

# 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 :		8000634		Report Filed By :		CANDIDATE		COMMITTEE		✓		LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: NORTHAMPTON CO DEM COM													
Street Address: 2117 MONTGOMERY ST													
City: BETHLEHEM						State: PA				Zip Code: 18017			
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	✓			
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	✓			
	ANNUAL REPORT	7.	Year 2000	FILING METHOD ( ) CHECK ONE			PAPER	✓	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
						MO	DAY	YEAR					
						11	7	2000					
Summary of Receipts and Expenditures from:						MO	DAY	YEAR	FOR OFFICE USE ONLY				
						1	1	1					
						2	14	2000					
A. Amount Brought Forward From Last Report						\$ 2,874.78							
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 2,438.00							
C. Total Funds Available (Sum Of Lines A and B)						\$ 5,312.78							
D. Total Expenditures (From Schedule III)						\$ 1,288.91							
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 4,023.87							
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00							
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00							

## 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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
Detailed Summary Page

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
NORTHAMPTON CO DEM COM	<b>From:</b> <b>To:</b> <u>2/14/2000</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 1,938.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 500.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 500.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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 Page1, Report Cover Page, Item B.)</b>	\$ 2,438.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

<b>PAGE TOTAL</b>	
\$	0.00

PART B

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	Reporting Period
	From: To:

DATE				AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$ 0.00
Mailing Address				
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.

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
NORTHAMPTON CO DEM COM	<b>From:</b> <b>To:</b> <u>2/14/2000</u>

				DATE			AMOUNT		
Full Name of Contributing Committee					MO	DAY	YEAR	\$	500.00
BRICKLAYERS & ALLIED CRAFTSMAN LOCAL 5 PAC									
Mailing Address					2	14	2000		
2163 BERRYHILL STREET									
City		State		Zip Code (Plus 4)					
HARRISBURG		PA		17104					

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

<b>PAGE TOTAL</b>
\$ 500.00

**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	Reporting Period
	From: <span style="float: right;">To:</span>

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

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

<b>PAGE TOTAL</b>
\$ 0.00

## 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	Reporting Period  From: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
NORTHAMPTON CO DEM COM		<b>From:</b>	<b>To:</b> <u>2/14/2000</u>
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period (3)		\$	0.00
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, Reports Cover Page, Item F.)		\$	0.00



**SCHEDULE II**  
**PART F**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period  From: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						<b>PAGE TOTAL</b>  \$ 0.00

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# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
NORTHAMPTON CO DEM COM	From To: <u>2/14/2000</u>

				DATE	AMOUNT		
To Whom Paid NAZARETH JACKSONIAN				MO	DAY	YEAR	\$ 188.00
Mailing Address 119 S MAIN ST				1	22	2000	
City NAZARETH	State PA	Zip Code (Plus 4) 18064	Description of Expenditure FOOD & BEVERAGE				
To Whom Paid MOYERS CATERING				MO	DAY	YEAR	\$ 496.25
Mailing Address 237 S IRONSTONE DR				1	30	2000	
City BOYERTOWN	State PA	Zip Code (Plus 4) 19512	Description of Expenditure CATERING				
To Whom Paid UNITED STEEL WORKERS				MO	DAY	YEAR	\$ 399.00
Mailing Address 53 E LEHIGH ST				2	4	2000	
City BETHLEHEM	State PA	Zip Code (Plus 4) 18018	Description of Expenditure CONTRIBUTION				
To Whom Paid NAZARETH FLORAL				MO	DAY	YEAR	\$ 41.87
Mailing Address 66 S MAIN ST				1	16	2000	
City NAZARETH	State PA	Zip Code (Plus 4) 18064	Description of Expenditure FLOWERS				
To Whom Paid BELL ATLANTIC				MO	DAY	YEAR	\$ 36.63
Mailing Address PO BOX 1915				2	4	2000	
City BELTSVILLE	State MD	Zip Code (Plus 4) 20704	Description of Expenditure TELEPHONE EXPENSE				

<b>To Whom Paid</b> BELL ATLANTIC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO BOX 1915			1	3	2000	
<b>City</b> BELTSVILLE	<b>State</b> MD	<b>Zip Code (Plus 4)</b> 207041915	<b>Description of Expenditure</b> TELEPHONE EXPENSE			
<b>To Whom Paid</b> NORMA STROUSE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 1950 S HALL ST			2	4	2000	
<b>City</b> ALLENTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18103	<b>Description of Expenditure</b> EXPENSE REIMBURSEMENT			
<b>To Whom Paid</b> AT & T			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO BOX 9001310			1	16	2000	
<b>City</b> LOUISVILLE	<b>State</b> KY	<b>Zip Code (Plus 4)</b> 402901310	<b>Description of Expenditure</b> TELEPHONE EXPENSE			
<b>To Whom Paid</b> JOANNE MESSENLEHNER			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 40 SCHOENECK AVE			1	16	2000	
<b>City</b> NAZARETH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18064	<b>Description of Expenditure</b> POSTAGE			
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b> \$ 1,288.91

