## CAMPAIGN FINANCE REPORT PAGE 1 OF TOWNS NAME.



|   |                             | t must    | be clear and           | i legible     | o it m  | ים ענוי     | typea or prir  | neo m                        | bine or black i   | me j    | <del></del>     |              | _                   |
|---|-----------------------------|-----------|------------------------|---------------|---------|-------------|--|------------------------------|---|---------|-----------------|--------------|---------------------|
| Filer Identification<br>Number:                         |                             |           | ***                    | Repo<br>Filed |         | <b>&gt;</b> | CANDIDATE  | ľX                           | COMMITTEE   | 2.      | LCB             | BYIST        | 3.                  |
| Name of Filing Comm                                     |                             |           |                        |               |         |             |  | ,                            |   |         |                 |              |                     |
|   | o A Sin                     |           |                        |               |         |             | and the second second second second  | and the second of the second | CONTRACTOR OF THE PARTY OF THE |         |                 |              | 50 A 1              |
| 1135 E  | Fast 311                    | 57,       | reet                   |               |         |             | Alexander ( ) de la compansa promos promos promos de la compansa d |                              | · · · · · · · · · · · · · · · · · · ·   |         |                 |              |                     |
| city Bethle   | hem                         |           |                        |               |         |             | State  |                              | 7 P Code. 18015   | _       | - ,2,           | 00           | 3                   |
| TYPE OF REPORT  | 6TH TUESDAY<br>FRE-PRIMARY  | 1.        | 2ND FRIDA<br>PRE-PRIMA |               | 2.      |             | DAY<br>ST PRIMARY  | 3.                           | AMENDMENT<br>REPORT?  | YES     |                 | NO           | X                   |
| (place X to   | 6TH TUESDAY<br>PRE-ELECTION | 4.        | 2ND FRIDA<br>PRE-ELECT |               | 5.      |             | DAY<br>ST ELECTION   | X                            | TERMINATION<br>REPORT?  | YES     | X               | NO           |                     |
| the right of<br>report type)                            | ANNUAL<br>REPORT            | 7.        | YEAR                   |               |         |             | NG METHOD<br>CHECK ONE   |                              | PAPER   | X       | DISK            | ETTE         |                     |
| Name of Office Sough                                    | t by Candidate:             |           |                        |               |         | <b>*</b> D  | ATE OF ELEC  |                              | District Office<br>Number Code  |         | Party<br>Code   |              | unty<br>ode         |
| City of Bet   | bloken (it                  | V (       | lunui)                 |               |         | M           |  | AR                           | NIAOT   |         | FX              | ^            | 8                   |
| crigar 1200   |                             |           |                        |               |         | 1)          | 1 8 26   | 211                          |   | NSTRUC  | TIONS           |              |                     |
|   |                             | 1         | I DAY!                 | 100           |         | T           | D. DAY YE  | AR                           | FOR OF  | FICE (  | JSE O           | NLY          |                     |
| Summary of Re   |                             | 10        |                        | OII           |         | M           | 1 28 20  |                              |   |         |                 |              |                     |
| and Expenditure   | es from: 🕨                  | 1/0       | 12,12,                 |               | То      | <u> </u>    |  | =                            | n (f  | . *,    | )               |              | ı                   |
| A. Amount Brought                                       | Forward From Las            | st Repo   | rt                     |               | \$ 4    | <u> </u>    | 751.08   | 2                            |   |         | ?               | •            |                     |
| B. Total Monetary                                       | Contributions and F         | Receipts  | (From Sche             | dule I)       | \$      | . 1         | 400,00   | 7                            |   |         |                 |              | ŀ                   |
| C. Total Funds Available (Sum of Lines A and B) \$      |                             |           |                        | 351.08        | 5)      |             |  | لـ                           | これ  |         |                 |              |                     |
| D. Total Expenditures (From Schedule III) \$ - \omega - |                             |           |                        |               |         | - 1         | J  |                              |   |         |                 |              |                     |
| E. Ending Cash Bala                                     | ence (Subtract Line         | D from    | n Line C)              |               | \$      | <           | 3510   | 8>                           |   |         | ۔<br>ن <u>ب</u> | '            |                     |
| F. Value of In-Kind                                     | d Contributions Rec         | ceived (  | From Sched             | ule II)       | \$      | _           | · U -  |                              |   | -       | <u>ر</u><br>د   |              |                     |
| G. Unpaid Debts an                                      | d Obligations (From         | n Sched   | ule IV)                |               | \$      |             | - 0 -  |                              |   |         |                 |              |                     |
| ***   |                             |           |                        | AFFIDA        | VIT SE  | ECTIO       | N  |                              | i ya sanga  | 4       | a jai y         | إمراق والعرا | roles <b>if</b> e s |
| PART I - If this is                                     | a Committee rep             | ort, trea |                        |               |         |             |  | ort, car                     |   |         |                 |              |                     |
| swear (or affirm) +b                                    | V. A.S.                     |           |                        |               |         |             |  |                              | -   |         |                 | 71           | 10,                 |
| S <sub>V</sub>  |                             |           |                        |               |         |             |  |                              |   |         |                 |              |                     |
| 5   |                             |           |                        |               |         |             |  |                              |   |         |                 |              | I                   |
| -   |                             |           |                        |               |         |             |  |                              |   |         |                 |              | -                   |
|   |                             |           |                        |               |         |             |  |                              |   |         |                 |              |                     |
|   |                             |           |                        |               |         |             |  |                              |   |         |                 |              | ı                   |
|   |                             |           |                        |               |         |             |  |                              |   |         |                 |              | -                   |
|   |                             |           |                        |               |         |             |  |                              |   |         |                 |              |                     |
| PART II - If this is                                    | <del></del>                 |           |                        | _             |         |             |  |                              |   |         |                 |              |                     |
| I swear (or affirm) tha<br>(P.L. 1333, No. 320) as      |                             | knowledg  | e and belief t         | this poli     | tical c | ommitt      | ee has not viola   | ited any                     | provisions of the   | Act o   | f June          | 3, 1937      | '                   |
| Sworn to and subscri                                    | bed before me this          |           |                        |               | `       |             |  |                              |   |         |                 |              | 1                   |
| day of  |                             |           | 20_                    |               |         |             |  | 61                           |   |         |                 |              | 1                   |
|   |                             |           |                        |               | ļ       |             |  | Signatu                      | re of Candidate   |         |                 |              |                     |
|   | Signatura                   |           |                        |               |         | ·           |  | Pr                           | inted Name  |         |                 |              | - [                 |
| My commission expir                                     | MO.                         | DAY       | YA.                    |               | J       |             | Area Code  | -                            | Daytime T   | elephon | e Numt          | oer          | -                   |

