		·	
Reset	: Fo	rm	ł

Print Form

1/12

# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number			Repo ( Mai	rt Filed E	y Cano	lidate		Committ	ee	X	Lobby	ist
Name of Filing Com	mittee, Car	ididate or		4	of 1	dam	Wald	tain				
Lobbyist Street Address				iends	A		VVUIN	1011				
	T -		Ď	il 2	nd Ave			Zip Code	10	n 101		
City		hlehem				AF			18	018		
Type of Report (Plac								T = -		t and entities	T 5	120.0
	2 <sup>nd</sup> Friday e-Primary	3- 30 Day Post Primary		Tuesday lection	5- 2 <sup>nd</sup> Frid Pre- Elect		ay Post n	7- Annua		al 2 <sup>nd</sup> Friday ection	1 '	al 30 Day Election
					X							
Date Of Election (MM/DD/YYYY)			Year			Amend Report			Termi Repor	nation t		
Summary of Receip	ts and	From Date		To Date	2			F	or Office U	ise Only		
Expenditures		6-12-13		10 -	21-13							
A. Amount Brought					21 - 13 7. 31							
B. Total Monetary ( (From Schedule I)		ns and Receipts			10.00					122		
C. Total Funds Avail (Sum of Lines A and			\$	5,20	7.3				!	CH2	2013	
D. Total Expenditur			\$		,58					NORTHAMPTON ELECTION OF EASTON, I'A 1	2013 OCT 25	רדן
(From Schedule III)  E. Ending Cash Bala	nce		\$							三三葉	<u>~</u>	ENTER
(Subtract Line D fro	m Line C)	_		4,14	0.73				•	- 25	25	m
F. Value of In-Kind (	Contributio	ns Received	\$	50	0.00					^유폭	U	꿈
(From Schedule II) G. Unpaid Debts an	d Obligatio	ns	\$	<del> </del>		-				DFF1CF H COUR	0 12:	0
(From Schedule IV)				5,00	00.00			-				
Part 1- If this is a Com	mittee repor	t, treasurer sign h	ere. If t	his is a Ca		t Section t, candidate s	ign here.			-<	<del>U1</del>	
		TO SEE FAIRING MEETING	<b>-</b>	mee eall	10-11-11-11	en here.						
		e9 avne 12,72016 SOCIATION OF NOTA				Area Code			paymile rem	эрноне теннов		

#### 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)	\$
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)	\$ 1,590.00
Total for the reporting period (2)	\$ 1,790.00
3. Contributions Over \$250.00 (From Part C and Part D)	5
Contributions Received from Political Committees (Part C)	\$ 1,000
All Other Contributions (Part D)	\$ 500
Total for the reporting period (3)	\$ 1,500
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ 0
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)	\$ 3,290

#### 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 Contributing Committee	Bethlehem	City Democratic	Conf.   Date [MM/DD/YYYY]	\$ 200.00
House # Street Add		Oct societies	Date [MM/DD/YYYY]	\$ 
City Bethlehem	State	Zip Code	Date [MM/DD/YYYY]	\$ 
Full Name of Contributing Committee	,	***	Date [MM/DD/YYYY]	\$
House # Street Add	ress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$ X 10
House # Street Add	ress		Date [MM/DD/YYYY]	\$ 
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$ general a
House # Street Addi	ress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Addr	ress		Date [MM/DD/YYYY]	\$
City	State	Zip Code		\$
Full Name of Contributing Committee				\$ 
House # Street Addr	ress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	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.)

Hier Identification Number:			
	Dete 18484 (DD /VVVV)	\$	
Full Name of Contributor Richard Santel	Date [MM/DD/YYYY]	-	50.00
	Date [MM/DD/YYYY]	\$	
House # 44 Street Address E Broad St		100	
City / Zip Code	Date [MM/DD/YYYY]	\$	
City Bethlehem State PA Zip Code 18016			
Full Name of Contributor	Date [MM/DD/YYYY]	\$	250.08
Seave Beyle	10-16-2013		250.00
House # Street Address	Date [MM/DD/YYYY]	\$	
House # 2516 Street Address Ludwig Court		- 2	
Tin Code V	Date [MM/DD/YYYY]	\$	
City Macingie State PA Zipcode 18018			
Full Name of Contributor	Date [MM/DD/YYYY]	\$	100.00
Loretta Leeson	10-15-2013		100,60
House # 2711 Street Address Brain ood P	Date [MM/DD/YYYY]	\$	
6161	ID-A. Fada a low house		
City Bethlehom State PA Zip Code 18018	Date [MM/DD/YYYY]	\$	
Bethlehem PA 18018			
Full Name of Contributor Pay William 5	Date [MM/DD/YYYY]	\$	100.00
10 [12] - [2] (12] (12] (12] (12] (12] (12] (12] (1	10-15-2013	_	
House # 4915 Street Address Long Dr	Date [MM/DD/YYYY]	\$	
	The state of the s		
City Bethleham State PA Zip Code 18020	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	Date [MM/DD/YYYY]	\$	
Mauren Leeson	10-15-2013		100. 00
House # Street Address - 1 0)	Date [MM/DD/YYYY]	\$	
House # 2721 Street Address Briarwood Pl			+1
	Date [MM/DD/YYYY]	\$	31
Bethlehem State PA Zip Gode 18014		73.	
Full Name of Contributor	Date [MM/DD/YYYY]	\$	100.06
William Leeson	9/20/2013		100.00
	Date [MM/DD/YYYY]	\$	
House # 958 Street Address Mechan Cital	20		
7: Codo	Date [MM/DD/YYYY]	\$	
City Bethlehem State PA 216 Code 18017			

