### Commonwealth of Pennsylvania - Campaign Finance Report

Filer Identification Number		(1.00		Rep	ort Filed I	-	Candida	MANAGEMENT AND PROPERTY.		V 100	mittee	THE RESERVE	X	Lobb	yist
Name of Filing Comm Lobbyist	ittee, Ca	ndidate or		P	RIEN	DS	of	BRY	AN.	Ca	LAI	HAN			
Street Address				6	33	m	MEA	ST							
City	Ben	HEHE	m				State	PA		Zip (	Code	180	218		
Type of Report (Place		THE CASE OF VALLE OF													
1-6 <sup>th</sup> Tuesday   2- 2"	d Eriday	3_ 30 Day	Post	4- 6	Tuesday	5- 2	nd Friday	6- 30 D	ay Post	7- A	nnual	Special	2 <sup>no</sup> Friday	Speci	ial 30 Day
	rimary	Primary	500		Election	100000	- Election	Electio				Pre-Ele	ction	Post-	Election
Date Of Election				Yea	<u> </u>	+		Amend	iment	1	=	Termin	ation		一
(MM/DD/YYYY)		ACL.	2013			12	013	Report				Report	7.435		
		05/21		_		-	013					Office III	- 0-1-	_	
Summary of Receipts	and	From Da	ite		To Dat	e					For	Office Us	ie Uniy		
Expenditures		0= 10-	100	7	001	1,. 1	2012	1							
A. Amount Brought F	onward F	05/07	Report	3	ė i		2013				-				
					969	12.	08								
B. Total Monetary Co	ntributio	ons and Re	ceipts		\$										
(From Schedule I) C. Total Funds Availal				+	100	0,0	00	1							
(Sum of Lines A and B	20,000				5 10 6	92	,68								
D. Total Expenditures				$\dashv$	\$	,,,,	.00	1							
(From Schedule III)					193	72	.57								
E. Ending Cash Balanc	e				Ś			1							
(Subtract Line D from					1/3	17	,51	l							
F. Value of the Kind Co	ntributio	ons Receiv	red		\$	3									
(From Sch G. Unpaid			-		4			ı							
(From Sc						-	-0								
Part 1- If I swear ( Sworn to  / 77  Signa  My Commission expire	CITY (	PATRICIA Not DF BETHLE Commasio	ary Pu	blic	6H COUNT	Y		Area code							
Part II- If this is a report	of a Cand	idate's Auti	horized	Com	mittee, can	didate	shall sign h	nere.	1	-					
I swear (or affirm) that t	o the best	t of my know	wledge	and b	elief this po	olitical	committee	has not v	iolated ar	y prov	isions o	f the Act of	June 3, 1937	(P.L. 13	33, NO.320
amended.								V			^				
Sworn to a												01	1		
1771															
- Je															
My Comm															
		y commis	sion E	xpire	Jul 7, 20	14	-		44						

## SCHEDULE I Contributions and Receipts

**Detailed Summary Page** 

Filer Identification Number			
	THE RESIDENCE OF THE PARTY OF T		

	1 1 1	
Total for the reporting period (1)	\$	0
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)	\$	700.00
Total for the reporting period (2)	\$	700,00
3. Contributions Over \$250.00 (From Part C and Part D)	Tirk is	
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	360,00
Total for the reporting period (3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)  Total for the reporting period (4)	\$	a

### 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 Identificatio	n Number					
					Amount	
Full Name of Co Committee	entributing			Date [MM/DD/YYYY]	\$	7
House #	Street Addres	ss		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co Committee	entributing			Date [MM/DD/YYYY]	\$	
House #	Street Addres	ss		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co Committee	entributing			Date [MM/DD/YYYY]	\$	
House #	Street Addres	ss		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co Committee	entributing			Date [MM/DD/YYYY]	\$	
House #	Street Addres	ss		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co Committee	ntributing		N. III	Date [MM/DD/YYYY]	\$	
House #	Street Addres	ss		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$	
House #	Street Address	is		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	

### PART B

Filer Identification Number:

### **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.)

						_	
Full Name of	Contributor				Date [MM/DD/YYYY]	\$	
	D	INIEL KRA	C. TOU		05/01/2013		250,00
House #	Street Addr	ess KA	SALCK		Date [MM/DD/YYYY]	\$	230100
		4984	0				
City //	60	GASPAR	Zip Code	T	Date [MM/DD/YYYY]	\$	
	ETHLEHEM		A	18017	Date [WINI/DD/1111]	- 3	
Full Name of		2500	17	1 / 80 / /	Date [MM/DD/YYYY]	\$	
ruii Name or	AND					- '	
	u	DKE R. CON	WINGHAM	n	05/05/243		200,00
House #	Street Addr	ess			Date [MM/DD/YYYY]	\$	
13	325	CLAYS	ST.				
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
B	ETHLEHEM	PA	a de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela comp	18018		(B) (C)	
Full Name of					Date [MM/DD/YYYY]	\$	
	C	HRISTIAN I	n Depri	VCT	05/20/2013		200.00
House #	Street Addr		11. PCKKL		Date [MM/DD/YYYY]	\$	200.00
	5250555		C-				
	816	MAPLE	Zip Code	Т	Date [MM/DD/YYYY]	\$	
City		State	ore and the telephone	10017	Date [MM/DD/1111]	3	
	ETHLEHEM	PF		18017			
Full Name of	ANTEN STANKE				Date [MM/DD/YYYY]	\$	
	M <sub>1</sub>	CHELLE PO	RTNOFF		05/07/2013		50.00
House #	Street Addr	ess			Date [MM/DD/YYYY]	\$	
11	24	STONY	/ DNS				
City	27	State	Zip Code	1	Date [MM/DD/YYYY]	\$	
CONTRACTOR OF	ADWYNE	PF		19035			
Full Name of			and the second	177030	Date [MM/DD/YYYY]	\$	
fina - Park to the	ation to the second						
House #	Street Addr	ess			Date [MM/DD/YYYY]	\$	
AND THE STATE OF							
City	AND DESCRIPTION OF STREET	Ctata	Zip Code	1	Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/1111]	- 3	
Full Name of	Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Addr	ess			Date [MM/DD/YYYY]	\$	
						1	
City	Loss success	State	Zip Code		Date [MM/DD/YYYY]	\$	
1211		100000000000000000000000000000000000000				100	

50F/2

### 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.

Filer Identification Number:

	A TOTAL AND COMMENTS				
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	5 0
House #	Street Addres	ss		Date [MM/DD/YYYY]	5
City	**************************************	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee		INC. N. C. W. C.	Date [MM/DD/YYYY]	\$
House #	Street Addres	ss		Date [MM/DD/YYYY]	\$
City	and the second second	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Addres	ss		Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Addres	ss		Date [MM/DD/YYYY]	5
City	12/2/11/11/11/11/11	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee	in decree		Date [MM/DD/YYYY]	\$
House #	Street Addres	55		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee	1065316	The State of	Date [MM/DD/YYYY]	\$
House #	Street Addres	ss		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		100000000			

## 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	on Number:					
nerse de de	Marie Control					
Full Name of C	Contributor			Date [MM/DD/YYYY]	I e I	
			100		\$	
and the first state of	13ER	NARD F.	BROWN	05/06/2013	100	300,00
House #	Street Address			Date [MM/DD/YYYY]	\$	
316	69	GLENDO	IN RD			
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
138	THLEHEM	P	A 180	017		
Employer Nam	e	BAB	PAVING	Occupation		
Employer Mail					INER	
Principal Place	Value of the second second	3169 GLE	UDON RD, BETH	LEHEM PA 18017		
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$	
10 M 12 15 15 15 15 15 15 15 15 15 15 15 15 15						
House #	Street Address			Date [MM/DD/YYYY]	\$	
	a marker to success					
City	<b>新发展的</b>	State	Zip Code	Date [MM/DD/YYYY]	\$	
		Terrane d		200 [	-	
Employer Name	e	1000000000000	Design to the second	Occupation	383	
Employer Maili	ing Address /					
Principal Place						
Full Name of Co				Date [MM/DD/YYYY]	\$	
Supplied to the					36	
House #	Street Address			Date [MM/DD/YYYY]	1113	
	Street Address			Date [WW/DD/1111]	\$	
Services -						
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name			Control of the second		1753	
Employer Name				Occupation		
Employer Mailin				1.0000000000000000000000000000000000000		
Principal Place						
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
					100	
House #	Street Address			Date [MM/DD/YYYY]	\$	
12 14 15 15 15 15 15 15 15 15 15 15 15 15 15					15.20	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
GATTO K						
Employer Name		5056		Occupation	185	
				Occupation		
Employer Mailir Principal Place of						
r inicipal r lace c	/I Dusiliess					

