C	Commor	nwealth o			эт	PAGE 1	OF_	5	D DACE
(NOTE: This report mu						blue or black it	nk.)	10011	
Filer Identification Number:		Report Filed By:		CANDIDATE	1.	COMMITTEE	2. X	LOBB	rist 3.
Verne of Filling Committee, Candidate or Lobby Friends of Michael R						Annonenes			••••••••••••••••••••••••••••••••••••••
PO Box ZOZ				1 - 110 - 111 -					
Bethlehem				State:		Zip Code: 18016			
TYPE OF ATH TUESDAY 1. REPORT PRE-PRIMARY	2ND FRIDAY PRE-PRIMAR			DAY ST PRIMARY	Ύε	AMENDMENT REPORT?	YES		NO
(place X to PRE-ELECTION 4.	2ND FRIDAY PRE-ELECTIO		1	DAY DET ELECTION	5 .	TERMINATION REPORT7	YES		NO
the right of ANNUAL 7. report type) REPORT 7.	YEAR 2011		FILI	NG METHOD) CHECK ONE		PAPER	\times	DISKE	тте
ame of Office Sought by Candidate:				VALE OF STER	TION. AR	District Offic Number Code		Party Code V-M	County Code
Bethlehem City Council			6	5 17 201	1	(SEE IT		TIONS F	OR CODE
	MO. DAY YEAR	R	M	D. DAY YE	AR	FOR OF	FICE	USE ON	ILY: IT
ummary of Receipts nd Expenditures from:	5 3 20	11 та	5 O	6 06 201	/	s q j ~ .			
. Amount Brought Forward From Last R	eport	\$	2	388.6	1				
Total Monetary Contributions and Rece	•		1,	500.0				- 	
. Total Funds Available (Sum of Lines A	and B)	\$	3	888.6	!			É., S	n yr i Diwn
Total Expenditures (From Schedule III)	() () () () () () () () () ()	\$		0.00				an a	
Ending Cash Balance (Subtract Line D t		\$ - 11) C	And the second se	888.61				എ സ	
Value of In-Kind Contributions Receive		e II) \$ \$		6.78					
ART I — If this is⊫a Committee report, swear (or affirm) that this report, including th			******			an a shirii		and bel	ief true,
AT II If this is a report of a Candid	ate's Authorized	Committ		didate chall ein	a hor				
						2		<u>. радин</u> 4. – Ци по – ⁴	3 1937

Department of State

Bureau of Commissions, Elections and Legislation
210 North Office Building

Harrisburg, PA 17120-0029

(717) 787-5280

DSEB-502 (7-99)

			Autor
PAGE	2	O۴	>

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
	From 5/3/2011 To 6/6/2011

	CONTRIBUTIONS						 		en Na se
		TOTAL f	or the	Reporting	Period	(1)	\$ 0.	00	

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ () 20
TOTAL for the Reporting Period (2	\$ 0.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ \$ 00 . 00
TOTAL for the Reporting Period (3)	\$ 1,500.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PAI	RT E)
TOTAL for the Reporting Period (4) \$ $O = U$) 0

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from	\$ 1,500.00
Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report	<i>+</i> 1, 500 000
Cover Page, Item B.)	-

PAGE 3 OF 5

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 Friends of Michael Recch			f	Reporting From	Period 5/3/2	2011 го 6/6/11
				DATE		AMOUNT
Full Nema of Contributing Committee Friends of John Mailing Address		all have	<u>мо.</u> 6	DAY	2011	\$ 1,000.00
Mailing Address D 1413	<u> </u>	4/10/10/	<u>MO,</u>	DAY	YEAR	\$
Mailing Address PO Box 1403 City Bethlehem	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
03e thlehem	PA	/80/6 -			Met A China	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
спу	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	, Landard and the second se		MO.	DAY	YEAR	\$
Meiling Address			MO:	DAY	YEAR	\$
Ċ:ty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			MO.	DAY	• YEAR	ф т
Full Name of Contributing Committee					1 ILAN	\$
Meiling Addross			MO.	DAY	YEAR	\$
Ċĩıy	State	Zip Code (Plus 4)	<u>MO.</u>	DAY	YEAR	\$
Full Name of Contributing Committee		1	MO	DAY	YEAR	\$
Mailing Address		an a	<u>MÖ,</u>	DAY	YEAR	\$
Спу	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Full Name of Contributing Committee			<u>MO.</u>	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAN	\$
City	State	Zip Code (Plus 4)	MO:	DAY	YEAR	\$
Full Name of Contributing Committee			MO,	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	_		MD.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	Stare	Zip Code (Plus 4)				\$
c ny	.arate	ZIP GOUR (FIDS III)	<u>M0.</u>	DAY 1	YEAR	\$
		an a				PAGE TOTAL
Enter Grand Total of Part C on Sched	ule I,	Detailed Summar	y Pa ge , I	Section	n 3.	\$

