0		
PAGE	OF	12
10100		

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identificatio	n			rt Filed B	y Candida	-		Committee		Lobbyist
Name of Filing Co Lobbyist	ommittee, Car	ndidate or			1 CALLA	HAN				
Street Address					MAIN					
City	00-		0	<u></u>	State			Zip Code	18018	
		HEFEM				PA			18018	The second Mark Advantages
Type of Report (F									and the second particular	والمراجع والمحرور المحرودة والم
	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary		Tuesday lection	5- 2 nd Friday Pre- Election	6- 30 Election	Day Post on	7- Annual	Special 2 nd Frie Pre-Election	day Special 30 Day Post-Election
	X		ΙΓ							
Date Of Election (MM/DD/YYYY)	لحك	5/21/2613	Year		20/3	Amen	dment rt		Termination Report	
Summary of Rec	eints and	From Date		To Date				For	Office Use Only	
Expenditures		01/01/201	3		6/2013					
A. Amount Brou		rom Last Repor	t \$		ð					
B. Total Moneta		ns and Receipts	\$	1	7					
(From Schedule C. Total Funds A			\$		<u> </u>					
(Sum of Lines A				1	3					
D. Total Expendi			\$	0.			40			
(From Schedule	0.00.00770				00.00					
E. Ending Cash B (Subtract Line D			\$	-21	∞, ∞					
F. Value of In-Ki		ons Received	\$		1	1				
(From Schedule					Э					
G. Unpaid Debts (From Schedule		MIS	\$	e	3					
					Affidavit Se	ction				
Part 1- If this is a C I swear Sworn 1 G? J My Co							sim here.			
amended.	that to the best	of my knowledge					violated an	y provisions of	the Act of June 3,	1937 (P.L. 1333, NO.320) as
Sworn to and subs	cribed before m			• •						
day of		20	-				Sig	nature of Cand	idate	
	Signature			1	-			Printed Name		
My Commission ex	kpires									
	MO.	DAY YR.	_			Area Cod	le	Day	time Telephone N	umber

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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)	\$	Q
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period (2)	\$	P.
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)	\$	Ø
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	6
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

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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 Co	mmittee			Date [MM/DD/YYYY]	\$ 0	
House #	Street Addres	5		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Co	mmittee		Date [MM/DD/YYYY]	\$		
House #	Street Addres	s		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$	
House #	Street Addres	s	Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$	
House #	Street Addres	s		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$	
House # Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$	
House #	Street Addres	s		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	

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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	Number				
					Amount
Full Name of Cor Committee	ntributing		Date [MM/DD/YYYY]	s O	
House #	Street Address		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	ntributing		Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	\$
House # Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address	5		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor	ntributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

PAGE SOF 12

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.

Filer Identificatio	1 Number:					
Full Name of Co	ntributor			Date [MM/DD/YYYY]	s A	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	I	State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name				Occupation	1.1	
Employer Maili Principal Place						
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	·			Occupation		
Employer Maili Principal Place						
Full Name of Co	The second se			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name	-			Occupation	1 1	
Employer Mailin Principal Place of				1 1		
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				Occupation		
Employer Mailin Principal Place o				1 1		

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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.

Number:				
ntributor			Date [MM/DD/YYYY]	s A
Street Addres	s		Date [MM/DD/YYYY]	\$
	State	Zip Code	Date [MM/DD/YYYY]	\$
ntributor			Date [MM/DD/YYYY]	\$
Street Addres	s		Date [MM/DD/YYYY]	\$
	State	Zip Code	Date [MM/DD/YYYY]	\$
ntributor			Date [MM/DD/YYYY]	\$
Street Address			Date [MM/DD/YYYY]	\$
	State	Date [MM/DD/YYYY]	\$	
ntributor			Date [MM/DD/YYYY]	\$
Street Addres	ss		Date [MM/DD/YYYY]	\$
	State	Zip Code	Date [MM/DD/YYYY]	\$
ntributor			Date [MM/DD/YYYY]	\$
Street Addres	s		Date [MM/DD/YYYY]	\$
	State	Zip Code	Date [MM/DD/YYYY]	\$.
ntributor			Date [MM/DD/YYYY]	\$
Street Addres	55		Date [MM/DD/YYYY]	\$
	State	Zip Code	Date [MM/DD/YYYY]	\$
	ntributor Street Addres ntributor Street Addres ntributor Street Addres ntributor Street Addres ntributor	ntributor Street Address Street Address Intributor Street Address Street Address	ntributor Street Address Street Address	ntributor Date [MM/DD/YYYY] Street Address Date [MM/DD/YYYY] Intributor Date [MM/DD/YYYY] Street Address Date [MM/DD/YYY] State Zip Code Date [MM/DD/YYY] <t< td=""></t<>

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PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part t	o report refunds	received, interest earned, r	eturned checks an	d prior expenditures that were returned to the filer
Filer Identification	Number:			
				An provide the second state of
Full Name				
ruii Name				
House #	Street Addre	55		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion	1		
Full Name				
House #	Street Addre	55		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion	II		
Full Name				
House #	Street Addre	ss		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion	1 1		
Full Name				
House #	Street Addre	ss		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion	1 1		1 1 1
Full Name				
House #	Street Addre	ss		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion			l
Full Name				
House #	Street Addre	ss		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion	I		<u> </u>

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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 CONTRIBUTIONS RECEIVED-VALUE OF \$5	0.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	s O
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250	0.00 (FROM PART F)
TOTAL for the reporting period (2)	\$ 0
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	M PART G)
TOTAL for the reporting period (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)	\$

PAGE 9 OF 12

SCHEDULE II PART F In-Kind Contributions Received VALUE OF \$50.01 TO \$250

Filer Identificatio	A Numper:				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$ A
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of (Contribution				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of (Contribution				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	Contribution			I	L_I
Full Name of Co	Intributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	Contribution				
Full Name of Co	Intributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	L	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	Contribution	+			L

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

Filer Identification Number:				
and the second se	the second se	the second se		A REAL PROPERTY AND A REAL PROPERTY.