### 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	ion		TITES AND IN	
Full Name		The second second		
House #	Street Address			
City	And the second	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descripti	ion	Lacara	FOX 72-APR-9	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descripti	on	La successión de		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descripti	on .		1 100 100 100	1995
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	on			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	on			

### SCHEDULE II

### 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:				
UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VA	LUE OF \$50.00 OR LES	S PER CONTRIBUTOR	Section 1
TOTAL for the reporting period	(1)	\$	0	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	1 TO \$250.00 (FROM P	ART F)	
TOTAL for the reporting period	(2)	\$	8	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250	0.00 (FROM PART G)	one the water by the protection of	
TOTAL for the reporting period	(3)	\$	0	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)			0	

### 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]	5
House # Stree	et Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	L. Z. L. L. L.			
Full Name of Contributor		a	Date [MM/DD/YYYY]	\$
House # Stree	et 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 # Stree	et Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	28.05 A 21.50 M	DWING STREET		
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Stree	et Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution		LESSON GROWING		
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Stree	et Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	5
Description of Contribution				

### SCHEDULE II Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:	

Bate  MM/DD/YYYY    S   Street Address   Street Address   Date  MM/DD/YYYY    S   Street Address   Date  MM/DD/YYYY    S   S   Date  MM/DD/YYYY    S   Date  MM/DD/YYY    S   Date  MM/DD/YYY    S   Date  MM/DD/YYYY    S   Date  MM/DD/YYY    S   Date  MM/DD/YYY    S   Date  MM/DD/YYY    S   DA				
City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Employer Mailing Address / Principal Place of Business  City State Zip Code Description of Contributor Date [MM/DD/YYYY] \$  Employer Name  Employer Name Occupation Date [MM/DD/YYYY] \$  Employer Name  Employer Mailing Address / Principal Place of Business  City State Zip Code Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  City Dat	Full Name of Contributor		3	Date [MM/DD/YYYY] \$
City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Employer Mailing Address / Principal Place of Business  City State Zip Code Description of Contributor Date [MM/DD/YYYY] \$  Employer Name  Employer Name Occupation Date [MM/DD/YYYY] \$  Employer Name  Employer Mailing Address / Principal Place of Business  City State Zip Code Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  City Dat				
City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Employer Mailing Address / Principal Place of Business  City State Zip Code Description of Contributor Date [MM/DD/YYYY] \$  Employer Name  Employer Name Occupation Date [MM/DD/YYYY] \$  Employer Name  Employer Mailing Address / Principal Place of Business  City State Zip Code Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  City Dat	House # Street Address			Date [MM/DD/YYYY] \$
Employer Name  Employer Malling Address / Principal Place of Business  Full Name of Contributor  House # Street Address  City State Zip Code Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Mailing Address / Principal Place of Business  City State Zip Code Date [MM/DD/YYYY] \$  City State Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  City State Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  City State Date [MM/DD/YYY] \$  City State Date [MM/DD/YYYY] \$  City State Date [MM/DD/YYYY] \$  City State Date [MM/DD/YYYY] \$  City State Date	Subset Address			
Employer Name  Employer Malling Address / Principal Place of Business  Full Name of Contributor  House # Street Address  City State Zip Code Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Mailing Address / Principal Place of Business  City State Zip Code Date [MM/DD/YYYY] \$  City State Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  City State Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  City State Date [MM/DD/YYY] \$  City State Date [MM/DD/YYYY] \$  City State Date [MM/DD/YYYY] \$  City State Date [MM/DD/YYYY] \$  City State Date	Market 1			D. A. Tassa (Inp. based)
Employer Mailing Address / Principal Place of Business  Employer Mailing Address / Principal Place of Business  Employer Name  Description of Coccupation  Employer Name  Employer Name  Employer Name  Employer Name  Employer Name  Description of Coccupation  Employer Name  Description of Description of Coccupation  Employer Name  Description of Description of Coccupation  Description of Description of Coccupation  Employer Name  Employer Name  Description of Description of Coccupation  Description of Description of Coccupation	City	State	Zip Code	Date [MM/DD/TTTT] \$
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Place of Business	Employer Name			Occupation
Contribution   Date [MM/DD/YYYY]   \$		7		
Full Name of Contributor  House # Street Address    Date [MM/DD/YYYY]   \$	Place of Business	100		
House # Street Address   Date [MM/DD/YYYY]   \$    Employer Name   Occupation   Date [MM/DD/YYYY]   \$    Employer Mailing Address / Principal Place of Business   Date [MM/DD/YYYY]   \$    City   State   Zip Code   Date [MM/DD/YYYY]   \$    Employer Name   Occupation		(持)		