DSEB-502 (7-99)

PAGE	4	OF	5
INUL	· ·	0	

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 In the reporting period. (Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	1.			ľ	Reporting	Period S/2	1200	/ то <u>6/</u>	(1200
Friends of Michael Re	ecchiu	17					201		
Full Name of Contributor				1 140	DATE	YEAR		ΑΜΟΙ	
Nino Isasille	_			8	6	2011	- \$	500	00
JY6 Main Dr				MQ	PAY	YEAB	\$		
Be therein	PA	zip Cod 18018	ia (Plus 4)	<u>MO.</u>	DAY	YEAR	\$		
Employer Nome Mama Nina Foco Employer Mailing Address/Principal Place of Busine 546 Main St	ca ch	eriq		Оссират	ion Owr	n er			
Employer Mailing Address/Principal Place of Busine 546 Main St	Beti	hleheim	PA	1801	8				
Full Name of Contributor				MO.	DAY	YEAH	\$		
Mailing Address				MO.	DAY	YEAR	\$		
Cíty	State	Zip Cad	e (Plus 4)	MO.	DAY	YEAR			
Employor Name				Occupati	án .	.L.,	\$		
Employer Mailing Address/Principal Place of Busine	55			1					
							مر میں اور		
Full Name of Contributor				MO.	DAY	YEAR	\$		
Mailing Address		a - a dian fina an an ann a' brailtean an		MO.	DAY	YEAR	\$		
City	State	Zip Code	(Plus 4)	MQ.	DAY	YEAR	\$	900//1.00000007.00000.00/////g.1	
Employer Nerne				Occupation					
Employer Mailing Address/Principal Place of Busine	5.5	(
						i yina dia kaominina dia	The state of the		
ull Name of Contributor				<u>MO.</u>	DAY	YEAR	\$		
Mailing Address				MO.	DAY	YEAR	\$		
ity	State	Zip Code	(Plus 4)	MQ.	DAY	YEAR	\$		
mployer Name			**** *****	Occupatio	on	I	L		
mployer Mailing Address/Principal Place of Busines	5		al may any distance of the last is a constrained from provide an angle	l					
ull Name of Contributor				MO.	DAY	YEAR	\$		
Tailing Addreas				MO.	DAY	YEAR	\$	A - 400-4044 (* - 444 - 154 - 154 - 154 - 154 - 154 - 154 - 154 - 154 - 154 - 154 - 154 - 154 - 154 - 154 - 154	
ity	State	Zip Code	(Pfus 4)	мо.	DAY	YEAR			
nployer Nome				Occupetio	n		\$		
mployer Mailling Address/Principal Place of Busines	<u>q</u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
nya in anany sanasan manara casa si buanna	-								
							PAGE	TOTAL	
nter Grand Total of Part D on Sch	adulal	Datailad	Summan	Dore 1	C ~ ~ * ! ~ -				

PAGE	5	OF	5
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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.

