

**Print Form** 



### Commonwealth of Pennsylvania - Campaign Finance Report

1/12

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

Filer Identificati Number				port Filed lark X)	Ву	Ca	ndida	te	X	Con	nmitte	•		Lob	byist	
Name of Filing ( Lobbyist	Committee, Ca	ndidate or	Ada	m Waldron												
Street Address			511	2nd Ave												
City	Bethlehen					St	ate	PA		Zip	Code	18018				
Type of Report (	Place x under i	eport type)														
1-6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary				2 <sup>nd</sup> F e- Ele	riday ection	6- 30 Elect	Day Post ion	7- A	nnual	Special Pre-Elec	2 <sup>nd</sup> Friday ction		cial 30 t-Elect	
	X												]			
Date Of Election (MM/DD/YYYY)	-	05/21/2013	Yea	Mr.				Ame	ndment ort			Termina Report	ation			
Summary of Rec Expenditures	celpts and	From Date		To Dat	te					-	For	Office Use	e Only	1		
		01/01/2013		0	5/06/	2013										
A. Amount Brou	A STATE OF THE WORLD CONTROL	**		\$ (	Č											
B. Total Moneta (From Schedule	1)	ns and Receipts		\$ (	3											
C. Total Funds A (Sum of Lines A				\$	0											
D. Total Expend			$\dashv$	ST	_											
(From Schedule	III)			)		0.										
E. Ending Cash I				\$ _ F	00	00.	60									
(Subtract Line D F. Value of In-K		ns Received	$\dashv$	s	, , ,	00										
(From Schedule				1	0	)										
G. Unpaid Debt		ins	$\neg$	\$	0	)										
(From Schedule	IV)									-						
Part 1- If this is a	Committee repor	t, treasurer sign h	ere. I	f this is a Ca	andida		avit Se		sign here.	1					_	
I swear (or affirm) Swo ( My																
I swear (or affirm) amended.			and b	pelief this po	olitica	l com	mittee	has not	violated an	prov	isions of	the Act of J	une 3, 1937	(P.L. 13	33, NO	.320) as
Sworn to and sub	scribed before m	e this														
day of		20	_	. 1												
									Sign	ature	of Cand	lidate				
	Signature		_							Printe	d Name	1		_		
My Commission e	xpires															
	MO.	DAY YR.					-	Area Co	ie		Day	time Teleph	none Numbe	r		

## 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	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)	\$	0
Total for the reporting period (2	2) \$	0
3. Contributions Over \$250.00 (From Part C and Part D)	913	
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	
Total for the reporting period (3)	3) \$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	1)   \$	
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	rt \$	
Cover Page, Item B)		

## 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	entributing			Date [MM/DD/YYYY]	\$
	12 311-1				
House #	Street Addres	s		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	s		Date [MM/DD/YYYY]	\$ :
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
House #	use # Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	entributing			Date [MM/DD/YYYY]	\$
House #	Street Addres	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	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	entributing			Date [MM/DD/YYYY]	\$
House #	Street Addres	ss		Date [MM/DD/YYYY]	\$
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:

ull Name of Co	entributor			Date [MM/DD/YYYY]	\$
er i ve programa	200				
louse #	Street Addre	PSS 48	Date [MM/DD/YYYY]	\$	
lity		State	Zip Code	Date [MM/DD/YYYY]	5
uil Name of Co	entributor		Date [MM/DD/YYYY]	\$	
louse #	Street Addre	ess		Date [MM/DD/YYYY]	\$
lity		State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Co	entributor			Date [MM/DD/YYYY]	\$
House #	Street Addr	es		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	5
full Name of Co	entributor			Date [MM/DD/YYYY]	\$
louse #	Street Addr	ess		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	entributor			Date [MM/DD/YYYY]	5
House #	Street Addre	ess		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Co	entributor			Date [MM/DD/YYYY]	5
House #	Street Addre	ess		Date [MM/DD/YYYY]	\$
15 192 15 193	20 Oct 10 C				

