

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

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

Filer Identification Number: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE <input checked="" type="checkbox"/> 1.		COMMITTEE <input type="checkbox"/> 2.		LOBBYIST <input type="checkbox"/> 3.		
Name of Filing Committee, Candidate or Lobbyist: Bruce A. Simon										
Street Address: 373 Carver Drive										
City: Bethlehem				State: PA		Zip Code: 18017 - 4714				
TYPE OF REPORT (place X to the right of report type)	1ST TUESDAY PRE-PRIMARY		2ND FRIDAY PRE-PRIMARY		30 DAY POST-PRIMARY		AMENDMENT REPORT		YES	NO
	4TH TUESDAY PRE-ELECTION		2ND FRIDAY PRE-ELECTION		30 DAY POST-ELECTION		TERMINATION REPORT		YES	NO
	ANNUAL REPORT		YEAR		FILING METHOD CHECK ONE		PAPER		X	DISKETTE

Name of Office Sought by Candidate: CITY OF BETHLEHEM MAYOR				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR	MO.	DAY	YEAR	CITY OF BETHLEHEM	OTH	OTH	48	
11	5	2013								

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	
	5	7	2013	To	6	10	2013	
	A. Amount Brought Forward From Last Report		\$		-0-			
	B. Total Monetary Contributions and Receipts (From Schedule I)		\$					
	C. Total Funds Available (Sum of Lines A and B)		\$					
	D. Total Expenditures (From Schedule III)		\$		524.25			
	E. Ending Cash Balance (Subtract Line D from Line C)		\$					
	F. Value of In-Kind Contributions Received (From Schedule II)		\$					
G. Unpaid Debts and Obligations (From Schedule IV)		\$						

FOR OFFICE USE ONLY	

AFFIDAVIT SECTION

Candidate Report, candidate sign here.

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this _____ day of _____ 20____

Signature _____

Signature _____

My commission expires MO. _____ DAY _____ YR. _____

Signature of Candidate _____

Printed Name _____

Area Code _____ Daytime Telephone Number _____

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Bruce A. Simon	Reporting Period From 5/7/2013 To 6/10/2013
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To Whom Paid National Penn Bank	MO 5	DAY 15	YEAR 13	Amount \$ 24.25
Mailing Address P.O. Box 547				
Description of Expenditure Checks				
City BOYERTOWN	State PA	Zip Code (Plus 4) 19512-0547		

To Whom Paid PS. 42 Corp - Gogoro of Eastern PA	MO 5	DAY 17	YEAR 13	Amount \$ 500.00
Mailing Address 1866 Leithsville Road #233				
Description of Expenditure Website Launch				
City Hellertown	State PA	Zip Code (Plus 4) 18055-		

To Whom Paid	MO	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) -		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 524.25