

Commonwealth of Pennsylvania - Campaign Finance Report

1/12

(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 Adam Waldron | | | | | |
| Street Address | | 511 2nd Ave | | | | | |
| City | Bethlehem | State | PA | Zip Code | 18018 | | |

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) | | Year | | Amendment Report | <input type="checkbox"/> | Termination Report | <input type="checkbox"/> | |

| Summary of Receipts and Expenditures | From Date | To Date | For Office Use Only |
|--|-----------|----------|---------------------|
| | | 1/5/13 | |
| A. Amount Brought Forward From Last Report | \$ | 4,795.73 | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ | 830.00 | |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 5,625.73 | |
| D. Total Expenditures (From Schedule III) | \$ | 5,000.00 | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 625.73 | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | 0 | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | 0 | |

Affidavit Section

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.
 I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.



I swear (or affirm) that to the best of my knowledge and belief, this report is true, correct and complete.



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) | \$ | 30 |
|------------------------------------|----|----|

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) | \$ | |
| Total for the reporting period (2) | \$ | |

3. Contributions Over \$250.00 (From Part C and Part D)

| | | |
|---|----|---|
| Contributions Received from Political Committees (Part C) | \$ | 0 |
| All Other Contributions (Part D) | \$ | |
| Total for the reporting period (3) | \$ | |

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) | \$ | |

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 | | | | | | 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] | \$ | | | |
| 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] | \$ | | 0 | |

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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: | |
|-------------------------------------|--|

| | | | | | | |
|---------------------------------|-----------------------|-----------------|--|--------------------------|--|--------|
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | | \$ |
| David Scobtionko | | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] | | \$ |
| 4 | | | | | | |
| City | State | Zip Code | | Date [MM/DD/YYYY] | | \$ |
| | | | | | | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | | \$ |
| James Byszewski | | | | 12/31/2013 | | 150.00 |
| House # | Street Address | | | Date [MM/DD/YYYY] | | \$ |
| 16 | University Ave | | | | | |
| City | State | Zip Code | | Date [MM/DD/YYYY] | | \$ |
| Chatham | NJ | 07928 | | | | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | | \$ |
| Mark Pepitone | | | | 12/31/2013 | | 250.00 |
| House # | Street Address | | | Date [MM/DD/YYYY] | | \$ |
| | West gate Mall | | | | | |
| City | State | Zip Code | | Date [MM/DD/YYYY] | | \$ |
| Bethlehem | PA | 18017 | | | | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | | \$ |
| John Gallagher | | | | 12/31/2013 | | 250.00 |
| House # | Street Address | | | Date [MM/DD/YYYY] | | \$ |
| 711 | Forrest Rd | | | | | |
| City | State | Zip Code | | Date [MM/DD/YYYY] | | \$ |
| Harrisburg | PA | 17112 | | | | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | | \$ |
| Louis Intile | | | | 12/31/2013 | | 150.00 |
| House # | Street Address | | | Date [MM/DD/YYYY] | | \$ |
| 1941 | Chancellor St | | | | | |
| City | State | Zip Code | | Date [MM/DD/YYYY] | | \$ |
| Hellertown | PA | 18055 | | | | |
| 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: | |
|------------------------------|--|

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

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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] | \$ | |
| 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] | | \$ | |
| 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] | | \$ | |
| 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] | | \$ | |
| City | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| Employer Name | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |

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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 | | | | | | | |
| House # | Street Address | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Receipt Description | | | | | | | |
| Full Name | | | | | | | |
| House # | Street Address | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Receipt Description | | | | | | | |
| Full Name | | | | | | | |
| House # | Street Address | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Receipt Description | | | | | | | |
| Full Name | | | | | | | |
| House # | Street Address | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Receipt Description | | | | | | | |
| Full Name | | | | | | | |
| House # | Street Address | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Receipt Description | | | | | | | |
| Full Name | | | | | | | |
| House # | Street Address | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Receipt Description | | | | | | | |



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

Filer Identification Number: _____

| | | | | | | |
|-----------------------------|----------------|-------|--|----------|-------------------|----|
| Full Name of Contributor | | | | | 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 Contributor | | | | | 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 Contributor | | | | | 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 Contributor | | | | | 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 Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ |
| City | | State | | Zip Code | Date [MM/DD/YYYY] | \$ |
| Description of Contribution | | | | | | |

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

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | |
|--|-------|--|--|----------|-----------------------------|----|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| House # | | | | | Date [MM/DD/YYYY] | \$ |
| 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 # | | | | | Date [MM/DD/YYYY] | \$ |
| 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 # | | | | | Date [MM/DD/YYYY] | \$ |
| 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 # | | | | | Date [MM/DD/YYYY] | \$ |
| 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 # | | | | | Date [MM/DD/YYYY] | \$ |
| 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 | |



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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: | |
|------------------------------|--|

| | | |
|--|-----|----|
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 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 PART G) | | |
| TOTAL for the reporting period | (3) | \$ |

| | | | |
|---|--|----|---|
| 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 |
|---|--|----|---|

SCHEDULE III
Statement of Expenditures

Filer Identification Number: _____

| | | | | | | | |
|--------------|-----------|----------------|---------|----------|----------------------------|-------------------------------|----------|
| To Whom Paid | | Adam Waldron | | | Date [MM/DD/YYYY] | \$ | 5,000.00 |
| House # | 511 | Street Address | 2nd Ave | | Description of Expenditure | | |
| City | Bethlehem | State | PA | Zip Code | 18018 | Repayment of Loan to Campaign | |

| | | | | | | | |
|--------------|--|----------------|--|----------|----------------------------|----|--|
| 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 | | 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 | | 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 | | State | | Zip Code | | | |

| | | | | | | | |
|--------------|--|----------------|--|----------|----------------------------|----|--|
| To Whom Paid | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | | Street Address | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |

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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.

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | |
|---------------------|----------------|---------------------------------|--|--|--|-----------------------------|
| 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 | | | | | | |

| | | | | | | |
|---------------------|----------------|---------------------------------|--|--|--|-----------------------------|
| 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 | | | | | | |

| | | | | | | |
|---------------------|----------------|---------------------------------|--|--|--|-----------------------------|
| 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 | | | | | | |