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 3

### CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting Period          |
|---------------------------------------|---------------------------|
| Antonio A. Simao                      | From 10/25/11 To 11/28/11 |

| 1. UNITEMIZED | CONTRIBUTIONS | AND RECE | IPTS -  | \$50.00 OF | LESS I | PER CONT | RIBU | TOR |     |  |
|---------------|---------------|----------|---------|------------|--------|----------|------|-----|-----|--|
|               |               | TOTAL    | for the | Reporting  | Period | (1)      | \$   | _   | 0 - |  |

| 2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B) |             |
|---|-------------|
| Contributions Received from Political Committees (Part A)     | \$<br>-0-   |
| All Other Contributions (Part B)                              | \$<br>-0-   |
| TOTAL for the Reporting Period (2)                            | \$<br>- D - |

| 3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)   |      |       |
|---|------|-------|
| Contributions Received from Political Committees (Part C) | \$   | -0-   |
| All Other Contributions (Part D)                          | \$   | - 0 - |
| TOTAL for the Reporting Period (3                         | ) \$ | -0-   |

| 4. OTHER RECEIPTS - REFUNDS, | INTEREST EARNED, RETURNED CHECKS, | ETC | . (FROM | PART E)  |
|------------------------------|-----------------------------------|-----|---------|----------|
|                              | TOTAL for the Reporting Period    | (4) | \$      | 1,400.00 |

| 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 | \$<br>1,400.00 |
|--|----------------|
| Cover Page, Item B.)   | -              |

Reporting Period

## 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.

| Antonio A. Simao                                     |        |                      |   | From _/  | 10/25 | /// To /) /28/// |
|--|--------|----------------------|---|----------|-------|------------------|
| Euil Name  |        |                      |   |          |       |                  |
| Full Name Friends of Tony 5; Mailing Address         | ima    | UZ.                  |   |          |       |                  |
| Mailing Address 1135 East 3rd Stree City             | e +    |                      |   |          |       |                  |
| 1135 East 3rd Stree<br>Giry<br>Bethlehem             | State  | Zip Code (Plus 4)    | MO.                                     | DAY<br>4 | YEAR  | Amount 400 00    |
| Receipt Description                                  | 1-17   | 18013 - 2003         | <u>''</u>                               |          | 2011  | 4 700 00         |
| Receipt Description Repryment of                     | Las.   | 1 to Committe        | 2.0                                     |          |       |                  |
| Full Name Friends of Tony Sin Mailing Address        | 740    |                      |   |          |       |                  |
| Meiling Address                                      | +      |                      |   |          |       |                  |
| 1135 Eust 3rd Stree                                  | State  | Zip Code (Plus 4)    | MO.                                     | DAY      | YEAR  | Amount           |
| Bethlehem  Receipt pescription  Repuyment of Bulance | PA     | 18015 -2003          | 11                                      | 13       | 2011  | \$ 1,000.00      |
| Repuyment of Bulance                                 | of     | Loun to Co.          | mmi                                     | Hee      | _     |                  |
| Full Name  |        |                      |   |          |       |                  |
| Mailing Address                                      |        |                      |   |          |       |                  |
| City   | State  | Zip Code (Plus 4) N  | MO.                                     | DAY      | YEAR  | Amount           |
| city   | State  | Zip Code (Flus 4/    | MO.                                     | DAI      | TEAR  | \$               |
| Receipt Description                                  |        |                      |   |          |       |                  |
| Full Name  |        |                      |   |          |       |                  |
| Mailing Address                                      |        |                      |   |          |       |                  |
| Walling Accions                                      |        |                      |   |          |       |                  |
| City   | State  | Zip Code (Plus 4) N  | MO.                                     | DAY      | YEAR  | Amount \$        |
| Receipt Description                                  |        |                      |   | l        |       | Ψ                |
| Full Name  |        |                      |   |          |       |                  |
| run Name   |        |                      |   |          |       |                  |
| Mailing Address                                      |        |                      | *************************************** |          |       |                  |
| City   | State  | Zip Code (Plus 4) M  | MO.                                     | DAY      | YEAR  | Amount           |
| Receipt Description                                  |        |                      |   |          |       | \$               |
| Receipt Description                                  |        |                      |   |          |       |                  |
| Full Name  |        |                      |   |          |       |                  |
| Mailing Address                                      |        |                      |   |          |       |                  |
| City   |        | Tie Code (Dive 4)    |   |          |       |                  |
| City   | State  | Zip Code (Plus 4) M  | MO.                                     | DAY      | YEAR  | \$               |
| Receipt Description                                  |        |                      |   |          |       |                  |
|  |        |                      |   |          |       | PAGE TOTAL       |
| Enter Grand Total of Part E on Schedu                | ıla I. | Detailed Summary Ps  | ene S                                   | ection   |       | \$ 1,400.00      |
| Little Craire 10tal of 1 art & oil College           | A10 1, | Detailed Summery , a | aye, u                                  | 16011011 | · ~.  | Ψ 1 1 1 v v · v  |

