#### Commonwealth of Pennsylvania

## CAMPAIGN FINANCE REPORT

PAGE 1 OF (COVER PAGE)

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

Filer Identification Number:	` <b>&gt;</b>			Repo Filed			CANDIE	DATE	X	сомм	ITTEE	2.	LOBE	SYIST	3.
	Name of Filing Committee, Candidate or Lobbyist:  Michael D. Rechiuli														
Street Address:															
1422 Monocacy St  State: PA Zip Code: 18018 -															
TYPE OF	STH TUESDAY	1.	2ND FRIDA		2. 30 DAY 3. POST PRIMARY			AMENDMENT				YES		NO	
REPORT	6TH TUESDAY	4.	2ND FRIDA	Y .	5	30	DAY -		<b>~</b>	TERMIN	ATION	YES		NO	
(place X to the right of	PRE-ELECTION ANNUAL	7.	PRE-ELECT YEAR	TON		FILIN	IG MET	HOD		PAPI			DISK		
report type)	REPORT						CHECK		A Company				DIJR		
Name of Office Sough	m City Co	יטחכי'/	/			MC L			AR	District Number	Offic Code	4 (	Party Code	1 4	ode
	<u> </u>					1.						ISTRUC			ODES)
		МО	DAY Y	EAR		MC	DAY	YE	AR	F	OR OF	FICE (	JSE O	NLY	
Summary of Re and Expenditure		10	25 Zc	<i>)</i>	То	11	26	20	11	~ pe				Ĩ.	
A. Amount Brought	Forward From La	st Rep	ort		\$	-6	16.	78				1		7.1	
B. Total Monetary	Contributions and F	Receipt	s (From Sche	edule I)	\$	6	16.	78							
C. Total Funds Ava	ilable (Sum of Line	s A a	nd B)		\$		0.	00			• ,		J E	(D	
D. Total Expenditur	es (From Schedule	(11)			\$		0.0	00				,	$\supset$		
E. Ending Cash Bala	ance (Subtract Line	D fro	m Line C)		\$		Gi	O()					0		
F. Value of In-Kin	d Contributions Re	ceived	(From Sched	lule II)	\$		0.0								
G. Unpaid Debts an	d Obligations (Fron	n Sche	dule IV)		\$		0.0	0							
				AFFIDA				1	. Arm Tra						
PART I - If this is	a Committee rep	ort, tr	easurer sign	here.	If this	is a	Candidat	e repo	ort, ca	ndidate s	ign her	<b>e.</b>			
PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.  ue,															
PART II - If this i	s a report of a Ca	ndidat	te's Authorize	ed Con	mitte	e, can	didate s	hall sig	n here	. Tari					
I swear (or affirm) the (P.L. 1333, No. 320) as		knowled	dge and belief	this pol	itical c	ommitt	ee has no	ot viola	ited any	provisio	ns of th	a Act o	of June	3, 193	7
Sworn to and subscr	ibed before me this				,										
day of			20		1				Signat	ure of Ca	ndidate				
	Signature				7				P	rinted Nar	ne	***			-
My commission expi	resMo.	DAY	YR.	*****	J		Area Coo	ie	-		sytime T	elepho	a Num	ber	
L										-	-,	- CPITOI	10111	- 01	•

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

#### SCHEDULE I

## CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate  Michael D. Recchich	Reporting Peri	od 125/1	И то <u>11/29/11</u>
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LES	S PER CONT	RIBU	TOR
TOTAL for the Reporting Perio		I	0.00
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	Г В)		
Contributions Received from Political Committees (Part A)		\$	0.00
All Other Contributions (Part B)		\$	6.00
TOTAL for the Reporting Period	od (2)	\$	0.00
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)			
Contributions Received from Political Committees (Part C)			618.78
All Other Contributions (Part D)		\$	0.00
TOTAL for the Reporting Period	od (3)	\$	618,78
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED (	CHECKS, ETC	;. (FR(	OM PART E)
TOTAL for the Reporting Period	od (4)	\$	0.00
	-		
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.)		\$ (	618.78