Name of Filing Committee or Candidate Friends of Michael Reachist.			Reporting From _	Period 5/3/2	то 6/6/2011
Bernet and a second					
Name of Creditor Michael D Recchiuti					Outstanding Balance of Debt \$ 116.78
Mailing Address 1422 Monocney St-	DATE DEBT INCURRED	<u>Mû.</u>	DAY	YEAR	
Bethkehen		State PA	Zip Code	(P1izs 4)	
Description of Debt Debt Coveried forward from	last per.	àd			
Name of Croditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
Слу	INCURBED	State	Zip Code	 (Plus 4)	
Description of Dabt	1996-9 6 2000-9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9				and and a state of the second s
Name of Cruditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt	<u></u>				lu la constanta de la constant
Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	OATE DEBT INCURRED	MÖ.	DAY	YEAR	
City	Inconney	State	Zip Code	(Plus 4)	
Description of Debt		- d			
Name of Creditor					Outstanding Balance of Debt \$
Mairing Address	DATE DEBT INCURBED	MO.	DAY	YEAR	
CTty	I gaar baaraan of grap to hand an one of grap grap to hand an one of grap grap baaraan of grap grap baar	State	Zip Code	(Plus 4)	
Description of De8t					antanan ayak da da ang manan 1999 tanan anan ay kan ang manan ng mang kan diga ang ang ang ang ang ang ang ang
Name of Croditor					Outstanding Balance of Debt \$
Mailing Address	CATE DEBT INCURRED	мо.	DAY	YÊAR	
Спу	- Contraction of the second second	State	Zip Code	(Plus 4)	
Beschiption of Debt		. I			
	W/				PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Re	port Cover I	² age, It	am G.		s)16, 78

Commonwealth of Pennsylvania CAMPAIGN FINANCE REPORT PAGE 1 OF COVER PAGE COVER PAGE

NOTE TL

Filer Identificatio	n n		Report		CANDIDA		COMM	ITTEE	2.	1.08	BYIST	3.
Number: Name of Filling pomm	njitee, Candidate or Lobbyist	t; ,	Filad By:	per l	[<u>~ ^</u>	I		1	1.00	<u> </u>	L
Michael D. Recchiuti												
1422 Monocacy St												
city Be	thlehem				State		2 jp Co	18		•		
TYPE OF	8TH TUESDAY	2ND FRIDA			DAY ST PRIMARY	³ X	AMEND		YES		NO	
REPORT	BTH TUESDAY 4.	2ND FRIDA	Y. 5.	30	DAY	6.	TERMIN	ATION	YES	3	NO	
lplace X to the right of report type)	ANNUAL 7-	YEAR			NG METHO		PAPI			DISK	ETTE	
Name of Office Sough	REPORT	> 2011		and the second second	ATE OF E		District	Offic		Party	Cou	inty
				M		YEAR	Number	Code		Code VEN	142	ode
Bethlehem	City Cou	ncil		5	5 17 2	2011		OT-		<u></u>	FOR CO	
			AR			YEAR	F	OR OF				
Summary of Re and Expenditure	eceipts es from:	3 20		o 6		2011						
A. Amount Brought	Forward From Last Rep	ort	\$	- /	16.79	•						
B. Total Monetary (Contributions and Receipt	t s (Fro m Sche	dule I) \$		0.00							
C. Total Funds Avai	ilable (Sum of Lines A a	nd B)	\$		0 00							
D. Total Expenditur	es (From Schedule III)		\$	(2.00					s. 		
E. Ending Cash Bala	ance (Subtract Line D fro	om Line C)	\$	-11	16.78							
F. Value of In-Kind	1 Contributions Received	(From Sched	ule II) S							∧ .e ^{r (}		
G. Unpaid Debts and	d Obligations (From Sche	duie IV)	\$					 	ι., ^j	Ş	Same k	
			FIDAVIT	SECTIO	N							269
PART I - If this is	a Committee report, in	easurer sign h	iere. If thi	s is a (Candidate r	eport, ca	ndidate s	ign her	ө.			
1 swear (or affirm) the												
ART. IL - It this is	a report of a Candidat	e's Authoriza	d Committ	0A . C 2/	didata chalf	sion here						

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(717) 787-5280

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PAGE 2 OF Z

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SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

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Name of Filing Committee or Candidate	Reporting Period	
	From 5/3/2011	то 6/6/2011
	=1=1=0011	10 0 1 0 1

UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR 1. (1) \$ 0.00 TOTAL for the Reporting Period

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$ 0.00
All Other Contributions (Part B)		\$ 0.00
TOTAL for the Reporting Period	(2)	\$ 0.00

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. <i>0</i> 0
TOTAL for the Reporting Period (3)	\$ 0.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)

TOTAL for the Reporting Period

(4) \$

	TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$	0.00
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