Print Form

/12

### Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identificat	ion			rt Filed I	y Candida	te 🔲	Committee		Lobbyist
Number Name of Filing	Committee Co	ndidate or	(Ma						
Lobbyist	Committee, Ca	indicate of	F	riends	i of	Adam	Waldre	n	
Street Address	<i>B</i>			511				.,	
City		Bethleher	η	<i>J</i>	State	PA	Zip Code	18018	
Type of Report	(Place x under i								
1-6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary		Tuesday lection	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
		X	T	7	П			П	П
Date Of Election			Year			Amendment Report		Termination Report	
Summary of Re	ceipts and	From Date	T	To Dat	•		For	Office Use Only	
Expenditures		5-10-13	5	1	11-13				
A. Amount Bro	ught Forward F	rom Last Report			29.11				
B. Total Moneta (From Schedule		ons and Receipts	\$		30.00				
C. Total Funds / (Sum of Lines A			\$	65	59.11				
D. Total Expend	ditures		\$						
(From Schedule E. Ending Cash			\$		41.80				
(Subtract Line D	o from Line C)			1,7	17.3				
F. Value of In-K (From Schedule		ons Received	\$	0					
G. Unpaid Debt (From Schedule	ts and Obligation	ons	\$	5	00.00				
		rt, treasurer sign he			Affidavit Se		0		
I swear (or affirm Sworn to and sub	) that this report,	including the attac	ched sc	nedules o	n paper, is to the				
i Antarics		and the second second	ale#031						
МЕМВА	er, pennsylvania	ASSOCIATION OF NO	TARIES				Day	ime Telephone Number	

## SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number		
The recommendation from the		

Total for the reporting period (1	) \$	130.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	200.00
All Other Contributions (Part B)	\$	
Total for the reporting period (2	) \$	200.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	0
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	)   \$	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.

							Amount
Full Name of Co	ntributing		D. 1 (1)	1	Date [MM/DD/YYYY]	\$	2
Committee	H	sienas ot	Bryan Call	anan	05/15/2013		200.00
House #	Street Address		21		Date [MM/DD/YYYY]	\$	
6	33	Main	Biyan Callo				
				8018	Date [MM/DD/YYYY]	\$	
	ethlehem	State 3	7	0010			
Full Name of Co Committee	ntributing				Date [MM/DD/YYYY]	\$	
Committee							
House #	Street Addres	is			Date [MM/DD/YYYY]	\$	
HAMILE N	-10-8						
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributing				Date [MM/DD/YYYY]	\$	
Committee					The second secon	1	
House #	Street Addres	is	8		Date [MM/DD/YYYY]	\$	
City	10 to	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributing				Date [MM/DD/YYYY]	\$	
Committee					To the board		
House #	Street Addres	s			Date [MM/DD/YYYY]	\$	
		I foots I	To Code		Date (see (pp )00001	-	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributing				Date [MM/DD/YYYY]	\$	
Committee	iti iboting				Date [mint DD] 1.1.1	1	
House #	Street Addres				Date [MM/DD/YYYY]	\$	
	Jueer Audi Co					1	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributing				Date [MM/DD/YYYY]	\$	
Committee							
House #	Street Addres	is			Date [MM/DD/YYYY]	\$	
					a . tree lan banad		
City		State	Zip Code		Date [MM/DD/YYYY]	\$	

## 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:	
The second secon	

Full Name of Con	tributor		Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]	\$
City	Stat	ze Zip Code	Date [MM/DD/YYYY]	s
Full Name of Con	tributor		Date [MM/DD/YYYY]	\$
House #	Street Address	****	Date [MM/DD/YYYY]	\$
City	Stat	zip Code	Date [MM/DD/YYYY]	5
Full Name of Con	tributor		Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]	\$
City	Stat	zip Code	Date [MM/DD/YYYY]	5
Full Name of Con	tributor		Date [MM/DD/YYYY]	
House #	Street Address		Date [MM/DD/YYYY]	\$
City	Stat	zip Code	Date [MM/DD/YYYY]	\$
Full Name of Con	tributor	A Court Carlo	Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]	5
City	Stat	te Zip Code	Date [MM/DD/YYYY]	5
Full Name of Com	tributor		Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]	5
City	Stal	e Zip Code	Date [MM/DD/YYYY]	5
	1944			

