

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Michael D. Recchuti						
STREET ADDRESS 1422 Monocacy St						
CITY Bethlehem		STATE PA	ZIP CODE 18018			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION	
	Bethlehem City Council			Dem	MO.	DAY
	6TH TUESDAY PRE-PRIMARY				5	19
	2ND FRIDAY PRE-PRIMARY				15	
	30 DAY POST-PRIMARY					
	6TH TUESDAY PRE-ELECTION					
	2ND FRIDAY PRE-ELECTION					
30 DAY POST-ELECTION						
ANNUAL REPORT <input checked="" type="checkbox"/>						
DATES OF REPORTING PERIOD		TO		FOR OFFICE USE ONLY		
MO. DAY YEAR		MO. DAY YEAR				
1 1 14		12 31 14				
CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0.00</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0.00</u>						
AMENDMENT REPORT?		YES	NO			
TERMINATION REPORT?		YES	NO			

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.



PART II -

City of Bethlehem, Northampton County

My Commission Expires Feb 1, 2016

If statement is filed on behalf of a Political Committee's Authorized Committee, Candidate must sign here.

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____

SIGNATURE

MY COMMISSION EXPIRES _____ MO. DAY YR.

SIGNATURE OF CANDIDATE

PRINTED NAME

AREA CODE

DAYTIME TELEPHONE NUMBER

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Michael Recchiuti					
Street Address		P.O. Box 202					
City	Bethlehem	State	PA	Zip Code	18016		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		5/19/15	Year	2014	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/2014	12/31/2014	
A. Amount Brought Forward From Last Report	\$	4190.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	5700.00	
C. Total Funds Available (Sum of Lines A and B)	\$	9890.00	
D. Total Expenditures (From Schedule III)	\$	1749.60	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	8140.40	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

Affidavit Section

Part II- If this is a report of a committee, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that MEMBERS, PENNSYLVANIA ASSOCIATION OF NOTARIES Political committee has established

COMMONWEALTH OF PENNSYLVANIA

Notarial Seal

Louise M. Kelchner, Notary Public
 City of Bethlehem, Northampton County
 My Commission Expires Feb. 1, 2016

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	Friends of Michael Recchiuti		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	250.00
All Other Contributions (Part B)		\$	1950.00
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	500.00
All Other Contributions (Part D)		\$	3000.00
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0.00
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	5700.00

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	Friends of Michael Recchiuti
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							Amount
Full Name of Contributing Committee					Friends of John Callahan		\$ 250.00
					Date [MM/DD/YYYY]		
					10/22/14		
House #	Street Address					Date [MM/DD/YYYY]	\$
	PO Box 1403						
City	Bethlehem		State	PA	Zip Code	18016	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]		
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]
							\$

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:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
Broughal & Devito LLP					10/16/2014	250.00
House #	Street Address			Date [MM/DD/YYYY]		\$
	38 W. Market Street					
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY] \$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Michele Portnoff					10/16/2014	100.00
House #	Street Address			Date [MM/DD/YYYY]		\$
	1124 Stony Lane					
City	Gladwyne	State	PA	Zip Code	19035	Date [MM/DD/YYYY] \$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Lee Butz					10/16/2014	100.00
House #	Street Address			Date [MM/DD/YYYY]		\$
	3633 Trexler Drive					
City	Allentown	State	PA	Zip Code	18104	Date [MM/DD/YYYY] \$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Abraham Kassis					10/16/2014	100.00
House #	Street Address			Date [MM/DD/YYYY]		\$
	2851 Baglyos Ct., Suite 200					
City	Bethlehem	State	PA	Zip Code	18020	Date [MM/DD/YYYY] \$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Angie and Dave Brong					10/22/2014	150.00
House #	Street Address			Date [MM/DD/YYYY]		\$
	1204 Alyssa Place					
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY] \$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Phillip Noto					10/22/2014	250.00
House #	Street Address			Date [MM/DD/YYYY]		\$
	42 Clairemon Street					
City	Easton	State	PA	Zip Code	18045	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 Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
Scott Reynolds					10/22/2014	150.00
House #	2437	Street Address	Woodstock Lane		Date [MM/DD/YYYY]	\$
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Brandon Benner					10/22/2014	250.00
House #	2005	Street Address	City Line Ave. Suite 106		Date [MM/DD/YYYY]	\$
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Garret Benner					10/22/2014	250.00
House #	2005	Street Address	City Line Ave. Suite 106		Date [MM/DD/YYYY]	\$
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]
Full Name of Contributor					Date [MM/DD/YYYY]	\$
James G. Petrucci					10/22/2014	250.00
House #	171	Street Address	State Rt. 173, #201		Date [MM/DD/YYYY]	\$
City	Asbury	State	NJ	Zip Code	08802	Date [MM/DD/YYYY]
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Robert Vidoni					10/22/2014	100.00
House #	555	Street Address	Spring Street		Date [MM/DD/YYYY]	\$
City	Bethlehem	State	PA	Zip Code	18018	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]