Name of Filing Committee or Candidate

#### PAGE 1 OF

Z KOVEB FAGE

### CAMPAIGN FINANCE REPORT

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

| Flori fundation Number   Report   Repor      |                      |                        |          |                | <del></del>      |                    |          |                               | 7,        | 7                 |        | -            |        | ,   |
|---|----------------------|------------------------|----------|----------------|------------------|--------------------|----------|-------------------------------|-----------|-------------------|--------|--------------|--------|-----|
| TYPE OF ATT TURNS AND THE AND       |                      | n 🎉                    |          |                |                  |                    |          | CANDIDATE                     | '         | COMMITTE          | F      | LOF          | BYIST  | 1   |
| TYPE OF REPORT   1 A MINIAL   2 NO FRIDAY   2 NO FRIDAY   1 ON THE PRIMARY   2 NO FRIDAY   2 NO FR      | Name of Filing Comm  | iltree, Candidate of L | obbyist  | ·····          | L                |                    |          |                               | <b></b>   | J                 |        | . L          |        | 1   |
| TYPE OF REPORT   1 A MINIAL   2 NO FRIDAY   2 NO FRIDAY   1 ON THE PRIMARY   2 NO FRIDAY   2 NO FR      | From Addison         | of lon                 | <i>y</i> | Simile         |                  |                    |          | norm company or the continues |           |                   |        |              |        |     |
| TYPE OF STATE CAPTAIN THE PROPERTY OF THE PROP      | 1135                 | East 3                 | d        | Street         | _                |                    |          |                               |           |                   |        |              |        |     |
| TYPE OF REPORT  (place X to the right of report type Received Prom. Schedule II)  A Amount Brought Forward From Last Report  B. Total Monetary Contributions and Receipts (From Schedule II)  Total Expenditures (From Schedule III)  F. Value of In-Kind Contributions Received (From Schedule III)  G. Unpaid Debts and Obligations (From Schedule IV)  F. Value of In-Kind Contributions Received From Schedule IV)  F. Value of In-Kind Contributions Received From Schedule IV)  F. Value of In-Kind Contributions Received From Schedule IV)  F. Value of In-Kind Contributions Received From Schedule IV)  F. Value of In-Kind Contributions Received From Schedule IV)  F. Value of In-Kind Contributions Received From Schedule IV)  F. Value of In-Kind Contributions Received From Schedule IV)  F. Value of In-Kind Contributions Received From Schedule IV)  F. Value of In-Kind Contributions Received From Schedule IV)  F. Value of In-Kind Contributions Received From Schedule IV)  F. Value of In-Kind Contributions Received From Schedule IV)  F. Value of In-Kind Contributions Received From Schedule IV)  F. Value of In-Kind Contributions Received From Schedule IV)  F. Value of In-Kind Contributions Received From Schedule IV)  F. Value of In-Kind Contributions Received From Schedule IV)  F. Value of In-Kind Contributions Received From Schedule IV)  F. Value of In-Kind Contributions Received From Schedule IV)  F. Value of In-Kind Contributions Received From Schedule IV)  F. Value of In-Kind Contributions Received From Schedule IV  F. Value of In-Kind Contributions Received From Schedule IV  F. Value of In-Kind Contributions Received From Schedule IV  F. Value of In-Kind Contributions Received From Schedule IV  F. Value of In-Kind Contributions Received From Schedule IV  F. Value of In-Kind Contributions Received From Schedule IV  F. Value of In-Kind Contributions Received From Schedule IV  F. Value of In-Kind Contributions Received From Schedule IV  F. Value of In-Kind Contributions Received From Schedule IV  F. Value of In-Kind Contributions R      | City Be+/11          | eliem                  |          |                |                  | a marin or not re- |          |                               |           | 2.p. Code<br>1801 | ٠ ``   | - ユ          | 00     | 3   |
| Iplace X to the right of report (yet)   ANNUAL report (yet)   PAPER         |                      |                        | 1.       |                |                  | 2.                 |          |                               | 3.        | I                 | YES    |              | NO     | X   |
| the right of report type! REPORT   PAPER   DISKETTE   |                      |                        | 4.       |                |                  | 5                  |          |                               | X         |                   | N YES  | X            | NO     |     |
| City of Bethlehem City Council    Mo. Day   VEAR   11   8   2011   12   13   14   14   14   14   14   14   14   | the right of         |                        | 7.       | YEAR           |                  |                    |          |                               |           | PAPER             | X      | DISK         | ETTE   |     |
| Summary of Receipts and Expenditures from:    Mo. DAY   VEAR   11   8   2011   M/P   0TH   REP   48   18   2011   M/P   0TH   REP   48   48   48   48   48   48   48   4   |                      | ·                      |          |                |                  |                    | ŅΟ       | ATE OF ELEC                   | TION      | District O        |        |              |        |     |
| Summary of Receipts and Expenditures from:    Mo.   DAY   YEAR   10   25   2011   To   11   26   2011   | 14. 7                | Poth hom               | 0        | ty Cour        | 201              |                    | M        | D. DAY YE                     | AR        |                   |        |              | - 1    |     |
| Summary of Receipts and Expenditures from:    No.   DAY   YEAR   10   25   2011   To  | LIFY DI              | 28/1/21/2001           |          |                |                  |                    | 1        | 1 8 20                        | 21)       | ,                 |        |              |        | -   |
| Summary of Receipts and Expenditures from:    10 25 2011   To   11 28 2011  |                      |                        |          |                |                  |                    |          |                               |           | FOR               | OFFICE | USE C        | NLY    |     |
| A Amount Brought Forward From Last Report  B. Total Monetary Contributions and Receipts (From Schedule II) \$ 1,039.73  C. Total Funds Available (Sum of Lines A and B) \$ 3,800.00  D. Total Expenditures (From Schedule III) \$ 3,800.00  E. Ending Cash Balance (Subtract Line D from Line C) \$ -0 -  F. Value of In-Kind Contributions Received (From Schedule III) \$ 2,399.20  G. Unpaid Debts and Obligations (From Schedule IV) \$ -0 -  AFFIDAVIT SECTION  PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.  1 **Cort  Sw.  PART II - If this is a report - Gendidate's Authorized Committee condidate shall also here.   |                      |                        |          |                |                  | _                  | Mo       |                               |           | -                 |        | ì            |        |     |
| B. Total Monetary Contributions and Receipts (From Schedule II) \$ 1,039.73 C. Total Funds Available (Sum of Lines A and B) \$ 3,800.00 D. Total Expenditures (From Schedule III) \$ 3,800.00 E. Ending Cash Balance (Subtract Line D from Line C) \$ -0 - F. Value of In-Kind Contributions Received (From Schedule III) \$ 2,399.20 G. Unpaid Debts and Obligations (From Schedule IV) \$ -0 -  AFFIDAVIT SECTION  PART II - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.  I second the second of the second | and Expenditure      | es from:               | 10       | 25 120         |                  | То                 | <u> </u> | 1 0 20                        |           | 30                | ·      | :            |        |     |
| C. Total Funds Available (Sum of Lines A and B)  D. Total Expenditures (From Schedule III)  E. Ending Cash Balance (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received (From Schedule III)  G. Unpaid Debts and Obligations (From Schedule IV)  AFFIDAVIT SECTION  PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.  I second Schedule IV III - If this is a report of the second Schedule IV III - III this is a Candidate sign here.  PART II - If this is a report of Candidate Authorized Committee report of the second Schedule IV III - III this is a candidate sign here.   | A. Amount Brought    | Forward From La        | st Rep   | ort            |                  | \$                 | <u>ス</u> | ,760.2                        | 7         |                   |        | ")<br>"<br>" |        |     |
