

## Commonwealth of Pennsylvania - Campaign Finance Report

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

|   |                              |                                     |           |                          |           |                                     |          |                          |
|---|------------------------------|-------------------------------------|-----------|--------------------------|-----------|-------------------------------------|----------|--------------------------|
| Filer Identification Number                     | Report Filed By<br>( Mark X) | <input type="checkbox"/>            | Candidate | <input type="checkbox"/> | Committee | <input checked="" type="checkbox"/> | Lobbyist | <input type="checkbox"/> |
| Name of Filing Committee, Candidate or Lobbyist |                              | Committee To Elect David A. Saltzer |           |                          |           |                                     |          |                          |
| Street Address                                  |                              | P.O. Box 5340                       |           |                          |           |                                     |          |                          |
| City  | Bethlehem                    | State                               | Pa        | Zip Code                 | 18015     |                                     |          |                          |

Type of Report (Place x under report type)

| 1- 6 <sup>th</sup> Tuesday<br>Pre-Primary | 2- 2 <sup>nd</sup> Friday<br>Pre-Primary | 3- 30 Day Post<br>Primary           | 4- 6 <sup>th</sup> Tuesday<br>Pre- Election | 5- 2 <sup>nd</sup> Friday<br>Pre- Election | 6- 30 Day Post<br>Election | 7- Annual                | Special 2 <sup>nd</sup> Friday<br>Pre-Election | Special 30 Day<br>Post-Election |
|---|--|-------------------------------------|---|--|----------------------------|--------------------------|--|---------------------------------|
| <input type="checkbox"/>                  | <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"/>        |
| Date Of Election<br>(MM/DD/YYYY)          |  | Year                                |   | Amendment<br>Report                        |                            | Termination<br>Report    |  |                                 |

| Summary of Receipts and Expenditures                              | From Date  | To Date    | For Office Use Only |
|---|------------|------------|---------------------|
|   | 05/08/2019 | 06/13/2019 |                     |
| A. Amount Brought Forward From Last Report                        | \$         | 613.23     |                     |
| B. Total Monetary Contributions and Receipts<br>(From Schedule I) | \$         | 1150.00    |                     |
| C. Total Funds Available<br>(Sum of Lines A and B)                | \$         | 1763.23    |                     |
| D. Total Expenditures<br>(From Schedule III)                      | \$         | 1,291.11   |                     |
| E. Ending Cash Balance<br>(Subtract Line D from Line C)           | \$         | 472.12     |                     |
| F. Value of In-Kind Contributions Received<br>(From Schedule II)  | \$         |            |                     |
| G. Unpaid Debts and Obligations<br>(From Schedule IV)             | \$         |            |                     |

**Affidavit Section**

Part I- 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.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

|   |  |   |
|---|--|---|
| Signature                               |  | Signature of Person Submitting report                   |
| My Commission expires _____ MO. DAY YR. |  | Printed Name  |
|   |  | Area Code                      Daytime Telephone Number |

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall 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.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

My Commission expires \_\_\_\_\_ MO. DAY YR.

**SCHEDULE I**  
**Contributions and Receipts**  
Detailed Summary Page

|                                    |  |
|------------------------------------|--|
| <b>Filer Identification Number</b> |  |
|------------------------------------|--|

|   |  |
|---|--|
| <b>1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor</b> |  |
|---|--|

|                                |     |    |       |
|--------------------------------|-----|----|-------|
| Total for the reporting period | (1) | \$ | 25.00 |
|--------------------------------|-----|----|-------|

|   |  |
|---|--|
| <b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b> |  |
|---|--|

|   |    |  |
|---|----|--|
| Contributions Received from Political Committees (Part A) | \$ |  |
|---|----|--|

|                                  |    |        |
|----------------------------------|----|--------|
| All Other Contributions (Part B) | \$ | 125.00 |
|----------------------------------|----|--------|