Full Name of Con	ntributor			Date [MM/DD/YYYY]	\$
					HA
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	State of the second			Occupation	11
Employer Mailin Place of Business	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	fores - Die Ge			Occupation	<u> </u>
Employer Mailin Place of Business	g Address / Principal			Description of Contribution	
Full Name of Con	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 Business	g Address / Principal			Description of Contribution	
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		1		Occupation	1 1
Employer Mailin Place of Business	g Address / Principal s			Description of Contribution	

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SCHEDULE III Statement of Expenditures

Number:						
1					Date [MM/DD/YYYY]	\$
FRIENDS	SOFR	RYAN	CAUF	HAN	03/01/2013	100.00
3 Street Address					Description of Expend	liture
	State		Zip Code	18018	LOAN	
					Date [MM/DD/YYYY]	\$
FRIENDS	S OF B	RYAN	CALLA	HAN	03/06/2013	2000.00
Street Address					Description of Expendi	iture
THLEHEM	State	PA	Zip Code	18018	LOAN	
					Date [MM/DD/YYYY]	\$
Street Address					Description of Expendi	iture
	State		Zip	1		
			Code		Date [MM/DD/YYYY]	\$
Street Address					Description of Expendi	ture
	State		Zin	1		
	Jule		Code			
					Date [MM/DD/YYYY]	\$
Street Address		57 (200) <u>27 (2</u> - 51			Description of Expendi	ture
1 1	State		Zip Code			
					Date [MM/DD/YYYY]	\$
Street Address					Description of Expendit	ture
	State		Zip			
			Code		Date [MM/DD/YYYY]	\$
Church & ddama			_		Deschalt of the	
Street Address					Description of Expendit	ture
	State		Zip Code			
					Date [MM/DD/YYYY]	\$
Street Address					Description of Expendit	ture
	State		Zip Code			
	FRIEND: 3 Street Address HIEHEM FRIEND: Street Address 3 Street Address Street Address	FRIENDS OF Street Address MAI HIEHEM State FRIENDS OF Street Address MRI Street Address State Street Address State	FRIENDS CF BRYAN 3 Street Address MAIN FRIENDS CF BRYAN Street Address MAIN Street Address State Street Address State	FRIENDS CF BRYAN AUF Street Address MAIN ST HLEHEM State PA Code FRIENDS CF BRYAN CALLA Street Address MAIN ST Street Address MAIN ST Street Address State Zip State Zip <td>FRIENDS OF BRYAN CAUAHAN Street Address MAIN ST Street Address PA Code FOTENDS OF BRYAN CAUAHAN Street Address MAIN ST Street Address MAIN ST Street Address MAIN ST Street Address MAIN ST Street Address State Street Address State</td> <td>FREENDS CF BRYAN CAUAHAN Date [MM/DD/YYY] 3 Street Address MATN ST Description of Expend 3 Street Address MATN ST Description of Expend 4LEHEN State PA Code ISOIS LOAN Street Address Description of Expend Date [MM/DD/YYY] O3/OE/2013 Description of Expend 3 Street Address MATN Zip Description of Expend 3 Street Address Description of Expend Description of Expend 3 Street Address Description of Expend Description of Expend 5 State Zip Code Date [MM/DD/YYY] Street Address Description of Expendi Description of Expendi 5 State Zip Description of Expendi 5 State</td>	FRIENDS OF BRYAN CAUAHAN Street Address MAIN ST Street Address PA Code FOTENDS OF BRYAN CAUAHAN Street Address MAIN ST Street Address MAIN ST Street Address MAIN ST Street Address MAIN ST Street Address State Street Address State	FREENDS CF BRYAN CAUAHAN Date [MM/DD/YYY] 3 Street Address MATN ST Description of Expend 3 Street Address MATN ST Description of Expend 4LEHEN State PA Code ISOIS LOAN Street Address Description of Expend Date [MM/DD/YYY] O3/OE/2013 Description of Expend 3 Street Address MATN Zip Description of Expend 3 Street Address Description of Expend Description of Expend 3 Street Address Description of Expend Description of Expend 5 State Zip Code Date [MM/DD/YYY] Street Address Description of Expendi Description of Expendi 5 State Zip Description of Expendi 5 State

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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 Cred				
Name of Geu	itor			Outstanding Balance of Del
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	s A
City		State	Zip Code	-
Description of	Debt			
Name of Cred	itor			Outstanding Balance of Deb
House #	Street Address	_	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of	Debt			
Name of Credi	itor			Outstanding Balance of Deb
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of	Www.com.com			
Name of Credi	tor			Outstanding Balance of Deb
louse #	Street Address	-	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
	Debt			
Description of				Outstanding Balance of Deb
Description of Name of Credi	tor		DATE DEPT INCURDED	
Name of Credi	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
		State	[MM/DD/YYYY]	
Name of Credi House #	Street Address	State	[MM/DD/YYYY]	
Name of Credi House # City Description of	Street Address	State	[MM/DD/YYYY]	
Name of Credit House #	Street Address	State	[MM/DD/YYYY]	Outstanding Balance of Deb

