

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 checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/21/2013	Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2013	05/06/2013	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	5,000.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-5,000.00	
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 and correct.

Sworn to and subscribed before me this _____ day of _____ 20____.

Signature

Signature of Candidate

Printed Name

My Commission expires _____ MO. _____ DAY _____ YR.

Area Code

Daytime Telephone Number

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

Signature of Candidate

Printed Name

My Commission expires _____ MO. _____ DAY _____ YR.

Area Code

Daytime Telephone Number

2/12

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period	(1)	\$	0
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

Contributions Received from Political Committees (Part A)		\$	0
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All Other Contributions (Part B)		\$	0
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Total for the reporting period	(2)	\$	0
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3. Contributions Over \$250.00 (From Part C and Part D)

Contributions Received from Political Committees (Part C)		\$	0
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All Other Contributions (Part D)		\$	0
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Total for the reporting period	(3)	\$	0
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4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)

Total for the reporting period	(4)	\$	0
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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>		\$	0
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3/12

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

4/12

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]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		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]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		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]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		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]	\$



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					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

6/12

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							

9

7/12

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:	
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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						

0

8/12

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)	\$

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
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9/12

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

Filer Identification Number:	
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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					

0

10/12

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

Filer Identification Number:	
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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			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]	\$		
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]	\$	
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]	\$	
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]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business			Description of Contribution			

0

11/12

SCHEDULE III
Statement of Expenditures

Filer Identification Number: _____

To Whom Paid		Friends of Adam Waldron				Date [MM/DD/YYYY]	\$	2,000
House #	511	Street Address	2nd Ave			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	Loan to Campaign		
To Whom Paid		Friends of Adam Waldron				Date [MM/DD/YYYY]	\$	3,000
House #	511	Street Address	2nd Ave			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18018	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				

12/12

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:	
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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						

0

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: <input type="text"/>	Report Filed By: <input type="text"/>	CANDIDATE ^{1.} <input type="checkbox"/>	COMMITTEE ^{2.} <input checked="" type="checkbox"/>	LOBBYIST ^{3.} <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 to the right of report type)	8TH TUESDAY PRE-PRIMARY ^{1.}	2ND FRIDAY PRE-PRIMARY ^{2.} <input checked="" type="checkbox"/>	30 DAY POST PRIMARY ^{3.}	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	8TH TUESDAY PRE-ELECTION ^{4.}	2ND FRIDAY PRE-ELECTION ^{5.}	30 DAY POST ELECTION ^{6.}	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	ANNUAL REPORT ^{7.}	YEAR <input type="text"/>	FILING METHOD (CHECK ONE) <input type="checkbox"/>	PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>
Name of Office Sought by Candidate: Bethlehem City Council		DATE OF ELECTION MO. DAY YEAR 5 21 2013		District Number <input type="text"/> Office Code <input type="text"/> Party Code <input type="text"/> DEM County Code <input type="text"/> 48 (SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from: <input type="text"/>	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
	1	1	2013		5	6	2013	
A. Amount Brought Forward From Last Report				\$ 0				
B. Total Monetary Contributions and Receipts (From Schedule I)				\$ 7,660				
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 C)				\$ 6,229.11				
F. Value of In-Kind Contributions Received (From Schedule II)				\$ 0				
G. Unpaid Debts and Obligations (From Schedule IV)				\$ 5,000.00				

AFFIDAVIT SECTION

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 MO. DAY YEAR

PA
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 N
 Area Code
 Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <u>Friends of Adam Waldron</u>	Reporting Period From <u>1/1/13</u> To <u>5/6/13</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <u>735.00</u>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <u>0</u>
All Other Contributions (Part B)	\$ <u>1,425.00</u>
TOTAL for the Reporting Period	(2) \$ <u>1,425.00</u>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <u>0</u>
All Other Contributions (Part D)	\$ <u>5,500</u>
TOTAL for the Reporting Period	(3) \$ <u>5,500</u>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ <u>0</u>

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>	\$ <u>7,660</u>
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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 <i>Friends of Adam Waldron</i>	Reporting Period From <u>1/1/13</u> To <u>5/6/13</u>
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				DATE	AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR		
Mailing Address	MO.	DAY	YEAR		\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR		\$
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR		\$
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR		\$
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR		\$
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR		\$
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR		\$
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR		\$
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR		\$
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR		\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$ 0

PART B
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.)