## PART C Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of	Date [MM/DD/YYYY]	
Contributing Committee		\$
House # Street Address	Date [MM/DD/YYYY]	\$
City State Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	Date [MM/DD/YYYY]	\$
House # Street Address	Date [MM/DD/YYYY]	\$
City State Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	Date [MM/DD/YYYY]	\$
House # Street Address	Date [MM/DD/YYYY]	\$
City State Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	Date [MM/DD/YYYY]	\$
House # Street Address	Date [MM/DD/YYYY]	\$
City State Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	Date [MM/DD/YYYY]	5
House # Street Address	Date [MM/DD/YYYY]	\$
City State Zip Code	Date [MM/DD/YYYY]	\$
Full Name of : Contributing Committee	Date [MM/DD/YYYY]	\$
House # Street Address	Date [MM/DD/YYYY]	\$
City State Zip Code	Date [MM/DD/YYYY]	5 0

## 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:

APPROPRIEST AND APPROPRIEST AND APPROPRIEST.		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						
Full Name of Contributor		Date [MM/DD/YYYY]	\$			
House # Street Address		Date [MM/DD/YYYY]	\$			
State Zip Code		Date [MM/DD/YYYY]	\$			
Employer Name		Occupation	Occupation			
Employer Mailing Address / Principal Place of Business						
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						
Full Name of Contributor		Date [MM/DD/YYYY]	\$			
House # Street Address		Date [MM/DD/YYYY]	\$			
House # Street Address	State Zip Code	Date [MM/DD/YYYY]  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.

Filer Identification	Number:			
Full Name				
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			
Full Name				
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	- Line of the second	10000000	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion	Page 1		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion	La source de		

#### **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 CONTRIE	SUTIONS RECEIVED-VAI	JE OF \$50.00 OR LESS PER CONTRI	BUTOR	
TOTAL for the reporting period	(1)	\$		
2. IN-KIND CONTRIBUTIONS RECE	EIVED-VALUE OF \$50.02	TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION RECEI	VED-VALUE OVER \$250	00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTIO	NS DURING THIS REPO	TING   \$		
PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)	om boxes 1, 2, and 3; a	so enter		

### SCHEDULE II PART F

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

VALUE OF \$50.01 TO \$250

Filer Identification	Number:				
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	5
Description of Co	entribution				
Full Name of Con	itributor	3		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	5
City		State	Date [MM/DD/YYYY]	S	
Description of Co	ontribution				
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	5
City	111111111111111111111111111111111111111	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ntribution				
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	entribution	4			
Full Name of Con				Date [MM/DD/YYYY]	

House #

**Description of Contribution** 

City

Street Address

State

Zip Code



Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY] \$

### SCHEDULE II Part G

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

VALUE OVER \$250

Filer Identification Number:	

Full Name of Contributor			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]	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	300		Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	<b>S</b>
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	319/01		Occupation	
Employer Mailing Address / Principal Place of Business			Description of Contribution	
Full Name of Contributor			Date [MM/DD/YYYY]	-  \$
House # Street Address	T		Date [MM/DD/YYYY]	5
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		10.50.12.14	Occupation	
Employer Mailing Address / Principal Place of Business			Description of Contribution	



## SCHEDULE III Statement of Expenditures

HEAT STATE OF THE STATE OF THE STATE OF THE STATE OF	britis = -			-	
Filer Identification Number:					
	1				
	ı				