				PAG	elof a	22	Reset For	m Print F	
		is re	port mus	t be clear and	a - Campaig legible. It sho	uld be typed)		
iler Identification Jumber		Report Filed By (Mark X)		y Candida	ite 🗌	Committee	X	Lobbyist	
lame of Filing Committee, Can obbyist	didate or	Fo	TENDS	A ROL	PAN CALL	DHAN	18		
treet Address				ATIN ST		4111 (14			
BETHI	EHEM	02	0 1	State	PA .	Zip Code	18018		
ype of Report (Place x under re									
1- 6 th Tuesday 2- 2 nd Friday Pre-Primary Pre-Primary	and the second		Tuesday Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
		Γ							
Date Of Election	-la la	Year		212	Amendment Report		Termination Report		
iummary of Receipts and	5 21 2013 From Date	T	To Date	2013	nepore -	For	Office Use Only		
Expenditures	01/01/2013	_	105/0	6/2013					
A. Amount Brought Forward Fr			and the second sec	*					
3. Total Monetary Contribution	s and Receipts	\$	X						
From Schedule I) Total Funds Available				185.00					
Sum of Lines A and B)			13,4	185,00					
From Schedule III)			38	12.92					
E. Ending Cash Balance Subtract Line D from Line C)		\$	96	92.08					
F. Value of In-Kind Contribution From Schedule II)	ns Received	\$	E	3					
3. Unpaid Debts and Obligation From Schedule IV)	15	5	210	0,00	1				
Prom Schedule (V)		_	an	Affidavit Se	ction				
Si ani ani ani ani ani ani ani ani ani an	n my knowledge a	and be	the dules of	ilical committee	has not fiolated an	ny provisions or	tne Act of June 3, 1937	(P.L. 1333, NO.320) at	
			n expires	JUI 7, 2014	I				

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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)	\$ 1910,00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ 100,00
All Other Contributions (Part B)		\$ 74 75.00
Total for the reporting period	(2)	\$ 7575.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	1	\$ A
All Other Contributions (Part D)		\$ 4000.00
Total for the reporting period (3)	\$ 4000.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$ Ð
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)	- 10 M	\$ 13,485.00

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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	1 Number						
							Amount
Full Name of Con Committee					Date [MM/DD/YYYY]	\$	
Committee	For	ENDS A	F GSA BOS	SCOLA	04/03/2013		100.00
House #	Street Address	quo u			04/03/20/3 Date [MM/DD/YYYY]	\$	/00.00
	35	Prime	TTO DR.			11	
City 3C	52	State	Zip Code	1	Date [MM/DD/YYYY]	\$	
1 20	STON	State F	A	18045	Date [Wild] DD/ TTTT	1 1	
Full Name of Cor	SION		A	110040			
Committee	nthouting				Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Cor	ntributing				Date [MM/DD/YYYY]	\$	
Committee							
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Cor Committee	ntributing		L	1	Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Con	ntributing				Date [MM/DD/YYYY]	\$	
House #	Street Address		2		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	1	Date [MM/DD/YYYY]	\$	
Full Name of Con	ntributing				Date [MM/DD/YYYY]	\$	
Committee							
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	

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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.

Filer Identification Number:		
Full Name of Contributor	Date [MM/DD/YYYY]	[\$]
SEAN A. BOYLE	04/03/2013	250.00
House # Street Address	Date [MM/DD/YYYY]	
2516 (UDUTO CT		
City MACUNGIE State PA Zip Code 18062	Date [MM/DD/YYYY]	\$
Full Name of Contributor	Date [MIM/DD/YYYY]	\$
JOHN E. FREUND III	0\$103/2013	250,00
House # Street Address	Date [MM/DD/YYYY]	\$
City State Zip Code	Date [MIM/DD/YYYY]	\$
City BETHLEHEM State PA Zip Code 18018	Date [may Dof 1111]	
Full Name of Contributor	Date [MM/DD/YYYY]	\$
DONALD F. SPRYI	04/03/2013	250.00
House # Street Address	Date [MM/DD/YYYY]	\$
City State Zip Code	Date States Based	
	Date [MM/DD/YYYY]	\$
BETHLEHEM PA 18020	Date [MM/DD/YYYY]	ISI
JAMES G. PETRUCCI	03/28/2013	250,00
House # Street Address	Date [MM/DD/YYYY]	
171 STATE ROUTE 173 # 201		
City State Zip Code	Date [MIM/DD/YYYY]	\$
ASBURY NJ 08802	Date [MM/DD/YYYY]	121
BRANDON M. BENNER	04/03/2013	250,00
House # Street Address	Date [MIM/DD/YYYY]	\$
2005 CITY LINE RD SUTE 106		
City State Zip Code	Date [MM/DD/YYYY]	\$
BETHLEHEM PA 18017		
Full Name of Contributor	Date [MM/DD/YYYY]	\$
House # Street Address	04/03/20/3 Date [MM/DD/YYYY]	\$ 250,00
City State Zip Code	Date [MM/DD/YYYY]	\$
BETHIEHEM PA 18017		

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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: Date [MM/DD/YYYY] \$ **Full Name of Contributor** Street Address 04/03/2013 200.00 Date [MM/DD/YYYY] \$ House # RD 3601 NIJARO **Zip Code** Date [MM/DD/YYYY] \$ State City PA 18020 SETTHEFTEM Date [MM/DD/YYYY] **Full Name of Contributor** \$ JEFFREY A. PARKS 04/01/2013 200,00 Date [MM/DD/YYYY] House # Street Addres Ś E. CHURCH ST 23 Date [MM/DD/YYYY] **Zip Code** \$ State City 18018 SETHLEHEM Date [MM/DD/YYYY] \$ **Full Name of Contributor** SCOTT B AUINSON 04/03/2013 150.00 Date [MM/DD/YYYY] House # Street Address HOND RD STE 300 1611 Date [MM/DD/YYYY] \$ **Zip Code** City State 18104 ALLENTOWN Date [MM/DD/YYYY] **Full Name of Contributor** \$ 150.00 RICHARD MASTER 64/03/2013 Date [MM/DD/YYYY] Street Addres \$ House # NEWLINS MAL RD 2280 Date [MM/DD/YYYY] **Zip Code** City State Ś 18145

