

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 <i>Thomas J. Carroll</i>											
STREET ADDRESS <i>248 E. Union Boulevard</i>											
CITY <i>Bethlehem</i>			STATE <i>PA</i>			ZIP CODE <i>18018 - 4248</i>					
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY	DATE OF ELECTION?				
6TH TUESDAY PRE-PRIMARY		<i>City of Bethlehem City Council</i>			<i>N/A</i>	<i>REP</i>	MO.	DAY	YEAR		
2ND FRIDAY PRE-PRIMARY							<i>11</i>	<i>8</i>	<i>2011</i>		
30 DAY POST-PRIMARY											
6TH TUESDAY PRE-ELECTION											
2ND FRIDAY PRE-ELECTION											
30 DAY POST-ELECTION											
ANNUAL REPORT											
		DATES OF REPORTING PERIOD			MO.	DAY	YEAR	TO	MO.	DAY	YEAR
					<i>10</i>	<i>25</i>	<i>11</i>		<i>11</i>	<i>28</i>	<i>11</i>
		CASH BALANCE AT END OF REPORTING PERIOD:			\$ <i><214.66></i>						
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:			\$ <i>- 0 -</i>						
		AMENDMENT REPORT?		YES		NO	<input checked="" type="checkbox"/>				
		TERMINATION REPORT?		YES		NO	<input checked="" type="checkbox"/>				
FOR OFFICE USE ONLY											
RECEIVED OCT 11 2011 11:05 AM - 1 P 2:51 ENTERED											

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.



My Commission Expires **SEP 23, 2015**

PART II -

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

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 _____

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

PAGE 1 OF 5

COVER PAGE

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

Filer Identification Number	Report Filed By	CANDIDATE	COMMITTEE	<input checked="" type="checkbox"/> LOBBYIST
Name of Filing Committee, Candidate or Lobbyist <i>Friends of Tom Carroll</i>				
Street Address <i>248 E. Union Boulevard</i>				
City <i>Bethlehem</i>		State <i>PA</i>	Zip Code <i>18018 - 4248</i>	

TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	YEAR		FILING METHOD () CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE	

Name of Office Sought by Candidate: <i>City of Bethlehem City Council</i>	DATE OF ELECTION	District Number	Office Code	Party Code	County Code
	MO. DAY YEAR				
	<i>11 8 2011</i>	<i>N/A</i>	<i>OTH</i>	<i>REP</i>	<i>48</i>

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	MO. DAY YEAR			To	MO. DAY YEAR			FOR OFFICE USE ONLY
	MO.	DAY	YEAR		MO.	DAY	YEAR	
A. Amount Brought Forward From Last Report								RECEIVED OCT 7 P 2:57
B. Total Monetary Contributions and Receipts (From Schedule II)								
C. Total Funds Available (Sum of Lines A and B)								
D. Total Expenditures (From Schedule III)								
E. Ending Cash Balance (Subtract Line D from Line C)								
F. Value of In-Kind Contributions Received (From Schedule II)								
G. Unpaid Debts and Obligations (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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 30th day of November 2011

Mary E. Barket Signature

Robert A. Penning Signature of Person Submitting Report

NOTARIAL SEAL
MARY E BARKET
 Notary Public
 LOWER NAZARETH TWP NORTHAMPTON CNTY
 My Commission Expires Sep 29, 2015

Printed Name: Robert A. Penning
 Area Code: 610 Daytime Telephone Number: 691-2626

MO. DAY YEAR

My Commission Expires Sep 29, 2015

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Tom Carroll</i>	Reporting Period From <i>10/25/11</i> To <i>11/28/11</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <i>25.00</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <i>- 0 -</i>
All Other Contributions (Part B)	\$ <i>160.00</i>
TOTAL for the Reporting Period (2)	\$ <i>160.00</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>- 0 -</i>
All Other Contributions (Part D)	\$ <i>1,000.00</i>
TOTAL for the Reporting Period (3)	\$ <i>1,000.00</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ <i>540.00</i>

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.)	\$ <i>1,725.00</i>
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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 <i>Friends of Tom Carroll</i>	Reporting Period From <i>10/25/11</i> To <i>11/28/11</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Robert Kerr</i>	<i>10</i>	<i>27</i>	<i>2011</i>	\$ <i>60.00</i>
Mailing Address <i>PO Box 20610</i>	MO.	DAY	YEAR	\$
City <i>Lehigh Valley</i>	MO.	DAY	YEAR	\$
State <i>PA</i>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <i>18002-0610</i>	MO.	DAY	YEAR	\$
<i>Patrice K. Callahan</i>	<i>11</i>	<i>7</i>	<i>2011</i>	\$ <i>100.00</i>
Mailing Address <i>1002 Concord Avenue</i>	MO.	DAY	YEAR	\$
City <i>Drexel Hill</i>	MO.	DAY	YEAR	\$
State <i>PA</i>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <i>19026-</i>	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4) -	MO.	DAY	YEAR	\$