#### 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.

Michael D. Recchieti				From /	0/25/	/// To ///28///
				DATE		AMOUNT
Full Name of Contributing Committee Friends of Michael Rec Mailing Address	1.	1.5	MO.	DAY	YEAR	\$ 610 70
mailing Address	chiu	<i>17</i>	1//	85	11	\$ G18.78
PO Box 202			MO.	DAY	YEAR	\$
PO Box 202 City  Rethlehem	State	Zip Code (Plus 4) 18016 -	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	\$
Dity	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$
	<u></u>		- MO	DAY	VEAR	•
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			мо.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		-				<b>-</b>
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	Žip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	-		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
Cîty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
	1		1		1	PAGE TOTAL
Enter Grand Total of Part C on Sche	dule i	Detailed Summar	y Page	, Sectio	n 3.	\$618.78

## CAMPAIGN FINANCE REPORT

PAGE 1 OF (COVER PAGE)

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

Filer Identification Number:				Repor Filed			CANDIE	DATE	1.	сомм	ITTEE	×.	LOBE	SYIST	3.
Name of Filing Committee, Candidate or Lobbyist: Friends of Michael Recchiff															
Street Address:  PO Box 707															
City: State: 2 1 Zip Code:															
		1.			2.			М	3.		016	-	02	200	
TYPE OF REPORT	PRE-PRIMARY		2ND FRIDA PRE-PRIMA				DAY ST PRIMA	ARY		REPORT		YES		NO	
(place X to	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA PRE-ELECT		5.		DAY ST ELECT	ION	$\sim$	TERMIN. REPORT		YES		NO	
the right of report type)	ANNUAL REPORT	7.	YEAR				NG METI			PAPI	≅R	×	DISK	ETTE	
Name of Office Sough		/				M	ATE OF			District Number	Offic Code		Party Code DE W		unty ode
15eth lehem	C, ty Council					1	1 8	251	1		OTH (SEE IN	ISTRUC	IL I		
		MO.	DAY YE	AR		M	D. DAY	YE	AR	F	OR OF	FICE L	JSE O	NLY	
Summary of Re and Expenditure		10	25 201	1/	То	11	28	201	1						
A. Amount Brought	Forward From Las	st Repo	ort		\$	1,0	35.	27							
B. Total Monetary	B. Total Monetary Contributions and Receipts (From Schedule I) \$ 400,00														
C. Total Funds Available (Sum of Lines A and B) \$ 1,435.27															
D. Total Expenditures (From Schedule III) \$ 1,101,57															
E. Ending Cash Bala	ance (Subtract Line	D from	m Line C)		\$	, - 	333.	70							
F. Value of In-Kind	d Contributions Re	ceived	(From Sched	ule II)	\$	10,	643.	53							
G. Unpaid Debts an	d Obligations (Fron	n Sched	dule IV)		\$	Ć	.00	)							
				AFFIDA											
PART I - If this is	a Committee rep	ort, tra	iasurer sign	nere. I	t this	is a	Gandida	e repo	ort. ca	ndidata s	ion her	٩			
col															ľ
Sv															
-															
4															- 1
м						*									LI
PART II															
															7
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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
Friends of Michael Recchich'	From 10/25/11 To 11/28/11

1. UNITEMIZED	CONTRIBUTIONS	AND RECEI	PTS -	\$50.00 O	R LESS PE	R CONT	RIBU	TOR	
		TOTAL	for the	e Reporting	Period	(1)	\$	50.00	

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 250,00
All Other Contributions (Part B)	\$ 100.00
TOTAL for the Reporting Period (2)	\$ 350.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$

4. OTHER RECEIPTS - REFUNDS, INTER	REST EARNED, RETURNED CHI	ECKS, ETC. (FROM PART E)	
то	TAL for the Reporting Period	(4) \$ 0,00	

