CAMPAIGN FINANCE STATEMENT

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

FIGER IDENTIFICATION		HEPORT FILE!			
NUMBER NAME OF FILING COMMITTEE, LAN	NOATS OF COMMENT	ON BEHALF OF	CANDIDATE	X COMMITTEE LO	IRBAI2 L
Thomas	J. Carroll				
	Inion Boulevial				
748 E. I	Inion Bouleville	STATE	———	ZIP CODE	
1 1	em	PA		_	1248
TYPE OF REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	REV	MO. DAY	CTION:
6TH TUESDAY	City of Bethlehem City Cov	ncil (1)	XC	11 8	2011
PRE-PRIMARY	MO. DAY YEAR	MO. DAY YEAR	1	FOR OFFICE USE	ONLY
2ND FRIDAY PRE-PRIMARY	DATES OF REPORTING PERIOD 10 25 /1 TO	11 28 11			
30 DAY					1.]
6TH TUESDAY	CASH BALANCE AT END OF REPORTING PERIOD:	\$ < 214	.66>		
PRE-ELECTION	TOTAL AMOUNT OF FILER'S				70
2ND FRIDAY PRE-ELECTION	OUTSTANDING DEBTS OR LIABILITIE AT THE END OF REPORTING PERIOR		_		
30 DAY POST-ELECTION	AMENDMENT YES	NO X) J
ANNUAL REPORT	TERMINATION YES	NO X			
13.4 7 1 1 1 1 1 1	AFFIDA	AVIT SECTION	1. 8. Na	Marin Carlotte	
PART I -					
	behalf of a Political Committee or Carbehalf of a Candidate, the Candidate		ittee, the T	reasurer must sign h	ere.
f statement is filed on	behalf of a Contributing Lobbyist, the	Lobbyist must sig	gn her e .		
ART II -	My Commission Expires Sep	29, 2010			
f statement is filed on	behalf of a Candidate's Authorized Co	<u>ommittee,</u> Candida	ate must s	ign here.	
I SWEAR (OR AFFIRM) T	HAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS	POLITICAL COMMITTEE H	AS NOT VIOLAT	ED ANY PROVISIONS OF THE AC	T OF
	333, No. 320) AS AMENDED.				
SWORN TO AND SUBS	CRIBED BEFORE ME THIS	***************************************	SIGNATURE	E CANDIDATE	
DAY OF	20		SIGNATURE C	F CANDIDATE	
			PRINTEI	D NAME	
MY COMMISSION FADIS	SIGNATURE				
MY COMMISSION EXPIR	MO. DAY YR.	AREA CODE	DAY	TIME TELEPHONE NUMBER	

PAGE 1 OF B

CAMPAIGN FINANCE REPORT

(NOTE This repor	t must be clear	and legibl	e. IL m	iay be	typed or prin	ted in	Dide Of	black if) F. /			
Filer Identification Number.			Repo Filed	rt By		CANDIDATE	1	COMM	TTEE	X	LOBB	YIST	.1
Name of Filing Comm	ninee, Candidate or L	obbyist	11										
Friend Street Address 248 E	- Union o	Boulevas	1.		******						Manager William Principle of a	*****	
City: Bethole						State PA		18	U18	ン _	47	24	8-
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1 1	RIDAY RIMARY	2.		DAY ST PRIMARY	3.	AMENDA REPORTA		YES		NO	X
(place X to	6TH TUESDAY PRE-ELECTION	PRE-E	RIDAY LECTION	5		DAY ST ELECTION	\ <u>\</u>	TERMINA REPORT?		YES		NO	X
the right of report type)	ANNUAL REPORT	7. YEAR	3			NG METHOD CHECK ONE		PAPE	R	X	DISKE	TTE	
Name of Office Sough	it by Candidate:				-	ATE OF ELEC		District Number	Office		Party Code		inty ide
City of Bo	the hem 6	ity Cour	,,')		MO		AR	NIA	OTY	+ 12	EP	•	18
	7.7/27/67/	, , , ,			1/	1 8 20	2)	10/17	(SEE IN	STRUCT	TIONS F	OR C	ODES)
								į į.	OR OF	ICE U	SE OF	ĮLY	-
Summary of Reand Expenditure		MO. DAY	YEAR YEAR	То	I I		2/)			r ') 1	, ()	- 1 -1	
A. Amount Brought	Forward From La	st Report		\$	8	495.6	9			L. []	, 1	り ロ つ	
B. Total Monetary (Contributions and f	Receipts (From 5	Schedule I)	\$	1,	725.0	O	:		r _: <			
C. Total Funds Avai	ilable (Sum of Line	s A and B)		\$	10,	220.6	9			۰.۰			ı
D. Total Expenditure	es (From Schedule	· III)		\$	8	773,9	9				ل ـ		
E. Ending Cash Bala	ince (Subtract Line	D from Line C	:)	\$	1,	446.7	0						
F. Value of In-Kind	d Contributions Re	ceived (From Sc	hedule II)	\$		16.90							I
G. Unpaid Debts and	d Obligations (Fron	n Schedule IV)		\$	3,	000.00	,						
PART I - If this is	a Committee rep	ort, treasurer si				N Candidate repo				. 6 js		i je j s	6.9 mm
I swear (or affirm) that correct and complete.	it this report, includi	ng the attached sc	hedules, on	paper o	or comp	outer diskette, ar	e to th	e best of	my know	vledge	and bel	ief tru	18,
Sworn to and subscrib				_	;	XX	1	J K					
day of	Noveml	re)	20 1			/ ICEV	1410 01	Person Su	haritina	Report	\sum	·	_
Thank &	arket	NOTARIA		Ţ		Robert	A		enn				
,	Signature	MARY E I Notary	Public	1	ľ	6117	Pr	inted Nam) う/-	26	76		
My commission expir	LOW	ER NAZARETH TWP	NORTHAMP Was San 29	TOI CN 2015	17	Area Code	-		ytime Te			er	-
													=
												937	-
													_
	MO. LO	NER NAZARE I HTTM	I Li Pateriais										