| C. Total Funds Available (Sum of Lines A and B)  D. Total Expenditures (From Schedule III)  E. Ending Cash Balance (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received (From Schedule III)  G. Unpaid Debts and Obligations (From Schedule IV)  AFFIDAVIT SECTION  PART II - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.  I sectors  M.  PART II - If this is a report of Condidate Authorized Committee condidate shall be a condidate shall b      | B. Total Monetary (  | Contributions and I    | Receipt  | s (From Sche   | dule I)          | \$                 | 1,       | 039.7                         | 3         |                   | 1      |              |        |     |
| E. Ending Cash Balance (Subtract Line D from Line C) \$ -0 -  F. Value of In-Kind Contributions Received (From Schedule III) \$ 2,399.20  G. Unpaid Debts and Obligations (From Schedule IV) \$ -0 -  AFFIDAVIT SECTION  PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.  I a core  Sw  PART II - If this is a report of Sandidate's Authorized Committee candidate shell aim has a candidate sign here.  1 a core  2 a core  2 a core  3 a core  4 a core  5 a core  5 a core  1 a core  5 a core  1 a core  2 a core  3 a core  4 a core  5 a core  5 a core  6 a core  1 a core  5 a core  6 a core  6 a core  7 a core  7 a core  8 a core  9 a core  1 a core  2 a core  3 a core  4 a core  4 a core  5 a core  6 a core  6 a core  7 a core  7 a core  8 a core  9 a core     | C. Total Funds Avai  | ilable (Sum of Line    | s A a    | nd B)          |                  | \$                 | 3        | 800.0                         | 0         |                   |        |              | ::)    |     |
| F. Value of In-Kind Contributions Received (From Schedule II) \$ 2,399.20  G. Unpaid Debts and Obligations (From Schedule IV) \$ - 0 -  AFFIDAVIT SECTION  PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.  Lack the second of the second    | D. Total Expenditur  | es (From Schedule      | 111)     |                |                  | \$                 | 3,       | 800.00                        | 2         |                   |        | )            |        |     |
| F. Value of In-Kind Contributions Received (From Schedule II) \$ 2,399.20  G. Unpaid Debts and Obligations (From Schedule IV) \$ - 0 -  AFFIDAVIT SECTION  PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.  Lacore Sw.  PART II - If this is a constant of Committee Committee candidate sign here.  PART II - If this is a constant of Committee Committee candidate shall sign here.   | E. Ending Cash Bala  | ince (Subtract Line    | D fro    | om Line C)     |                  | \$                 | _        | - 0 -                         |           |                   |        | •            |        |     |
| AFFIDAVIT SECTION  PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.  Le corr Sw  PART II - If this is a report of Candidate Authorized Committee candidate shall list to the same of t      | F. Value of In-Kind  | d Contributions Re     | ceived   | (From Schedu   | ule II)          | \$                 | 2,       | 399.2                         | U         |                   |        |              |        |     |
| PART II - If this is a committee report, treasurer sign here. If this is a Candidate report, candidate sign here.  La corr Sw  PART II - If this is a report of a Candidate's Authorized Committee candidate shall sign here.   | G. Unpaid Debts and  | d Obligations (Fror    | n Sche   | dule IV)       |                  | \$                 | _        | 0 -                           |           |                   |        |              |        |     |
| PART II — If this is a report of a Goodinate's Authorized Committee conditate shall size a second of a goodinate's Authorized Committee conditate shall size a good of a goodinate shall size a good of a goodinate shall size a good of a g      |                      |                        |          | A              | AFFIDAV          | /IT SE             | CTIO     | N                             | . · · · · |                   |        | for a rich   | 4 1 25 | i i |
| PART II — If this is a repeated a floodidate's Authorized Committee condidate shall also had  | PART I - If this is  | a Committee rep        | ort, tr  | easurer sign h | here. I          | f this             | is a (   | Candidate repo                | ort, car  | ndidate sign i    | nere.  |              |        |     |
| PART II - If this is a record of a Condition of Committee, condition shall also be  | Y                    |                        |          |                |                  |                    |          |                               |           |                   |        |              |        | ue, |
| PART II — if this is a repost of a Goodidate's Authorized Committee, candidate shall also have  | Sw                   |                        |          |                |                  |                    |          |                               |           |                   |        |              |        |     |
| PART II — if this is a repost of a Goodidate's Authorized Committee, candidate shall also have  |                      |                        |          |                |                  |                    |          |                               |           |                   |        |              |        |     |
| PART II — if this is a repost of a Goodidate's Authorized Committee, candidate shall also have  |                      |                        |          |                |                  |                    |          |                               |           |                   |        |              |        | _   |
| PART II — if this is a repost of a Goodidate's Authorized Committee, candidate shall also have  |                      |                        |          |                |                  |                    |          |                               |           |                   |        |              |        | -   |
| PART II — If this is a report of a Condidate's Authorized Committee, candidate shall size how.    (F  | M <sub>2</sub>       |                        |          |                |                  | v                  |          |                               |           |                   |        |              |        |     |
| (F  |                      |                        |          |                |                  |                    |          |                               |           |                   |        |              |        |     |
| (F  | PART II - If this is | La report of a Co      | ndidat   | e's Authorize  | d Com            | mitte              | C.10     | didata aball air              | n hass    |                   |        |              |        | E   |
|   | 1                    |                        |          |                |                  |                    |          |                               |           |                   |        |              | 3      | ,   |
|   | (8                   |                        |          |                |                  |                    |          |                               |           |                   |        |              |        |     |
|   |                      |                        |          |                |                  |                    |          |                               |           |                   |        |              |        |     |
| MV COMMISSION PAGINS SIGNAS, ZUIG   |                      |                        |          |                |                  |                    |          |                               |           |                   |        |              |        | -   |
| MV COMMISSION PAGINS SIGNAS, ZUIS   |                      |                        |          |                |                  |                    |          |                               |           |                   |        |              |        | _ [ |
| MV COMMISSION PAGINS SECTOR 2019  |                      |                        |          |                |                  |                    |          |                               |           |                   |        |              |        | 1   |
|   |                      |                        | MVT      | ommission sam  | 163 <b>2</b> 350 | 45,741             | 0        |                               |           |                   |        |              |        |     |

