Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF

| | WOTE. This report | must be clear ar | nd legible. | lt m | ay be ty | ped or | printed in | blue or | black | ink.) | | |
|--|---|----------------------|-------------------|------------|----------------|---------------------|----------------------------|--------------------|---|-------------------|----------------|-------------|
| Filer Identificatio Number: | | | Report Filed I | | → .c | ANDIDA | TE Y | COMA | TITEE | 2. | LOBB | 3. VICT |
| 18 t/ 1 | nittee, Gendidate bi Los | obyist: | _1 | , <u>p</u> | | | | THE REAL PROPERTY. | | | | |
| Street Address: | | | | | · | | | | | | | |
| City: | DAREYN | 10RE h | 3NE | | - La. | | | | | | | |
| 5E | THLEHEV | V) | | | Sta | | }_ | Zip Co. | | _ | | |
| TYPE OF REPORT | ERE-PRIMARY | 1. 2ND FRID | | 2. | 30 DA | | 3. | AMEND | JENT | VES | Į. E | |
| | 6TH-TUESDAY | 4. ZND FRID | ΑΥ Ε | V | 30 DA | РНІМАН Y | Б. | REPORT TERMIN | | | | NÖ |
| (place X to the right of | A Commence of the Commence of | PRE-ELEC 7. YEAR | TION | <u> </u> | | ELECTIO | ninet persity | REPORT | | YES | 1 1 | NO: |
| report type) Name of Office Sough | HEPORT - | | | | FILING | METHO JECK O | | PAPI | R | | DISKE | FTE |
| NORTHAN | NOTON COUN | TY COUNCIL | _ | | | | LECTION | District Number | Offic | | Party | County |
| | strict 1 | , – . | | | | DAY | YEAR | 1 | OTH | | Code EHV | Cade 48 |
| | | | | | u | 6 | 2007 | | | | 1 | DR CODES |
| Summary of Re | eceipts | 1 1 1 | EAR | | MO. | DAY | YEAR 1 | | OH OF | FICE L | SE ON | N THE |
| and Expenditure | | | רסב | То | 10 | 22 | 2007 | | | | | |
| | Forward From Last | | | \$ | | - | 9 | | | | | |
| C. Total Funds Ave. | Contributions and Re | ceipts (From Scho | edule I) | ş | | ₹ | 7 | | | | | |
| | lable (Sum of Lines | | | \$ | | 9 | _ | [Ji] | MO | 2 | | |
| | es (From Schedule II | | | \$ | | B | <u> </u> | AS | RIF | 2007 OCT 25 | | |
| Secretary of the Control of the Cont | nce (Subtract Line D | | | 3 | | Ð | - 1 | 107 | A | OCT | П | |
| | Contributions Rece | | ule II) (| 3 | | - A | | , 10N Px | IP I(| 2 | | |
| G. Unpaid Debts and | Obligations (From S | Schedule IV) | \$ | } | | | | 0F1 |) \ |), Ti | ER. | |
| | | | AFFIDAVIT | SEC | MOIT | | | | | والمستحد المساورة | | |
| 1 swear (or affirm) that | a Committee report | , treasurer sign b | tere 17 4 | hie ie | | anti There will, to | | luie și | in her | Deligi | | |
| correct and complete. | t this report, including | the attached schedu | iles, on pap | er or | computer | diskette — | , are to the | best of | ny knov | vledge a | nd belie | f true, |
| Sworn to and subscrib | | | ۷ - | | | <u>,</u> | | \sim | _ | | | |
| \sim | · U · O | 20_ | 0/ | ļ - | $\underline{}$ | - Ku | -04 | 1 | e Q | _ | | |
| OUNDONNEALTH O | F PENNS PEVANTA | nno | | - | <i>f</i> | JUN - | inature of F | / l | mitting (| Report | | |
| My commission toriol | Cont (0 / 11) | 105 | | | 0. |))(D | Pri | nted Name | | ٥, | ~- ~ | |
| Tammie L. Caruso, City of Bethlehem, Nor IW Commission Expir | | AY YR. | J | _ | | Code | | Day | | lephone | SO ≥ Number | |
| ARTERIS IN THIS IS | a teport of Cond | idate's Authoriza | d Commi | Ten | e walida | a skale | Security secures as | i de Rouel d'Are | o de la companya da l | | | |
| swear (or affirm) that P.L. 1333, No. 320) as | to the best of my kno amended. | wledge and belief ti | his politica | i com | mittee ha | s not vi | sign nere. Diated any i | rovisions | of the | Act of | | 1007 |
| Sworn to and subscrib | ed before me this | | | | . • | | | | | . 101 01 | oune 3, | 195/ 指題 |
| day of _ | | 20 | 1 | | | | | | | | | Wasan |
| | | | [| | | | Signature | of Candi | date | | ······ | |
| | Signature | | — <i>[</i> | | | | Prin | ted Name | | | | STEEN STEEN |
| My commission expire | MO. DA | AY YR. | - } | | | - | | | | | | Services. |
| | турнири. | | Material III | | Area | 1-∩กล | | Dayı | iniu Tel | ehjiniis | Number | |