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 8

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period ;
Friends of Tom Carroll	From 18/25/11 To 11/28/11

1. UNITEMIZED CONTRIBUTI	ONS AND RECEIPTS - \$50.00 OR LESS PE	R CONT	RIBUTO	R
	TOTAL for the Reporting Period	(1)	\$	25.00

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)	\$	160.00					
TOTAL for the Reporting Period (2)	\$	160.00					

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ - D -
All Other Contributions (Part D)	\$ 1,000.00
TOTAL for the Reporting Period (3	\$ 1,000.00

4. OTHER RECEIPTS - REFUNDS,	INTEREST	EARNED,	RETURNED	CHECKS,	ETC.	(FROM	PART E	
	TOTAL	for the R	eporting Per	iod	(4)	\$	540.	.00

Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report	\$ 1,725.00
Cover Page, Item B.)	

Reporting Period

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.)

Fisends of Tom Co.	110	//		From	10/25/01	11/28/11 To 11/28/11
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$ 60.00
Robert Kerr			10 Mo.	DAY	ンの11 YEAR	7 60.00
POBOX 20610						\$
Lehigh Valley	tate	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Full Name of Contributor Patrice K. Callahan Meiling Address 1002 Concord Avenua City Prezel Hill			мо.)1	DAY	YEAR 2011	\$ 100.00
Mailing Address			MO.	DAY	YEAR	
1002 Concord Avenue	2					\$
City / S	tate V/	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
	1	101026-		BAY	VEID	3
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	•
						\$
City	tate	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
				544	VE 45	Ψ
Full Name of Contributor		3	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	÷
		V A /AL /A				\$
City	tate	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	
Tall Name of Samilbator						\$
Mailing Address			MO.	DAY	YEAR	\$
		<u></u>				4
City	tate	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	
Tall Haine of Sontributor						\$
Mailing Address			MO.	DAY	YEAR	\$
City S	tate	Zip Code (Plus 4)				
Sity			MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	tate	Zip Code (Plus 4)	***			*
Silv		- Lip code (1 lds 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City		Zip Code (Plus 4)				Ψ
51	tate	21p Code (Flus 4)	MO.	DAY	YEAR	\$
				<u> </u>		PAGE TOTAL
Enter Crand Total of Dest Date Colored		Detailed Comment	D	0		
Enter Grand Total of Part B on Schedul	e i,	Detailed Summary	Page,	Section	2.	\$ 160.00