To Whom Paid	1. 1	- 11	171	Date [MM/DD/YYYY]   \$
2000 A.A. 55-A	Triends	of Adam U	Jakon	3/25/13 2,000
House # 511	Street Address	2nd Ave		Description of Expenditure
City Be	thlehem	State PA	21p   18018	Loan to Campaign
To Whom Paid	Friends	of Adam U	Jaldron	3.4/1/3 3,000
House # 511	Street Address	2nd Ave		Description of Expenditure
City Beth	ehem	State PA	Zip Code 18018	Loan to Campaign
To Whom Paid				Date [MM/DD/YYYY] \$
The second secon	Street Address			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
City	CALLOW ESTREET	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
City	400000000000000000000000000000000000000	State	Zip Code	The state of the s
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address		11	Description of Expenditure
City	28.30.35.74.25	State	Zip Code	

#### SCHEDULE IV

Filer Identification Number:

#### **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 Credit	tor			Outstanding Balance of Debt
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
îty.		State	Zip Code	-
escription of I	Debt			
ame of Credit	or			Outstanding Balance of Debt
ouse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	5
ty		State	Zip Code	
escription of (	Debt			
ame of Credit	or			Outstanding Balance of Debt
ouse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
ty		State	Zip Code	
escription of C				
ame of Credit				Outstanding Balance of Debt
ouse#	Street Address	3	DATE DEBT INCURRED [MM/DD/YYYY]	\$
		State	Zip Code	
escription of D		State		
escription of D	OF	State	Code	Outstanding Balance of Debt
escription of D		State		Outstanding Balance of Debt
escription of D ame of Credito ouse #	Street Address	State	Code  DATE DEBT INCURRED	
ame of Credito ouse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
ame of Creditor ty escription of D ame of Creditor	Street Address Sebt		DATE DEBT INCURRED [MM/DD/YYYY]  Zip Code	Outstanding Balance of Debt
escription of D ame of Credito ouse # ity escription of D ame of Credito ouse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	



## CAMPAIGN FINANCE REPORT PAGE 1 OF 13 (COVER PAGE)

Filer Identification Number:	Repor Filed	t By:	CANDI	DATE	1.	сомм	ITTEE	X	LOBE	YIST 3.
Name of Filing Committee, Candidate or Lobbyist: Friends of Adam 1	Waldron							-/-		
Street Address: 511 2nd Ave	<b>V</b> 4101.011									
Bethlehern			State: F	°A		Zip Cod	3018	8 -		
REPORT PRIMARY	ND FRIDAY	X P	DAY ST PRIMA	ARY	3.	REPORT		YES		NO.
(place X to PRE-ELECTION P	ND FRIDAY RE-ELECTION YEAR	, P(	DAY OST ELECT	ION	6.	TERMIN REPORT		YES	Bag Page	NO.
report type) REPORT-		1 7	CHECK	ONE		PAPI		X	DISK	
Bethehem City Council		M	DATE OF 0. DAY 5 21	A STREET, SQUARE, SQUA	R	District Number	Office Code	1 1	Perty Code DEM	County Code
Summary of Receipts \	1 2013		D. DAY	201	3	ration F	THE RESIDENCE OF	- I Deal continue	-	NLY
A. Amount Brought Forward From Last Report		\$ ()								
B. Total Monetary Contributions and Receipts (Fro	om Schedule I)	\$ 7,6	60							
C. Total Funds Available (Sum of Lines A and B)		\$ 7,660								
D. Total Expenditures (From Schedule III)		\$ 1,430.89							*	
E. Ending Cash Balance (Subtract Line D from Line	ne C)	\$ 6,229.11								
F. Value of In-Kind Contributions Received (From	m Schedule II)	\$ 0								
G. Unpaid Debts and Obligations (From Schedule	IV)	\$ 5,00	00,00	)						
PAR I sv corr Sw	AFFIDAV	AT SECTION	)N	entra esta so	7.				T. A. Wilson	
P I (F							avtime T			

PAGE 2 OF 13

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate,  From 1	1/13 To 5/6/13
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CON	TRIBUTOR
TOTAL for the Reporting Period (1)	\$ 735.00
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$1425.00
TOTAL for the Reporting Period (2)	\$1,425.00
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 🖱
All Other Contributions (Part D)	\$5,500
TOTAL for the Reporting Period (3)	\$ 5,500
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.)	<b>s</b> 7,660

