

# 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:  Report Filed By:  CANDIDATE  COMMITTEE  LOBBYIST

Name of Filing Committee, Candidate or Lobbyist:  
**ANN McHALE**

Street Address:  
**150 BARRYMORE LANE**

City: **BETHLEHEM** State: **PA** Zip Code: **18017**

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

Name of Office Sought by Candidate:  
**NORTHAMPTON COUNTY COUNCIL District 1**

DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR				
11	6	2007	1	0TH	DEM	48

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	
	6	4	2007		10	22	2007	
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)	\$							0
E. Ending Cash Balance (Subtract Line D from Line C)	\$							0
F. Value of In-Kind Contributions Received (From Schedule II)	\$							
G. Unpaid Debts and Obligations (From Schedule IV)	\$							

FOR OFFICE USE ONLY

ENTERED  
 2007 OCT 25 P  
 NORTHAMPTON CO  
 ELECTION OFFICE  
 EASTON, PA 18045

### 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 24 day of Oct 2007

*Tammie L. Caruso*  
 Tammie L. Caruso, Notary Public  
 City of Bethlehem, Northampton County  
 My Commission Expires June 11, 2009

*Ann McHale*  
 Signature of Person Submitting Report  
 ANN McHALE  
 Printed Name  
 610 Area Code  
 610-691-3080 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

\_\_\_\_\_  
 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

# 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:	Report Filed By: <b>CANDIDATE</b> 1. <b>COMMITTEE</b> 2. <b>X</b> <b>LOBBYIST</b> 3.
Name of Filing Committee, Candidate or Lobbyist: <b>FRIENDS OF ANN McHALE</b>	
Street Address: <b>750 BARRYMORE LAKE</b>	
City: <b>BETHLEHEM</b>	State: <b>PA</b> Zip Code: <b>18017 -</b>

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
	6TH TUESDAY PRE-ELECTION 4.	2ND FRIDAY PRE-ELECTION 5. <b>X</b>	30 DAY POST-ELECTION 6.	TERMINATION REPORT? YES NO
	ANNUAL REPORT 7.	YEAR	FILING METHOD: <b>X</b> PAPER <b>X</b> DISKETTE	

Name of Office Sought by Candidate: <b>NORTHAMPTON COUNTY COUNCIL DISTRICT 1</b>	DATE OF ELECTION MO. DAY YEAR <b>11 6 2007</b>	District Number <b>1</b>	Office Code <b>OTH</b>	Party Code <b>DEM</b>	County Code <b>48</b>
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Summary of Receipts and Expenditures from:	MO. DAY YEAR <b>6 4 2007</b>	To	MO. DAY YEAR <b>10 22 2007</b>	FOR OFFICE USE ONLY
A. Amount Brought Forward From Last Report	\$		<b>760.90</b>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">             ENTERED              2007 OCT 25 P 3:30              NORTHAMPTON COUNTY              ELECTION OFFICE              EASTON, PA 18042           </p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$		<b>750.00</b>	
C. Total Funds Available (Sum of Lines A and B)	\$		<b>1500.90</b>	
D. Total Expenditures (From Schedule III)	\$		<b>398.77</b>	
E. Ending Cash Balance (Subtract Line D from Line C)	\$		<b>1112.13</b>	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		<b>-</b>	
G. Unpaid Debts and Obligations (From Schedule IV)	\$		<b>1,000.00</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 24 day of Oct 2007

*Tammie L. Caruso*  
Signature  
Notary Seal  
Tammie L. Caruso, Notary Public  
City of Bethlehem, Northampton County  
My Commission Expires June 11, 2009

*Edward L. Redding*  
Signature of Person Submitting Report  
EDWARD L. REDDING  
Printed Name  
610 Area Code  
818-0111 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 24 day of Oct 2007

*Tammie L. Caruso*  
Signature  
Notary Seal  
Tammie L. Caruso, Notary Public  
City of Bethlehem, Northampton County  
My Commission Expires June 11, 2009

*Ann McHale*  
Signature of Candidate  
ANN McHALE  
Printed Name  
610 Area Code  
691-3080 Daytime Telephone Number