CHSION 1111 100 10		100.000	
Full Name of Contributor	Date [MM/DD/YYYY]	\$	
J.B. HOFF MEZER	04/03/2013		150.00
House # Street Address	Date [MM/DD/YYYY]	\$	
74 W. BROAD ST SUTE 200			123 5 1
City State Zip Code	Date [MM/DD/YYYY]	\$	
BETHLEHEM PA 18018		12	
Full Name of Contributor	Date [MM/DD/YYYY]	\$	
			and the second sec
DAVED M. ROMANELLI	04/03/2013		150.00
House # Street Address	04/03/26/3 Date [MM/DD/YYYY]	\$	150.00
House # Street Address	Date [MM/DD/YYYY]	\$	150.60
House # Street Address	0 4 03 /26/3 Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	150.60

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\$

\$

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

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 Iden	tification Number:							
Full Nam	ne of Contributor					Date [MM/DD/YYYY]	\$	
		morto	COHEN			04/02/2013		100.00
House #		Address			-	Date [MM/DD/YYYY]	\$	
City	2851 BETHENRY	S	tate PA	I RELE S	18020	Date [MM/DD/YYYY]	\$	
Full Nam	BETHLEHEM ne of Contributor		1 113		1000	Date [MM/DD/YYYY]	15	
	New Plants State And State State	RODNEY	1hur			04/03/2013		100,00
House #	Street	Address				Date [MM/DD/YYYY]	\$	100.00
City	519		TH AVE	Zip Code	19010	Date [MM/DD/YYYY]	\$	
	BETHLEHE	m	IPA	the state	18018			
Full Nam	ne of Contributor		<u>C</u>			Date [MM/DD/YYYY]	\$	100.00
House #	Street	JOSEPH	and the second sec			04/03/2013 Date [MM/DD/YYYY]	\$	100.00
	4348	R	EXFORD	DR				
City	BETHLEHEN	S	PA	Zip Code	18020	Date [MM/DD/YYYY]	\$	
Full Nam	e of Contributor		(1)	Contra Carlos antes	Trach	Date [MM/DD/YYYY]	\$	
		JASON	1 ROEDE	R		04/03/2013		100.00
House #	610 Street	Address	ARCLAY	_		Date [MIM/DD/YYYY]	\$	
City	BETHLEHEN	SI	tate PA	Zip Code	18017	Date [MM/DD/YYYY]	\$	
Full Nam	e of Contributor				10011	Date [MM/DD/YYYY]	5	
		ROBERT	A. MEI	OSKY		04/03/2013	11	100,00
House #	876 Street	Address				Date [MIM/DD/YYYY]	\$	
City	~	SI	TLTON	Sr . Zip Code	18017	Date [MM/DD/YYYY]	\$	
Etal Nam	BETHLEHEM e of Contributor	2,55	I I FA	2004, 10 (Q. P)	1 10011	Data (AREA (DD Ananti		
		JEFFRE	EY R. K	ARAM		Date [MM/DD/YYYY]	\$	100,00

House #

City

4082

SALWUT PORT

Street Addres

MECKES State

PA

DR

Zip Code

18088

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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.

Filer Identification Number:					-	
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
Vitto	VITILANT	-		04/05/2013	1	100.00
House # Street Address	VILLANI			04/03/2013 Date [MM/DD/YYYY]	\$	
334	E. ETT WE	IN ST				
Eity & BETHLEHEM	State	Zip Code	18018	Date [MM/DD/YYYY]	\$	
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
DANK	JY SCHAFF	ER		04/03/2013		150.00
House # Street Address				Date [MM/DD/YYYY]	\$	
535	MAIN ST					
City	State PA	Zip Code	18018	Date [MM/DD/YYYY]	\$	
BETHLEHEM		1.000	10010	Date [MM/DD/YYYY]	\$	
Corr	BUTZ			04/03/2013	1	250,00
House # Street Address	. WIC			Date [MM/DD/YYYY]	\$	200100
1636	BARKWOOT	DR.				
City	State	Zip Code	1	Date [MM/DD/YYYY]	\$	
OREFJELD	PA		18069			
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
AHOL) GALLAGH	FER		04/03/2013		250,00
House # Street Address	~			Date [MM/DD/YYYY]	\$	
711	FOREST I)R				
City	State	Zip Code	1.700	Date [MM/DD/YYYY]	\$	
HARRISBURG	PA		17112	Date [MM/DD/YYYY]	\$	
	T .V				1	
House # Street Address	DEKITO			04/03/20/3 Date [MM/DD/YYYY]	\$	250.00
38	W. MAR	NG- G			1	
City	State	Zip Code	1	Date [MM/DD/YYYY]	\$	
BETHLEHEM	PA		18018			
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
DING	O CANTELM	I		04/03/2013		250,00
House # Street Address				Date [MM/DD/YYYY]	\$	
2854	LENDEN	ST				
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
BETHLEHEM	I I PA	国家中学会	18017			

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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.

shows the fact that the second s	
Filer Identification Number:	
4 · · · · · · · · · · · · · · · · · · ·	