#### 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.

Name of Filing Committee or Candidate	A A	111	Repor	rting Period	/ /
Friends of	Adam	Waldron	Fro	m 4/1/13	To 5/6/13
1	1 WEIT	4 4 10	D	ATE	AMOUNT
Full Name of Contributing Committee			мо	RASY	\$
Mailing Address			MO.	AY YEAR	
		77 7 7 15 1 1 1			\$
City	State	Zip Code (Plus 4)	MO.	AY YEAR	\$
Full Name of Contributing Committee			MO.	AY YEAR	
Mailing Address			MO.	AY YEAR	\$
					\$
City	State	Zip Code (Plus 4)	MO. D	YEAR	\$
Full Name of Contributing Committee			MO.	AY . FEAR .	\$
Mailing Address			MO. THE BOOK	AY YEAR	s
City	State	Zip Code (Plus 4)	MOL	AY YEAR	3
dity		=		A 14 11 11 12 231	\$
Full Name of Contributing Committee	W		MO D	AY YEAR	\$
Mailing Address			мо. П	AY YEAR	\$
City	State	Zip Code (Plus 4)	MO	AY YEAR	3
		-			\$
Full Name of Contributing Committee			MO. D	RABY YEAR	\$
Mailing Address			. Мо. 🕆 💆 о	AY YEAR	\$
City	State	Zip Code (Plus 4)	MOV D	AY YEAR	_
		_	In the second of the	VEAR	\$
Full Name of Contributing Committee			MO==1D	AY YEAR	\$
Mailing Address			- MO	AY YEAR	\$
City	State	Zip Code (Plus 4)	МО,	AY YEAR	\$
City Name of Constitution Committee			MO L. D	AY - YEAR	
Full Name of Contributing Committee					\$
Mailing Address		N.	мо	AY YEAR	\$
City	State	Zip Code (Plus 4)	мо.	AY YEAR	\$
Full Name of Contributing Committee			MO. D	AY YEAR	
			100	VEAD	\$
Mailing Address			MO.	AY YEAR	\$
City	State	Zip Code (Plus 4)	MO D	AY YEAR	\$
					PAGE TOTAL
Enter Grand Total of Part A on Sche	dule I, D	Detailed Summa	ary Page, Se	ction 2.	\$

## ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Friends of Adam Waldron	From 1/1/13	To 5/6/13
	DATE	AMOUNT
Full Name of Contributor, Waldron	3 28 13	\$ 100.00
2376 2246 Market St	MO. DAY YEAR	\$
Allentown PA 18104 -	MO DAY YEAR	\$
Full Name of Contributor MIKE Albarell	Mg DAY YEAR 9 13	\$ 100.00
Mailing Address 2301 Black River Rd	MOL - DAY YEAR	\$
City Bethlehem PA 1806-	MO. DAY YEAR	\$
Full Name of Contributor Pau Williams	Mg.   DAY   YEAR   4   19   13	\$ 100.00
Mailing Address 4915 Long Dr	MO DAY YEAR	\$
Bethlehem PA 18020 - 8864	MO TO DAY YEAR	\$
Full Name of Contributor	MO DAY YEAR 4	\$ 100.00
Mailing Address 1129 Apenzeller Ave	MO. DAY YEAR	\$
Strondsburg PA 18360-	MQ A DAY YEAR	\$
Full Name of Contributor Lizabeth Hutchison	4 17 13	\$ 100.00
Meiling Address 1877 W Union Bld	MO. DAY YEAR	\$
Bethlehem PA 18018-2127	MO. DAY YEAR	\$
Full Name of Contributor Edward Morgan	MO. DAY YEAR 4 17 13	\$ 75.00
925 Prospect Ave	- MQ: DAY YEAR	\$
Bethlehem PA 18018-5019	MO.+ DAY YEAR	\$
Full Name of Contributor Win Li	9 7 13	\$ 100.00
Meiling Address 1675 York Ave 29M	MO. DAY. YEAR"	\$
New York State Zip Code (Plus 4)	MO. J DAY YEAR	\$
Full Name of Contributor Sherri Wykosky	мо. рау увая 4 26 13	\$100.00
Mailing Address 1922 Spive St 3F	MO. DAY YEAR	\$
Philadelphia PA 19103-6679	MO. DAY YEAR	\$
Enter Grand Total of Part B on Schedule I, Detailed Summary	Page, Section 2.	\$ 775,00

## ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Friends of Adam Waldron	From 1 13	то 5/6/13
THE BY THAT TO THE THE	DATE	AMOUNT
James Hershaw Ir	4 17 13	\$ 100.00
Mailing Address	MO DAY YEAR	
5178 Spring Ridge Dr Egyt  City 1. State Zip Code (Plus 4)	MO. DAY YEAR	-
Macungic PA 18062-		\$
Full Name of Contributor Keegan Lach	MOS POAY YEAR	\$ 100,00
Mailing Address 5/7 Greene C+	MOS - DAY - YEAR	\$
Bethlehem PA 18015 -	MOVER	\$
Full Name of Contributor Daniel Krasnick	4 18 13	\$ 100.00
Mailing Address 1160 Gasper Ave	MO DAY YEAR	\$
Rethlehem PA 18017-	MO. DAY YEAR	\$
Full Name of Congibutor	HOW DAY YEAR	\$ 100.00
Full Name of Contributor  Getherine Repe  Mailing Address 36 North Shore Dr  City Albanda W State Zip Code (Plus 4)	MO DAY YEAR	\$
City Albrightsville PA 18210 -	MO. DAY YEAR	
Full Name of Contributor	MO ZEAR	\$
Townsend Insurance Agency Inc	5 3 13	\$ 100.00
Mailing Address 320 W Broad St	- MOS DAY PERT	\$
Bethlehem PA 18018 -	MO. DAY YEAR	\$
Full Name of Contributor	MO: DAY YEAR 4	\$ 150,00
Mailing Address 0 - 1	-MQ: DAY YEAR	\$
City Rayl State Zip Code (Plus 4)	- MO. DAY YEAR	
Bethlehem PA 18017 -		\$
Full Name of Contributor	MO E - DAY - YEAR	\$
Mailing Address	MOT - DAY YEAR	\$
City State Zip Code (Plus 4)	MO. J-DAY YEAR	s
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	s
		PAGE TOTAL
Enter Grand Total of Part B on Schedule I, Detailed Summary	Page, Section 2.	\$ 650,00

DSEB-502 (7-99)

#### 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.

	Adam )		DA	ATE	AMOUNT
Full Name of Contributing Committee			THE RESERVE OF THE PARTY OF THE	AY YEAR	AND RESIDENCE OF THE PERSON NAMED IN COLUMN 1997 AND ADDRESS OF THE PERS
Mailing Address			Mo	AY . YEAR	
Ale.	State	Zip Code (Plus 4)			\$
City	State		MO.	AY YEAR	\$
Full Name of Contributing Committee			· MO D	AY YEAR	\$
Mailing Address	<del>10</del>		MO. O	AY YEAR	\$
City	State	Zip Code (Plus 4)	MO. D	AY YEAR	3
		-		143113	\$
Full Name of Contributing Committee			MOT - D	AY YEAR	\$
Mailing Address			MO. S. D.	AY. YEAR	\$
City	State	Zip Code (Plus 4)	MO: NO	AY YEAR	
		<del>-</del>			\$
Full Name of Contributing Committee			_ MO D	AY YEAR	\$
Mailing Address			MO.	YEAR	\$
City	State	Zip Code (Plus 4)	MO. D	AY YEAR	
		-			\$
Full Name of Contributing Committee			MO.	AY YEAR	\$
Mailing Address			MO, HO IS DO	YEAR	\$
City	State	Zip Code (Plus 4)	MO. T. O	AY - YEAR	•
		_			\$
Full Name of Contributing Committee			MO.	YEAR	\$
Mailing Address			- MO DA	YEAR -	\$
City	State	Zip Code (Plus 4)	MOL; P. DA	YEAR	\$
Full Name of Contributing Committee			MO DA	YEAR	
-					\$
Mailing Address			MO. DA	YEAR	\$
City	State	Zip Code (Plus 4)	MO. TOA	YEAR	\$
full Name of Contributing Committee			MO. DA	YEAR	
					\$
Mailing Address			MO. DA	YEAR	\$
City	State	Zip Code (Plus 4)	#-MO DA	YEAR	\$
		_	- June		PAGE TOTAL