Name of Filing Committee or Candidate

ALL OTHER CONTRIBUTIONS

PAGE 4 OF 8

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	ne of Filing Committee or Candidate					1 1.
Friends of Tom C	1111	1011		From _	10/25	/11 To 11/28/11
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY 26	YEAR 2011	\$ 1,000.00
Full Name of Contributor Wayne Scott Woodn Mailing Address	70 H		I O MO.	DAY	YEAR	
751 Benner Road						\$
Allentown	State	Zip Code (Plus 4) - 18104 - 3300	MO.	DAY	YEAR	\$
Employer Name First Western - West woo	1		Sel	Vice F	Presiden	nt-Portion Mar
Employer Mailing Address/Principal Place of Business 11150 Sunta Monica Blvd,	50.4	- 850. Lus Ar	noles	CA	400	¹ 25
Full Name of Contributor			MO.	DAY	YEAR	j 🚡
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	
	<u></u> '	_				\$
Employer Name			Occupation	on		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
			<u> </u>			\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	ســــــــــــــــــــــــــــــــــــــ		Occupation	on	<u> </u>	
O Control Oliver of Purince			<u></u>			
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Employer Name	<u></u>		Occupation	on	<u> </u>	
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	L	kennen ander som en	Occupatio	חכ	<u> </u>	
Employer Mailing Address/Principal Place of Business			<u> </u>			
						
					7	PAGE TOTAL

PAGE 5 OF 3

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.

Name of Filing Committee or Candidate	-4		Reporting	Period	1 1 1.
Friends of Tom C	[011	1/4	From _	10/25	/11 To 11/28/11
Full Name Chary H. Corsa Mailing Address					
1290 Stark Koad					
	State	Zip Code (Plus 4) 18017	MO. DAY	YEAR 2011	\$ 540.00
Bethlehem Receipt Description Return for Ruboralls not ma	inde	- 1/2 Was Ink	Tindlantit	nutium.	to FITS
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount \$
Receipt Description					
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4) I	MO. DAY	YEAR	Amount \$
Receipt Description					
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount \$
Receipt Description					
Full Name					
Malling Address			The state of the s		
City	State	Zip Code (Plus 4) R	MO. DAY	YEAR	Amount \$
Receipt Description	<u> </u>				<u> </u>
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount \$
Receipt Description					
					PAGE TOTAL
Enter Grand Total of Part E on Sched	dule I,	Detailed Summary P	age, Section	n 4.	\$ 540.00

SCHEDULE II

PAGE 6 OF 8

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 Friends of Tum Caillull	porting Per From <u>10</u> /	25/11	то 11/28/11
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50	.00 OR L	ESS PE	R CONTRIBUTOR
TOTAL for the Reporting Period	(1)	\$	16.90
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.	00 (FROM	PART	F)
TOTAL for the Reporting Period	(2)	\$ ~	- 0 -
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM	PART G		
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.)		\$	16.90

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	,	1	F	Reporting	Period	1 uhali		
Friends of Tom Car	1/01.)		From	10/25/	11/28/11 ot 11/28/11		
To Whom Paid A CASSA			MO.	DAY	YEAR	Amount \$ 2,825.00		
Chery H. Corsel			Descript	ion of Exp	enditure	1. 1. 11. 11.		
1290 Stark Road City	Triate	Zip Code (Plus 4)	1/253	7,7	1.01200	4 1.231.49 1.271.4.2		
Bethlehem	State		ind	viles 5	212.5	to Inklind FOFTS		
To Whom Paid Chery 1 H. Cors a Mailing Address			MO. DAY YEAR Amount 10 25 2011 \$ 4,907.00 Description of Expenditure					
1290 Stark Kond			Description of Expenditure Design, Printing 6 Mailing Mailer #3					
Bethlehem	State	Zip Code (Plus 4) 18017 -				TO Inkind FUTS		
To Whom Paid Print Bethlehem			MO. DAY YEAR Amount 10 31 2011 \$ 41.27 Description of Expenditure					
Mailing Address 177 Mikiun Road			Descripti	ion of Exp	enditure	card		
Bethlehem	State	Zip Code (Plus 4) 18020-	<u> </u>		<u> </u>	(617 0)		
To Whom Paid United States Postal S	ישיש!	re	<u>мо.</u> //		YEAR	Amount 95.99		
Mailing Address 535 Wood Street				on of Exp	enditure	amps		
Bethlehem	State	zip Code (Plus 4) 18016 -9498	1	ν				
To Whom Paid Friends of Tuny Sima Mailing Address	10		мо. <i>ј</i>)	DAY 22	2011	Amount 904.73		
1135 East 3rd Stree	7		Description of Expenditure Dona tion					
Bethlehem	State	zip Code (Plus 4) 18015-2003						
To Whom Paid			MO.	DAY	YEAR	Amount \$		
Mailing Address			Descripti	on of Exp	enditure	.9		
City	State	Zip Code (Plus 4)						
To Whom Paid			MO.	DAY	YEAR	Amount \$		
Mailing Address			Description	on of Expe	enditure	3		
City	State	Zip Code (Plus 4) —						
To Whom Paid	<u></u>		MO.	DAY	YE AR	Amount \$		
Mailing Address			Description	on of Expe	enditure	*		
City	State	Zip Code (Plus 4)		· · · · · · · · · · · · · · · · · · ·				
Enter Grand Total of Expenditures on Page	ge 1, f	Report Cover Pa	ige, Ite	m D.		PAGE TOTAL \$ 8,773,99		