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
ANTHA	NY G.	STELLA	AR		04/30/2013		250,00
House # Street Address	01 01	Diccol			Date [MM/DD/YYYY]	\$	0.000.00
5190	MEmor	TAI RI					
City	State	Zip	Code		Date [MM/DD/YYYY]	\$	
SCHNECKSVILLE	IF	PA.		18078]	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
TAME	S HECK	(FU)			04/30/2013		250.00
House # Street Address	- 1.00				Date [MM/DD/YYYY]	\$	
City	State	Zip	Code		Date [MM/DD/YYYY]	\$	
						1	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Vert	5 SER	FASS			04/22/2013		250,00
House # Street Address	JUCK	1 1733			Date [MM/DD/YYYY]	\$	230,00
	OREFIEL	0 00				1	
3704 (State		Code		Date [MM/DD/YYYY]	\$	
ALLENTOWN		A	and the first sectors in the sector of the s	18104		1	
MUEDIOWN		11		10.01			
Full Name of Contributor					Date [MM/DD/YYYY]	5	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	250 00
	ULIAN	(A			04/26/2013		250.00
House # Street Address	~		0			\$	250.00
House # Street Address	BAGLYO	SCR.	B26		04/26/2013 Date [MM/DD/YYYY]	\$	250.00
House # Street Address	BAGLYO State	S CR.	BZG		04/26/2013		250.00
House # Street Address	BAGLYO State	SCR.	B20 Code	18020	04/26/2013 Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	250.00
House # JUE House # Street Address 2571 City BETHLEHEM Full Name of Contributor	BAGLYO State	PA Zip	B26 Code		04/26/2013 Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
House # JUE House # Street Address 2571 City BETHLEHEM Full Name of Contributor RALPH	BAGLYO State	PA Zip	B20 Code		04/26/20/3 Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] 04/28/20/3	\$	250.00
House # JUE House # Street Address 2571 City BETHLEHEM Full Name of Contributor House # Street Address	BAGLYO State	PA Zip	B26 Code		04/26/2013 Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
House # JUE House # Street Address 2571 City BETHLEHEM Full Name of Contributor House # Street Address 553	BAGLYO State CAIS MAIN	PA Zip ZZO S ST	Code		04/26/20/3 Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] 04/28/20/3 Date [MM/DD/YYYY]	\$ \$ \$ \$	
House # JUE House # Street Address 2571 City Full Name of Contributor House # Street Address 553 City	BAGLYO State CAIS MAJA	PA Zip ZZO S ST	Code	18020	04/26/20/3 Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] 04/28/20/3	\$	
House # JUE House # 2571 City BETHLEHEM Full Name of Contributor House # Street Address 553 City BETHLEHEM	BAGLYO State CAIS MAJA	PA Zip ZZO S ST	Code		$\begin{array}{c} 0.4/26/20/3\\ \hline \text{Date [MM/DD/YYYY]}\\ \hline \\ \hline \\ Date [MM/DD/YYYY]\\ \hline \\ \delta.4/28/2043\\ \hline \\ \hline \\ Date [MM/DD/YYYY]\\ \hline \\ \hline \\ \hline \\ Date [MM/DD/YYYY]\\ \hline \end{array}$	\$ \$ \$	
House # JUE House # Street Address 2571 City BETHLEHEM Full Name of Contributor House # Street Address 553 City BETHLEHEM Full Name of Contributor	BAGLYO State MAJA State	$\frac{2}{PA} = \frac{2}{PA}$	Code	18020	04/26/20/3 Date [MM/DD/YYYY] Date [MM/DD/YYYY] 04/28/20/3 Date [MM/DD/YYYY] 04/28/20/3 Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$ \$ \$ \$	100,00
House # JUE House # 2571 City BETHLEHEM Full Name of Contributor House # 553 City BETHLEHEM Full Name of Contributor Full Name of Contributor JOE	BAGLYO State CAIS MAJA	$\frac{2}{PA} = \frac{2}{PA}$	Code	18020	O4/26/20/3 Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] S4/28/2043 Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] G4/28/2043	\$ \$	
House # JUE House # Street Address 2571 City BETHLEHEM Full Name of Contributor House # Street Address 553 City BETHLEHEM Full Name of Contributor JOE House # Street Address	BAGLYO State CAIZ MAJA State F	PA Zip ZZO S ST ZA Zip BROSTO	Code	18020	04/26/20/3 Date [MM/DD/YYYY] Date [MM/DD/YYYY] 04/28/20/3 Date [MM/DD/YYYY] 04/28/20/3 Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$ \$ \$	100,00
House # JUE House # Street Address 2571 City BETHLEHEM Full Name of Contributor House # Street Address City BETHLEHEM Full Name of Contributor Full Name of Contributor JOE House # Street Address	BAGLYO State MAIN State D'AME S. NEI	PA Zip PA Zip 2200 ST PA Zip SEOSTO	Code	18020	04/26/20/3 Date [MM/DD/YYYY] Date [MM/DD/YYYY] 04/28/20/3 Date [MM/DD/YYYY]	\$ \$ \$	100,00
House # JUE House # Street Address 2571 City BETHLEHEM Full Name of Contributor House # Street Address 553 City BETHLEHEM Full Name of Contributor Full Name of Contributor JOE House # Street Address	BAGLYO State CAIZ MAJA State F	PA Zip ZZO S ST Zip SEOSTO SEOSTO SEOSTO	Code	18020	O4/26/20/3 Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] S4/28/2043 Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Oate [MM/DD/YYYY] Oate [MM/DD/YYYY]	\$ \$	100,00

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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.

Filer Identification Number:	
Full Name of Contributor	Date [MM/DD/YYYY] \$
WILLIAM T. SOFRANE	K 04/03/2013 75.00
House # Street Address	Date [MIM/DD/YYYY] \$
2955 HODLE AVE City State Zip Code	
City EASTON State PA Zip Code	18045 Date [MM/DD/YYYY] \$
Full Name of Contributor	Date [MM/DD/YYYY] \$
SHARON L RICCIONE	04/03/2013 75.00
House # Street Address	Date [MM/DD/YYY] \$
4665 Calleen DR	
City State Zip Code	Date [MM/DD/YYYY] \$
SCHWECKSVILLE PA	18678
Full Name of Contributor	Date [MM/DD/YYYY] \$
VANESSA LAPORTA	04/03/2013 75.00
House # Street Address	Date [MIM/DD/YYYY] \$
City SUNCREST IN State Zip Code	
	Date [MM/DD/YYYY] \$
BETHLEHEM PA	18020
Full Name of Contributor	Date [MM/DD/YYYY] \$
JONNA KOUNOURIS	04/05/2013 250,00
House # Street Address	Date [MM/DD/YYYY] \$
10 E. BROAD ST City State Zip Code	Date [MM/DD/YYYY] \$
City BETHLEHEM State PA Zip Code	18018
Full Name of Contributor	Date [MM/DD/YYYY] \$
WILLIAM KOUNDUPIS	5 04/05/2013 250.00
House # Street Address	Date [MIM/DD/YYYY] \$
10 E. BROAD ST	
City State Zip Code	Date [MM/DD/YYYY] \$
BETHLEHEM PA	18018
Full Name of Contributor	Date [MM/DD/YYYY] \$
CHARLES KELLY	04/05/2013 75,00
House # Street Address	Date [MIM/DD/YYY] \$
1236 DALEHURST DR	
City State Zip Code	Date [MM/DD/YYYY] \$
BETHLEREN PA	18018

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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.

