Campaign Finance Report

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

Filer Identification 8000634 Number :							port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBBYIST			
Name of Filing C	Committee, Car	ndida	te or Lo	bbyist:		Nort	than	npton	Co Dem	Com								
Street Address:	227 Mech	anic	Street															
City:	Wind Gap								State:	PA			Zip Cod	ie: 18	3091-1	321		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT	No	•	\		
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDA' ELECTION	y pre	Ē- !	5.	30 DA ELECT		POST- 6. TERMINATION REPORT?					Yes	No	•	\
report type)	ANNUAL REPO	ORT	7. X	Year 2013					NG METHO						DISKE	TTE		
Name of Office S	ought by Cand	didate	e:						DATE 0	DF ELECTION District Number Coo					Par	ty Code	Coun	
	,								МО	DAY	YE	AR	rumber	code			Couc	
									11		5	2013		(SEE IN	STRUCTI	ONS FOR	CODES)
Summary of Expenditures		d	МО	DAY	YEAR	2		_	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
			1	.1 26	2	013	T	0	12		31	2013						
A. Amount Bro	ught Forward	From	Last Re	eport				\$			10,1	169.38						
B. Total Moneta	ary Contributio	ons A	nd Rece	eipts (From	Sche	dule	· I)	\$				0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 10,169.38																		
D. Total Expend	ditures (From	Sche	dule III	:)				\$			4	67.90						
E. Ending Cash	Balance (Subt	tract	Line D I	From Line (C)			\$			9,7	01.48						
F. Value Of In-	Kind Contribut	tions	Receive	ed (From Se	hedu	le II	:)	\$				0.00						
G. Unpaid Debt	s And Obligati	ions ((From S	chedule IV)			\$				0.00			1			
					AFF	IDA	١٧٢	T SE	CTION									
PART I - If this is		-		_								_						
I swear (or affirm) correct and comple		, inclu	iding the	attached scl	nedule	s filed	d on	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , trı	ue.
Sworn to and subs	cribed before me	e this		20							S	ignature	of Perso	n Submit	ting Rep	ort		_
								-					Prin	ted Name	e			-
My Commission Ex	-	natur	e										Ema	il				-
	мо		DA	·Υ	YR			-		Are	ea Cod	le		e Telepi	none Nu	mber		-
Part II- If this is	a report of a	candi	idate's a	authorized	Comn	nitte	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende		t of m	y knowle	dge and beli	ef this	polit	tical	commi	ittee has n	ot viola	ted an	y provisi	ions of th	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me	this										Si	ignature o	of Candid	ate			-
	day of —— ———							_					Duint-	d Name				_
	Signat	ure						-					Printe	d Name				
My Commission Exp	_	.a. C											Ema	il				_
	мо)	DA	ıΥ	YR	1		-		Area	Code		Da	aytime T	elephor	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
Northampton Co Dem Com	From:	11/26/201	<u>3</u> To:	12/31/2013
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	g Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	is Part to itemize on vith an aggregate val							
Name of Filing Committ	tee or Candidate		Re	porting	Period			
		From: To:					:	
					DATE			AMOUNT
Full Name of Contributing	J Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	4)					
		-					$\overline{}$	DAGE TOTAL

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

0.00

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 Fining Committee of Candidate				Reporting Period From: To:					
			l		DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							

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

PAGE TOTAL \$0.00

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candi	date		Reporting Period					
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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	ame of Filing Committee or Candidate				riod				
			Froi	m:		To	То:		
				D	ATE		А	MOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plu	s 4)						
Employer Name		•		Occupa	tion		•		
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Cod	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	PAGE TOTAL 0.00	

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 Can	didate		Report	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR		-
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description		·					•	
Enter Grand Total of Part E on S	Schedule I Detailer	d Summary Page	Section	4		[P	PAGE TOTAL
zne. Grana rotar or r art z on o	renedure 1/ Detaned	· Summary rage,	Section	••			\$	0.00

SCHEDULE II

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	Reporting Per	iod	
Northampton Co Dem Com	From:	<u>11/26/2013</u> To:	12/31/2013
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period				
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candida	te				Re	porting	Period					
					Fro	m:		То	:			
					<u> </u>		DATE				AMOUNT	
Full Name of Contributor						мо	DAY	YEAR	1			
Mailing Address										\$		0.00
City	State		Zip Code(F	Plus 4)								
Employer of Contributor	•		•			Occupa	ation					
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	cripti	ion of (Contributio	on
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOT	ΓAL
Summary Page, Section 3.												0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period					
Northampton Co Dem Com			From	11/20	<u>6/2013</u>	То:	12/31/2013		
				DATE			AMOUNT		
To Whom Paid Northampton County Council of Democ	ratic Woman		мо	DAY	YEAR				
Mailing Address 4120 Douglas Dr				26	2013	\$	100.00		
City Bethlehem State Zip Code (Plus 4) PA 180209305			1 -	Description of Expenditure Contribution Fundraiser					
To Whom Paid Bethlehem City Democratic Committee			МО	DAY	YEAR				
Mailing Address 1818 Jennings St			12	27	2013	\$	250.00		
City Bethlehem	State PA	Zip Code (Plus 4) 18017		otion of Expoution Fund					
To Whom Paid Verizon			МО	DAY	YEAR				
Mailing Address PO Box 28000			12	16	2013	\$	117.90		

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

PAGE TOTAL

\$ 467.90

State

PΑ

City

Lehigh Valley

Zip Code (Plus 4)

180028000

Description of Expenditure

Telephone & Internet