City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Mailing Address / Principal Place of Business  Date [MM/DD/YYYY] \$  House # Street Address  Zip Code Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Employer Mailing Address / Principal Place of Business  Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Date [MM/DD/YYYY] \$  Employer Name  Employer Mailing Address / Principal Place of Business  Description of Contribution  Date [MM/DD/YYYY] \$  Employer Name  Employer Name  Description Occupation	Full Name of Contributor			Date [MM/DD/TTTT] \$
City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Mailing Address / Principal Place of Business  Date [MM/DD/YYYY] \$  House # Street Address  Zip Code Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Employer Mailing Address / Principal Place of Business  Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Date [MM/DD/YYYY] \$  Employer Name  Employer Mailing Address / Principal Place of Business  Description of Contribution  Date [MM/DD/YYYY] \$  Employer Name  Employer Name  Description Occupation				
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Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Address  State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Employer Mailing Address / Principal Place of Business  Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Description of Description Des	Employer Name	943 S255	No. or Sept. Marchia	Occupation
Place of Business    Date [MM/DD/YYYY]   \$	The state of the s			A SAN SAN AND AND AND AND AND AND AND AND AND A
Full Name of Contributor  Full Name of Contributor  Full Name of Contributor  Street Address  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  City  State  Zip Code  Date [MM/DD/YYYY] \$  Employer Name  Employer Mailing Address / Principal Place of Business  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  City  State  Zip Code  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Employer Mailing Address / Principal Place of Business  Date [MM/DD/YYYY] \$  Employer Name  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$				Control of the Contro
House # Street Address    Date [MM/DD/YYY]   \$	with the basis and the basis of the	46.		1/1/11/11/2014 PARTICIPATION OF 11/14
City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Mailing Address / Principal Place of Business  Date [MM/DD/YYYY] \$  House # Street Address  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Name Occupation  Employer Mailing Address / Principal Place of Business Of	Full Name of Contributor			Date [MM/DD/YYYY] \$
City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Mailing Address / Principal Place of Business  Date [MM/DD/YYYY] \$  House # Street Address  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Name Occupation  Employer Mailing Address / Principal Place of Business Of	Property and Commence of the			
City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Mailing Address / Principal Place of Business  Date [MM/DD/YYYY] \$  House # Street Address  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Name Occupation  Employer Mailing Address / Principal Place of Business Of	House # Street Address			Date [MM/DD/YYYY] \$
Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Address  State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Employer Name  Employer Name  Employer Mailing Address / Principal Place of Business  Description of Cocupation  Date [MM/DD/YYYY] \$	Succession of the succession o			
Employer Name  Employer Mailing Address / Principal Place of Business  Full Name of Contributor  House # Street Address  State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Employer Name  Employer Name  Employer Mailing Address / Principal Place of Business  Description of Cocupation  Date [MM/DD/YYYY] \$	and the second s	Let-to I	I was not a will	Date faces (DD boood)
Employer Mailing Address / Principal Place of Business  Date [MM/DD/YYYY] \$  House # Street Address  State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Employer Name  Employer Mailing Address / Principal Place of Business  Description of Contribution  Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  Description of Cocupation	City	State	Zip Code	Date [MM/DD/TTTT] \$
Employer Mailing Address / Principal Place of Business  Date [MM/DD/YYYY] \$  House # Street Address  State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Employer Name  Employer Mailing Address / Principal Place of Business  Description of Contribution  Date [MM/DD/YYYY] \$  City Date [MM/DD/YYYY] \$  Description of Cocupation		3444		X2
Place of Business of Contribution  Full Name of Contributor  House # Street Address  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Employer Mailing Address / Principal Place of Business Description of	Employer Name	100 M		Occupation
Full Name of Contributor  Full Name of Contributor    Date [MM/DD/YYYY]   \$	Employer Mailing Address / Principal			Description
Full Name of Contributor  House # Street Address  Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name  Coccupation  Description of	Place of Business	4		A DUTT OF THE WARREND AND THE REAL PROPERTY OF THE PARTY
House # Street Address Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Mailing Address / Principal Place of Business of	<b>对国际的国际企业工程</b>			
City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Mailing Address / Principal Place of Business of	Full Name of Contributor			Date [MM/DD/YYYY] \$
City State Zip Code Date [MM/DD/YYYY] \$  Employer Name Occupation  Employer Mailing Address / Principal Place of Business of				
Employer Name Occupation  Employer Mailing Address / Principal Description of Of	House # Street Address			Date [MM/DD/YYYY] \$
Employer Name Occupation  Employer Mailing Address / Principal Description of Of				
Employer Name Occupation  Employer Mailing Address / Principal Description of Of	City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Description Place of Business of		12.7		
Employer Mailing Address / Principal Description Place of Business of	Employer Name	EST SECTION	SZ REWSKIN	Occupation
Place of Business of				
				THE SEASON TO SEE SALES AND THE SEASON TO SEAS
				Contribution

