Campaign Finance Report

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

Filer Identificati Number :	ion 8000	634			Repo Filed		/ :	CAND	DATE		СОМ	MITTEE	✓	LOBI	BYIST		
	Committee, Candid	ate or L	obbyist:			-		J DN CO D	EM C	OM							
Street Address:	2117 MONTG	OMERY	ST														
City:	BETHLEHEM							State:	PA			Zip Co	de: 18	017			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2.3		30 DA PRIMA		POST-	3.		AMENDMENT REPORT?		Yes	N	C	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	AY PRE	E- 5.		30 DA Elect		POST-	6.		TERMIN/ REPORT		Yes	N	C	\checkmark
report type)	ANNUAL REPORT	7.	Year 2000)				NG METH CHECK O				PAPER		\checkmark	DISK	ETTE	
Name of Office S	L Sought by Candida	te:						DATE C)F EL	ECTI	ON	District Number	Office Code	Par	ty Code	Cour	
								мо	DAY	٦	YEAR		10000	DEN	1	48	
								11		7	2000		(SEE INS	TRUCTI	ONS FOR	CODES	5)
	Receipts and	мо	DAY	YEAR	2			мо	DAY		YEAR	FC	R OFFIC	E USE	ONLY		
Expenditures	s from:		1 1	L	1	тс)	3	;	20	2000						
A. Amount Bro	ught Forward Fror	n Last R	eport				\$			4	,023.87						
B. Total Monet	ary Contributions	And Rec	eipts (Fror	n Sche	dule I)	\$				169.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			4	,192.87						
D. Total Expen	ditures (From Sch	edule II	I)				\$			1	,097.11]					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$			3	,095.76						
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	Schedu	le II)		\$				0.00	1					
G. Unpaid Deb	ts And Obligations	(From S	Schedule I	V)			\$				0.00						
				AFF	IDAV	/IT	SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here.	If this	is a	a Car	ndidate r	eport	, canc	lidate sig	gn here.					
I swear (or affirm correct and compl) that this report, incl ete.	uding the	e attached so	chedule	s filed o	on pa	aper	or by elect	ronic	mediu	m, are to t	the best o	f my know	vledge	and bel	ief , tr	ue
Sworn to and subs	scribed before me this day of	5	20								Signature	e of Perso	n Submitt	ing Rep	oort		_
	Signatu	re	_			_						Prin	ted Name				-
My Commission E	-											Ema	il				-
	мо	D	AY	YR					4	rea C	ode	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a cand	didate's	authorized	l Comn	nittee,	Ca	ndid	ate shall	sign	here.							
I swear (or affirm) No 320) as amendo) that to the best of n ed.	ny knowl	edge and bel	lief this	politica	alc	omm	ittee has r	not vio	lated a	any provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subso	cribed before me this day of		20								s	ignature o	of Candida	ite			-
												Printe	d Name				-
	Signature											Em-					_
My Commission Exp	bires								_			Ema					
	мо	D	AY	YR	1				Are	a Code	9	D	aytime Te	elephon	e Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** NORTHAMPTON CO DEM COM From: To: 3/20/2000 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 169.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting 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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 169.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PART A CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate					Reporting Period						
F						:					
					DATE			AMOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plus	4)								
							Γ	PAGE TOTAL			

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

\$

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 Candidat	e		Rep Froi	orting P m:	eriod	То):	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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 Can	ndidate		Reporting	g Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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:	То:

				D	ATE			AMOUNT	г
Full Name of Contributor				мо	DAY	YEA	R		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Pla Business	ce of		City		State			Zip Code (Plus	5 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	umn	narv Page, Sectio	on 3.		ĺ		PAGE TO	DTAL
	·····	-	, , , , , , , , , , , , , , , , , , , ,				\$		0.00

