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

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Number	umber		port Filed Iark X)	By Candi						Lobb	yist
Name of Filing Committee, Candidate or Lobbyist				1/11		A					
Street Address			ر الت	Willian	, Reyno	24	٢			2007	
City			34	VElizat	th A	e					
- B	lethlehem			State	PA		Zip Code	1	801	8	
Type of Report (Place x und											
1- 6 th Tuesday Pre-Primary 2- 2 nd Frid Pre-Primar	ay 3- 30 Day Post Y Primary	4- 6 ^t Pre-	h Tuesday Election	5- 2 nd Friday Pre- Election		ost	7- Annual	Special 2 Pre-Elect			al 30 Day Election
		[X		-				<u> </u>	
Date Of Election (MM/DD/YYYY)	11/03/2015	Yea	r r	2015	Amendmen Report	t		Terminat	lon		<u> </u>
Summary of Receipts and	From Date	T	To Date			1		Report	and the second second		
Expenditures	06/9/15	-					For	Office Use (Only		
A. Amount Brought Forward	From Last Report		10/19	12015							
B. Total Monetary Contribut				Ø							
(From Schedule I)	ions and Receipts	\$		0							
C. Total Funds Available Sum of Lines A and B)		\$									
D. Total Expenditures		\$		0							
From Schedule III)	Acres Mars			0							
E. Ending Cash Balance Subtract Line D from Line C)		\$		D							
. Value of In-Kind Contributi	lons Received	\$									
From Schedule II) 5. Unpaid Debts and Obligati	lana		()							
From Schedule IV)	IONS	\$	C								
art 1. If this is a Committee race				Affidavit Sec	tion				·		
art 1- If this is a Committee repo swear (or affirm) that this report worn to and subscribed before m	, including the attach	e. If th ed sch	is is a Cand edules on	date report, ca	ndidate sign here	e.					
worn to and subscribed before m	ne this				cst of my know	eoge	and belief true	, correct and	d complete	2.	
day of	20		1								
			4		Signatur	e of P	erson Submitt	ing report			
Signature			.			P	rinted Name	······		_	
y Commission expires											
MO.	DAY YR.				ea Code		Daytin	ne Telephon	e Number	-	
rt II- If this is a report of a Candic wear (or affirm) that to the best	date's Authorized Cor	nmitt	ee, candida	te shall sign her	e.	_					_
wear (or affirm) that to the best	of my knowledge and	belief	this politic	al committee h	as not violated an	ny pro	visions of the	Act of June	3, 1937 (P.	L. 1333, N	IO.320) as
		>									

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Commonwealth of Pennsylvania - Campaign Finance Report

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Filer Identificati	on		Report F		/ Candida	ite	Committee		$\mathbf{\nabla}$	Lobbyist	
Number			(Mark X	()					\sim		
Name of Filing Committee, Candidate or				~	``	<u> </u>	• • •	~			
Lobbyist				Fr	ints	<u>of J. h</u>	J. 11.4m	Rein	offs		
Street Address						zabeth	Avenue				
City	Ba	thicken	-		State	PA	Zip Code		901	8	
Type of Report (and the second se						1				
1-6 th Tuesday			A cth Tur	edau	5- 2 nd Friday	6- 30 Day Post	7- Annual	Special 2 nd	Friday	Special 30	Jav
1-6 Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	Pre-Elect	1	Pre- Election	1 ·			Pre-Election		on
					X						
Date Of Election	<u> </u>	<u>↓ └</u>	Year		<u> </u>	Amendment		Terminatio	00		
(MM/DD/YYYY)		Winhar			2015	Report		Report			
-		11/03/2018	the second second								
Summary of Red	ceipts and	From Date	T	o Date			For	Office Use C	Dnly		
Expenditures		06/7/15	-1 -	Inh	9/2015	1					
A. Amount Brou	ight Forward F			• •							
			1	<u>1 1</u>	68.41	1					
B. Total Moneta		ons and Receipt:	5 \$		50.00						
(From Schedule				1	50.00	1					
C. Total Funds A (Sum of Lines A			\$ 3	2.1	18.41						
D. Total Expend			5		10/11	1					
(From Schedule				2 1 7	32,80						
E. Ending Cash i			\$	9		1					
(Subtract Line D			<u>[]</u>	99	85.61						
F. Value of In-K		ons Received	\$	· · · ·		1					
(From Schedule					0,00						
G. Unpaid Debt	s and Obligatio	ons	\$			l					
(From Schedule	IV)				0.00	<u> </u>		14			
0	C		the the test		Affidavit Se						
Part 1- If this is a (Lommittee repo	including the att	ere. If this i	s a cano	noaner is to the	andidate sign here. best of my knowle	dge and helief to	rue, correct a	nd comole	te.	
Sworn to and sub			scheu scheu	ales Ult	Paper, is to the	Sear of my knowle	and benefit	ae, conect a	a comple		
Sworn to and sub	tined bators a										
											2 = 1
	2-2				Second A light	CHEMICAL STR	wanterstan halls			n .e. 1333, NO.	320135
an store					A MONTH OF THE OWNER	No.	(19)相关。			C WALLER CONTRACTOR	
	My Commissio	n Expires Feb. 1,	2010								
MEN	BER, PENNSYLVA	VIA ASSOCIATION O	F NOTARIES								

