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Reset Form

Print Form

1/12

Commonwealth of Pennsylvania - Campaign Finance Report

		(Note: II	his report mu	and the second	No. of Concession, Name	le. It sho	and the second se	-	
Filer Identification Number			Report Filed (Mark X)	By Cand	idate		Committee	X	Lobbyist
Name of Filing C Lobbyist	ommittee, Ca	ndidate or	Frien	ds of	FA	dam	Wald	ron	
Street Address			511	01	lve				
City	B	ethlehem		State		PA	Zip Code	18018	
Type of Report (I	and the second	and the second							
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	7 5- 2 nd Frida Pre- Electi		Day Post	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
						٦	X		
Date Of Election (MM/DD/YYYY)			Year		Amer	ndment rt		Termination Report	
Summary of Rec	eipts and	From Date	To Da	te			For	Office Use Only	
Expenditures		4513	.12	31/13					
A. Amount Brou	ght Forward F	rom LastiReport	54	195.13	5				
B. Total Moneta (From Schedule		ons and Receipts	\$)	830.00	5				
C. Total Funds A (Sum of Lines A			1 61	625,7					
D. Total Expendi (From Schedule			\$ 5	,000.00	>				
E. Ending Cash B (Subtract Line D			\$ 6	25.73					
F. Value of In-Ki (From Schedule		ons Received	\$	0	1				
G. Unpaid Debts (From Schedule		ons	\$	0					
				Affidavit			1		
Part 1- If this is a C I swear (or affirm)	that this report	rt, treasurer sign h , including the atta	ere. If this is a C ched schedules	andidate report on paper, is to	t, candidate	sign here.	die and belief t	ue, correct and comple	te
						ALL.	A LI		
									States 1
I swear (or amm)									as
amended			Const		and the second second				
MEMS	BER, PENNSYLVAN	LA ASSOCIATION OF	NOTARIES						فالترحة
									and the second se

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	30
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	
Total for the reporting period (2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)	1	
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	
Total for the reporting period (3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees

with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification	Number				
					Amount
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	5

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PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from

\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

Full Name of Contributor	Date [MM/DD/YYYY]	\$
House # Street Address	Date [MM/DD/YYYY]	\$
City State Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor James Byszewski	Date [MM/DD/YYYY]	\$ 150.00
House # 16 Street Address University Ave	Date [MM/DD/YYYY]	\$
City Chatham State NJ Zip Code 07928	Date [MM/DD/YYYY]	\$
Full Name of Contributor Marks Pepitone	Date [MM/DD/YYYY]	\$ 250.00
House # Street Address West gate Mall	Date [MM/DD/YYYY]	\$
City Bethlehem State PA Zip Code 18017	Date [MM/DD/YYYY]	\$
Full Name of Contributor John Gallagher	Date [MM/DD/YYYY]	\$ 250.00
House # 711 Street Address Forrest Rd	Date [MM/BD/YYYY]	\$
City Harrisburg State PA Zip Code 17112	Date [MM/DD/YYYY]	\$
Full Name of Contributor Louis Intile	Date [MM/DD/YYYY]	\$ 150.00
House # 1941 Street Address Chancellor 5+	Date [MM/DD/YYYY]	\$
City Hellerfown State PA Zip Code 18055	Date [MM/DD/YYYY]	\$
Full Name of Contributor	Date [MM/DD/YYYY]	\$
House # Street Address	Date [MM/DD/YYYY]	\$
City State Zip Code	Date [MM/DD/YYYY]	\$

PART C

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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.

Filer Identification Num	Her:				
Full Name of Contributing Committ				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committ	cee .			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Contributing Committ	ee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committ	ee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Commit	tee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Commit	tee		20050200	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	s ()
		100 200			

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PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

Filer Identification Number:			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Add	dress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Sara a		Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Add	dress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business	Page -		
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Add	dress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Control Philipping	Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Add	dress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			\bigcirc

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PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

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

 Filer Identification Number:

 Full Name

 House #
 Street Address

City		State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Descripti	on			1	<u> </u>
Full Name					
House #	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Descripti	ion				
Full Name					
House #	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Descripti	ion	19 10 A 19 1		L	
Full Name	The IT A				
House #	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Descript	lon	and the second			
Full Name					
House #	Street Address				E1.
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Descript	lon				
Full Name					
House #	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY]	5
Receipt Descript	lon			1	

SCHEDULE II PART F In-Kind Contributions Received VALUE OF \$50.01 TO \$250

Filer Identification Number:				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	3.3 E			
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	No.			
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	14			
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution			1	

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SCHEDULE II Part G In-Kind Contributions Received VALUE OVER \$250

Filer	Identification	Number:	
1.4			

Full Name of Cor	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	and a straight of the	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailin Place of Busines	g Address / Principal s			Description of Contribution	
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	1.4150.1474.1	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	1.50
Employer Mailin Place of Busines	g Address / Principal s			Description of Contribution	
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	1 1
Employer Mailin Place of Busines	g Address / Principal s			Description of Contribution	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailin Place of Busines	g Address / Principal s			Description of Contribution	Ö

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SCHEDULE II

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IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VA	ALUE OF \$50.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.0	D1 TO \$250.00 (FROM PART F)
TOTAL for the reporting period (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$25	50.00 (FROM PART G)
TOTAL for the reporting period (3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPO	
PERIOD (Add and enter amount totals from boxes 1, 2, and 3; a on Page 1, Report Cover Page, Item F)	

SCHEDULE III Statement of Expenditures

Filer Identification	Number:							
To Whom Paid	1					Des transform bround		
10 Whom Paid	Adam	Waldian				Date [MM/DD/YYYY]	\$ 5,000.00	
House #	Church & datasa	0141410	1)			12/31/13 Description of Expend		
511	Street Address	2nd A	ve			Description of Experic	ature	
and the second se	thehem	State	PA Cod	ie]	8018	Repayment of	Loan to Campain	
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address					Description of Expend	iture	
City		State	Zip Cod	e				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address					Description of Expend	iture	
City		State	Zip Cod	e				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address					Description of Expend	iture	
City		State	Zip Cod	e				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address					Description of Expend	iture	
City		State	Zip Cod	e				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address					Description of Expend	iture	
City		State	Zip Cod	e				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address	Street Address				Description of Expenditure		
City		State	Zip Cod	•				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address					Description of Expende	iture	
City		State	Zip Cod	e				

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SCHEDULE IV Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

	the second se	the second s		New State of the S
lame of Credito	r			Outstanding Balance of Debt
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D	ebt			
Name of Credito	r i i i i i i i i i i i i i i i i i i i			Outstanding Balance of Debt
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D	ebt			
Name of Credito	W			Outstanding Balance of Debt
House #	Street Address	-	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D	ebt			
Name of Credito	M De la com			Outstanding Balance of Debt
House #	Street Address	et Address		\$
		-	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State		
City		State	[MM/DD/YYYY]	
City Description of D	ebt.	State	[MM/DD/YYYY]	Outstanding Balance of Debt
City Description of D Name of Credito	ebt.	State	[MM/DD/YYYY]	Outstanding Balance of Debt
City Description of D Name of Credito House # City	Pebt Street Address	State	[MM/DD/YYYY] Zip Code DATE DEBT INCURRED	
City Description of D Name of Credito House #	Pebt Street Address		[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip	
City Description of D Name of Credito House # City Description of D	ebt Street Address Debt		[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip	\$
City Description of D Name of Credito House # City Description of D Name of Credito House #	ebt Street Address Debt		[MM/DD/YYYY] Zip Code DATE DEBT INCURRED [MM/DD/YYYY] Zip	