

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="checkbox"/>	Report Filed By <input type="checkbox"/>	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist <b>KAREM DOLAN</b>				
Street Address <b>55 BRIDLE PATH RD.</b>				
City <b>BETHLEHEM</b>		State <b>PA</b>	Zip Code <b>18017 - 3764</b>	
TYPE OF REPORT  (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY <input type="checkbox"/>	2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/>	30 DAY POST PRIMARY <input type="checkbox"/>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	8TH TUESDAY PRE-ELECTION <input type="checkbox"/>	2ND FRIDAY PRE-ELECTION <input type="checkbox"/>	30 DAY POST ELECTION <input type="checkbox"/>	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	ANNUAL REPORT <input type="checkbox"/>	YEAR <input type="checkbox"/>	FILING METHOD ( ) CHECK ONE <input type="checkbox"/>	PAPER <input type="checkbox"/> DISKETTE <input checked="" type="checkbox"/>

Name of Office Sought by Candidate: <b>BETHLEHEM CITY COUNCIL</b>	DATE OF ELECTION	District Number	Office Code	Party Code	County Code
	MO. DAY YEAR <b>11 5 2013</b>		<b>OTH</b>	<b>DEM</b>	<b>48</b>
(SEE INSTRUCTIONS FOR CODES)					

Summary of Receipts and Expenditures from: <input type="checkbox"/>	MO. DAY YEAR <b>1 1 2013</b>	To	MO. DAY YEAR <b>5 6 2013</b>	<b>FOR OFFICE USE ONLY</b>
A. Amount Brought Forward From Last Report	\$		<b>0</b>	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$		<b>0</b>	
C. Total Funds Available (Sum of Lines A and B)	\$		<b>0</b>	
D. Total Expenditures (From Schedule III)	\$		<b>0</b>	
E. Ending Cash Balance (Subtract Line D from Line C)	\$		<b>0</b>	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		<b>0</b>	
G. Unpaid Debts and Obligations (From Schedule IV)	\$		<b>0</b>	

**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 \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 Signature

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

\_\_\_\_\_  
 Signature of Person Submitting Report

\_\_\_\_\_  
 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 to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

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

\_\_\_\_\_  
 Signature

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

\_\_\_\_\_  
 Signature of Candidate

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Area Code

\_\_\_\_\_  
 Daytime Telephone Number

Commonwealth of Pennsylvania  
**CAMPAIGN FINANCE REPORT**

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

Filer Identification Number: <input type="text"/>		Report Filed By: <input type="text"/>		CANDIDATE <sup>1</sup>		COMMITTEE <sup>2</sup> <input checked="" type="checkbox"/>		LOBBYIST <sup>3</sup>	
Name of Filing Committee, Candidate or Lobbyist Karen Dolan for City Council									
Street Address 55 Bridle Path Rd.									
City Bethlehem				State PA		Zip Code 18017 - 3764			
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY <sup>1</sup>	2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/>	30 DAY POST PRIMARY <sup>3</sup>	AMENDMENT REPORT?	YES	NO			
	6TH TUESDAY PRE-ELECTION <sup>4</sup>	2ND FRIDAY PRE-ELECTION <sup>5</sup>	30 DAY POST ELECTION <sup>6</sup>	TERMINATION REPORT?	YES	NO			
	ANNUAL REPORT <sup>7</sup>	YEAR <input type="text"/>	FILING METHOD ( ) CHECK ONE <input type="checkbox"/>	PAPER <input checked="" type="checkbox"/>	DISKETTE				

Name of Office Sought by Candidate: BETHLEHEM CITY COUNCIL			DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR	MO.	DAY	YEAR		OTH	DEM	48
		2013	11	5	2013				
(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				\$	14				
B. Total Monetary Contributions and Receipts (From Schedule II)				\$	657				
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)				\$	671 <sup>00</sup>				
F. Value of In-Kind Contributions Received (From Schedule II)				\$					
G. Unpaid Debts and Obligations (From Schedule IV)				\$	2000 <sup>00</sup>				

**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

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Signature \_\_\_\_\_

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

Signature of Person Submitting Report \_\_\_\_\_

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 to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Signature \_\_\_\_\_

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

Signature of Candidate \_\_\_\_\_

Printed Name \_\_\_\_\_

Area Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

Department of State • Bureau of Commissions, Elections and Legislation  
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

**CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate <b>Karen Dolan for City Council</b>	Reporting Period From <b>1/1/13</b> To <b>5/6/13</b>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the Reporting Period	(1)	\$ <b>207<sup>00</sup></b>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>		
Contributions Received from Political Committees (Part A)	\$	-
All Other Contributions (Part B)	\$	<b>450<sup>00</sup></b>
TOTAL for the Reporting Period	(2)	\$ <b>450<sup>00</sup></b>

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

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

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item 6.)	\$	<b>657<sup>00</sup></b>
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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 <b>Karen Dolan for City Council</b>	Reporting Period From <b>1/1/2013</b> To <b>5/6/2013</b>
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Full Name of Contributor	DATE			AMOUNT
	MO	DAY	YEAR	
<b>JOHN + CAROLYN ABEL</b>	<b>2</b>	<b>14</b>	<b>2013</b>	\$ <b>200<sup>00</sup></b>
Mailing Address <b>422 THOMAS ST</b>	MO	DAY	YEAR	\$
City <b>BETHLEHEM</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18015</b>		\$
<b>JAMES BLOOM</b>	<b>5</b>	<b>5</b>	<b>2013</b>	\$ <b>75<sup>00</sup></b>
Mailing Address <b>2535 MAIN ST.</b>	MO	DAY	YEAR	\$
City <b>BETHLEHEM</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18017</b>		\$
<b>RICHARD MASTER</b>	<b>5</b>	<b>5</b>	<b>2013</b>	\$ <b>100<sup>00</sup></b>
Mailing Address <b>250 MACADA RD</b>	MO	DAY	YEAR	\$
City <b>BETHLEHEM</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18017</b>		\$
<b>WILLIAM + MARY P. BEEBE</b>	<b>5</b>	<b>5</b>	<b>2013</b>	\$ <b>75<sup>00</sup></b>
Mailing Address <b>2832 MAIN ST.</b>	MO	DAY	YEAR	\$
City <b>BETHLEHEM</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18017</b>		\$
Full Name of Contributor	MO	DAY	YEAR	\$
Mailing Address	MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributor	MO	DAY	YEAR	\$
Mailing Address	MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributor	MO	DAY	YEAR	\$
Mailing Address	MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		\$
Full Name of Contributor	MO	DAY	YEAR	\$
Mailing Address	MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		\$

PAGE TOTAL  
\$ **450<sup>00</sup>**

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

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 <b>Karen Dolan for City Council</b>	Reporting Period From <b>1/1/13</b> to <b>5/6/13</b>
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Name of Creditor <b>KAREN DOLAN</b>					Outstanding Balance of Debt <b>\$ 2000<sup>00</sup></b>
Mailing Address <b>55 BRIDLE PATH RD.</b>	DATE DEBT INCURRED	MO. <b>5</b>	DAY <b>11</b>	YEAR <b>2009</b>	
City <b>BETHLEHEM,</b>		State <b>PA</b>	Zip Code (Plus 4) <b>18017 3764</b>		
Description of Debt <b>LOAN FOR CAMPAIGN EXPENSES</b>					

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

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

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

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

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

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

Name of Creditor					Outstanding Balance of Debt <b>\$</b>
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  
**\$ 2000<sup>00</sup>**