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	,	,
Friends of Tom Carroll			From 1	0/25/	1) To 11/2	8/11
Name of Creditor					Outstanding Balan	
Robert A. Prenning Meiling Address	DATE	MO.	DAY	YEAR	\$ 1,000	.00
Mailing Address 2830 Linden Street Unit 7A City	DEBT INCURRED	<u>MO.</u>	15	2011	1	
City	1	State	Zip Code	(Plus 4)	1	
Bethlehem Description of Debt			18017-	3961	<u> </u>	
Non-interest Loun to Solitical	' Commit	lee				
Name of Creditor A. Prenning					Outstanding Balan \$ 2,000.	
Meiling Address 2830 Linden Street Unit 7A City	DATE DEBT INCURRED	MO.	23	YEAR 2011		
City	INCURRED	State	Zip Code	(Plus 4)	1	*** · *
Bethlehem		PA	18017-	3961	<u> </u>	
Description of Debt War Interest Loan to Pulitic	- 1 Commi	Hea				***
Name of Creditor	Z; / C C				Outstanding Balan	ce of Debt
					\$	
Mailing Address	DATE DEBT	MO.	DAY	YEAR		7
City	INCURRED	State	Zip Code	(Plus 4)		
			-			
Description of Debt						-
Name of Creditor					Outstanding Baland	ce of Debt
					Outstanding Baland	ce of Debt
Name of Creditor Mailing Address	DATE DEBT	MO.	DAY	YEAR		ce of Debt
		MO.	DAY Zip Code			ce of Debt
Mailing Address City	DEBT					ce of Debt
Mailing Address	DEBT					ce of Debt
Mailing Address City	DEBT					
Mailing Address City Description of Debt Name of Creditor	DEBT INCURRED	State	Zip Code	(Pius 4)	\$	
Mailing Address City Description of Debt	DEBT INCURRED			(Pius 4)	\$ Outstanding Balance	
Mailing Address City Description of Debt Name of Creditor	DEBT	State	Zip Code	(Plus 4)	\$ Outstanding Balance	
Mailing Address City Description of Debt Name of Creditor Mailing Address City	DEBT INCURRED	State Mo.	Zip Code	(Plus 4)	\$ Outstanding Balance	
Mailing Address City Description of Debt Name of Creditor Mailing Address	DEBT INCURRED	State Mo.	Zip Code	(Plus 4)	\$ Outstanding Balance	
Mailing Address City Description of Debt Name of Creditor Mailing Address City	DEBT INCURRED	State Mo.	Zip Code	(Plus 4)	\$ Outstanding Balance \$ Outstanding Balance	ce of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DEBT INCURRED	State Mo.	Zip Code	(Plus 4)	\$ Outstanding Baland	ce of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DATE DEBT INCURRED	MO.	Zip Code DAY Zip Code	(Plus 4) YEAR (Plus 4)	\$ Outstanding Balance \$ Outstanding Balance	ce of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DATE DEBT INCURRED	MO.	Zip Code DAY Zip Code	(Plus 4) YEAR (Plus 4)	\$ Outstanding Balance \$ Outstanding Balance	ce of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City City City City City	DATE DEBT INCURRED	MO. State	Zip Code DAY Zip Code	(Plus 4) YEAR (Plus 4)	\$ Outstanding Balance \$ Outstanding Balance	ce of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DATE DEBT INCURRED	MO. State	Zip Code DAY Zip Code	(Plus 4) YEAR (Plus 4)	\$ Outstanding Balance \$ Outstanding Balance	ce of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City City City City City	DATE DEBT INCURRED	MO. State	Zip Code DAY Zip Code	(Plus 4) YEAR (Plus 4)	\$ Outstanding Balance \$ Outstanding Balance	ce of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City City City City City	DATE DEBT INCURRED DATE DEBT INCURRED	MO. State	Zip Code DAY Zip Code	(Plus 4) YEAR (Plus 4)	Outstanding Baland \$ Outstanding Baland	ce of Debt