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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			Report	ing Perio	d				
			From:			То:			
				D	ATE			AMOUNT	1
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description						•	•		
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	TAL
		illi y i uge,	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 Period		
NORTHAMPTON CO DEM COM	From:	То:	<u>3/20/2000</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period			
			From:			То:	
				DATE		АМО	UNT
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Rep	oorting P	eriod			
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(P	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State Business			State		Zip Code(Plus Descrij 4)			ption of	Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period					
NORTHAMPTON CO DEM COM			From			То:	<u>3/20/2000</u>		
				DATE			AMOUNT		
To Whom Paid AT&T			мо	DAY	YEAR				
Mailing Address P O BOX 9001310			2	17	2000	\$	12.77		
City LOUISVILLE	State KY	Zip Code (Plus 4) 402901310		Description of Expenditure					
To Whom Paid ALLENTOWN EASTON DISTRICT OF UN	ITE CK 611		мо	DAY	YEAR				
Mailing Address			2	17	2000	\$	50.00		
CityALLENTOWNStateZip Code (Plus 4)PA18103				Description of Expenditure DONATION TO SCHOLARSHIP FUND					
To Whom Paid MICHELE HORON			мо	DAY	YEAR				
Mailing Address 3939 NORFOLD STR	EET		2	17	2000	\$	222.32		
City BETHLEHEM	State PA	Zip Code (Plus 4) 18020		ition of Exp SES FOR S		WL SUNDA	Y		
To Whom Paid BELL OF PENNSYLVANIA CK 614			мо	DAY	YEAR				
Mailing Address P O BOX 28000			2	27	2000	\$	36.02		
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 180028000		otion of Exp					
To Whom Paid JOANNE MESSENLEHNER COMMITTEE CHAIR CK 615			мо	DAY	YEAR				
Mailing Address 40 SCHOENECK AVE	Mailing Address 40 SCHOENECK AVE			4	2000	\$	33.00		
City NAZARETH	State PA	Zip Code (Plus 4) 18064					EW COUNTY		

To Whom Paid PENNSYLVANIA DEMOCRATIC STATE COMMITTEE CK 616			мо	DAY	YEAR		
Mailing Address			3	4	2000	\$	600.00
City HARRISBURG	State PA	Zip Code (Plus 4)	-	tion of Exp L DUES FC			TEE
To Whom Paid NORTHEAST DEMOCRATIC CAUCUS CK 617			мо	DAY	YEAR		
Mailing Address						\$	50.00
City	State	Zip Code (Plus 4)	Description of Expenditure PAID BY COMMITTEE CHAIR				
To Whom Paid GREATER EASTON DEM WOMENS CLUB				DAY	YEAR		
Mailing Address C/O FLORENCE PIOTT 135 N 13 ST EASTON			3	4	2000	\$	45.00
City EASTON	State PA	Zip Code (Plus 4) 18042	Description of Expenditure 1/2 PAGE AD FOR PROGRAM BOOK FOR ANNUAL BOUQUET				
To Whom Paid NORTHAMPTON COUNTY COUNCIL DEMO WOMEN CK 619			мо	DAY	YEAR		
Mailing Address C/O PATSY HELEN 2145 MEFSELL AVE			3	4	2000	\$	25.00
City BETHLEHEM	State PA	Zip Code (Plus 4) 18015	Description of Expenditure DINNER TICKETS FOR ANNUAL DINNER				
To Whom Paid AT&T			мо	DAY	YEAR		
Mailing Address P O BOX 9001310			3	20	2000	\$	12.72
City LOUISVILLE	State KY	Zip Code (Plus 4) 402901310	Description of Expenditure LONG DISTANCE PHONE BILL FOR MARCH 2000				
To Whom Paid NAZARETH NATIONAL BANK			мо	DAY	YEAR		
Mailing Address 101 S 12TH ST			2	27	2000	\$	10.28
City EASTON	State PA	Zip Code (Plus 4) 18042	Description of Expenditure SERVICE CHARGE				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
			-			\$	1,097.11