#### 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		. 171		Date [MM/DD/YYYY]	\$	2/10 00
	Deborah	Waldron		105-2013		240.00
House # Stre	et Address	1 0		Date [MM/DD/YYYY]	\$	
1376 Str	Murki	et st				
City 130 MI	State State	₽ Zip Code	18104	Date [MM/DD/YYYY]	\$	
City Be Alle	INTOWN STATE	PA Zip Code	10101		2	
Full Name of Contributor	M4 . 1 . /	c damasta		Date [MM/DD/YYYY]	\$	150.00
	Michal	Santanasto		10 -15 - 2013		150.00
House # , Stre	eet Address	0 1 14		Date [MM/DD/YYYY]	\$	
114	E	Broad St			1	
011	State	2 Zip Code	10000	Date [MM/DD/YYYY]	\$	
Bethleher	M   [74]	PA ZIP Code	18018			
Full Name of Contributor				Date [MM/DD/YYYY]	\$	000
property and property of	Sovereig	n Enterpris	il	10-16-2013		250.00
House # Str				Date [MM/DD/YYYY]	\$	
1865	Trox-	ell st			53	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
* Hentowill		PA	16/09			
10.	346032	-mayor E. 1951		Date [MM/DD/YYYY]	\$	
Full Name of Contributor	Bravidon	Berner		10-15-2013		100.00
Company of the Company				Date [MM/DD/YYYY]	\$	
7 P 2 10 P 2 2 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	eet Address	line Rd		Date [minipo] 1111]		
2005	National Control of the Control of t			Date [MM/DD/YYYY]	\$	
City Bethleher	State	PA Zip Code	18017	Date [WWW,DD/TTTT]		
	1 1000	Participant is		Date [MM/DD/YYYY]	\$	
Full Name of Contributor	Friends	F Robert Vi	doni	10-15-2013		150 00
		Kosci I V		Date [MM/DD/YYYY]	\$	
House # 555 Stre	eet Address	ig st Apt	906	Date [WW/DD/1111]		
550	3,	•		The state in the board		
Ethene Zethene	State	PiA Zip Code	18018	Date [MM/DD/YYYY]	\$	
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
Tan Italia of College						
House # Stre	eet Address			Date [MM/DD/YYYY]	\$	
nouse #	ee. Addiess				131	
a.	Centa	Zip Code	1	Date [MM/DD/YYYY]	\$	
City	State	Zip code		Sate [minipa] 1.11		
			1	- I	1 3	

#### PART C

Filer Identification Number:

# **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.

	and the second				Ar Landson
Full Name of		***	Date [MM/DD/YYYY]	\$	
Contributing Committee	Friends of 3	Bob Donchez	10/1/13		500.00
House # Stre			Date [MM/DD/YYYY]	\$	-345
377	Devo 45h	ire Dr			
city Bethlehe	im State Pf	7 Zip Code 1801	7 Date [MM/DD/YYYY]	\$	
Full Name of	_ ^ ~	- 11 0	Date [MM/DD/YYYY]	\$	
Contributing Committee	Friends of	J William Ryn	10/15/13		500.00
House # Stre	eet Address Po Box		Date [MM/DD/YYYY]	\$	210
city Belliche	State	Zin Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$	
	et Address		Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee	10 mg 2 f 2 mg		Date [MM/DD/YYYY]	\$	
	et Address		Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee	1/4,4		Date [MM/DD/YYYY]	\$	
	et Address		Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$	
	et Address		Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
				1	



#### PART D

Filer Identification Number:

