Reset Form

Print Form

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

Filer Identificat	ion		(tac	ote. II		ort File			ndida		le. It silo	PROVINCE	nmitte		- Opto		Lob	byist	
Number Name of Filing	Comn	nittee, Ca	ndidate o	r	_	ark X)									0.00				
Lobbyist		90.1	78.54		Con	ımittee	To Ele	ect Davi	d A. 8	Saltzer 									AND 11 - 1 - 1
Street Address					P.O	. Box 53	340	T.S.	ъ т			T							
City Bethlehem						State			Pa		Zip	Code	180	15		5000			
Type of Report	(Place	x under i						0.00					No.						
1-6 th Tuesday Pre-Primary	10.00	nd Friday Primary	3-30 Day Primary	A		t Tuesd Electio	F 10.2	- 2 nd Fr Pre- Ele		6-30 Electi	Day Post on	7- A	nnual	1000000	cial 2 -Elect	Friday ion			
			X	· a															
Date Of Election (MM/DD/YYYY)										Amendment Termination Report Report						lon			
Summary of Receipts and From Date						To	Date			Year C			For	Office	Use	Only	WISH WATER	112.43	
Expenditures			05/08	8/2019			06/13	3/2019											
A. Amount Bro	ught i	Forward F	rom Last I	Report		\$	61	3.23	-										
B. Total Monet (From Schedule	i ()		ns and Re	ceipts		\$	115	50.00											
C. Total Funds / (Sum of Lines A	and	B)			-	\$	176	63.23											
D. Total Expend (From Schedule			1 - 161			\$	1,2	91.11											
E. Ending Cash						\$	47	2.12											
F. Value of In-K	(Subtract Line D from Line C) F. Value of in-Kind Contributions Received					\$													
(From Schedule G. Unpaid Debt		Obligatio	ns			\$													
(From Schedule					-		-110	West of		<u> </u>									
Part 1- If this is a									ort, ca	andidate									
I swear (or affirm) Sworn to and sub				he atta	ched :	schedule	s on p	aper, is	to the	best of	my knowie	dge and	d belief	true, co	rrect a	and comple	ete.		
day of			20			• 1	1												
					_		_				Signature	of Per	son Subi	nitting	report				ē
	Signa	ture			-	.						Prin	ted Nar	ne			·		
My Commission e	expires	MO.	DAY	YR.	_				-	Area Cod	le		Da	ytime 1	Teleph	one Numb	er		
Part II- If this is a	report	of a Candi	date's Auth	orized	Comr	nittee, c	andida	te shali	sign h	ere.									
am.						distri-i-	1		A PE										as
Swe																			
7																			
j																			
My.		MO.	DAY	YK.	- 57	divinities.				10 8900				D					
																		pecial 30 Day ost-Election	

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)	\$	25.00
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)	\$	125.00
Total for the reporting period (2)	\$	125.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	1000.00
All Other Contributions (Part D)	\$	
Total for the reporting period (3)	\$	1000.00
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.

Full Nan	ne of Contribu	ting	i					Date [MM/DD/YYYY]	\$	Amount
Commit		eli49	Internation	al Associ	ation of F	irefifighters Pac	;	Date [wins/DD/1111]	3	. And a second s
House #		Street /	Addrage			-		Date [MM/DD/YYYY]	-	
Trough	1750	Su sec.	The second second	w York A	ve NW				\$	1000.00
City				State		Zip Code	1	05/10/2019	1_	1000.00
CILY .	Washinton			Date [MM/DD/YYYY]	\$					
Full Nam Committ	ne of Contribu tee	ting						Date [MM/DD/YYYY]	\$	
House #		Street /	Address					Date [MM/DD/YYYY]	\$	
	# 60.	121.10					_			
City				State		Zip Code		Date [MM/DD/YYYY]	\$	
	ne of Contribu	ting			<u> </u>			Date [MM/DD/YYYY]	\$	
Committ	tee									
House #		Street A	Address					Date [MM/DD/YYYY]	\$	
City				State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Nam Committ	e of Contribut	ing						Date [MM/DD/YYYY]	\$	
House #		Street A	ddress					Date [MM/DD/YYYY]	\$	
City				State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Nam	e of Contribut	ing							1.	
Committe								Date [MM/DD/YYYY]	\$	1
House#		Street A	ddress				· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$	
City	1			State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name Committe	e of Contributi ee	ng	· · · · · · · · · · · · · · · · · · ·	1				Date [MM/DD/YYYY]	\$	
House #		Street A	ddress					Date [MM/DD/YYYY]	\$	
City				Ctnt-		17. 6 1				
				State		Zip Code		Date [MM/DD/YYYY]	\$	