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

#### SCHEDULE I

### CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting Period ,        |
|---------------------------------------|---------------------------|
| Friends of Tuny Simon                 | From 10/25/11 To 11/28/1) |

| 1. UNITEMIZE | D CONTRIBUTIONS | AND RECEIP | TS - \$50.00 O   | R LESS PE | R CONT | RIBU | TOR | ,  |  |
|--------------|-----------------|------------|------------------|-----------|--------|------|-----|----|--|
|              |                 | TOTAL fo   | or the Reporting | Period    | (1)    | \$   | ~   | 0- |  |

| 2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B) |              |
|---|--------------|
| Contributions Received from Political Committees (Part A)     | \$<br>- 0 -  |
| All Other Contributions (Part B)                              | \$<br>135.00 |
| TOTAL for the Reporting Period (2)                            | \$<br>135.00 |

| 3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)   |     |              |
|---|-----|--------------|
| Contributions Received from Political Committees (Part C) |     | \$<br>904.73 |
| All Other Contributions (Part D)                          |     | \$<br>-0-    |
| TOTAL for the Reporting Period                            | (3) | \$<br>904.73 |

| 4. OTHER RECEIPTS - REFUNDS, | INTEREST EARNED, RETURNED CHECKS | , ETC | C. (FROM | PART E) |
|------------------------------|----------------------------------|-------|----------|---------|
|                              | TOTAL for the Reporting Period   | (4)   | \$       | - 0 -   |

| 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 | \$<br>1,039.73 |
|--|----------------|
| Cover Page, Item B.)   | <br>•          |