#### PART D ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate Friends of Adam Wald	lion	Re	eporting From <u>l</u>	Period	то Я (3
			DATE		AMOUNT
Full Name of Contributor Chad Jarrah		M9.	DAY =	YEAR 13	\$ 500.00
Mailing Address		Mo.	- DAY		\$
1023 Highland AVE	Zip Code (Plus 4)	MO:	DAY	YEAR	
Bethlehem   Pn	18018-2136				\$
Carbon Lehigh Internedia	te Unit 21	Tego	cher		
Employer Mailing Address/Principal Place of Business 4210 Independence D1	Schnecksville F	PA 1	8079	3	
Full Name of Contributor Ham Waldron		мо.   Ч	DAY	13	\$ 3000.00
Mailing Address 511 2nd Ave		мо. \$3	25	YEAR 15	\$2000.00
Bethlehem PA	Zip Code (Plus 4) 18018 -	=- EMO.::g  -	DAY	YEAR	\$
Employer Name	aldron Painting)	Pain		Contra	ictor
Employer Meiling Address/Principal Place of Business Adam Waldron Painting 511	2nd Ave Be	ethlehe	Va	10 10	8018
Full Name of Contributor		MO.	DAY	Charge and west	\$
Mailing Address		- мо.	DAY	YEAR	\$
City State	Zip Code (Plus 4)	мо.	DAY	YEAR	\$
Employer Name		Occupation	,		
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor		мо.	DAY	YEAR	\$
Meiling Address		мо	DAY	YEAR	\$
City State	Zip Code (Plus 4)	мо:	DAY	RABY	
Employer Name	-	Occupation			\$
		M 25			
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor	E	мо.	DAY	YEAR -	
Mailing Address		MO.	DAY	YEAR	\$
City					\$
State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	8	Occupation			(+
Employer Mailing Address/Principal Place of Business					
Enter Grand Total of Part D on Schedule I, D	etailed Summary	Page, S	ection	3.	\$500.00
SEB-502 (7-99)				L	200.00

DSEB-502 (7-99)

## PART E OTHER RECEIPTS

#### REFUNDS, INTEREST 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							9.07
				-			_
failing Address							
City	Sta	ate	Zip Code (Plus 4)	MOL T	DAY	\$ Amount	
Receipt Description	31	- 14					
ull Name							÷
Mailing Address							
Sity	Sta	ite	Zip Code (Plus 4)	- MO.	DAY YEAR		
eceipt Description		1	_			\$	
ull Name							
a south a second							
Mailing Address							
ity	Sta	te	Zip Code (Plus 4)	MO.	DAY	Amount \$	
eceipt Description						-L*	
ull Name				-			_
failing Address							
lty	Sta	te	Zip Code (Plus 4)	Mo.	DAY YEAR	Amount	-
eceipt Description						\$	
rcerpt Description							
III Name							
ailing Address							
ity	Sta	te	Zip Code (Plus 4)	МО. —	DAY YEAR	Amount	
aceipt Description	 					\$	-
ill Name				-			
ailing Address	 			1			
	 					Maritania	
ty	Sta	te	Zip Code (Plus 4)	MO.	DAY YEAR	\$	
sceipt Description							
			-			PAGE TOTAL	

