### **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 :	on 800	0634				port ed B		CAND	IDATE		СОМ	<b>ITTEE</b>	✓	LOBE	YIST	
Name of Filing C	Committee, Candi	date or L	obbyist:		NOF	RTHA	AMPTO	ON CO D	ЕМ СО	М			•			
Street Address:	PO BOX 222	.56														
City:	LEHIGH VAL	LEY						State:	PA			Zip Cod	le: 18	8002-2	256	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	<b>√</b>
report type)	ANNUAL REPOR	<b>T</b> 7.	<b>Year</b> 2017					IG METH CHECK O				PAPER		$\checkmark$	DISKE	ГТЕ
Name of Office S	Sought by Candid	ate:	_					DATE (	)F ELE	CTIO	N	District Number	Office Code	Pari	ty Code	County Code
								МО	DAY	YE	AR	Ruilbei	code			code
								11		7	2017		(SEE IN	ISTRUCTIO	ONS FOR C	ODES)
Summary of Receipts and Expenditures from:							МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
			1 1	20	017	7 <b>T</b>	0	3	3	27	2017					
A. Amount Bro	ught Forward Fro	om Last F	leport				\$			5,5	67.17					
B. Total Moneta	ary Contributions	And Rec	eipts (From S	che	dule	e I)	\$			4,1	.91.10					
C. Total Funds Available (Sum Of Lines A and B)							\$			9,7	758.27					
D. Total Expenditures (From Schedule III)							\$			8	92.00					
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)				\$			8,8	66.27					
F. Value Of In-	Kind Contributio	ns Receiv	ed (From Scho	edu	le II	Ι)	\$				0.00					
G. Unpaid Debt	ts And Obligation	s (From	Schedule IV)				\$				0.00			•		
			A	۱FF	ΊD	AVI	T SE	CTION								
PART I - If this is	s a Committee re	port, trea	surer sign he	re. I	[f th	his is	a Can	ididate r	eport, o	candi	date sig	gn here.				
I swear (or affirm) correct and comple	) that this report, in ete.	cluding th	e attached sched	dules	file	ed on	paper o	or by elec	tronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	f , true
Sworn to and subs	cribed before me the day of	nis	20							S	ignature	of Perso	n Submit	ting Rep	ort	
		ture					- -					Prin	ted Nam	e		
My Commission Ex	-											Ema	il			
	мо	D	AY	YR			_		Are	ea Cod	e	Daytim	e Telepi	hone Nui	nber	
Part II- If this is	a report of a ca	ndidate's	authorized Co	omn	nitte	ee, C	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende		my knowl	edge and belief	this	poli	itical	commi	ittee has ı	not viola	ted an	y provis	ions of the	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc		s									s	ignature o	of Candid	late		
	day of						-					Dui-nt-	d Name			
	Signature						-					Frinte	d Name			
My Commission Exp	-	-										Ema	il			
	МО	D	AY	YR	,		-		Area	Code		Da	ytime T	elephon	e Numbe	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
NORTHAMPTON CO DEM COM	From:	1/1/201	<u>7</u> To:	3/27/2017
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	1,123.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	218.10
All Other Contributions (Part B)			\$	600.00
TOTAL for the Reporting	J Period	(2)	\$	818.10
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)			\$	2,250.00
TOTAL for the Reporting	J Period	(3)	\$	2,250.00
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	nd enter am ge, Item B.	ount )	\$	4,191.10

#### **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			Re	Reporting Period				
NORTHAMPTON CO DEM COM			Fre	om:	1/1/20	) <u>17</u> To	:	3/27/2017
					DATE			AMOUNT
Full Name of Contributing Committee Friends of Michael Recchiuti				МО	DAY	YEAR		
Mailing Address PO Box 202							\$	91.55
City Betlehem	State	Zip Code (Plus	4)	2	27	2017		
	PA	18016						
Full Name of Contributing Committee  Vivian Zumas for Judge					DAY	YEAR		
Mailing Address 742 Main Street							\$	91.55
City Bethlehem	State	Zip Code (Plus	4)	3	13	2017		
	PA	18018						
Full Name of Contributing Committee Friends of Ron Heckman				МО	DAY	YEAR		
Mailing Address 2104 Huntington	Street						\$	35.00
City Bethlehem	State	Zip Code (Plus	4)	3	27	2017		
	PA	18017						