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.)

| Friends of Tony Siman   |                   | From _    | 11/25       | /11 To 11/28/11 |
|---|-------------------|-----------|-------------|-----------------|
|   |                   | DATE      |             | AMOUNT          |
| Full Name of Contributor  Robert Kerr                                 | мо.<br>1 <i>0</i> | DAY<br>スフ | YEAR 2011   | \$ 60.00        |
| Mailing Address  POBUX 206.10  City Lehish Valley  PA 18005           | MO.               | DAY       | YEAR        | \$              |
| City State Zip Cod  | de (Plus 4) MO.   | DAY       | YEAR        |                 |
| Lehish Valley PA 1800   |                   |           |             | \$              |
|   | MO.               | DAY       | YEAR 2011   | \$ 75.00        |
| Mailing Address   | MO.               | DAY       | YEAR        |                 |
| 307 E. Washington thenve  | 2 /2/: //         | 1         | <u> </u>    | \$              |
| Mailing Address  307 E. Washing for Avenue  City  Bethlehem  PA 18018 | de (Plus 4) MO.   | DAY       | YEAR        | \$              |
| Full Name of Contributor  | MO.               | DAY       | YEAR        | \$              |
| Mailing Address   | Mo.               | DAY       | YEAR        |                 |
|   |                   |           | , , , , , , | \$              |
| City State Zip Cod  | de (Plus 4) MO.   | DAY       | YEAR        | \$              |
| Full Name of Contributor  | MQ.               | DAY       | YEAR        | <u> </u>        |
|   |                   |           |             | \$              |
| Mailing Address   | MO.               | DAY       | YEAR        | \$              |
| City State Zip Cod  | de (Plus 4) M.O.  | DAY       | YEAR        | 1.              |
|   | _                 |           |             | \$              |
| Full Name of Contributor  | MO.               | DAY       | YEAR        | \$              |
| Mailing Address   | MO.               | DAY       | YEAR        | \$              |
| I State I Zio Cod   | de (Plus 4) MO.   | 1         |             | 3               |
| City State Zip Cod  | de (Plus 4) MO.   | DAY       | YEAR        | \$              |
| Full Name of Contributor  | MO.               | DAY       | YEAR        | \$              |
| Malling Address   | MO.               | DAY       | YEAR        |                 |
| Matting Address   |                   |           | TEAN        | \$              |
| City State Zip Cod  | le (Plus 4) MO.   | DAY       | YEAR        |                 |
|   | — мо.             | DAY       | YEAR        | \$              |
| Full Name of Contributor  |                   | 100.      | TEAN        | \$              |
| Mailing Address   | MO.               | DAY       | YEAR        | \$              |
| City State Zip Code   | le (Plus 4) MO.   | DAY       | YEAR        |                 |
|   | -                 |           |             | \$              |
| Full Name of Contributor  | MO.               | DAY       | YEAR        | \$              |
| Mailing Address   | Mo.               | DAY       | YEAR        | \$              |
| City   State   Zip Code   | e (Plus 4) MO.    | DAY       | YEAR        | 4               |
|   |                   | PO:       | TEAD        | \$              |
|   |                   |           |             | PAGE TOTAL      |
| Enter Grand Total of Part B on Schedule I, Detailed                   | Summary Page,     | , Section | n 2.        | \$ 135.00       |

Name of Filing Committee or Candidate

### 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  |             | Reporting                         | Period                                      | 1 /2/           |              |             |
|--|-------------|-----------------------------------|---|-----------------|--------------|-------------|
| Friends of Tony Si.  |             | From _/                           | 10/25                                       | /11 To 11/28/11 |              |             |
|  |             | DATE                              |   | AMOUNT          |              |             |
| Full Name of Contributing Committee  |             | 1 (                               | MO.   | DAY             | YEAR         | \$ 904.73   |
| Full Name of Contributing Committee  Friends of Tom (a  Meiling Address  248 E, Union Boul  City | 110         | <i>[ ]</i>                        | /  <br>  MO.                                | DAY             | 2011<br>YEAR | 1 1 1 1 1 1 |
| 248 E. Union Boul  | evs.        | -d                                |   |                 | 15:::-       | \$          |
| City   | State       | 2ip Code (Plus 4)<br>18018 - 4248 | MO.   | DAY             | YEAR         | <b>+</b>    |
| Dethlehem  | PH          | 18018 - 4248                      |   |                 | <u> </u>     | \$          |
| Full Name of Contributing Committee  |             |                                   | MO.   | DAY             | YEAR         | \$          |
| Mailing Address  |             |                                   | MO.   | DAY             | YEAR         |             |
|  |             |                                   |   |                 |              | \$          |
| City   | State       | Zip Code (Plus 4)                 | MQ.   | DAY             | YEAR         | \$          |
|  |             | -                                 |   | 4               |              | •           |
| Full Name of Contributing Committee  |             |                                   | MO.   | DAY             | YEAR         | \$          |
| Mailing Address  |             |                                   | MO.   | DAY             | YEAR         |             |
|  |             |                                   |   |                 |              | \$          |
| City   | State       | Zip Code (Plus 4)                 | MO.   | DAY             | YEAR         | \$          |
|  |             | -                                 | <u>ــــــــــــــــــــــــــــــــــــ</u> |                 |              | J.          |
| Full Name of Contributing Committee  |             |                                   | MO.   | DAY             | YEAR         | \$          |
| Mailing Address  | <b></b>     |                                   | MO.   | DAY             | YEAR         |             |
|  |             |                                   |   |                 |              | <b>  \$</b> |
| City   | State       | Zip Code (Plus 4)                 | MO.   | DAY             | YEAR         | \$          |
|  |             | -                                 | ـــِـــ                                     | 4               |              | 9           |
| Full Name of Contributing Committee  |             |                                   | MO.   | DAY             | YEAR         | \$          |
| Mailing Address  |             |                                   | MO.   | DAY             | YEAR         |             |
|  |             |                                   |   |                 | 1.00         | \$          |
| City   | State       | Zip Code (Plus 4)                 | MO.   | DAY             | YEAR         | \$          |
|  | ·           |                                   |   |                 |              | 2           |
| Full Name of Contributing Committee  |             |                                   | MO.   | DAY             | YEAR         | \$          |
| Mailing Address  |             |                                   | MQ.   | 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         | \$          |
|  |             | -                                 |   |                 |              | J           |
| Full Name of Contributing Committee  |             |                                   | MO.   | DAY             | YEAR         | \$          |
| Mailing Address  | <del></del> |                                   | MO.   | DAY             | YEAR         |             |
|  |             |                                   |   | 1               |              | \$          |
| City   | State       | Zip Code (Plus 4)                 | MO.   | DAY             | YEAR         | \$          |
|  |             | _                                 |   |                 |              |             |
|  |             |                                   |   |                 |              | PAGE TOTAL  |
| Enter Grand Total of Part C on Sched   | ule i,      | Detailed Summary                  | Page,                                       | Section         | 3.           | \$ 904,73   |