#### SCHEDULE II

PAGE 9 OF 13

### IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Adam Waldron	Reporting Per	iod /13 то <u>5/6/13</u>
1. UNITEMIZED IN-KIND CONTRIB	BUTIONS RECEIVED - VALUE	OF \$50.00 OR L	ESS PER CONTRIBUTOR
	TOTAL for the Reporting	Period (1)	\$ 0
2 IN-KIND CONTRIBUTIONS RECE	EIVED - VALUE OF \$50.01 T	O \$250.00 (FROM	CPART F)
	TOTAL for the Reporting	Period (2)	\$ ()
3. IN-KIND CONTRIBUTION RECEI	VED - VALUE OVER \$250.0	(FROM PART G	by the state of th
	TOTAL for the Reporting	Period (3)	<b>s</b> ()
TOTAL VALUE OF IN-KIND CONTREPORTING PERIOD (Add and enter and 3; also enter on Page 1, Report	amount totals from Boxes 1	. 2.	<b>s</b> 🕥

PAGE 0 0F 3

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	dam	Waldcon	Reporting From _	Period   1   1   3	то 5/6/13
			DATE		AMOUNT
Full Name of Contributor			MO. DAY	YEAR	\$
Mailing Address			MO. DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$
Description of Contribution:					
Full Name of Contributor			- WO - LOAY	RABY	\$
Mailing Address			MO DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO: DAY	YEAR	\$
Description of Contribution:					
Full Name of Contributor			MO: E DAY	·· YEAR =	\$
Mailing Address		3:	MO	YEAR	\$
City	State	Zip Code (Plus 4)	- MO - DAY	YEAR	\$
Description of Contribution:					
Full Name of Contributor		- A	MO- DAY	YEAR	\$
Mailing Address			MO. DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO. TOAY.	YEAR	\$
Description of Contribution:					
Full Name of Contributor			MO. DAY	YEAR	\$
Mailing Address			MO. DAY	YEAR -	\$
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$
Description of Contribution:					
Full Name of Contributor			MO. DAY	YEAR	\$
Mailing Address			MO. DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	DAY	YEAR	\$
Description of Contribution:		ri			
Enter Grand Total of Part F on Sche Summary Page, Section 2.	dule II,	In-Kind Contribut	tions Detailed		PAGE TOTAL \$ (*)

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Waldron	Reporting Period From ( )   12	7 то 5/6/13	
The state of the s		DATS	AMOUNT	
Full Name of Contributor		MO PEOAY PEAR	\$	
Mailing Address		MQ. POAY YEAR	\$	
City State	Zip Code (Plus 4)	MO DAY YEAR	\$	
Employer of Contributor		Occupation		
Employer Mailing Address/Principal Place of Business		Description of Contribution		
Full Name of Contributor		MO. DAY YEAR	\$	
Mailing Address		MO. DAY YEAR	\$	
City	Zip Code (Plus 4)	MO. YEAR	\$	
Emplayer of Contributor		Occupation		
Employer Mailing Address/Principal Place of Business		Description of Contribution		
		MO. DAY YEAR		
Full Name of Contributor			\$	
Mailing Address		MO. DAY YEAR	\$	
City	Zip Code (Plus 4)	MO. DAY YEAR	\$	
Employer of Contributor		Occupation		
Employer Mailing Address/Principal Place of Business		Description of Contribution		
	CHELLING THE STREET	MO. DAY YEAR		
Full Name of Contributor			\$	
Mailing Address		MQ. DAY YEAR	\$	
City	Zip Code (Plus 4)	MO. DAY YEAR	\$	
Employer of Contributor		Occupation		
Employer Mailing Address/Principal Place of Business		Description of Contribution		
Eull Name of Contributor		MO. DAY YEAR		
Full Name of Contributor			\$	
Mailing Address		MO. DAY YEAR	\$	
City State	Zip Code (Plus 4)	MQ. DAY YEAR	\$	
Employer of Contributor		Occupation		
Employer Mailing Address/Principal Place of Business		Description of Contribution		
	A STATE OF THE STA	The second secon	PAGE TOTAL	
Enter Grand Total of Part G on Schedule II Summary Page, Section 3.	, In-Kind Contribu	tions Detailed	<b>s</b> ()	