Filer Identification Number:		
Full Name of Contributor	Date [MM/DD/YYYY]	\$
ED THOMANN	04/05/2013	200.00
House # Street Address	Date [MM/DD/YYYY]	
2954 E. MARKET ST City State Zip Code	Date [MM/DD/YYY]	\$
WARREN OH 44383		
Full Name of Contributor	Date [MM/DD/YYYY]	\$
	04/06/2013	100.00
DR. MARK J. AUGELLO	Date [MM/DD/YYY]	\$
IS78 EASTON AVE	Date [MM/DD/YYYY]	\$
City BETHLEHEM State PA 18017		
Full Name of Contributor	Date [MM/DD/YYYY]	\$
JAMES BYSZEWSKI	04/19/2013	250.00
	Date [MIM/DD/YYYY]	\$ 30100
Jucet mas ess		
City BRANDYWINE CT	Date [MM/DD/YYYY]	s
	Date [MM/DD/YYYY]	Ś
Full Name of Contributor		
LOUIS S. INTILE	04/19/2013	250.00
House # Street Address	Date [MIM/DD/YYYY]	\$
11 BRANDYQUINE CT		
City State Zip Code	Date [MM/DD/YYYY]	\$
WHIPPANY NJ 07981	Date [MM/DD/YYYY]	
Full Name of Contributor		\$
DANITEL KRASNICK	04/19/2013 Date MM/DD/YYYY	200,00
House # Street Address	Date (wirw/DD/TTT)	5
1160 GASPAR AVE	Date [MM/DD/YYYY]	
City State Zip Code		\$
BETHLEHEM PA 18017		
Full Name of Contributor	Date [MM/DD/YYYY]	\$
PATRICK RUGGTERIO	04/29/2013	250,00
House # Street Address	Date [MIM/DD/YYYY]	\$
930 E, MARKET ST		
City State Zip Code	Date [MM/DD/YYYY]	\$
BETHLEHEM PA 18018		

PAGE 11 OF 22

Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY] | \$

Date [MM/DD/YYYY] \$

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	n Number:				and the second	• • 2004 1 • • • • • • • • • • • • • • • • • •
Full Name of Co	1		an a	Date [MM/DD/YYYY]	- 1	
part a l'été	RI	CHARD D.	RITTER	04/04/2013		75.00
touse # 40	Street Addre	EVE (OURT	Date [MM/DD/YYYY]	\$	
ity	ĦH	State P	Zip Code	Date [MM/DD/YYYY]	\$	
full Name of Co				Date [MIM/DD/YYYY]	\$	ov, film den die Australia
House #	Street Addre			Date [MM/DD/TTT]	\$	
Cīty		State	Zip Code	Date [MM/DD/YYYY]	\$	
full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
touse #	Street Addre	55		Date [MIM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
ull Name of Co	ntributor	1 m + 2 m		Date [MM/DD/YYYY]	\$	
iouse#	Street Addire			Date [MIM/DD/XYYY]	5	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	****
full Name of Co	ntributor	1.000		Date [MM/DD/YYYY]	\$	
louse #	Street Addres	58		Date [MM/DD/YYYY]	5	

Zip Code

Zip Code

State

State.

City

House #

City

Full Name of Contributor

Street Address

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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 Identificatio	n Number:				
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	\$ A
House #	Street Addre	ss		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee		Date [MM/DD/YYYY]	\$	
House #	Street Addre	ss		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House # Street Address				Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			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		and the second second second	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			Date [MM/DD/YYYY]	\$
House #	Street Addres	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

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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] \$
MURAT M GUZEL	04/03/2013 1,000.00
House # Street Address	Date [MM/DD/YYYY] \$
52 E. UNION BLVD	
City RETHIELEM State PA Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation OCCUPATION
Employer Mailing Address / Principal Place of Business 52 E. UNITON BLV	
Principal Place of Business 52 2. UNICON 13LV Full Name of Contributor	Date [MM/DD/YYYY] \$
SCOTT G. HOMEL	04/03/2013 500.00
House # Street Address	Date [MM/DD/YYYY] \$
491 OLD YORK RD. S.	JITE 200
City JENKINTOWN State PA Zip Code	Date [MIM/DD/YYYY] \$
Employer Name PINTZUK BROWN REAL	Occupation
Employer Mailing Address	
Principal Place of Business 491 OID YORK RD , J Full Name of Contributor	ENKINTOWN, NJ 19046 Date [MM/DD/YYYY] \$
JOHN J. TALLARICO, J	FR 04/03/2013 500.00
House # Street Address	Date [MM/DD/YYYY] \$
274 WEDGEWOOD RD	
City State Zip Code	18017 Date [MM/DD/YYYY] \$
Employer Name FA	Occupation
Employer Mailing Address /	
Principal Place of Business	
Full Name of Contributor	Date [MM/DD/YYYY] \$
HOUSE & Street Address	04/03/2013 500,00 Date [MM/DD/YYYY] \$
2005 CITY LINE RD, SU	
House # Street Address 2005 CITY LINE RD Sup City D State D Zip Code	Date [MM/DD/YYYY] \$
BETHLEHEM PA	18017
	Occupation
Employer Mailing Address / SELF - EMPLOYER	ED ATTORNEY

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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.