#### SCHEDULE II

PAGE 5 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 Tony Simaro  | Reporting Per | 10d<br>125/ | /n To 11/   | 28/11 |
|--|---------------|-------------|-------------|-------|
|  |               |             |             |       |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$   | 50.00 OR I    | ESS I       | PER CONTRIE | BUTOR |
| TOTAL for the Reporting Period   | \$            | 3.2         | 20          |       |
|  |               |             |             |       |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25   | 50.00 (FROM   | PAR         | T F)        |       |
| TOTAL for the Reporting Period   | d (2)         | \$          | - 0-        | -     |
|  |               |             |             |       |
| 3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO  | M PART G      | ) ,         |             |       |
| TOTAL for the Reporting Period   | d (3)         | \$          | 2,396.      | 00    |
|  |               |             |             |       |
| 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.) |               | \$          | 2,399.      | 20    |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate  | <b>~</b> , |                        |            | Reporting    | Period       | de ulada              |
|--|------------|------------------------|------------|--------------|--------------|-----------------------|
| Friends of Tony  | ine        | 767                    |            | From _       | 10/25        | 11 10 11/28/1)        |
| · · · · · · · · · · · · · · · · · · ·  |            |                        |            | DATE         |              | AMOUNT                |
| Full Name of Contributor   | . 11       |                        | MO.        |              | YEAR         | \$ 212.50             |
| Mailing Address  |            | A                      | 10<br>Mo.  | 25<br>DAY    | 2011         |                       |
| Full Name of Contributor Friends of Tom Carri Malling Address 248 E. Vnion Boule | Vars       | : <u>(</u>             | 10         | 25           | 2011         | \$ 2,453.50           |
| Bethlehem  | State      | Zip Code (Plus 4       | 48 11      | DAY 7        | YEAR 2011    | \$ < 270.00>          |
| Employer of Contributor Political Con  |            |                        | Occup      | ation        |              |                       |
| Employer Mailing Address/Principal Place of Business                             | Descri     | ption of Co            | ntribution | 0) 110 (1    |              |                       |
|  |            |                        | Ma         | illers 7     | 420#         | +3, Robowill Returnel |
| Full Name of Contributor   |            |                        | MO.        | DAY          | YEAR         | \$                    |
| Mailing Address  |            |                        | MO.        | DAY          | YEAR         | •                     |
|  |            |                        |            |              |              | ] \$                  |
| City   | State      | Zip Code (Plus 4       | MO.        | DAY          | YEAR         | \$                    |
| Employer of Contributor  | L          |                        | Occup      | ation        | 1            |                       |
|  |            |                        |            |              |              | .*.                   |
| Employer Mailing Address/Principal Place of Business                             |            |                        | Descri     | ption of Co  | ntribution   |                       |
| Full Name of Contributor   |            |                        | Mo.        | DAY          | YEAR         |                       |
|  |            |                        |            |              |              | \$                    |
| Mailing Address  |            |                        | MO.        | DAY          | YEAR         | \$                    |
| City   | State      | Zip Code (Plus 4)      | мо.        | DAY          | YEAR         | \$                    |
|  |            | _                      |            | <u></u>      |              | ] *                   |
| Employer of Contributor  |            |                        |            | ation        |              |                       |
| Employer Mailing Address/Principal Place of Business                             |            |                        | Descri     | ption of Cor | ntribution   |                       |
| Full Name of Contributor   |            |                        | MQ.        | DAY          | YEAR         |                       |
|  |            |                        |            |              |              | \$                    |
| Mailing Address  |            |                        | MO.        | DAY          | YEAR         | \$                    |
| City   | State      | Zip Code (Plus 4)      | MO.        | DAY          | YEAR         | \$                    |
|  |            |                        |            |              | <u> </u>     | ] *                   |
| Employer of Contributor  |            |                        | Occupa     | itton        |              |                       |
| Employer Mailing Address/Principal Place of Business                             |            |                        | Descrip    | otion of Con | itribution   |                       |
|  |            |                        |            |              |              |                       |
| Full Name of Contributor   |            |                        | MO.        | DAY          | YEAR         | \$                    |
| Mailing Address  |            |                        | MO.        | DAY          | YEAR         | *                     |
| Alla   |            |                        |            |              |              | \$                    |
| City   | State      | Zip Code (Plus 4)<br>— | MO.        | DAY          | YEAR         | \$                    |
| Employer of Contributor  |            |                        | Occupa     | tion         | <del>1</del> |                       |
| Employer Mailing Address/Principal Place of Business                             |            |                        | Dassin     | ition of Con | tribution    |                       |
| ampro/or morning regulation interpretations of austriass                         |            |                        | Descrip    | 01 001       |              |                       |
|  |            |                        |            |              |              | PAGE TOTAL            |
| Enter Grand Total of Part G on Sched   | lule II    | , In-Kind Contri       | butions [  | Detailed     |              | \$ 2,396.00           |
| Summary Page, Section 3.   |            |                        |            |              |              | <del>+</del> = )=     |