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

CAMPAIGN FINANCE REPORT

PAGE 1 OF _

| Filer Identification | والمتدارية | ay be typed or printe | d in blue or | black ink.) | Street Control on the Control of Spiritage | | | | |
|---|--|--|--------------------------------|-------------------|--|--|--|--|--|
| Number: | Report Filed By: | CANDIDATE | . COM | | LOBBYIST 3. | | | | |
| Name of Filing Committee, Candidate or Lobbyist: THENDS OF AND Mc HE Street Address: | ALE | | | | 4 | | | | |
| 750 BARRYMORE LAN | E | | • | | | | | | |
| BETHLEHEM | | State PA | Zip Co | 8017 - | | | | | |
| TYPE OF STH TUESDAY 1. 2AD FRIDA REPORT PRE-PRIMARY PRE-PRIMA | and the second s | 30 DAY | AVENCE REPORT | | - No. | | | | |
| 61H TUESDAY 4 2ND FRIDA (Diace X to PRE-ELECTION PRE-ELECT | | 30 DAY | TERMIN | ATION | NOT | | | | |
| the right of report type) ANNUAL 7. YEAR PEPORT | | FILING METHOD | 7 | | | | | | |
| Name of Office Sought by Candidate: No12THAWATON COUNTY COUNCIL | | DATE OF ELECTION | Number | | arty County ode Code | | | | |
| DISTRICT 1 | _ | MO. DAY YEA | | OTH DE | Em 48 | | | | |
| MO. DAY TY | | | | GR OFFICE US | ONS FOR CODES) | | | | |
| Summary of Receipts | 207 To | MO. DAY YEAR | | | | | | | |
| A. Amount Brought Forward From Last Report | ş | 760.90 | | ٠٠٠٠ | Marian | | | | |
| B. Total Monetary Contributions and Receipts (From Sche | dule I) \$ | 750.00 | <u>1</u> 5 | LEAN EA | 7.00 | | | | |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 1500.90 | | THA LEC | 3 [1] | | | | |
| D. Total Expenditures (From Schedule III) | \$ | 398.77 | | 計画 | | | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 1112,13 | | PA NO NO | ENTEREL | | | | |
| F. Value of In-Kind Contributions Received (From Schedu | ule II) \$ | <u> </u> | | | | | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | 1.00000 | Ī | | | | | | |
| A | FFIDAVIT SE | CTION | | | | | | | |
| PART It this is a Committee report, treasurer sign he is swear (or affirm) that this report, including the attached schedul correct and complete. | ere. If this i | s a Candidate report computer diskette, are | candidate s | gn hete | nd belief true | | | | |
| Sworn to and subscribed before me this | | | <i>)</i> , | . . . | | | | | |
| 34 day of Oct 20 (| 07 | Sover ! | INE | Day | | | | | |
| COMMONWEARING PENNSYLVANIAUS | | ENWARD | e of Person Su | bmitting Pepart | - Land State | | | | |
| Notarial Social Signature | <i>}</i> - | CVENDD | Printed Nam | - | | | | | |
| Tammie Carusa Notary Public / 1 D 9 City of Fethionom, Northampun County My Commission Expires June 11 2009 YR. | j | Area Code | \(\frac{\kappa}{\kappa}\lambda | ytime Telephone | Number | | | | |
| PART II — If this is a report of a Candidate's Authorized | | | T-X-91-657-9-116-02/- | | St. The collection of the coll | | | | |
| l swear (or affirm) that to the best of my knowledge and belief th (P.L. 1333, No. 320) as amended. | nis political cor | nmittee has not violated | l any provision | s of the Act of . | June 3, 1937 | | | | |
| Sworn to and subscribed before me this | | | | • | | | | | |
| 24 day of Oct 2007 Court notale | | | | | | | | | |
| Signature of Candidate | | | | | | | | | |
| Signature COMMONWEALTH OF PENNSYLVANIA DAY YR. | _ | 610 | Printed Name | 71.308 | | | | | |
| Tammia I Notarial Seal | ere and the control of the con- | Area Code | Day | time Telephone I | Number | | | | |