PAGE TOTAL
\$ *160.00*

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

**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 <i>Friends of Tom Carroll</i>	Reporting Period From <u>10/25/11</u> To <u>11/28/11</u>
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				DATE			AMOUNT
Full Name of Contributor <i>Wayne Scott Woodman</i>				MO.	DAY	YEAR	\$ 1,000.00
Mailing Address <i>751 Benner Road</i>				MO.	DAY	YEAR	\$
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18104-3300</i>		MO.	DAY	YEAR	\$
Employer Name <i>First Western-Westwood</i>				Occupation <i>Sr Vice President - Portfolio Mgr</i>			
Employer Mailing Address/Principal Place of Business <i>11150 Santa Monica Blvd, Suite 850, Los Angeles, CA 90025</i>							
Full Name of Contributor				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				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				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				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 \$ 1,000.00

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 Tom Carroll</i>	Reporting Period From <i>10/25/11</i> To <i>11/28/11</i>
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Full Name <i>Cheryl H. Corsa</i>						
Mailing Address <i>1290 Stark Road</i>						
City <i>Bethlehem</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18017</i>	MO. <i>11</i>	DAY <i>4</i>	YEAR <i>2011</i>	Amount <i>\$ 540.00</i>

Receipt Description
Refund for Robocalls not made - 1/2 was InKind contribution to FOTTS

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
\$ 540.00

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 Tom Carroll</i>	Reporting Period From <i>10/25/11</i> To <i>11/28/11</i>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <i>16.90</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 (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <i>16.90</i>
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STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Friends of Tom Carroll</i>	Reporting Period From <u>10/25/11</u> To <u>11/28/11</u>
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To Whom Paid <i>Cheryl H. Corsa</i>	MO. <i>10</i>	DAY <i>25</i>	YEAR <i>2011</i>	Amount \$ 2,825.00
Mailing Address <i>1290 Stark Road</i>		Description of Expenditure <i>Design, Printing & Mailing Mailer #2</i>		
City <i>Bethlehem</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18017-</i>		<i>includes \$212.50 Ink and Foils</i>

To Whom Paid <i>Cheryl H. Corsa</i>	MO. <i>10</i>	DAY <i>25</i>	YEAR <i>2011</i>	Amount \$ 4,907.00
Mailing Address <i>1290 Stark Road</i>		Description of Expenditure <i>Design, Printing & Mailing Mailer #3</i>		
City <i>Bethlehem</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18017-</i>		<i>includes \$2,435.50 Ink and Foils</i>

To Whom Paid <i>PS Print Bethlehem</i>	MO. <i>10</i>	DAY <i>31</i>	YEAR <i>2011</i>	Amount \$ 41.27
Mailing Address <i>177 Mikron Road</i>		Description of Expenditure <i>Printing of card</i>		
City <i>Bethlehem</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18020-</i>		

To Whom Paid <i>United States Postal Service</i>	MO. <i>11</i>	DAY <i>3</i>	YEAR <i>2011</i>	Amount \$ 95.99
Mailing Address <i>535 Wood Street</i>		Description of Expenditure <i>Postage Stamps</i>		
City <i>Bethlehem</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18016-9198</i>		

To Whom Paid <i>Friends of Tony Simao</i>	MO. <i>11</i>	DAY <i>22</i>	YEAR <i>2011</i>	Amount \$ 904.73
Mailing Address <i>1135 East 3rd Street</i>		Description of Expenditure <i>Donation</i>		
City <i>Bethlehem</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18015-2003</i>		

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 \$ 8,773.99
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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 <i>Friends of Tom Carroll</i>	Reporting Period From <i>10/25/11</i> To <i>11/28/11</i>
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Name of Creditor <i>Robert A. Pfennig</i>					Outstanding Balance of Debt \$ <i>1,000.00</i>	
Mailing Address <i>2830 Linden Street Unit 7A</i>		DATE DEBT INCURRED	MO.	DAY	YEAR	
City <i>Bethlehem</i>			<i>9</i>	<i>15</i>	<i>2011</i>	
			State <i>PA</i>	Zip Code (Plus 4) <i>18017-3461</i>		

Description of Debt
Non-Interest Loan to Political Committee

Name of Creditor <i>Robert A. Pfennig</i>					Outstanding Balance of Debt \$ <i>2,000.00</i>	
Mailing Address <i>2830 Linden Street Unit 7A</i>		DATE DEBT INCURRED	MO.	DAY	YEAR	
City <i>Bethlehem</i>			<i>10</i>	<i>23</i>	<i>2011</i>	
			State <i>PA</i>	Zip Code (Plus 4) <i>18017-3461</i>		

Description of Debt
Non-Interest Loan to Political Committee

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 \$ <i>3,000.00</i>
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