Filer Identification Number:	I
Filer Identification Number:	l

Full Name	of Contributor						Date [MM/DI	0/11/11	Ś	
		FREDE	ETCK S	BRAK	AIENT	٤	04/08/			500.00
House #	Stree	et Address			100101		Date [MM/DI)/YYYY]	\$	
	2202		UTUTA	me CI	Unary	RD				
City	2203	16	State		Zip Code		Date [MM/DI	[****	\$	
10.00 (10.00)	HELLERTON	24.3	S. F. Starting	PA		18055				
Employer	Name		0	PAVI	NG	1100-	Occupation	OWA	DER	
	Mailing Address / Place of Business	1		S		CHURCH RE	, HELLERTONS	U, PA	180	55
Full Name	of Contributor						Date [MM/DI		\$	
		SEAN	S BOYL	٤			04/08/	2013	1.5	1,000,00
House #	Stree	et Address					Date [MM/DI	[mm/c	\$	
	25/6		LUDWI	GG	-					
City	0-10 L		State		Zip Code		Date [MM/DI	[****	\$	
	MACUNGIS	2		PA		18062				
Employer		CAR AND NOT	BOYLE C	ONSTR	UCTION	MANAGEMEN	Occupation	PRESS	EDE	NT
	Mailing Address	and the set of the set of the					SWN, PA 18,	104		
Full Name	of Contributor		1 1 111				Date (MM/DI	(YYYY)	\$	
		60	DELON	~			04/08/2	0013	100	1000,00
House #	Stre	et Address	JULON	6			Date [MM/DI		\$	1000100
	55		HIDDEN	1 mc	0000	TR				1.00
City	55	的问题的问题。	State		Zip Code	In	Date [MM/DI	(YYYY)	\$	
	EASTON			PAL		18042				
Employer			0				Occupation		Les a	
State ISP	Mailing Address		ASHLEY	DEVE	LOPEME	.ST	The state of the state	Own	ER	
	Place of Business									
Full Name	of Contributor						Date [MM/DI	[****	\$	
									120	and the second
House #	Stre	et Address			$ \rightarrow $		Date [MM/DI		\$	
	124			/						
City	1.11		State		Zip Code		Date [MM/Di)/YYYY]	\$	
Employer	Name				UR AN		Occupation	_	1.13	
The Constant							occupation			
	Mailing Address								- and the	

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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	one to second	1		
Fuil Name		N/A		
House #	Street Address	/		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion		Looperation and	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion	E.May P. and	Lange and	
Full Name				
House #	Street Address			
City	en gestionen Nacionalise	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	lon		Bel 2 metrica	
Full Name	al de la calenda			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	don		Concernent out	
Full Name	A. Sector			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion	L		

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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

1. UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VAL	UE OF \$50.00 OR LE	SS PER CONTRIBUTOR	Sec. Parts
OTAL for the reporting period	(1)	\$	Ð	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01	L TO \$250.00 (FROM	PART F)	
TOTAL for the reporting period	(2)	\$	Ø	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250	0.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$.o	
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals fr on Page 1, Report Cover Page, Item F)		ETHER COLOR	Ø	

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SCHEDULE II PART F In-Kind Contributions Received

VALUE	OF \$50.01	TO \$250
-------	------------	----------

Filer Identification Nun	nber:				
Full Name of Contrib					
	utor	NI	4	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	s
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contri	bution		and the second second		
Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contri	bution				260
Full Name of Contrib	utor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contri	bution	UNEXC 3			
Full Name of Contribu	utor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contri	bution	CP 102.02			
Full Name of Contribu	utor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contril	bution				

\cap	in	20
PAGE	18 OF	de
11100		

SCHEDULE II Part G In-Kind Contributions Received

VALUE OVER \$250

Filer	Identification	Number:
Contract.		

	_			
Full Name of Contributor	N/A		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			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			Date [MM/DD/YYYY]	\$ 1
House # Street Address			Date [MM/DD/YYYY]	5
City	State	Zip Code	Date [MM/DD/YYYY]	5
Employer Name	end and the second s		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

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Filer	Identification	Number:
1.1.1		

To Who	m Paid						Date [MM/DD/YYYY]	\$
的思想的		BETHICUS.	n Bar	NINR	VS		03/08/2013	300.00
HOUSE # Street Address						Description of Expendit	Concerning and Concerning	
	569		MAI	N ST				
City	BETH	EHEM	State	PA	Zip Code	18018	DEPOSET	
To Who	m Paid						Date [MM/DD/YYYY]	\$
		TARGET					03/12/2013	21.66
House #	912	Street Address	AIRPO	RT CENT	ER RI	>	Description of Expendit	ure
City	ALIER	TOWN	State	PA	Zip Code	18109	ENVELOPE	5
To Who	m Paid	0.10					Date [MM/DD/YYYY]	\$
	an a	CVS					03/18/2013	10.58
House #	1457	Street Address	8+++ 1	AVE			Description of Expendito	
City	BETH	LEHEM	State	PA	Zip Code	18018	STATION	ARY
To Who	m Paid	•	0				Date [MM/DD/YYYY]	\$
		CAPITOI	- PRC	MOTIO	NS		03/22/2013	774.02
House I		Street Address	PO.P	XX 23	122		Description of Expendit	ure
City	GLEN	SIDE	State	PA	Zip Code	19038	YARD SIGN	/S
To Who	m Paid	6					Date [MM/DD/YYYY]	\$
明瞭,446	Property and	SHAWA	YET	TER			03/27/2013	350.00
House #	603	Street Address	-	HR ST			Description of Expenditu	Jre .
City	CATASA	NQUA	State	PA	Zip Code	18032	SIGN & PALMCA	ARD DESTEN
To Who	m Paid						Date [MM/DD/YYYY]	\$
		BLASI F	RINT	ING			03/29/2013	779.30
House #	1490	Street Address		SOUCI	PKWY	٢	Description of Expenditu	ine in the second se
City	HANOVE	2 TWNSHEP	State	PA	Zip Code	18706	PRINTING	
To Who	m Paid						Date [MM/DD/YYYY]	\$
		UNITED S	TATES	POSTAL	- SERV	TCE	03/29/2013	46.00
House #	535	Street Address	wood				Description of Expenditu	ire
City	BETH	LEHEM	State	PA	Zip Code	18018	STAMPS	
To Who		0					Date [MM/DD/YYYY]	\$
	前生活	PARTY (ITY				04/03/2013	21,20
House # Street Address				Description of Expenditu				
City	2404			PUQUA			Marine Carlos	
City	BETH	LEHEM	State	PA	Zip Code	18018	BALLOON	S