Name of Filing Committee or Candidate Friends of Adam Waldron	Reporting Period From 1/1/13 To 5/6/13
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Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
Debbie Waldron	2376 24th Market St	Allentown	PA	18104 -	3	28	13	\$ 100.00
Mike Albarell	2301 Black River Rd	Bethlehem	PA	18015 -	4	19	13	\$ 100.00
Paul Williams	4915 Long Dr	Bethlehem	PA	18020 - 8864	4	19	13	\$ 100.00
Daniel Maioriello	1129 Apenzeller Ave	Stroudsburg	PA	18360 -	4	17	13	\$ 100.00
Lizabeth Hutchison	1877 W Union Blvd	Bethlehem	PA	18018 - 2127	4	17	13	\$ 100.00
Edward Morgan	925 Prospect Ave	Bethlehem	PA	18018 - 5019	4	17	13	\$ 75.00
WenWen Li	1675 York Ave 29M	New York	NY	10128 -	4	7	13	\$ 100.00
Sherrri Wykosky	1922 Spruce St 3F	Philadelphia	PA	19103 - 6679	4	26	13	\$ 100.00

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.	PAGE TOTAL \$ 775.00
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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.)

Name of Filing Committee or Candidate <u>Friends of Adam Waldron</u>	Reporting Period From <u>1/1/13</u> To <u>5/6/13</u>
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				DATE	AMOUNT	
Full Name of Contributor <u>James Hershaw Jr</u>	MO.	DAY	YEAR		\$ 100.00	
Mailing Address <u>5178 Spring Ridge Dr East</u>	MO.	DAY	YEAR		\$	
City <u>Macungie</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18062-</u>	MO.	DAY	YEAR	\$
Full Name of Contributor <u>Keegan Lorch</u>	MO.	DAY	YEAR		\$ 100.00	
Mailing Address <u>517 Greene Ct</u>	MO.	DAY	YEAR		\$	
City <u>Bethlehem</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18015-</u>	MO.	DAY	YEAR	\$
Full Name of Contributor <u>Daniel Krasnick</u>	MO.	DAY	YEAR		\$ 100.00	
Mailing Address <u>1160 Gasper Ave</u>	MO.	DAY	YEAR		\$	
City <u>Bethlehem</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18017-</u>	MO.	DAY	YEAR	\$
Full Name of Contributor <u>Catherine Pepe</u>	MO.	DAY	YEAR		\$ 100.00	
Mailing Address <u>36 North Shore Dr</u>	MO.	DAY	YEAR		\$	
City <u>Albrightsville</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18210-</u>	MO.	DAY	YEAR	\$
Full Name of Contributor <u>Townsend Insurance Agency Inc</u>	MO.	DAY	YEAR		\$ 100.00	
Mailing Address <u>320 W Broad St</u>	MO.	DAY	YEAR		\$	
City <u>Bethlehem</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18018-</u>	MO.	DAY	YEAR	\$
Full Name of Contributor <u>John Tallarico Jr</u>	MO.	DAY	YEAR		\$ 150.00	
Mailing Address <u>274 Wedgewood Rd</u>	MO.	DAY	YEAR		\$	
City <u>Bethlehem</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18017-</u>	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR		\$	
Mailing Address	MO.	DAY	YEAR		\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR		\$	
Mailing Address	MO.	DAY	YEAR		\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$

PAGE TOTAL
\$ 650.00

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

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.

Name of Filing Committee or Candidate <i>Friends of Adam Waldron</i>	Reporting Period From <i>1/1/13</i> To <i>5/6/13</i>
---	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					