#### 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.

rier toeruncation number.				
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Address	ess		Date [MM/DD/YYYY]	5
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	10000		Date [MM/DD/YYYY]	5
House # Street Addr	ess		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	38.00		Date [MM/DD/YYYY]	s
House # Street Addr	ess		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	325		Date [MM/DD/YYYY]	\$
House # Street Addr	ess		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	1899/30	122700330	Date [MM/DD/YYYY]	\$
House # Street Addr	ess		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Addr	ess		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$

## 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 Contri	butor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		10.00		Occupation	The state of the s
Employer Mailing A Principal Place of Bo	ddress /			Liver of the latest and the latest a	
Full Name of Contri	A STATE OF THE PERSON NAMED IN COLUMN 2 IN			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	5
Employer Name				Occupation	
Employer Mailing A Principal Place of Bo					
Full Name of Contri				Date [MM/DD/YYYY]	\$
House #	Street Address		<del>vensy en 1940-1940-1</del>	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	i d
Committee of the Commit					<del>Constant</del>
				The second secon	Service and the service of
Employer Mailing A Principal Place of B Full Name of Contri	THE RESIDENCE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAME			Date [MM/DD/YYYY]	\$
Principal Place of B Full Name of Contri	THE RESIDENCE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAME				\$
NAME OF TAXABLE PARTY.	butor	State	Zip Code	Date [MM/DD/YYYY]	

#### 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.

Full Name	K-MA-S			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion	Constant Constant	C) A 10/201	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion	Constitution of the Consti	120,000,000	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion			
Full Name	resser			
House #	Street Address	****		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion			
Full Name	A NEW YORK			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion	155,000	politica William	least.
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	rtion	Lucione and a second	Luciona de Caración de Caració	
	ALCOHOL STREET			



#### 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	IBUTIONS RECEIVED-VALUE O	F \$50.00 OR LESS P	ER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
2. IN-KIND CONTRIBUTIONS REC	CEIVED-VALUE OF \$50.01 TO \$	250.00 (FROM PAR	т ғ)	
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.00 (F	ROM PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTION (Add and enter amount totals from Page 1, Report Cover Page, Item F)		S	0	

#### SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number				
Full Name of Contributo			Date [MM/DD/YYYY]	\$
House #   St	reet Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribut	ion			
Full Name of Contributo			Date [MM/DG/YYYY]	5
House # St	reet Address		Date [MM/00/YYYY]	s
City	State	Zip Code	Date [MM/D0/YYYY]	\$
Description of Contribut	ion			1
Full Name of Contributo			Date [MM/DD/YYYY]	\$
House # St	reet Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribut	ion			
Full Name of Contributo			Date [MM/DD/YYYY]	\$
House # St	reet Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	5
Description of Contribut	ion	N. Straffer L.		LEM .
Full Name of Contributo			Date [MM/DD/YYYY]	\$
House # St	reet Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribut	ion			
				////

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

A STATE OF THE PARTY OF THE PAR	
Filer Identification Number:	
The Taylor Control of the Control of	
· 公司的第三分中央的数据。12.755 mm	
<b>を行うというできる。</b>	

Full Name of Contributor			Date [MM/DD/YYYY] \$	
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			Description of Contribution	
Full Name of Contributor	TOTAL PROPERTY.		Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] 5	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business			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] \$	
Employer Name		ALC: 100 THE STATE OF THE STATE	Occupation	
Employer Mailing Address / Principal Place of Business			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] \$	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business			Description of Contribution	

## SCHEDULE III Statement of Expenditures

A SECURITION OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	the same that the same that the same the same that the	NAME AND ADDRESS OF THE OWNERS	NAMED OF STREET	Market Service with the second second
Filer Identification Number:				
Remarks and the property of the property of the party of				
	THE RESIDENCE OF THE PARTY OF T		THE RESERVE THE PARTY OF THE PA	