## Statement of Expenditures

	Statement of Expenditure
Filer Identification Number:	

							In a transfer board I	A.T.
To Wh	om Paid	0	<b>)</b> -				Date [MM/DD/YYYY]	5 644-5 5-
House	A I	BLASI F	RINTI	-NG			05/07/20/3  Description of Expenditor	8479.25
nouse	1490	Street Address	SANS	Souci	PKWY	)	Description of Expenditi	
City			State		Zip			
	The second second	2 TOWNSHIP	The Control of the Co	PA	Code	18706	PRINTING	
To Wh	om Paid							\$
57,000		FRIENDS	OF AD	Anul	DALDRE	N	05/12/2013	200,00
House	1511	Street Address	2ND	AXE			Description of Expenditu	ire algorithm of the second
City	BETH	KHEM	State	PA	Zip Code	18018	CONTRIBUTED	
To Wh	om Paid	CHQ.C	No. America	IH	Couc	11090	Date [MM/DD/YYYY]	<u> </u>
		CHOTOTO	n C	-> 0-			05/12/2013	28.00
House	#	Street Address	HS CLI	Y PRI	21TDC		Description of Expenditu	
net resu	861	a sett at en tiet a aan de are	1454 F	WE_			evice rough for all or an arriver and the	
City	200	C.11	State	PA	Zip Code	18018		
7-140	BETHL	EHEM	F-157	144	Code	1000	The fact the house	
10 Wh	om Paid	1					Date [MM/DD/YYYY]	\$ 2.40
House	A I	LAFAYE	TE YSF	NR			05/12/2013	2,00
nouse		Street Address	20 BOX	( 250	91		Description of Expenditu	re
City	,		State	_	Zip			
		4 YAUEY		PA	Code	18002	SERVICE FEE	
To Wh	om Paid		_				The second secon	\$
SE SE	1016 (1879)	SHIEL	STENS (	RPRIS	23		05/20/2013	525.00
House	603	Street Address	POPLI				Description of Expenditu	re
City			State		Zip	Ι.	Co. Land Co.	
15.54		AUQUA		PA	Code	18032	MATL DESIG	N
To Wh	om Paid		_				Date [MM/DD/YYYY]	\$
		STARTER	s POB				05/20/2013	63.28
House	460	Street Address	TUTCH	S MEL	RD		Description of Expenditu	re proposition and a state of the state of t
City		EHEM	State	PA	Zip Code	18018	DINNER	
To Wh	om Paid	EHEIN	180(363	IH	Code	11000	Date [MM/DD/YYYY]	\$
		RTUCK	<b>N</b>	~	7	2	, ,	46.91
House	#1	Street Address	TOOK	210010	MINE		OS /21/20/3  Description of Expenditu	76.17
SALK ST	10		E. BR	20AD S				
City	BETTY	[EHEM	State	PA	Zip Code	18018	LUNCH	
To Wh	om Paid					1 . 0 = 1 3	Date [MM/DD/YYYY]	\$
		PANERA	Boson	`			05/22/2013	28./3
House		Street Address		_			Description of Expenditu	
City	3301	Company of the	BATH	_	Zip	Ι.		organista dan Basah K
100	BETH	LEHEM	1	PA	Code	18017	LUNCH	