Tammie L. Caruso, Notary Public
City of Bethlehem, Northampen semant of State Bureau of Commissions, Elections and Legislation
My Commission Expires depends 2009 ffice Building Harrisburg, PA 17120-0029 (717) 787-5280

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 | . [| es hadding the states November of the State | The Exempletation Foodback | | Reporting | Period | |
|--|--|--|---|---------------------------------|-------------------------|-------------|----------------|
| Friends of ANN Mc | HALE | Ξ | | | From (| 6. if. i | 57 To 10-22-07 |
| | | | Control of the State of the | | DATE | ::13.e. + 1 | AMOUNT |
| Full Name of Contributing Committee. Lewigh VAI ley ASOCIA trow of Rep | ALTML | < Political | Action | MO. | YAD (| YEAR | T 0 |
| Manning Address | 1-1-1- | SPORTICIAL | Charac | तीप्रवह | , , , | | |
| City_ | State | Zip Code | € (Plus 4) | ==Mos | DAY | - VEAR | l · |
| Bethlehem | PA. | 18017 | | | | | \$ |
| Full Name of Contributing Committee | | | | Mos | DAY | YEAR | \$ |
| Mailing Address | | | W | MO | DAY | YEAR | \$ |
| City | State | Zip Code | (Plus 4) | - Mo | DAY | YEAR | |
| | | The Ward of Mark of the State o | _ | | | | \$ |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | s |
| Mailing Address | ······································ | **** | *************************************** | MO: | DAY | YEAR | |
| City | State | Zip Code | (Plus 4) | | DAY | | \$ |
| | | ·. | | | a langur Astau | | \$ |
| Full Name of Contributing Committee | 1 - mg | | en (CC) and Color State | Mo | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | |
| City | State | Zip Code | (Pius 4) | STATE OF STREET | | | \$ |
| NI YALFITI MANAKINI ZASA GARAGAMA AMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAM | | | _ | | DAY | TENYEAR: | \$ |
| Full Name of Contributing Committee | | | de Supal/a paleere, mai 7.54/10 | SIMO(S) | DAY | YEAR | \$ |
| Mailing Address | | | | MO | DAY | YEAR | |
| City | State | Zip Code | IDius A | and the sample of the sample of | | | \$ |
| | 2.0.0 | Lip Code | | E SPINGES | DAY | YEAR | \$ |
| Full Name of Contributing Committee | en tintorella del | Aliana (Aliana ang San San San | | 29Month | DAY | #¥EAR# | \$ |
| Mailing Address | | | | Mo | | YEAR | 3 |
| City | State | 7/- 5-4- | | | | | \$ |
| | State | Zip Code | - (F105 4) | MOTEN | DAY | #YEAR | 6 |
| Full Name of Contributing Committee | CONTROL OF THE PARTY OF THE PAR | and the state of t | | МО | EDAY. | YEAR | ¢ |
| Mailing Address | | | | Mo. | DAY. | VEAR | \$ |
| City | C+ 1 | | | | | | \$ |
| · | State | Zip Code (| - Plus 4) | мо. | DAY | YEAR | \$ |
| ull Name of Contributing Committee | THE PERSON NAMED IN COLUMN | STATE OF THE STATE | | MO. | DAY | YEAR | * |
| Mailing Address | | <u></u> | | | DAY | EVEN DET | \$ |
| City | | | | | | - AR | \$ |
| | State | Zip Code (F | Plus 4) | ⊡ MO | DAY | YEAR | \$ |
| | | nav zamenamen er | | ania (1224 e papa papa) | ine nicht zeiter von zu | | PAGE TOTAL |
| inter Grand Total of Part C on Schedu | ıle I, I | Detailed S | ummary | Page, S | Section | - 2 | \$ 75000 |
| EE-EC: /7-00\ | | | , | U ., . | | | 1 - U |