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

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

Filer Ident	Ufication Num	nbert						
Full Nam	Y 5 14 15 15 15 15 15 15 15 15 15 15 15 15 15	0-3-2005						
			Joshua And					
House #	1303	Stre	et Address	Buck Trail Rd				
City			Allentown	Stat	Pa	Zip Code	18104	Date [MM/DD/YYYY] \$ 125.00
Receipt	Description			1839	84		l	
Full Nam)@		Edward Cau					
House #	1130	Stre	et Address	N Wahneta St				
City			Allentown	Stat	Pa	Zip	18109	Date [MM/DD/YYYY] \$ 25.00
Receipt	Description			12.622) (Mar 1878	1	1 00.10.200
Full Nam	10							
House #		Stre	et Address					
City	1			Stat	•	Zip Code		Date [MM/DD/YYYY] \$
Receipt	Description			Less:	35	Constant	1	
Full Nem	0					586 ₁₁ - 1-3 <u>13.</u>		
House #		Stre	et Address					
City				Stat	e	Zip Code		Date [MM/DD/YYYY] \$
Receipt	Description						1	F=1
Full Nam	ia .							
House #		Stre	et Address				A. 120.000	
City				Stat	e	Zip Code		Date [MM/DD/YYYY] \$
Receipt	Description				polici		1	
Full Nam	le .							
House #		Stre	et Address					
City				Stat	e	Zip Code		Date [MM/DD/YYYY] \$
Receipt	Description			Phis."				

SCHEDULE III

Filer Identifice	tion Numbers		ement of Expend		- 1
ro Whom Pa				Date [MM/DD/YYYY] \$	
	Lehigh Valley Pri	int Center		05/15/2019 1291.11	
House # 170	Street Address	Union Blvd Suite 114		Description of Expenditure	517-647-5
ity	0.0000000000000000000000000000000000000	State	Zip		
Allento		Pa	Code 18109	Mailing	
Whom Pai	d 90 46			Date [MM/DD/YYYY] \$	
Otise #	See of				
	Street Address			Description of Expenditure	140
ty		State	Zlp		10
Whom Pale	1201	cor,	Code		
Adulti Lak				Date [MM/DD/YYYY] \$	
Xuse #	Street Address				
Ty [Description of Expenditure	
.7		State	Zip		16.5
Whom Paid		1841000000	Code		
				Date [MM/DD/YYYY] \$	
itise#	Street Address			Description of Expenditure	LEVER TO SE
y	总数据数据数据	State	Participants		
			Zip Code		25000 340
Whom Paid	5/10 			Date [MM/DD/YYYY] \$	
tise #					
	Street Address			Description of Expenditure	8 P. S. S.
	A Land Control of the	State	Zip		
Miom Paid	4W	25689	Code		
				Date [MM/DD/YYYY] \$	-
ibe #	Street Address				
				Description of Expenditure	
		State	Zip Code	The state of the s	20.55
Vhom Paid		ESFECCION .	CORE		
	(A)			Date [MM/DD/YYYY] \$	

Description of Expenditure

Date [MM/DD/YYYY] \$

Description of Expenditure

House #

To Whom Paid "

City

House #

City

Street Address

Street Address

State

State

Zip Code

Zip Code