DSEB-502 (7-99)

### SCHEDULE III

## STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate        |          |                                 | F                | Reporting          | Period             | , , ,                 |
|--|----------|---------------------------------|------------------|--------------------|--------------------|-----------------------|
| Friends of Tony Sin                          | nao      |                                 |                  | From               | 10/25/             | /11 To 11/28/11       |
|  |          |                                 |                  |                    |                    |                       |
| To Whom Paid Cheryl H. Corsa Mailing Address |          |                                 | мо.<br>10        | DAY<br>25          | YEAR<br>2011       | \$ 2,400.00           |
| 1290 Stark Roud                              |          |                                 | Descripti<br>Des | ion of Exp<br>グタ・フ | Print              | ing & Mailing         |
| Beth lehem                                   | State    | Zip Code (Plus 4)<br>18017 -    | 1 .              | noile              |                    | -                     |
| Antonio A. Simao                             |          |                                 | мо.<br>//        | DAY                | YEAR 2-011         | Amount                |
| Mailing Address 1135 East 3rd Stre           | ?e+      |                                 | Pi               | ion of Exp         |                    | ayment if             |
| Beth lehem                                   | State    | Zip Code (Plus 4)<br>18015-2003 | 4-1              |                    |                    | ommittee              |
| Mailing Address                              |          |                                 | мо.<br>//        | DAY 23             | YEAR               | Amount<br>\$ 1,000.00 |
| 1135 East Dru Street                         | +        |                                 | Descripti        | ion of Exp         | enditure<br>en £ i | of Balance De         |
| Bethlehem                                    | State    | Zip Code (Plus 4) 18UIS -1003   | Ur               |                    |                    | · Connittee           |
| To Whom Paid                                 |          |                                 | MO.              | DAY                | YEAR               | Amount \$             |
| Mailing Address                              |          |                                 | Descripti        | on of Exp          | enditure           |                       |
| City   | State    | Zip Code (Plus 4)<br>—          |                  |                    |                    |                       |
| To Whom Paid                                 |          |                                 | MO.              | DAY                | YEAR               | Amount<br>\$          |
| Mailing Address                              |          |                                 | Description      | on of Exp          | enditure           |                       |
| City   | State    | Zip Code (Plus 4)<br>—          |                  |                    |                    |                       |
| To Whom Paid                                 |          |                                 | MO.              | DAY                | YEAR               | Amount<br>\$          |
| Mailing Address                              |          |                                 | Description      | on of Expe         | enditure           | -                     |
| City   | State    | Zip Code (Plus 4)               |                  |                    |                    |                       |
| To Whom Paid                                 |          |                                 | MO.              | DAY                | YEAR               | Amount<br>\$          |
| Mailing Address                              | <b></b>  |                                 | Description      | on of Expe         | enditure           | <b>4</b>              |
| City   | State    | Zip Code (Plus 4)<br>           |                  |                    |                    |                       |
| To Whom Paid                                 | <u> </u> | ·                               | MO.              | DAY                | YE AR              | Amount<br>\$          |
| Mailing Address                              |          |                                 | Description      | on of Expe         | inditure           | Ψ                     |
| City   | State    | Zip Code (Plus 4)<br>—          |                  | PATRICIA           |                    |                       |
|  |          |                                 |                  |                    |                    |                       |
|  |          | ,                               |                  |                    |                    | PAGE TOTAL            |

November 28, 2011

To: Friends of Tony Simao

From: Robert A. Pfenning

Subject: Forgiveness of Loans to Friends of Tony Simao

On August 30, 2011, I made a \$ 1,000 dollar contribution to the committee in the form of a non-interest bearing loan. On October 23, 2011, I made an additional \$ 2,000 dollar contribution again in the form of a loan. Both were reported on the Cycle 5 Schedule I Part D and Schedule IV pages filed as part of that report.

On November 28, 2011, I am officially forgiving the repayment of those two loans, meaning that they become true contributions which were previously reported as noted above.

This memorandum is submitted as required with the Cycle 6 report for 2011.