SCHEDULE III

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate Friends of Aun Mol | ALF | <u>-</u> | F | from 6. L | (-0 | 7 To 10-22-67 |
|---|----------------------------|-------------------------------|---|---|----------|--|
| THENDS | | | | | Access V | The country of the co |
| Bethlehen City Democratic (Mailing Address |) Ome | ictee | 7 Description | DAY YEA 2 200 of Expenditur (i.e.f.s | 7 | \$ 60.50 |
| Clo 526 Wood Street Bethlehem | State | Zip Code (Plus 4) (%) (% - | | | | |
| TO WHOM PAID SANDRA WICAND | 2000) - 1 200 - 120 | | 10 | DAY YEA | >7 | \$ 338.77 |
| Mailing Address S31 Philapelphia Romo | | | . | of Expenditur | e | |
| EASTON | SMITO | Zlp Code (Plus 4) | | | | |
| To Whom Paid | | | | DAY. YER | | Amount \$ |
| Mailing Address | | | Description | n or expenditu | | |
| City | State | Zip Code (Plus 4) — | | | | |
| To Whom Paid | andrews and the | | 200000000000000000000000000000000000000 | FDAYE FYE | | Amount \$ |
| Mailing Address | | | Descriptio | n of Expenditu | ire | |
| City | State | Zip Code (Plus 4) — | | | | |
| To Whom Paid | | | = Mo | YEAY. | | Amount \$ |
| Mailing Address | | | Descriptio | n of Expenditu | ire | |
| City | State | Zip Code (Plus 4) — | | | | |
| To Whom Paid | and the second | | | EVE | | Amount \$ |
| Mailing Address | - | | Description | n of Expenditu | ire | |
| City | State | Zip Code (Plus 4) | | | | |
| To Whom Paid | | | | DAY | 2 | Amount \$ |
| Mailing Address | | | Description | on of Expenditu | ure | |
| City | State | Zip Code (Plus 4) — | | | | |
| To Whom Peid | | | MO: | DAY== Y/E | | Amount \$ |
| Malling Address | | | Description | on of Expendite | ura | |
| City | State | Zip Code (Plus 4) | | | | |
| Enter Grand Total of Expenditures on Pa | de 1. | Report Cover F | age, Ite | m D. | | PAGE TOTAL \$ 398.77 |
| Cutel gigur Lorgi of Exheuritries ou Le | -3- V | | _ | | I | 0 10 1 |

PAGE ____OF___

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 Ann McH4Li | | | Reporting From <u>(</u> | | 7 To 10-22-07 |
|--|--|---------------------------------------|--|------------------------------|--|
| | | and the second | | | |
| Name of Greditor HUNA T MCHALE | DATE | hawasan in C | ne Demographic surr | Nagova pone i ilia a se | Outstanding Balance of Debt ま しるのの。 |
| Mailing Address 750 BARRYMORE LANE City | DEBT INCURRED | MO. | DAY. L 5 Zip Code | 07 | |
| BETHLEHEM Description of Debt | | PA | 18017 | 7 | |
| LOAD to CAMPAIGN | | E POLICE CONTROL OF THE PARTY OF | and Section rate for the California. | | |
| Name of Creditor Mailing Address | LD4.TC | | ent in on income de- | listeres | Outstanding Balance of Debt \$ |
| City | DATE DEBT INCURRED | State | Zip Code | | |
| | | Just | | - | |
| Description of Debt | | | | | |
| Name of Creditor | | | | | Outstanding Balance of Debt \$ |
| Mailing Address | DATE DEBT INCURRED | MO. | DAY | | |
| City | | State | Zip Code - | (Plus 4) | |
| Description of Debt | | | | | |
| Name of Creditor | nd film with a find a film of the second film and put to be the co | en er flegt statt i greit eine fleste | Para est est est est est est est | | Outstanding Balance of Debt \$ |
| Mailing Address | DATE DEBT INCURRED | -⊱Mo⊇ | PAY. | YEAR | A STATE OF THE PARTY OF THE PAR |
| City | THOOMED | State | Zip Code | (Plus 4) | |
| Description of Debt | ······································ | !. | | | The section of the companion of the seal of the companion of |
| Name of Creditor | | Toron (Waller of State | | | Outstanding Balance of Debt |
| Mailing Address | DATE DEBT INCURRED | ⊮ MO. | DAY | YEAR | |
| City | MODANED | State | Zîp Code | (Plus 4) | |
| Description of Debt | · · | | | | I was miles for the personal with the second section of |
| Name of Creditor | | | graf dengen kling seden in 19 kking (8). | | Outstanding Balance of Debt |
| Mailing Address | DEBT | MO | DAY | YEAR | <u> \$</u> |
| City | INCURRED | State | Zip Code | (Plus 4) | |
| Description of Debt | | | ************************************** | | 医眼光管 法产品的复数形式 医克尔克特氏病 |
| | | | | | ž. |
| | | | | errit date verden bestelle t | PAGE TOTAL |