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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 <b>FRIENDS OF AMN McHALE</b>	Reporting Period From <b>6-4-07</b> To <b>10-22-07</b>
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	DATE	AMOUNT						
Full Name of Contributing Committee <b>High Valley Association of Realtors Political Action</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">MO: 10</td> <td style="width: 33%;">DAY: 12</td> <td style="width: 33%;">YEAR: 2007</td> </tr> <tr> <td>MO:</td> <td>DAY:</td> <td>YEAR:</td> </tr> </table>	MO: 10	DAY: 12	YEAR: 2007	MO:	DAY:	YEAR:	\$ 750. <sup>00</sup>
MO: 10	DAY: 12	YEAR: 2007						
MO:	DAY:	YEAR:						
Mailing Address <b>10 S. Commerce Way</b>		\$						
City <b>Bethlehem</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18017-</b>						
Full Name of Contributing Committee	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>MO:</td> <td>DAY:</td> <td>YEAR:</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	MO:	DAY:	YEAR:				\$
MO:	DAY:	YEAR:						
Mailing Address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>MO:</td> <td>DAY:</td> <td>YEAR:</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	MO:	DAY:	YEAR:				\$
MO:	DAY:	YEAR:						
City	State	Zip Code (Plus 4)						
Full Name of Contributing Committee	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>MO:</td> <td>DAY:</td> <td>YEAR:</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	MO:	DAY:	YEAR:				\$
MO:	DAY:	YEAR:						
Mailing Address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>MO:</td> <td>DAY:</td> <td>YEAR:</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	MO:	DAY:	YEAR:				\$
MO:	DAY:	YEAR:						
City	State	Zip Code (Plus 4)						
Full Name of Contributing Committee	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>MO:</td> <td>DAY:</td> <td>YEAR:</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	MO:	DAY:	YEAR:				\$
MO:	DAY:	YEAR:						
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MO:	DAY:	YEAR:						
City	State	Zip Code (Plus 4)						
Full Name of Contributing Committee	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>MO:</td> <td>DAY:</td> <td>YEAR:</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	MO:	DAY:	YEAR:				\$
MO:	DAY:	YEAR:						
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MO:	DAY:	YEAR:						
City	State	Zip Code (Plus 4)						
Full Name of Contributing Committee	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>MO:</td> <td>DAY:</td> <td>YEAR:</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	MO:	DAY:	YEAR:				\$
MO:	DAY:	YEAR:						
Mailing Address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>MO:</td> <td>DAY:</td> <td>YEAR:</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	MO:	DAY:	YEAR:				\$
MO:	DAY:	YEAR:						
City	State	Zip Code (Plus 4)						
Full Name of Contributing Committee	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>MO:</td> <td>DAY:</td> <td>YEAR:</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	MO:	DAY:	YEAR:				\$
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MO:	DAY:	YEAR:						
City	State	Zip Code (Plus 4)						
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MO:	DAY:	YEAR:						
City	State	Zip Code (Plus 4)						

PAGE TOTAL  
\$ 750.<sup>00</sup>

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

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>FRIENDS of Ann McHALE</b>	Reporting Period From <b>6-4-07</b> To <b>10-22-07</b>
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To Whom Paid	MO.	DAY	YEAR	Amount
Bethlehem City Democratic Committee	7	2	2007	\$ 60. <sup>00</sup>
Mailing Address 46 526 Wood Street	Description of Expenditure Tickets			
City Bethlehem	State PA	Zip Code (Plus 4) 18018-		
To Whom Paid SANDRA WILCANO	10	5	2007	\$ 338.77
Mailing Address 531 Philadelphia Road	Description of Expenditure SIGNS			
City EASTON	State PA	Zip Code (Plus 4) 18042-		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL <b>\$ 398.77</b>
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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 <u>FRIENDS OF ANN McHALE</u>	Reporting Period From <u>6-4-07</u> To <u>10-22-07</u>
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Name of Creditor <u>ANNA T McHALE</u>					Outstanding Balance of Debt <u>\$ 1,000.<sup>00</sup></u>	
Mailing Address <u>750 BARRYMORE LANE</u>	DATE DEBT INCURRED	MO. <u>3</u>	DAY <u>12</u>	YEAR <u>07</u>		
City <u>BETHLEHEM</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18017</u>				
Description of Debt <u>LOAN to CAMPAIGN</u>						

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

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

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

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

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

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

Name of Creditor					Outstanding Balance of Debt <u>\$</u>	
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 <u>\$ 1,000.<sup>00</sup></u>
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