#### **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)

Full Name of Co	entributor		3	Date [MM/DD/YYYY]	\$
ruii warne of Co	Den	nis Ber	iner	10/15/2013	500.00
House #	Street Address		21 C-t. 101-	Date [MM/DD/YYYY]	\$
20	205 Street Address	\$ City	Line Rd Svite 106		
Sill Harris of	(A) 0 85 (S HI E S - 15)	State	Zin Code	Date [MM/DD/YYYY]	\$
The Fe	thlehem	PI	18018		
Employer Name		Self -1	mployeed	Occupation Atto	inex
Employer Maili		1056 C	Employeed ty Line Rd Suite 16	6 Bethlehem PA	18017
Principal Place Full Name of Co		2009 4	TY CINE ROC 5	Date [MM/DD/YYYY]	\$
run wante or co	onti i batoi				55
			<u> </u>	Date [MM/DD/YYYY]	\$
House #	Street Address			Pare [MIM/DD/1111]	The second secon
1,135	The second of the second of	T		Date Issue (DD /VVO)	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
Employer Name		7,53,513		Occupation	
Employer Maili Principal Place					
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
					717
House #	Street Address			Date [MM/DD/YYYY]	\$
City	56555670000	State	Zip Code	Date [MM/DD/YYYY]	\$
					3,6
Employer Name				Occupation	
Employer Mailin Principal Place o		5			
Full Name of Co				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
IUUSE IF	Juleet Address			- 3 (,,)	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Lity					
Employer Name	- 49 - 28 (4) - 28 - 154	recinity.	11 2 12 12 14 14 14 14 14 14 14 14 14 14 14 14 14	Occupation	
				3 112 11	
Employer Mailir Principal Place o					



#### 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 Num	nber:			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	Non	22 6		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	1		659	
Full Name	10.1			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			17.10 (N. 14-44)	
Full Name	2,000			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	LIPS I			
Full Name	137		- 10-10	
House #	Street Address	- <del>1</del>		
City	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zîp Code	Date [MM/DD/YYYY] \$
Receipt Description				

# 9/13

#### 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 CONTRIBUTIONS RECEIVED-VALUE OF \$50	0.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.	.00 (FROM PART F)
TOTAL for the reporting period (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	M PART G)
TOTAL for the reporting period \$ 500 (3)	\$ 500.00
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)	500,00

10/13.

#### SCHEDULE II PART F

# **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:		···		
The second second second second	25532			
Full Name of Contributor		(- <del> </del>	Date [MM/DD/YYYY]	\$ 6.
	The Mint Gas	stropub void	10-15-2013	500.
House # Stre	eet Address		Date [MM/DD/YYYY]	\$
				<u> </u>
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	in .		_1	
			Date [MM/DD/YYYY]	\$
Full Name of Contributor				
House # Stre	eet Address		Date [MM/DD/YYYY]	\$
			Date Francisco	è
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	in			
	\$160 Ex 100 D		Date [MM/DD/YYYY]	\$
Full Name of Contributor				
House # Stre	eet Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
1,50,504 60,565	47 - 24 - 17 - 17 - 17 - 17 - 17 - 17 - 17 - 1	200 - 150 E		10
Description of Contribution	on			
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Str	eet Address		Date [MM/DD/YYYY]	\$
				A
City	State	Zip Code	Date [MM/DD/YYYY]	\$
 Description of Contribution	on n			у
Full Name of Contributor			Date [MM/DD/YYYY]	\$
			Park than a form from the	ć
House # Str	eet Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	nc			

# SCHEDULE II Part G

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

VALUE OVER \$250

	-15	 100000000000000000000000000000000000000		STATE OF THE PARTY.	-
Filer Identification Number:					
File identification (damper.					
		 	- destate		

