion of Expenditure
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Betruchem PA 1808 -	
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iling Address Descript	ion of Expenditure
ty State Zip Code (Plus 4)	
Whom Paid MO.	DAY YEAR Amount
ailing Address Descript	ion of Expenditura
ty State Zip Code (Plus 4)	

PAGE TOF 18

STATEMENT OF EXPENDITURES

SCHEDULE III

Name of Filing Committee or Candidate	Reporting Period
Friends of Jeff Koosis	From 2142615 To 5/5/205
To Whom Paid Stapes	MO. DAY YEAR Amount \$ 40.28
Mailing Address 2138 WUNION Blvd	Description of Expenditure
City State Zip Code (Plus 4)	Copying Beestor Ziyers
Bethlehem 1017 18018-2011	
To Whom Paid Alyssa Nole	MO. DAY YEAR Amount 4 11 2015 \$ 14.94
Mailing Address 1914 Pelham Rd	Remainsement Ersupplis
City Bethlehem PA 18018 - 1407	1.10
To Whom Paid AUSSG IVID	MO. DAY YEAR Amount
Mailing Address 1916 Petham Rd	Reimbulsement for functionsing
City State Zip Code (Plus 4)	1 m C C C
Bethlehem PA 18018 - 140-	
To Whom Paid Staples	MO. DAY YEAR AMOUNT 4 12 15 \$ 29.43
City 2138 WUNION BIVE	CODVINGCERS FOR FLYER
City Bethlehem PA 18018 -2011	
To Whom Paid MILIESC MIDIO	MO. DAY YEAR Amount 90.23
Mailing Address 1011 2 Datha 2 Datha	Description of Expenditure
City State Zip Code (Plus 4)	Reimbursement for fundraising
Bethlehem 197-18018-140-	levent supplies from Samsclub
To Whom Paid Stard of	4 19 2015 \$ 40:18
Mailing Address	Description of Expenditure
City D IS WUNION BIVO	LOPYING LESTORYIYED
Bethlehem 197/18018-2011	
To Whom Paid Staples	MO. DAY YEAR Amount 4 25 2015 \$74.54
2138 W Union Bivd	CODVING FEESFORFLUER
City Bethlehem PA 18018 -2011	1 of 1 3 to of a state
To Whom Paid Vista Print (Dnline)	MO. DAY YEAR Amount 4 21 2015 \$ 102.79
Mailing Address 95 Hayden Ave	Description of Expenditure POST Carl Order
City State Zip Code (Plus 4)	The second states
Lexington MA 62421-7942	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover F	
	'age, Item D. \$42203

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PAGE	18	OF	18

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.

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