To Whom Paid	11. (		Date [MM/DD/YYYY] \$ 11 / 11 63
	irkhom Go	of a	05/15/2013 4,66.80
House # 1000 Street Address	W 3rd St	Description of Expenditure	
city Little Rock	State AR	Zip Code 722	of Direct Mail
To Whom Paid	1 Peno E	Bonk	Date [MM/DD/YYYY] \$ 25.00
		/41/1	65   15   2013   45,00
House # UU Street Address	E Broad		
city Bethlehem	State PA	Zip Code 1801	& Wire Transfer Fee
To Whom Paid			Date [MM/DD/YYYY] \$
House # Street Address			Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
House # Street Address		4)(	Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
House # Street Address			Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY]   \$
House # Street Address			Description of Expenditure
Clty	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
House # Street Address			Description of Expenditure
City	State	Zip Code	
To Whom Paid	A STATE OF THE STA		Date [MM/DD/YYYY] \$
House # Street Address		Description of Expenditure	
City	State	Zip Code	

## Statement of Unpaid Debts

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

Varne of Creditor	Hqqm	Waldron	DATE DEST MICHAED	Outstanding Balance of Debt
511	2 nd	1.10	IMM/DD/YYYYI	
	2"0(	1100	94/1/2013 PA 18018	\$5,000.00
MARKET LEAD	Adam 2nd Bethkhei	M State	PA Jone 18018	(2)
escription of Debt	Loan			
ame of Creditor			***************************************	Outstanding balance of Debi
nuse #	treet Address		DATE DEST INCURSED	[8]
			100000000000000000000000000000000000000	
hy		State	Zlp Code	
escription of Debt		142.54.55.51		1.004
ame of Creditor				Outstanding Balance of Debt
			DATE DEBT INCURRED	\$
ouse #	treet Address		[MM/DD/YYYY]	
lity		State	Zip	
			Code	
escription of Debt				
iame of Creditor				Outstanding Balance of Debt
louse #	treet Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
ity		State	Zip	
		1 hug 2 hug	Code	
rescription of Debt				
lame of Creditor				Outstanding Balance of Debt
fouse #	treet Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
			[mingody ( ) 1	1
ity		State	Zip Code	
Description of Debt				rad.
lame of Creditor	4			Outstanding Balance of Debt
louse#	treet Address		DATE DEBT INCURRED	\$
			[MM/DD/YYYY]	
Olty	1	State	Zip	
	-91	3,033	Code	

## Commonwealth of Pennsylvania - Campaign Finance Report

Filer Identification Number			_	rt Filed B	t be clear an	100 100 100	X	Committee		П	Lobbyist	T
Name of Filing Comm Lobbyist	olttee, Ca	ndidate or	A	lam	Walds	on						
Street Address			5		nd Ave							
City	F	Bethlehem		11	State	PA		Zip Code	18018	5		
Type of Report (Place								***				
1-6 <sup>th</sup> Tuesday 2- 2 Pre-Primary Pre-	<sup>ed</sup> Friday Primary	3- 30 Day Post Primary	4-6 <sup>th</sup> T Pre-Ele		5- 2 <sup>nd</sup> Friday Pre- Election		Post	7- Annual	Special 2 <sup>th</sup> Pre-Election		Special 30 Post-Electi	
		X			П	П	1		, П		П	
Date Of Election (MM/DD/YYYY)		05/21/2013	Year		2013	Amendme Report	ent		Terminati Report	00		
Summary of Receipts	and	From Date		To Date				For	Office Use C	only		_
		5-10-13	1 1	6-	11-13							
A. Amount Brought F	orward F	rom Last Report		- 5	,000,00							-
B. Total Monetary Co (From Schedule I) C. Total Funds Availa		ns and Receipts			0							
(Sum of Lines A and I	3)		\$	- 5	000.00							
D. Total Expenditure (From Schedule III)			\$		0							
E. Ending Cash Balan (Subtract Line D from			\$	-5	,000 00		4					
F. Value of In-Kind Co (From Schedule II)	ontributio	ns Received	\$		0	1						
G. Unpaid Debts and (From Schedule IV)	Obligatio	ns	\$		0							
						-						
My Continue							A					
MEMBER, PENNSYL Part II- If this is a report		CIATION OF NOTAR		tee, cand	idate shall sign h	iere.	-					
I swear (or affirm) that t amended.							ed an	y provisions of	the Act of Jun	e 3, 1937	P.L. 1333, NO.	320) as
Sworn to and subscribed	i before me	e this										
day of		20		1	_							
							Sign	nature of Candi	date		-	
Signat	ture			. 1	_			Printed Name			_	
My Commission expires	MO.	DAY YR.	7.			Area Code		Dayt	ime Telephon	e Number	,	