### **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 Creditor	BOYAN	CALLAHAN				Outstandi	ng Balance of Deb
House #	Street Address	G. IOG III II		E DEBT IN MM/DD/		\$	
633	$3 \mid m$	AIN ST	03	101/2	013		
City	BETHLEHE	State	PA	Zip Code	18018		100,00
escription of De	LOAK						
lame of Creditor	THE RESERVE OF THE PERSON NAMED IN	CALLAHAN				Outstandi	ng Balance of Deb
louse #	Street Address		I	E DEBT IN	YYYY]	\$	
63	3 , 1 ()	MAIN ST		106/2	0/3		
City	BETHLEI	HEM State	PA	Zip Code	1808	20	00,00
Description of De	LOAN						
Name of Creditor						Outstandir	ng Balance of Deb
House #	Street Address			E DEBT IN		\$	
City		State		Zip Code			
Description of De	bt			*			
Name of Creditor			d			Outstandir	ng Balance of Deb
House #	Street Address		0.05080000	MM/DD/		\$	
City		State		Zip Code	1	H .	
Description of Del	bt			1 0000			
lame of Creditor						Outstandin	g Balance of Debt
	Street Address			DEBT IN		\$	
louse #		State		Zip Code			
louse #				0.111======0X			
iity	ot						
ity Description of Del	bt					Outstandin	g Balance of Debt
	Street Address			DEBT IN		Outstandin	g Balance of Debi

Reset Form

Print Form

## Commonwealth of Pennsylvania - Campaign Finance Report

Filer Identification			T 100 100 100 100 100 100 100 100 100 10	ort Filed B ark X)	Sy Candid	ate	X	Committee			Lobbyi	st
Name of Filing C Lobbyist	Committee, Ca	ndidate or	B	ZYAN	Сацан	aN.						
Street Address			6	33 r	MAIN S	ST						
City	BC-	HLEHEM			State	0.00	Ά	Zip Code	18018	<b>&gt;</b>		
Type of Report (	Place x under	report type)					(1	4	1 16016	)	-	
1-6 <sup>th</sup> Tuesday	No activities and activities and activities			Tuesday	5- 2 <sup>nd</sup> Friday	6.20	Day Post	7- Annual	Special 2 <sup>nd</sup>	Eriday	Special	30 Day
Pre-Primary	Pre-Primary	3- 30 Day Post Primary		Election	Pre- Electio	100000000000000000000000000000000000000		7- Amuai	Pre-Election			ection
		X										
Date Of Election (MM/DD/YYYY)		- 1.1	Yea	r	2.10	Ame	ndment	I	Termination Report	on	F	_
	Art of the same of	05/21/2013		1	2013	тер						
Summary of Rec Expenditures	elpts and	From Date		To Date	e			For	Office Use O	nly		
		05/67/201	3	06/	10/2013							
A. Amount Brou	ight Forward f			¢	100.00	T						
B. Total Moneta (From Schedule		ons and Receipts	:	\$	0	1						
C. Total Funds A	vallable		1	\$	A.	1						
(Sum of Lines A					0	4						
D. Total Expend (From Schedule			1	\$ 32	20.99	1						
E. Ending Cash B	Balance		1	\$		1						
(Subtract Line D F. Value of In-Ki		Daniel de			20,99	-						
(From Schedule		ons keceived	500	\$ 4	0	1						
G. Unpaid Debts	and Obligation	ons		\$	0	1						
(From Schedule	IV)	King of S	THE PARTY			/	-					
Part 1				abla la a Ca	And in case of the last of the	candida	e sign here.	_ ^		-		
l swea								The	111			THE REAL PROPERTY.
Sworn 17												
4												
7												
My Co												
			-								TE S	
Part II- If this is a r I swear (or affirm)							t violated a	ny provisions o	f the Act of lun	e 3 1937	(P   1323	NO 3201
amended.		or my anomeoge	0.10	ener enis po	mada dominico	e nos no	t violatea a	ny provisions o	The rice of Juli	c 3, 133,	(1 .c. 2555	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Sworn to and subs	scribed before n	ne this										
day of_		20	_	. 1								
							Si	gnature of Cano	didate			
	Signature							Printed Name	e			
My Commission e		3 fee 37: 13 h	_		5							
	MO.	DAY YR.				Area Co	ode	Da	ytime Telepho	ne Numb	er	