|                                |     |    |        |
|--------------------------------|-----|----|--------|
| Total for the reporting period | (2) | \$ | 125.00 |
|--------------------------------|-----|----|--------|

|  |  |
|--|--|
| <b>3. Contributions Over \$250.00 (From Part C and Part D)</b> |  |
|--|--|

|   |    |         |
|---|----|---------|
| Contributions Received from Political Committees (Part C) | \$ | 1000.00 |
|---|----|---------|

|                                  |    |  |
|----------------------------------|----|--|
| All Other Contributions (Part D) | \$ |  |
|----------------------------------|----|--|

|                                |     |    |         |
|--------------------------------|-----|----|---------|
| Total for the reporting period | (3) | \$ | 1000.00 |
|--------------------------------|-----|----|---------|

|  |  |
|--|--|
| <b>4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b> |  |
|--|--|

|                                |     |    |  |
|--------------------------------|-----|----|--|
| Total for the reporting period | (4) | \$ |  |
|--------------------------------|-----|----|--|

|   |    |  |
|---|----|--|
| 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> | \$ |  |
|---|----|--|

**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.

|                                    |  |
|------------------------------------|--|
| <b>Filer Identification Number</b> |  |
|------------------------------------|--|

|  |           |                       |    |                 |   |  | Amount                   |    |         |
|--|-----------|-----------------------|----|-----------------|---|--|--------------------------|----|---------|
| <b>Full Name of Contributing Committee</b> |           |                       |    |                 | International Association of Firefighters Pac |  | <b>Date [MM/DD/YYYY]</b> | \$ |         |
| <b>House #</b>                             | 1750      | <b>Street Address</b> |    |                 | New York Ave NW                               |  | <b>Date [MM/DD/YYYY]</b> | \$ | 1000.00 |
|  |           |                       |    |                 |   |  | 05/10/2019               |    |         |
| <b>City</b>                                | Washinton | <b>State</b>          | DC | <b>Zip Code</b> | 20006   |  | <b>Date [MM/DD/YYYY]</b> | \$ |         |
|  |           |                       |    |                 |   |  |                          |    |         |
| <b>Full Name of Contributing Committee</b> |           |                       |    |                 |   |  | <b>Date [MM/DD/YYYY]</b> | \$ |         |
| <b>House #</b>                             |           | <b>Street Address</b> |    |                 |   |  | <b>Date [MM/DD/YYYY]</b> | \$ |         |
|  |           |                       |    |                 |   |  |                          |    |         |
| <b>City</b>                                |           | <b>State</b>          |    | <b>Zip Code</b> |   |  | <b>Date [MM/DD/YYYY]</b> | \$ |         |
|  |           |                       |    |                 |   |  |                          |    |         |
| <b>Full Name of Contributing Committee</b> |           |                       |    |                 |   |  | <b>Date [MM/DD/YYYY]</b> | \$ |         |
| <b>House #</b>                             |           | <b>Street Address</b> |    |                 |   |  | <b>Date [MM/DD/YYYY]</b> | \$ |         |
|  |           |                       |    |                 |   |  |                          |    |         |
| <b>City</b>                                |           | <b>State</b>          |    | <b>Zip Code</b> |   |  | <b>Date [MM/DD/YYYY]</b> | \$ |         |
|  |           |                       |    |                 |   |  |                          |    |         |
| <b>Full Name of Contributing Committee</b> |           |                       |    |                 |   |  | <b>Date [MM/DD/YYYY]</b> | \$ |         |
| <b>House #</b>                             |           | <b>Street Address</b> |    |                 |   |  | <b>Date [MM/DD/YYYY]</b> | \$ |         |
|  |           |                       |    |                 |   |  |                          |    |         |
| <b>City</b>                                |           | <b>State</b>          |    | <b>Zip Code</b> |   |  | <b>Date [MM/DD/YYYY]</b> | \$ |         |
|  |           |                       |    |                 |   |  |                          |    |         |
| <b>Full Name of Contributing Committee</b> |           |                       |    |                 |   |  | <b>Date [MM/DD/YYYY]</b> | \$ |         |
| <b>House #</b>                             |           | <b>Street Address</b> |    |                 |   |  | <b>Date [MM/DD/YYYY]</b> | \$ |         |
|  |           |                       |    |                 |   |  |                          |    |         |
| <b>City</b>                                |           | <b>State</b>          |    | <b>Zip Code</b> |   |  | <b>Date [MM/DD/YYYY]</b> | \$ |         |
|  |           |                       |    |                 |   |  |                          |    |         |
| <b>Full Name of Contributing Committee</b> |           |                       |    |                 |   |  | <b>Date [MM/DD/YYYY]</b> | \$ |         |
| <b>House #</b>                             |           | <b>Street Address</b> |    |                 |   |  | <b>Date [MM/DD/YYYY]</b> | \$ |         |
|  |           |                       |    |                 |   |  |                          |    |         |
| <b>City</b>                                |           | <b>State</b>          |    | <b>Zip Code</b> |   |  | <b>Date [MM/DD/YYYY]</b> | \$ |         |
|  |           |                       |    |                 |   |  |                          |    |         |