PAGE TOTAL
\$ <u>0</u>

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

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 <u>Friends of Adam Waldron</u>	Reporting Period From <u>1/1/13</u> To <u>5/6/13</u>
---	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<u>Chad Jarrah</u>	<u>4</u>	<u>4</u>	<u>13</u>	\$ <u>500.00</u>
Mailing Address <u>1023 Highland Ave</u>	MO.	DAY	YEAR	\$
City <u>Bethlehem</u> State <u>PA</u> Zip Code (Plus 4) <u>18018-2136</u>	MO.	DAY	YEAR	\$
Employer Name <u>Carbon Lehigh Intermediate Unit 21</u> Occupation <u>Teacher</u>				
Employer Mailing Address/Principal Place of Business <u>4210 Independence Dr Schneeksville PA 18078</u>				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<u>Adam Waldron</u>	<u>4</u>	<u>1</u>	<u>13</u>	\$ <u>3000.00</u>
Mailing Address <u>511 2nd Ave</u>	MO.	DAY	YEAR	\$ <u>2000.00</u>
City <u>Bethlehem</u> State <u>PA</u> Zip Code (Plus 4) <u>18018-</u>	MO.	DAY	YEAR	\$
Employer Name <u>Self-Employed (Adam Waldron Painting)</u> Occupation <u>Painting Contractor</u>				
Employer Mailing Address/Principal Place of Business <u>Adam Waldron Painting 511 2nd Ave Bethlehem PA 18018</u>				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name Occupation				
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name Occupation				
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name Occupation				
Employer Mailing Address/Principal Place of Business				

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL <u>\$500.00</u>

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.

Name of Filing Committee or Candidate <i>Friends of Adam Waldron</i>	Reporting Period From <i>1/1/13</i> To <i>5/6/13</i>
---	---

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

PAGE TOTAL

\$ 0

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

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 <i>Friends of Adam Waldron</i>	Reporting Period From <i>1/1/13</i> To <i>5/6/13</i>
---	---

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>0</i>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period	(2) \$ <i>0</i>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period	(3) \$ <i>0</i>

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ <i>0</i>
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**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>Friends of Adam Waldron</i>	Reporting Period From <i>1/1/13</i> To <i>5/6/13</i>
---	---

				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				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)		MO.	DAY	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)		MO.	DAY	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:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL \$ <i>0</i>

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate <i>Friends of Adam Waldron</i>	Reporting Period From <u>1/1/13</u> To <u>5/6/13</u>
---	---

				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
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	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
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	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
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	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
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	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL \$ <u>0</u>

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Adam Waldron	Reporting Period From <u>1/1/13</u> To <u>5/6/13</u>
---	---

To Whom Paid Vista Print	MO. 3	DAY 21	YEAR 13	Amount \$ 34.93
Mailing Address 95 Hayden Ave Lexington		Description of Expenditure Checks, Mailing Labels		
City Lexington	State MA	Zip Code (Plus 4) 02424		

To Whom Paid US Postal Service	MO. 4	DAY 2	YEAR 13	Amount \$ 82.80
Mailing Address 2114 W Union Blvd		Description of Expenditure Stamps for Mailing		
City Bethlehem	State PA	Zip Code (Plus 4) 18018 -		

To Whom Paid Capitol Promotions	MO. 4	DAY 5	YEAR 13	Amount \$ 713.80
Mailing Address PO Box 231		Description of Expenditure Yard Signs		
City Glenside	State PA	Zip Code (Plus 4) 19038 -		

To Whom Paid Capitol Promotions	MO. 4	DAY 10	YEAR 13	Amount \$ 143.10
Mailing Address PO Box 231		Description of Expenditure Campaign Stickers		
City Glenside	State PA	Zip Code (Plus 4) 19038 -		

To Whom Paid Leslie Chen - Sliberry Designs	MO.	DAY	YEAR	Amount \$ 396.26
Mailing Address 888 8th Ave Gp		Description of Expenditure Design + Printing of Flyers		
City New York	State NY	Zip Code (Plus 4) 10019 -		

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		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 Page 1, Report Cover Page, Item D.	PAGE TOTAL \$ 1,430.89
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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.

Name of Filing Committee or Candidate Friends of Adam Waldron	Reporting Period From <u>1/1/13</u> To <u>5/6/13</u>
---	---

Name of Creditor Adam Waldron					Outstanding Balance of Debt \$ 3,000.00	
Mailing Address 511 2nd Ave	DATE DEBT INCURRED	MO. 4	DAY 1	YEAR 13		
City Bethlehem	State PA	Zip Code (Plus 4) 18018-				
Description of Debt Loan to campaign						

Name of Creditor Adam Waldron					Outstanding Balance of Debt \$ 2,000.00	
Mailing Address 511 2nd Ave	DATE DEBT INCURRED	MO. 3	DAY 25	YEAR 13		
City Bethlehem	State PA	Zip Code (Plus 4) 18018-				
Description of Debt Loan to campaign						

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. PAGE TOTAL
\$ 5,000.00