#### 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 or Candidate			neporting			
Friends of Michael Reachi	uti			From	10/24/	/// To 11/28///
				DATE		AMOUNT
Full Name of Contributing Committee	, 0	.1	MO.	DAY	YEAR	6 763 40
Mailing Address	. Ke	ibman	// MO.	DAY	// YEAR	\$ 250.00
Full Name of Contributing Committee  (7,7,7,05 for (slenn F  Mailing Address  1231 Lieb Rd  City  Eciston			MO.	DAT	TEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Easton	PA	18040 -				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
					<u></u>	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	T
		_		1	7550	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
				<u> </u>	<b></b>	Ψ
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
	<u> </u>		+	+	1 1/5/15	Ψ
Full Name of Contributing Committee			. MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
					T	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
·			10.	1	1 12011	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	_
	1	-				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	<b>4</b>
•			1410.	1	TEAN	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	
	Ì	_				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	¢
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	*
,		_	MO.	1 021	TEAN	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
•						\$
Mailing Address			MO.	DAY	YEAR	
						1 <b>C</b>
	16	T				\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4) —		DAY	YEAR	\$
City  Enter Grand Total of Part A on Sche		_	MO.			

## 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 Friends of Michael Recchi	idi		l H	eporting From <u>1</u>	0/24/1	1/ To 11/28/11
V				DATE	' /	AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$ 100 06
ERIC Evans			10 Mo.	Z7	// YEAR	\$ 100.06
1955 Butztown Rd			I WO.	<u> </u>	ILEAN	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
13e+Hehem	184	18017 -				\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	•
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Containing			MO.	DAY	YEAR	Ψ
Full Name of Contributor			18,0.	<u> </u>	12/10	\$
Mailing Address			Mo.	DAY	YEAR	\$
		7'- 0-1- (0) 1				Ψ
City	State	Zíp Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	
			1			\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address	<del></del>		MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	¢
			110	SAV	VEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	1 5444	Tin Code (Divo 4)				7
city	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor		<u> </u>	Mo.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_	T. W.G.	T		\$
Full Name of Contributor			MO.	DAY	YEAR	¢
Mailing Address					ļ	\$
Marring Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
						PAGE TOTAL
Enter Grand Total of Part B on Scho	edule I	, Detailed Summar	y Page,	Sectio	n 2.	\$ 100.00

#### SCHEDULE II

PAGE \_ \_ 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	Reporting Per		,
Friends of Michael Recchibiti	From 10	24 <i>  11</i>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$	50.00 OR L	ESS PE	R CONTRIBUTOR
TOTAL for the Reporting Period	d (1)	\$ 4	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	50.00 (FROM	PART	
TOTAL for the Reporting Period	d (2)	<b>\$</b> (	000
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART G		
TOTAL for the Reporting Period	d (3)	\$ 10,	,60 <b>3</b> ,53
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.)		\$ 10,	, 6 <b>4</b> 3.53

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Friends of Michael Recchio	iti			From /	0 / 2 4/	11 To 11/28/11
				DATE		AMOUNT
Full Name of Contributor Pennsylvania Democratic	Parl	4,	Mo. //	DAY 78	YEAR	\$ 10,603, 53
Mailing Address  Soo N. # Second S  City Harrishura	St.	8th Floor	MO.	DAY	YEAR	\$
City Harrishura	SIA	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupati	on	<b></b>	
Employer Mailing Address/Principal Place of Business			Descripti Design	n, Prod	tribution	Mail How & Postage
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer of Contributor			Occupati	on		
Employer Mailing Address/Principal Place of Business			Descript	ion of Cor	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	Mo.	DAY	YEAR	\$
Employer of Contributor			Occupati	on	<b>1</b>	
Employer Mailing Address/Principal Place of Business		Descript	ion of Cor	tribution		
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	\$
Employer of Contributor			Occupati	on		
Employer Mailing Address/Principal Place of Business			Descript	ion of Car	ntribution	
Full Name of Contributor			МО	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	<u> </u>		Occupati	on	•	
Employer Mailing Address/Principal Place of Business			Descript	ion of Cor	ntribution	
						PAGE TOTAL