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SCHEDULE III
Statement of Expenditures

Filer ide	ntification Nu	mber:					
To Who	om Paid	Benneur	Ro		OVE		Date [MM/DD/YYYY] \$ 04/03/2013 6/2.60
House	569	BETHLEHEr Street Address		<u>an 100</u> u St	KKJ_		Description of Expenditure
City	-	LEHEM	State	PA	Zip Code	185/8	CAMPAJEN EVENT
	om Paid	BETHLEHEM	ITY	Democr	ATIC (Comm.	Date [MM/DD/YYYY] \$ 04/04/2013 60.00 Description of Expenditure
House	315	Street Address		LTON A	VE		
City	BETH	lehem	State	PA.	Zip Code	18017	DONATION
To Wh	om Paid	BELL He	54				Date [MM/DD/YYYY] \$ 04/06/26/3 200.00
House	* 390	Street Address		TOP TRA	τL		Description of Expenditure
City	0	LEHEM	State	PA	Zip Code	18017	WEB PAGE DESIGN
To Wh	om Paid						Date [MM/DD/YYY] \$ 04/11/2013 18,40
House	* 535	Street Address		D ST	RVICE		Description of Expenditure
City		HEHEM	State	PA	Zip Code	18018	STAMPS
To Wh	om Paid	PA DEMOX	RATI		Com	m	Date [MM/DD/YYYY] \$ 04/12/2013 212.00
House	# 300	Street Address		ST.8			Description of Expenditure
City		SBURG	State	PA	Zip Code	17101	VOTE BUILDER
To Wh	om Paid	BLACK & GO	N.D. (OTATOON	1 Cm	FREEDOM H.S	5. Date [MM/DD/YYY] \$ 04/14/2013 /00.00
House	# 3149	Street Address		STER RI		0/	Description of Expenditure
City	0	LEHEM	State	PA	Zip Code	18020	PROGRAM AD
To Wh	nom Paid	HISPANIC	(C. Y		SILTI		Date [MM/DD/YYYY] \$ 64/16/2613 125.00
House	* 5.20	Street Address		DURTH S	T	THUEY	Description of Expenditure
City	2	lehem	State	PA	Zip Code	18015	PROGRAM AD
To Whom Paid TARGET					Date [MM/DD/YYYY] \$ 04/15/2013 /2.70		
House	# 912	Street Address				Description of Expenditure	
City		JOUN	State	PA	Zip Code	18109	STATIONARY

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SCHEDULE III
Statement of Expenditures

Filer Identificati	ion Number:					
To Whom Paie	d l				Date [MM/DD/YYYY]	\$
		march Asson	AL SERVICE		04/25/2013	19,46
House #	35 Street Address				Description of Expendi	iture
City	STHEHEM	State	A Zip Code	18018	POSTAGE	
To Whom Paie	d				Date [MM/DD/YYYY]	\$
	J.G. GREE	N/ED OI	BRIEN DI	WER	05/06/2013	150.00
House # 5	3 Street Address	E. (EHIGH	+ ST.		Description of Expendit	ture
City BE	THLEHEM	State	A. Code	18018	PROGRAM	AD
To Whom Pai					Date [MM/DD/YYYY]	\$
House #	Street Address				Description of Expendit	ture
City		State	Zip Code			
To Whom Pai	d				Date [MM/DD/YYYY]	\$
House #	Street Address				Description of Expendit	ture
City		State	Zip	1		
To Whom Pai	4		Code	1	Date [MM/DD/YYYY]	\$
TO WHOM Par						1
House #	Street Address				Description of Expendit	ture
City		State	Zip Code			
To Whom Pai	d				Date [MM/DD/YYYY]	\$
House #	Street Address				Description of Expendit	ture
City		State	Zip Code			
To Whom Pai	d		Code	1	Date [MM/DD/YYYY]	\$
House #	Street Address				Description of Expendit	ture
City		State	Zip	1		
To Whom Pai	4		Code		Date [MM/DD/YYYY]	1 ¢ 1
To whom Pal						\$
House #	Street Address				Description of Expendit	ture
City		State	Zip Code			

SCHEDULE IV Statement of Unpaid Debts

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

Filer Identification Num	ber:			
Name of Creditor	BRYAN CALLAHAN			Outstanding Balance of Debt
House # 633 City	Street Address MAIN ST	State	DATE DEBT INCURRED [MM/DD/YYYY] 03/01/2013 02 Zip	
Description of Debt	BETHLEHEM		PH Code 18018	8 100.00
Name of Creditor	BRYAN CALLAHAN			Outstanding Balance of Debt
House # 633	Street Address MAIN ST		DATE DEBT INCURRED [MM/DD/YYYY] 03/06/2013	\$
City	BETHLEHEM	State	PA Code 180	8 2000,00
Description of Debt	LOAN			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of Debt		State	Zip Code	
Name of Creditor				Outstanding Balance of Debt
House #	Street Address	et Address		\$
City		State	Zip Code	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Debt				