# 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)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	HARLIN TERM STOP A CO
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
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)	\$
All Other Contributions (Part D)	\$
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)	\$
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

#### 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	, ramber				
					Amount
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$ 0
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	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

4 or 12

### 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:		help tille 1 7 K		
Full Name of Contributor			Date [MM/DD/YYYY]	5
House # Street Address	S		Date [MM/DD/YYYY]	5
City	State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Addres	s		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Addres	s		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Addres	S		Date [MM/DD/YYYY]	S
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor		(1) [20] [20] [20] [20] [20] [20] [20] [20]	Date [MM/DD/YYYY]	\$
House # Street Addres	s		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor	1206 204	27.00mm(27.60)	Date [MM/DD/YYYY]	5
House # Street Addres	5		Date [MM/DD/YYYY]	<b>\$</b>
City	State	Zip Code	Date [MM/DD/YYYY]	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.

Filer Identification Number:

Full Name of Contributing Committee	e			Date [MM/DD/YYYY]	\$ 0
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committe	e		Control of the Contro	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committe	e			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committe	e	THE SECOND SECON	Name of the last o	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committe	e		120 120 110	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committe	e			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
CONTRACTOR OF THE PARTY OF THE		AND SOCIETY OF THE SECOND SECO			1200

### 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:

<b>Full Name of Cor</b>	ntributor			Date [MM/DD/YYYY]	\$
					110
					10
House #	Street Address	s		Date [MM/DD/YYYY]	\$
					72
City	Provide State	State	Zip Code	Date [MM/DD/YYYY]	\$
City		State	Zip code	Date [www/DD/1111]	
Employer Name				Occupation	1000
Employer Name				Occupation	
Employer Mailin				La respectiva de la constanta	
Principal Place o	f Business				
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	\$
					6.53
House #	Street Address	-1		Date [MM/DD/YYYY]	\$
iouse w	Street Address			Date [WW/DD/1111]	4*
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		1	E ROLLENS SALE	Occupation	
Employer Mailin Principal Place o					
Full Name of Cor				Day Tessal Do book	TAT
ruli Name of Cor	tributor			Date [MM/DD/YYYY]	\$
House #	Street Address	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		EMERI			
Employer Name				Occupation	
Employer Mailin	g Address /				
Principal Place of		5			
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	\$
	Walle SP				
<b>以图为是是为多</b>					354
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		J. d. C	Lip code	Date [MM/DD/1111]	-
		Bulletings			
Employer Name				Occupation	
Employer Mailing	g Address /				
	D - 100 M1 000 /				

### 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	ion			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descripti	on			
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 Descript	ion			
Full Name				
House #	Street Address			
City		State	Zi <sub>P</sub> Code	Date [MIM/DD/YYYY] \$
Receipt Descript	tion			
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
Receipt Descrip	tion			

### **SCHEDULE II**

### **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:			
UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VAL	IE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01	TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.	00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION			
PERIOD (Add and enter amount totals f on Page 1, Report Cover Page, Item F)	rom boxes 1, 2, and 3; ai	o enter	

### SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:				
中国的特殊的特殊。在1000年1月1日 Nac. 1				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
			Dute [min, DD/1111]	1 a
House # Street Addr			Date [MM/DD/YYYY]	\$
Street Addr	ess		Date [MM/DD/1111]	-
City	State	Zip Code	Date (see (pp honor)	
City	State	zip code	Date [MM/DD/YYYY]	\$
Description of Contribution	5/15/1/	A15 134 27 174		
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Addr	ess		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Addre	ess		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
2000				
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Addre	ess		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 Addre	ess		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	134			
The second of the second of the second	1220 B)			