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

\$ 10,603.53

#### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Friends of Michael Reachiuti	From 10/25/11 To 10/28/11
	, , , , , ,
To Whom Paid	MO. DAY YEAR Amount
U.S. Postmaskr Mailing Address	Description of Expenditure
	Post Gods
City Hellerhown Ph   State   Zip Code (P)   18055 -	ius 4)
To Whom Paid	
US Postmasker	MO. DAY YEAR Amount \$ 32.50
Mailing Address	Description of Expenditure
City State Zip Code (P	Post Cards
Bethlehem PA 18016 -	-
To Whom Paid  Per Assas	MO. DAY YEAR Amount 10 31 11 \$ 164,51
Capital Promotions  Mailing Address PO Box 231	Description of Expenditure
PO Box 231	Description of Expenditure Noll Stickers
Glerzide State Zip Code (P	lus 4)
	MO. DAY YEAR Amount
Weis Markk	11 7 11 \$ 6.29  Description of Expenditure
Schoeners wilk A	Food for Victory Party
State Zip Code (P)	lus 4)
To Whom Boid	MO. DAY YEAR Amount
Penn Pizza  Mailing Address 7 // 0:	11 8 16 \$ 26.00
Schoeners ville Kd	Pizza for Poll workers
Bethkum State Zip Code (P)	us 4)
	MO. DAY YEAR Amount
Mailing Address  To Whom Paid  Philly Pretzel Factory	7/ 8 // \$ Z S. OO Description of Expenditure
Languer Ave	Pretzel tray for
Alknown PA 1801 -	Victory Party
To Whom Paid	MO VEAR AMOUNT
Soverligh Bunk Mailing Address	Description of Expenditure
Eaton Ave	Wire Fee for
Bethken State Zip Code (P)	
To Whom Paid	MO. DAY YEAR Amount
Staples Mailing Address	// 14 // \$ 45.54  Description of Expenditure
Union Blud	Paper Office Supplies -
State Zip Code (Pla	Then K you notes
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cov	ver Page, Item D. \$ 484, 79

#### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate  Friends of Michael Reachieti			Reporting Period   From				
Mailing Address 1422 Monocacy St  City  Bethlehem  State Zip Code (Plus 4) PA 18018 -			MO.	28.	YEAR //	4 Amount 6 / 6 / 78	
Mailing Address 1422 Monocacy Si	F		Payment of Interest				
Bethlehem	State	Zip Code (Plus 4) /80/8 —	free		an5		
To Whom Paid			MO.	DAY	YEAR	Amount \$	
Mailing Address		**************************************	Description	on of Expe	enditure		
City	State	Zip Code (Plus 4)					
To Whom Paid	<del></del>		MO.	DAY	YEAR	Amount \$	
Mailing Address	***************************************		Description of Expenditure				
City	State	Zip Code (Plus 4)					
To Whom Paid			MO.	DAY	YEAR	Amount \$	
Mailing Address			Description	on of Expe	enditure		
City	State	Zip Code (Plus 4)		Handley and American			
To Whom Paid	<u> </u>		Mo.	DAY	YEAR	Amount \$	
Mailing Address	***************************************		Description	on of Expe	enditure		
City	State	Zip Code (Plus 4)					
To Whom Paid	<u> </u>		MO.	DAY	YEAR	Amount \$	
Mailing Address			Description	on of Expe	enditure		
City	State	Zip Code (Plus 4)					
To Whom Paid	<u> </u>		MO.	DAY	YEAR	Amount \$	
Mailing Address			Description	on of Expe	enditure		
City	State	Zip Code (Plus 4)					
To Whom Paid			MO.	DAY	YEAR	Amount \$	
Mailing Address			Description	on of Expe	enditure		
City	State	Zip Code (Plus 4) —					
Enter Crand Total of Evpanditures on Pa	1	Panart Cover P		n		* 6/6.78	
Enter Grand Total of Expenditures on Page	ge ı,	Report Cover F	age, ne	m v.	ļ	\$611.17	