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#### SCHEDULE III

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Adam (	Naldion	Reporting Period From 1/1/3	то 5/6/13
To Whom Paid Vista Print		3 21 13	* 34,93
Mailing Address 95 Hayden Ave Le	State   Zip Code (Plus 4)	Checks, Mailing	Labels
lexination	State Zip Code (Plus 4) MA 02 42+		
To Whom Paid US Potta Service		Mg. DAY YEAR Z 13	Amount \$ 82,80
Mailing Address	3/vd	Description of Expenditure Stamps For	Mailing
Bethlehem	State Zip Code (Pius 4)		
To Whom Paid Capital Promotions		MO. DAY YEAR	\$ 713,80
Mailing Address PO Box 231		Vard Sighs	
Glenside	PA 1903% -	U	
To Whom Paid Capital gramotions		MO. DAY YEAR 4 10 13	Amount \$ 14310
Meiling Address PO Box 23		Campaign Still	ekres
Glenside	PA 19038 -	1 3	
To Whom Paid Leslie Chen - Slie	berry Designs	MO. DAY YEAR	Amount \$ 396.26
Mailing Address 888 8+4 Ave 6p	7	Description of Expenditure Design + Print	ing of Flyers
New York	State   Zip Code (Plus 4)   N   10019 -	9	3
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	3	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 Pa	ege 1, Report Cover F	Page, Item D.	PAGE TOTAL \$ 1,430,89

## STATEMENT OF UNPAID DEBTS

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

Name of Filing Committee or Candidate Friends of Adam Waldon		Reporting Period	3 To 5/6/13
Name of Creditor Adam Waldson			Outstanding Balance of Debt
Mailing Address 5/1 2nd Ave  City Bethlehem	DATE DEBT INCURRED	State Zip Code (Plus 4)	
Loan to campaign		114 11000	Cutstanding Balance of Debt
Mailing Address 511 2nd Ave	DATE DEST INCURRED	MO. DAY: YEAR 3 25 13	\$ 2,000.00
Bethlehem  Description of Debt	,	State Zip Code (Plus 4) PA 18018-	
Name of Creditor			Outstanding Balance of Debt
Mailing Address City	DATE DEBT INCURRED	MO. DAY YEAR	The state of the s
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
Name of Creditor  Mailing Address  City	DATE DEBT INCURRED	MO. DAY YSAR	\$
Mailing Address	DEBT		\$
Mailing Address Gity	DEBT		\$
Mailing Address  City  Description of Debt	DEBT		S Outstanding Balance of Debt
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address	OEBT INCURRED	Stete Zip Code (Plus 4)	S Outstanding Balance of Debt
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City	OEBT INCURRED	Stete Zip Code (Plus 4)	Outstanding Balance of Debt \$ Outstanding Balance of Debt
Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address	OEBT INCURRED	State Zip Code (Plus 4)  MO. QAY YEAR  State Zip Code (Plus 4)	Outstanding Balance of Debt
Mailing Address  City  Description of Debt  Name of Creditor  City  Description of Debt  Name of Creditor	DATE DEBT INCURRED	State Zip Code (Plus 4)  MO. DAY YEAR  State Zip Code (Plus 4)	Outstanding Balance of Debt \$ Outstanding Balance of Debt