0

0

#### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number		
1.Uniternized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1	)   \$	60
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)	\$	0
Total for the reporting period (2	) \$	0
3. Contributions Over \$250.00 (From Part C and Part D)	9	
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	0
Total for the reporting period (3	) \$	0

Total for the reporting period

\$

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)

Total Monetary Contributions and Receipts during this reporting period (Add and

Cover Page, Item B)

enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report

#### 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.

					Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of C	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	5

#### 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 Contribu	to		Date [MM/DD/YYYY]	5
House #	Street Address		Date [MM/DD/YYYY]	3
City .	State	Zip Code	Date [MM/DD/YYYY]	<b>5</b>
Full Name of Contribu			Date [MM/DD/YYYY]	\$
House 6	Street Address		Date [MM/DD/YYYY]	
City (	State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Contribu			Date [MM/DD/YYYY]	5
House 8	Street Address		Date [MIM/DD/YYYY]	\$ 1
City	State	Zip Code	Date [MM/DD/YYYY]	9
Full Name of Contribut			Date [MM/DD/YYYY]	5
House 8	Street Address		Date [MM/DD/YYYY]	8
Clby	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribut			Date [MM/DD/YYYY]	•
House #	Street Address		Date [MM/DD/YYYY]	5
Cley	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contribut			Date [MM/DD/YYYY]	5
House #	Rest Address		Date [MM/DD/YYYY]	5
City	State	Zip Code	Date [MM/DD/YYYY]	5 0

## 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.

的學科學學科學學				
Full Name of Contributing Committ			Date [MM/DD/YYYY]	\$
House B	Street Address	Date [MM/DD/YYYY]	3	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committ			Date [MM/DD/YYYY]	
House #	Street Address		Date [MM/DD/YYYY]	
Oly .	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committ			Date [MM/DD/YYYY]	\$
House (	Street Address		Date [MM/DD/YYYY]	\$
CO).	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of a Contributing Committ			Date [MM/DD/YYYY]	
House 6	Street Address		Date [MM/DD/YYYY]	
Cley	State	Zip Code	Date [MM/DD/YYYY]	
Pull Name of Contributing Commit			Date [MM/DD/YYYY]	•
Hattic I	Street Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Pull Name of Contraducting Committee			Date [MM/DD/YYYY]	•
House 6	Street Address		Date [MM/DD/YYYY]	5
City	State	Zip Code	Date [MM/DD/YYYY]	0

#### 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 6 Stre			Date [MM/DD/YYYY] \$	
Chi I	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		- Training of the second	Occupation	
Employer Mailing Address Principal Place of Susmess				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
- X-1-1	est Address		Date [MM/DD/YYYY] \$	
Ciby	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name  Employer Malling Address	The Control of the Co	Location to the contract	Occupation	
Company (Anthro (Addres) Company (Perc (Anthronic Full Stories of Contribute)			Date [MM/DD/YYYY] \$	
			the print of the second	
House 8 Street			Date [MM/DD/YYYY] \$	
Cis)	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		L. Carlotte and Ca	Occupation	
Employer Mailing Address Principal Place of Business		18.		
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House & Street	d Address		Date [MM/DD/YYYY] \$	
Gi	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address	A STATE OF THE STA			

#### 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.

Full Name - #				
House #	Street Address			
ay	100	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion .	10.10.4		
Full Name				
House 8	Street Address			
Clby		State	Zlp	Date [MM/DD/YYYY] \$
Cliff	dien.		Code	
Absolut Describ				
Full Name	Street Address			
TO THE MENT OF THE PARTY OF THE	ACT COLORS NO. 6 Mg. of Artists	State	Zip	Date [MM/DD/YYYY] \$
City Receipt Descrip			Code	700
<b>国内是国际国际的国际国际国际</b>				
Richame				
House/	Street Address		-	Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion	LEATER	Land of Sanda	
Full Name				
House II	Street Address			
diy		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip				
Full Name				
House 6	Street Address			
City		State	Zigs Code	Date [MM/DD/YYYY] \$
Receipt Descrip				
A STATE OF THE STA	A. Article Manager			