10 or 12

### SCHEDULE II Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:	
A. B. Making Mark	

Full Name of Cor	ntributor		- X - 10 W - /	Date [MM/DD/YYYY]	\$
					110
House #	Street Address	5		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	ma .
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		Kon Carlo		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		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		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		Megalia Maria		Occupation	180
Employer Mailin Place of Business	g Address / Principal s			Description of Contribution	

11 or 12

## Statement of Expenditures

	생물에 되는 그 생각이 되었다. 그 사람이 있는 것으로 가장하고 있다면 하는 그를 가장 가는 것은 것이 되었다. 그는 그렇게 되는 것으로 가게 되었다면 하는 것이 없다.	
Filer Identification Number:		
The recitamental realises.		- 3

To Mile	om Paid		Name of the last		Man Man and Assessment		Date [MM/DD/YYYY]	\$
10 WI	om Palu	0					02/12/2013	
		PARTY C	174					9,48
House	# 2404	Street Address (	ATAS	AUQUA	RD		Description of Expend	ture
City	_		State		Zip	100.10	0 000	N-975
	BETH	EHEM		PA	Code	18018	EVENT SUPPL	ITES
To Wh	om Paid						Date [MM/DD/YYYY]	\$
		PARTY C	TTU				02/12/2013	50.63
House	#	Street Address	211		77475		Description of Expendit	
	2404	[ (	CATAS	AUQUA	RD			
City	0		State	_	Zip	10010	0 0	
	BETHL	ehen		PA	Code	18018	EVENT SUI	PLIES
To Wh	om Paid	-					Date [MM/DD/YYYY]	\$
		GO DAD	DY.	COM			02/17/13	25.34
House	#	Street Address		-			Description of Expendi	ture
City			State		Zip		111111111111111111111111111111111111111	
					Code		WEBSITE AD	
To Wh	om Paid						Date [MM/DD/YYYY]	\$
		NORTHAMPTO	NG.	DEMOCRE	ATIC (	COMM.	02/23/2013	45.00
House	E. C.	Cannas Address			-		Description of Expendit	ture
	227			HANIC				
City	WIND	6pp	State	PA	Zip Code	18091	DONATION	
To Wh	om Paid					Water Trans.	Date [MM/DD/YYYY]	\$
		WETHAM	NIST	COUNT	y Vot	ER REG.	03/11/2013	25.00
House	#	Street Address	7.7	000/01		-10 1-00.	Description of Expendit	ture
City	C	/	State	On	Zip		0	
	EAS	TON		PA	Code	1	PETITIONS	
To Wh	om Paid	1,000					Date [MM/DD/YYYY]	\$
		USPS					03/12/2013	/38.00
House	# 1-25	Street Address					Description of Expendit	ture
Cin. I	535			D ST	7:-			
City	BETHLE	Hem	State	PA	Zip Code	18018	POSTAGE	
To Wh	om Paid		-		Contract of the Contract of th	Photo and the second	Date [MM/DD/YYYY]	\$
		DUNKIN	Dra	VYTS			04/21/2011	27,54
House	#1						Description of Expendit	ture
	1301	Street Address	LIND	EN ST				
City			State	00	Zip	10016	C 5555	
		LEHEM		MA	Code	18018	COFFEE	
To Wh	om Paid						Date [MM/DD/YYYY]	\$
		12					December of F	
House	#	Street Address					Description of Expendit	ture
House	#	Street Address	State		Zip		Description of Expendit	ture

### 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.

Filer Identification Number:

	or			Outstanding Balance of Del
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	5
City		State	Zip Code	16
Description of [	Debt			
Name of Credit	or			Outstanding Balance of Del
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of [	Debt			
Name of Credit	or			Outstanding Balance of Deb
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D	Debt			
Name of Credit	or			Outstanding Balance of Del
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D	Debt			
	or			Outstanding Balance of Del
<b>建筑和。在6</b>			DATE DEBT INCURRED	\$
Name of Credito	Street Address		[MM/DD/YYYY]	
Name of Creditor House #		State		
Name of Credito		State	[MM/DD/YYYY]	
Name of Creditorion House #   City Description of D	Debt	State	[MM/DD/YYYY]	
Name of Creditor House #  City  Description of D  Name of Creditor House #	Debt	State	[MM/DD/YYYY]	Outstanding Balance of Del