### CAMPAIGN FINANCE STATEMENT

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

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	COMMITTEE 2	LOBBYIST 3.
Antonia A. S	·Muv				
1135 East 3-2	1 Street				
Bethlehem		STATE PA	2	18015 -	- <i>200</i> 3
THE OF REPORT	Sought by Candidate Be Holehem City Co	DISTRICT NO.	PARTY		PELECTIONS DAY YEAR
6TH TUESDAY 1. PRE-PRIMARY		10/11	1,70.	T	17 2011
2ND FRIDAY 2. DATES OF REPORTIN PERIOD		MO. DAY YEAR		FOR OFFIC	E USE ONLY
	BALANCE AT END	s<1,729	1 11 1		
PRE-ELECTION TOTAL	PORTING PERIOD: AMOUNT OF FILER'S	\$ 1,759	1.77		
I ZND FRIDAT	ANDING DEBTS OR LIABILI END OF REPORTING PERI			1	19 19
30 DAY POST-ELECTION 7.	AMENDMENT YES REPORT?	NO X	***************************************		
ANNUAL REPORT	TERMINATION YES	NO 🔨			
	AFFI	DAVIT SECTION			4614444
PART I - If statement is filed on behalf of a	Political Committee or C	andidates's Comm	ittee the Tr	easurer must si	ion here
If statement is filed on behalf of a If statement is filed on behalf of a	Candidate, the Candida	te must sian here.			girrioro,
I SWEAR (OR AFFIRM) THAT THE AGGREGATE F			gn nere.		
					***
AKT II -	Candidata'a Authorizad	Consolito - Constit		JOHN E LUTZING	M
f statement is filed on behalf of a (	Jandidate's Authorized	<u> Jominittee,</u> Candida	B BETHLEH	EM CTY MOUTHAN	Mine cons
I SWEAR (OR AFFIRM) THAT TO THE EEST JUNE 3, 1937 (P.L. 1333, No. 320)	FOF MY KNOWLEDGE AND SELEFT AS AMENDED.	HIS POLITICAL COMMITTEE H	NOT 19 CO	Vnission Expires Ju	# 11, 2012
SWORN TO AND SUBSCRIBED BEFORE	ME THIS				
DAY OF	20		SIGNATURE OF	CANDIDATE	
			PRINTED	NAME	
SIGNATURE MY COMMISSION EXPIRES		1001 0000	****		
MO.	DAY YR.	AREA CODE	DAYTI	ME TELEPHONE NUM	BER

# Commonwealth of Pennsylvania CAMPAIGN FINANCE REPORT

PAGE 1 OF

<b>Bothwe</b> tter (1888 to 1884 to	The state of the s	t must	be clear and	l legible.	It may b	e typed oi	r printe	ed in	blue or	black ir	ık.)			
Filer Identification Number:	n D			Report Filed B		CANDID	ATE	1.	сомм	ITTEE	<sup>2</sup> :	LOB	BYIST	3.
9 — /	nittee, Candidate or L	/50	- 1			- <b>L</b>			L		·	<u></u>		L
M Ca A A A A	of son				***************************************									
	Fast 3.00	<u>1 5</u>	treet											
City: Bethl	lehem					State:	A		Zip Coo	le: ロリグ	, <u>.</u>	- 21	00	3
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRE-PRIMA		1 3	DAY OST PRIMA	RY	$X^{\epsilon}$	AMENDA REPORTA	4	YES	(4)	NO	×
√place X to	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA PRE-ELECT		] 3	D DAY OST ELECTI	1	6.	TERMINAREPORT?		YES		NO	X
the right of report type)	ANNUAL REPORT	7.	YEAR		FIL (	ING METH	ONE	<b>&gt;</b>	PAPE	R	X	DISK	ETTE	
Name of Office Sougl	nt by Candidate:			ALL BUSINESS OF STREET		DATE OF			District	Office		Party		unty
City of B.	416 6	ر ز		)	N	10. DAY	YEA	\R	Number	Code		Code		ode 5
City of Do	ettolesia Ca		_ 000 (0)	,	5	117	20	11	MA	(SEE IN			<u> </u>	
ZY, Live Mental to yy, Control en al ex				1					F	OR OF				ODES/
Summary of R		<u>мо.</u> 5		AR	Г	IO. DAY	YEA	,						
and Expenditur	es from:	<u> </u>	10 100	211	То	06	20	, ,			<i>f</i> .			
A. Amount Brought	Forward From La	st Repo	rt		\$ )	,730	. O 3	3						
B. Total Monetary				edule I)	\$	50	.00	,			5		rri J	
C. Total Funds Ava	illable (Sum of Line	es A an	d B)		\$ 1	,780	0	3				U	$\Box$	
D. Total Expenditur	es (From Schedule	111)			\$	294	. 4 5	-				`) —		
E. Ending Cash Ball	ance (Subtract Line	D from	n Line C)		\$ /	,485	OF	5						
F. Value of In-Kin	d Contributions Re	ceived (	From Sched	ule II)	\$	2	,558	<b>7</b>						
G. Unpaid Debts an	d Obligations (Fron	n Sched	lule IV)		\$	1,400	) . O	0						
				AFFIDAVI	T SECTION	ON		1. 119	Property S	(S.)#(S.)		* (2.1.2		
PART I - If this is	a Committee rep	ort, tre					repo	rt, car	ididate si	gn here	3.			
I swear (or affirm) the	at this report, includi	ng the at	ttached schedu	les, on pa	per or cor	nputer diske	ette, are	to th	e best of	my know	vledge	and be	lief tr	ue,
														nageto (k.)
													-	
PART II - If this is	1 1000	معة شيد مؤخ المام	ر الدون الم	UD SAIS	,,,	4. 4		and the same of th	attitut oli tuoria	100 A ST -	W. Barrer	3 24 5 6 7 5	25,000 1,30,000 1,30,000	
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	Department	AF \$44	ta 6 D	C.				₹.		OHN E LI				1