#### 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:			
1. UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VALUE OF	\$50.00 OR LESS PER CONTRIB	UTOR-
TOTAL for the reporting period	(1)	\$	
Z. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01 TO \$2	50.00 (FROM PART F)	
FOTAL for the reporting period	(2)	\$	
3. IN KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250.00 (FR	OM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for page 1, Report Cover Page, Item F)		\$	0

## SCHEDULE II

#### In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Full Name of Contributor			Date [MM/DD/YYYY]	\$
House 6 Stree	at Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution		12//02/36/03/03/04		L-SM
Full Name of Contributor	Action of the Market		Date [MM/DD/YYYY]	S
House 8 Stre	et Address		Date [MM/DD/YYYY]	5
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution		1 2 3		
Full Name of Contributor			Date [MM/DD/YYYY]	5
House Stre	e Addres		Date [MM/DD/YYYY]	\$
Cq.	State	Zip Code	Date [MM/DD/YYYY]	
Description of Contribution		Landshirt		
Full Name of Contributor			Date [MM/DD/YYYY]	5
House il Stre	et Addres		Date [MM/DD/YYYY]	5
City	State	Zip Code	Date [MM/DD/YYYY]	5
Description of Contribution	•	Las Andreas Marks (1988)		
Full Name of Contributor			Date [MM/DD/YYYY]	
House # Stre	et Audited		Date [MM/DD/YYYY]	5
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contributio		La company of the same		

## SCHEDULE II Part G

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

	VALUE OVER :	\$250
Filer Identification Number:		
Full Name of Contributor		Date [MM/DD/YYY] \$
	Address	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYY] \$
Employer Name		Occupation
Employer Mailing Address / I Place of Business	Principal	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY]   5
	Addres	Date [MM/DD/YYYY] \$
Gry /	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Place of Business	rincipal	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House 8 Street	Addres	Date [MM/DD/YYYY] \$
Cley	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	A CONTRACTOR OF THE CONTRACTOR	Occupation
Employer Mailing Address / P Place of Business	Yincipal,	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] \$

Employer Mailing Address / Principal Place of Business Occupation

Description of Contribution

## Statement of Expenditures

Filer Identification Number:	

To Whom Paid			Date [MM/DD/YYYY] \$
L-1559-221082-231988	eet Address		Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
	eet Address		Description of Expenditure
City	State	Zip Code	
To Whom Paid			Oate [MM/DD/YYYY] 5
House Str	eet Address		Description of Expenditure
CO	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
	eet Address		Description of Expenditure
<b>C</b>	State	Zişi Code	
To Whom Paid			Date (MM/DD/YYYY) \$
	eet Address		Description of Expenditure
CBY	State	Zip Code:	
To Whom Paid			Date [MM/DD/YYYY] \$
	300-2012		Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
	reet Andress		Description of Expenditure
CBV	State	Zipi Codie	Company I and
To Whom Paid			Date [MM/DD/YYYY] \$
<b>新国教室</b>	eat Aldress		Description of Expenditure
City	State	Zip Code	

## Statement of Unpaid Debts

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

Filer Identification Number:		
32.8863.383		
Name of Creditor		Outstanding Balance of Debt
House # Street Address	DATE DEBT INCURRED	Substancing Balance of Debt
Street Address	[MM/DD/YYYY]	
City	State Zip Code	
Description of Debt		- <del> </del>
Name of Creditor		Outstanding Balance of Debt
House # Street Address	OATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State Zip Code	
Description of Debe		
Name of Creditor		Outstanding Balance of Debt
House Street Address	DATE DEBT INCURRED	\$
	[MM/DD/YYYY]	-
City	State Zip	-
Description of Debt	Code	
Name of Creditor		Outstanding Balance of Debt
House # Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
Cib	State Zip Code	
Description of Debt	Code	13
Name of Creditor		Outstanding Balance of Debt
House # Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	5
	(44,000)	
Oby	State 7 Zip	
Description of Debt	Code	
Name of Creditor		Outstanding Balance of Debt
1 - 2 - 10 - 10 - 10 - 10 - 10 - 10 - 10		Control of the Contro
House # Street Address	DATE DEST INCURRED	\$
House # Street Address	DATE DEST INCURRED [IMM/DD/YYYY]	\$
House # Street Address City	[MM/DD/YYYY] State: Zip	*
	[MM/DD/YYYY]	*