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.

|                                     |  |
|-------------------------------------|--|
| <b>Filer Identification Number:</b> |  |
|-------------------------------------|--|

|                            |      |                       |              |               |                 |            |                          |    |        |
|----------------------------|------|-----------------------|--------------|---------------|-----------------|------------|--------------------------|----|--------|
| <b>Full Name</b>           |      | Joshua Anders         |              |               |                 |            |                          |    |        |
| <b>House #</b>             | 1303 | <b>Street Address</b> |              | Buck Trail Rd |                 |            |                          |    |        |
| <b>City</b>                |      | Allentown             | <b>State</b> | Pa            | <b>Zip Code</b> | 18104      | <b>Date [MM/DD/YYYY]</b> | \$ | 125.00 |
|                            |      |                       |              |               |                 | 06/05/2019 |                          |    |        |
| <b>Receipt Description</b> |      |                       |              |               |                 |            |                          |    |        |

|                            |      |                       |              |               |                 |           |                          |    |       |
|----------------------------|------|-----------------------|--------------|---------------|-----------------|-----------|--------------------------|----|-------|
| <b>Full Name</b>           |      | Edward Caufield       |              |               |                 |           |                          |    |       |
| <b>House #</b>             | 1130 | <b>Street Address</b> |              | N Wahnetta St |                 |           |                          |    |       |
| <b>City</b>                |      | Allentown             | <b>State</b> | Pa            | <b>Zip Code</b> | 18109     | <b>Date [MM/DD/YYYY]</b> | \$ | 25.00 |
|                            |      |                       |              |               |                 | 05/10/209 |                          |    |       |
| <b>Receipt Description</b> |      |                       |              |               |                 |           |                          |    |       |

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

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

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

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

**SCHEDULE III  
Statement of Expenditures**

|                                     |  |
|-------------------------------------|--|
| <b>Filer Identification Number:</b> |  |
|-------------------------------------|--|

|                     |                            |                       |                      |                 |                          |                                   |         |
|---------------------|----------------------------|-----------------------|----------------------|-----------------|--------------------------|-----------------------------------|---------|
| <b>To Whom Paid</b> | Lehigh Valley Print Center |                       |                      |                 | <b>Date [MM/DD/YYYY]</b> | \$                                | 1291.11 |
| <b>House #</b>      | 1701                       | <b>Street Address</b> | Union Blvd Suite 114 |                 | 05/15/2019               |                                   |         |
| <b>City</b>         | Allentown                  | <b>State</b>          | Pa                   | <b>Zip Code</b> | 18109                    | <b>Description of Expenditure</b> |         |
|                     |                            |                       |                      |                 |                          |                                   | Mailing |

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

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

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

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

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

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

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