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) \$ 50.00 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B) Contributions Received from Political Committees (Part A) \$ 0.00 All Other Contributions (Part B) \$ 100-00 Total for the reporting period (2) \$ 100.00 3. Contributions Over \$250.00 (From Part C and Part D) Contributions Received from Political Committees (Part C) \$ 0.00 All Other Contributions (Part D) \$ 0.00 Total for the reporting period (3) \$ 0.00 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) Total for the reporting period (4) \$ 10.00 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 150.00 Cover Page, Item B)

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 Contributor		0	Date [MM/DD/YYYY]	\$	
		Joseph	Piuzza	06/25/2015	100	100.00
House #	Street Address	Ruvena	Piuzza Street Unit	Date [MM/DD/YYYY]	\$	
City (Sethlehem	State (A Zip Code 180	Date [MM/DD/YYYY]	\$	
Full Name o	of Contributor			Date [MM/DD/YYYY]	\$	
House #	Street Address	5		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name o	of Contributor	an lin in line.		Date [MM/DD/YYYY]	\$	
House #	Street Address	5		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name o	f Contributor		12128012	Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name o	f Contributor	1.0002	2003/08/04/2	Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	123.03.0	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of	Contributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
140322	naute and a second s	1000	ALC: CONTRACTOR			

SCHEDULE III Statement of Expenditures

Filer Identification N	umber:								
To Whom Paid	M. L			11	_	Date [MM/DD/YYYY]	\$ 1.500.55		
House # 1000	Markt Street Address	07/01/2015 Description of Expendit	1,500.00 ure						
City L. tHe	Rock	State	Mail design						
To Whom Paid		eph f				Date [MM/DD/YYYY] 06/35/2015	\$ 100.00		
House # 1514	Street Address	Ravin		et l	Init Z	Description of Expenditu	ire		
City Beth		.400	PA	Zip Code	18015	Returned	chect		
To Whom Paid	National Pe	nn B	ank			Date [MM/DD/YYYY]	\$ 30.00		
House # 920	Street Address	WBr		street	-1	Description of Expenditu	ire		
city Beth	ehem	State	PA	Zip Code	18018	Deposit F	ie		
To Whom Paid	P	ay Pa	١			Date [MM/DD/YYYY]	\$ 500		
House # 2a11	Street Address		- Stree	,+		Description of Expenditu			
City San Ju	se	State	CA	Zip Code	95131	Payment Services			
To Whom Paid		ay Pal				Date [MM/DD/YYYY]	\$ 5.00		
2211	Street Address		st Str	and the second se	-	Description of Expenditu	re		
City San I	Tose	State	CA	Zip Code	95131	Payment S	ervies		
To Whom Paid		Pay Pa	1	22 15 13		Date [MM/DD/YYYY]	\$ 5.00		
House # 2211	Street Address	NI	st Str	·//t		Description of Expenditu	re		
City San -	Tose	State	сA	Zip Code	95131		Services		
To Whom Paid		Pay Pa	١			Date [MM/DD/YYYY]	\$ 5.00		
House # 2211	Street Address		st St	reet		Description of Expenditu			
City San ?	Tose	State	CA	Zip Code	95131	Payment 5	bliviels		
To Whom Paid	Bethleh	em Br	rw Wo	rks		10/19/2015	\$ 482.80		
559	Streat Address		stret	#101		Description of Expenditur	re		
City Bethl	elem	State	PA	Zip Code	18018	Reception a	Costs		