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:	
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Full Name of Contributing Committee		Friends of J. William Reynolds			Date [MM/DD/YYYY]	\$	500.00
					10/22/2014		
House #	Street Address		PO Box 1632		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18016	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]	\$	
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]	\$

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:	Ludwig
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Murat Guzel					10/22/2014		1000.00	
House #	Street Address		Date [MM/DD/YYYY]		\$			
1105	Claire Street							
City	State		Zip Code	Date [MM/DD/YYYY]		\$		
Bethlehem	PA		18018					
Employer Name			Occupation					
NFS, Inc			President/Owner					
Employer Mailing Address / Principal Place of Business			52 E. Union Blvd., Bethlehem, PA 18018					
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Dennis Benner					10/22/2014		1000.00	
House #	Street Address		Date [MM/DD/YYYY]		\$			
2005	City Line Ave. Suite 106							
City	State		Zip Code	Date [MM/DD/YYYY]		\$		
Bethlehem	PA		18017					
Employer Name			Occupation					
Benner & Piperato			Attorney					
Employer Mailing Address / Principal Place of Business			2005 City Line Ave. Suite 106, Bethlehem, PA 18017					
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
John Gallgher					10/22/2014		500.00	
House #	Street Address		Date [MM/DD/YYYY]		\$			
311	Forest Road							
City	State		Zip Code	Date [MM/DD/YYYY]		\$		
Harrisburg	PA		17112					
Employer Name			Occupation					
Self-Employed			Attorney					
Employer Mailing Address / Principal Place of Business			311 Forest Road, Harrisburg, PA 17112					
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
Sean Boyle					10/22/2014		500.00	
House #	Street Address		Date [MM/DD/YYYY]		\$			
2516	Ludwig Ct							
City	State		Zip Code	Date [MM/DD/YYYY]		\$		
Macungie	PA		18062					
Employer Name			Occupation					
Boyle Constuction			President					
Employer Mailing Address / Principal Place of Business			1209 Hauseman Rd. Allentown, PA 18104					

SCHEDULE II

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

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	0.00
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	0.00
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	0.00
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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)		\$	0.00
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SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		BCDC	Date [MM/DD/YYYY]		\$	250.00
			1/13/14			
House #	Street Address	P.O. Box 1792		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18016	Contribution/Sponsorship of Event
To Whom Paid		BCDC	Date [MM/DD/YYYY]		\$	225.00
			5/8/14			
House #	Street Address	PO Box 1792		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18016	Ad & Tickets for Event
To Whom Paid		BCDC	Date [MM/DD/YYYY]		\$	50.00
			7/7/14			
House #	Street Address	PO Boc 1792		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18016	Picnic Tickets
To Whom Paid		Bethlehem Brew Works	Date [MM/DD/YYYY]		\$	300.00
			10/7/14			
House #	Street Address	569 Main Street		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Event Deposit
To Whom Paid		BMSSCA	Date [MM/DD/YYYY]		\$	25.00
			10/10/14			
House #	Street Address	PO Box 5242		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18015	Ticket for Dinner
To Whom Paid		Bethlehem Brew Works	Date [MM/DD/YYYY]		\$	399.60
			10/22/2014			
House #	Street Address	569 Main Street		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Food/Beverages for Event
To Whom Paid		Friends of J. William Reynolds	Date [MM/DD/YYYY]		\$	500.00
			10/16/2014			
House #	Street Address	PO Box 1632		Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18016	Campaign Contribution
To Whom Paid			Date [MM/DD/YYYY]		\$	
House #	Street Address			Description of Expenditure		
City		State		Zip Code		