Full Name of	Contributor				Date [MM/DD	/YYYY]	\$	
	The	Mint Gas	stropub		16-15.			500.00
House #	Street Address	· つ ]			Date [MM/DD	/YYYY]	\$	
	224	W Broad						
City	1.11	State	Zip Code	18018	Date [MM/DD,	/YYYY]	\$	
	Bethlehem	PA					24	
Employer Nar	me	The Mi	int Gastri	opub	Occupation	Restur	ant	
	ailing Address / Principal	.20.11	· D - d Cl	Bethlehem	Description	Fundra	Sivie	, event
Place of Busin	ness	1224 n	1 Broad -	opub Bethlehem PA 18018	of Contribution			rints
Full Name of	Contributor				Date [MM/DD/	/YYYY]	\$	
	The State of						*=12	
House #	Street Address				Date [MM/DD/	/YYYY]	\$	
1								
City		State	Zip Code	T	Date [MM/DD/	/YYYY]	\$	
Employer Nan	me and the second	1,434,171	0.000		Occupation		100 j	
Employer Mai	illing Address / Principal				Description			
Place of Busin	ness	/s			of			
10 Supple	er fram til fram fram er fram er				Contribution		· · ·	
Full Name of (	Contributor			<del></del>	Date [MM/DD/	/YYYY]	\$	
1000								
House #	Street Address				Date [MM/DD/	/YYYY]	\$	
- 1 - 1 - 1							182	
City		State	Zip Code		Date [MM/DD/	/YYYY]	\$	
100				1				
Employer Nan	me	100000000000000000000000000000000000000	Fig. Header Expects	<u></u>	Occupation			<del> </del>
Fmplover Mai	illing Address / Principal				Description	-		
Place of Busin					of			
					Contribution		- 4	
Full Name of C	Contributor				Date [MM/DD/	YYYY]	\$	
							7	-·· <u></u>
House #	Street Address				Date [MM/DD/	YYYY]	\$	
							1	
City		State	Zip Code		Date [MM/DD/	<b>'YYYY]</b>	\$	
		12.31					1.0	
Employer Nan	ne				Occupation			
Employer Mai	iling Address / Principal				Description			
Place of Busin	T				of			
		1			Contribution			

# Statement of Expenditures

Filer Identification Number:		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

To Whom Paid	11.0 .11	0	[ .	Aville	7	Date [MM/DD/YYYY]	\$ 1110 60	
	Capital					10/2/2013	416.58	
House #	Street Address	PO Box 231				Description of Expenditure		
City Glenside State		State	PA	Zip Code	19038	Yard Sign 5		
To Whom Paid		410.02				Date [MM/DD/YYYY]	\$	
House #	Street Address					Description of Expenditure		
City		State		Zip Code				
To Whom Paid	102.					Date [MM/DD/YYYY]	\$	
House #	House # Street Address					Description of Expenditure		
City		State		Zip Code		1		
To Whom Paid	A1 2007	4.000				Date [MM/DD/YYYY]	\$	
House #	Street Address					Description of Expendi	ture	
City		State		Zip Code	-	A CONTRACTOR AND A CONT	SAM-4-0-063; 7/30 Ho + 0, 72; 0.1	
To Whom Paid			-		IL	Date [MM/DD/YYYY]	\$	
House #	Street Address					Description of Expendi	ture	
City	(A) (2) # (A) (2) (A)	State		Zíp Code			And the second of the second	
To Whom Paid	61			,000		Date [MM/DD/YYYY]	\$	
House #	Street Address					Description of Expendi	ture	
City	all deflections.	State		Zip Code				
To Whom Paid				I was a second		Date [MM/DD/YYYY]	\$	
House #	Street Address					Description of Expendi	ture	
City	10 10 10 10 10 10	State		Zip Code		- Chart S	No. 1	
To Whom Paid			SANT.	V 100 10 10		Date [MM/DD/YYYY]	\$	
House #	Street Address					Description of Expendit	ture	
City		State		Zip Code				

13/13

## 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. Filer Identification Number:

	Adam Waldron				Outs	tanding Balance of De
House # Stre	et Address 2nd Ave		DATE DEBT INCURRED [MM/DD/YYYY]		5,000.00	
City	Bethlehem	State	DA Z	2013 ip 18019		<i>D</i> <sub>1</sub> ==0 = 0
Description of Debt	Loan to Campaign	)	1 -	ouc		
Name of Creditor					Outst	anding Balance of Del
House # Stree	t Address			DATE DEBT INCURRED [MM/DD/YYYY]		
City Constitution of Daha		State	Zi	p ode		
Description of Debt						
Name of Creditor					Outsta	anding Balance of Deb
Street	Address			BT INCURRED 'DD/YYYY]	\$	<u> </u>
escription of Debt		State	Zip	and the first the same of the		
still a service de la company de la comp						
lame of Creditor					Outsta	nding Balance of Debt
ouse # Street	Address			DATE DEBT INCURRED [MM/DD/YYYY]		
ity		State	Zip			
escription of Debt		6,000	Cod	le		
ame of Creditor		<del></del>		- <del> </del>	Outstan	nding Balance of Debt
ouse # Street	Address			DATE DEBT INCURRED [MM/DD/YYYY]		
ty	48[7]	State	Zip	e		
				POL		7
scription of Debt					Outstan	
					Uutstam	ding Balance of Deht
me of Creditor  use # Street A	ddress			INCURRED D/YYYY]	\$	ding Balance of Debt