Department of State Bureau of Commissions, Elections are Legislation Notary Public North Office Building Harrisburg, PA 17120-0029 171 787-52 Notary Public THEREM CTY, NORTHANGTON CNTY 210 North Office Building Harrisburg, PA 17120-0029

Commission Ext. 48 Jul 11, 2012

#### SCHEDULE I

PAGE 2 OF \_\_\_\_\_\_

# CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Friends of Tony Simon	Reporting Period From 5/3//) To	0 6/6/11

1		CONTRIBUTIONS								
			TOTAL fo	or the Rep	orting F	Period	(1)	\$	50.00	
	and the particle when the register products are a success	a for all the contractions of the contract of the contract of	SALEMOND BOOK NOW HOME	人名英格兰克 英性医院种类 人名马拉	est water to the	Summing Summary	Marie Company	Acceptance of the second	en in ja mentana kiri takan kari kiri karangan Propinsi kanangan karang	

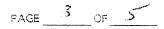
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ -0-
All Other Contributions (Part B)	\$ -0-
TOTAL for the Reporting Period (2)	\$ -0-

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)	9	\$ - 0 -
All Other Contributions (Part D)	\$	5 ~0 ~
TOTAL for the Reporting Period	(3)	5 -0 -

INTEREST EARNED, RETURNED CHECKS	
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	\$ 50.00
Cover Page, Item B.)	

#### SCHEDULE II



### 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 Tuny Simao	Reporting Per From 5		то 6/6/11
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF	50.00 OR L	ESS PER	R CONTRIBUTOR
TOTAL for the Reporting Period	d (1)	\$	2.58
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	50.00 (FROM	PART	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)	\$	- 0 -
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)		\$	2,58

# STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	erchan arched	mente provinciam mentioni della suominari nella si suoli di la		eporting	Cosind	
Name of Filing Committee or Candidate			l n		renou ⊂/₃/.	, To 6/6/11
Friends of Tony Simo	10			From	3 13/1	To 12/0/11
Francisco de la companya de la comp					77-51	
To Whom Paid Pay Pal, Inc. Mailing Address			мо. 5	DAY	YEAR	Amount \$ 1.75
Mailing Address 3211 N. First Stree	, <del>†</del>		Descripti	on of Exp	enditure	Mection Fee
Mailing Address 2211 N. First Stree City San Jose	State	Zip Code (Plus 4)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
To Whom Paid  Cheryl H. Corsa  Mailing Address			мо. 5	DAY 18	YEAR	Amount \$ 43.40
1290 Stork Koad			Descripti Dun	on of Exp	enditure	& Envelopes
Beth lehem	State	Zip Code (Plus 4)   18017 -				
To Whom Paid  Chery I H. Corsa  Mailing Address			мо. 5	DAY 23	YEAR DOIL	Amount \$ 250.80
1290 Stark Road	•	<b>~</b>	Descripti	on of Exp	enditure <u>ک</u> ورازاد	Moile-
Bethlehem	State	Zip Code (Plus 4) 18017 -				
To Whom Paid	A A A A A A A A A A A A A A A A A A A		MO.	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Exp	enditure	et times and a second of the s
City	State	Zip Code (Plus 4)				
To Whom Paid		liki kana kalin shekali ili sense a zinen daketiri kun sen	MO.	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Expe	enditure	effective and the second s
City	State	Zip Code (Plus 4) —				
To Whom Paid	en in seeme the see	ers or 1855 one. This capital account is 1000 or	мо.	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Expe	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid	and the project		MO.	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Expe	enditure	
City	State	Zip Code (Plus 4) 				
To Whom Paid			MO.	DAY	YE (R	Amount \$
Mailing Address			Descripti	on of Expe	enditura	
City	State	Zip Code (Plus 4)				
	2000	an workers (see the see the see	Property and the second	SHOOTHING ARTS	Marielpo e poi escando de desemble	PAGE TOTAL
Enter Grand Total of Expenditures on Page	ge 1, 1	Report Cover Pa	age, Ite	m D.		\$ 294.95

PAGE 5 OF 5

# 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 Tony Simae			Reporting From _	Period <i>5/3/</i>	11 то 6/6/11
		ay Cores and a second and a	and the state of the same	Post Charles and Charles	
Name of Creditor Antonio A. Simula Mailing Address			od postituoido magninas, se es		Outstanding Balance of Debt \$ 1,400 00
Mailing Address 1135 East 3rd Street	DATE DEBT INCURRED	MO. 2	DAY IS Zip Code	YEAR 2011	
Bethlehem		State	Zip Code 18015 -	(Plus 4) ユピロ3	
Non-interest Loon to Pol,	Freal Co.				
Name of Creditor		a da Maramanto estresa S	and the second control	es un major deservices	Outstanding Balance of Debt
Mailing Address	DATE DEBT	MO.	DAY	YEAR.	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor	the new dealers of the or the in the second	24 CH4 (C) (2 C)	te a militar de la companie de la c	Land of the second	Outstanding Balance of Debt
Mailing Address	DATE	Mo.	DAY	YEAR	\$
City	DEBT INCURRED				
		State	Zip Code —	(Plus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Name of Creditor  Mailing Address	DATE DEBT INCUERED	MO.	DAY	YEAR	Outstanding Balance of Debt
		MO.	DAY Zip Code		
Mailing Address	DEBT				
Mailing Address City	DEBT				\$ Outstanding Balance of Debt
Mailing Address  City  Description of Debt	DEBT INCURRED  DATE DEBT		Zip Code		\$
Mailing Address  City  Description of Debt  Name of Creditor	DEBT	State	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address	DEBT INCURRED  DATE DEBT	State MO.	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City	DEBT INCURRED  DATE DEBT	State MO.	Zip Code	(Plus 4)	S Outstanding Balance of Debt S Outstanding Balance of Debt
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt	DATE DEBT INCURRED	State MO.	Zip Code	(Plus 4)	SOutstanding Balance of Debt S
Mailing Address  City  Description of Debt  Mailing Address  City  Description of Debt	DATE DATE DEBT INCURRED	State MO.	Zip Code  DAY  Zip Code	YEAR (Plus 4)	S Outstanding Balance of Debt S Outstanding Balance of Debt
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address	DATE DEBT INCURRED	MO.  State	Zip Code  DAY  Zip Code	YEAR (Plus 4)	S Outstanding Balance of Debt S Outstanding Balance of Debt
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  City	DATE DEBT INCURRED	MO.  State	Zip Code  DAY  Zip Code	YEAR (Plus 4)	Outstanding Balance of Debt \$ Outstanding Balance of Debt \$
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  City	DATE DEBT INCURRED  DATE DEBT INCURRED  DATE DEBT INCURRED	MO. State MO. State	Zip Code  DAY  Zip Code	YEAR (Plus 4)	S Outstanding Balance of Debt S Outstanding Balance of Debt