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

**PAGE TOTAL**218.10

## 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 Filling Committee of Candidate			Rep	orting Po	eriod			
NORTHAMPTON CO DEM COM			Fro	m:	1/1/2	2017 <b>T</b> o	):	3/27/2017
					DATE			AMOUNT
Full Name of Contributor Lisa Ditalia				МО	DAY	YEAR		
Mailing Address 536 E Locust St							\$	50.00
<b>City</b> Bethlehem	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18018		2	27	2017		
Full Name of Contributor Lisa Ditalia		МО	DAY	YEAR				
Mailing Address 536 E Locust St  City Bethlehem	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18018		3	27	2017	\$	60.00
Full Name of Contributor Susan Grassi				МО	DAY	YEAR		
Mailing Address 8 CREST BLVD							\$	35.00
City Easton	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18045		3	27	2017		
Full Name of Contributor Lori Vargo-Heffner				МО	DAY	YEAR		
Mailing Address 1481 Sanbrook Ct  City Bethlehem	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18015		3	27	2017	\$	55.00
Full Name of Contributor Lorraine Mineo				МО	DAY	YEAR		
Mailing Address 70 Ballek Rd							\$	30.00
<b>City</b> Riegelsville	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18077		3	27	2017		

							FAGL 5
Full Name of Con	tributor						
Cindy Lopresti				МО	DAY	YEAR	
Mailing Address	308 W. Pen Argyl S	street					<b>\$</b> 30.00
City Pen Argy	I	State	Zip Code (Plus 4)	3	27	2017	
3,		PA	18072				
Full Name of Con Joanne Messeble				мо	DAY	YEAR	
Mailing Address 40 Shoeneck Avenue							<b>\$</b> 20.00
City Nazareth		State	Zip Code (Plus 4)	3	27	2017	
Nazaretii		PA	18064				
Full Name of Con Robert Munsey	tributor			МО	DAY	YEAR	
Mailing Address	2728 S Grove Stree	et					<b>\$</b> 100.00
City Arlington		State	Zip Code (Plus 4)	3	27	2017	
		PA	22202				
Full Name of Con George Treisner	tributor			мо	DAY	YEAR	
	tributor 236 E. Ettwein Stre	eet		МО		YEAR	\$ 60.00
George Treisner  Mailing Address	236 E. Ettwein Stre	eet <b>State</b>	Zip Code (Plus 4)	<b>MO</b>	<b>DAY</b> 22	<b>YEAR</b> 2017	\$ 60.00
George Treisner  Mailing Address	236 E. Ettwein Stre		<b>Zip Code (Plus 4)</b> 18018				<b>\$</b> 60.00
George Treisner  Mailing Address	236 E. Ettwein Stre	State					\$ 60.00
George Treisner  Mailing Address  City Bethleher  Full Name of Con-	236 E. Ettwein Stre	State PA		мо	DAY	2017 YEAR	\$ 60.00 \$ 60.00
George Treisner  Mailing Address  City Bethleher  Full Name of Contaija Farber  Mailing Address	236 E. Ettwein Streem  tributor  145 E Broad Street	State PA		3	22	2017	
George Treisner  Mailing Address  City Bethleher  Full Name of Contaija Farber  Mailing Address	236 E. Ettwein Streem  tributor  145 E Broad Street	State PA	18018	мо	DAY	2017 YEAR	
George Treisner  Mailing Address  City Bethleher  Full Name of Contaija Farber  Mailing Address	236 E. Ettwein Street m  145 E Broad Street m	State PA State	18018  Zip Code (Plus 4)	мо	DAY	2017 YEAR	
George Treisner  Mailing Address  City Bethleher  Full Name of Contains Farber  Mailing Address  City Bethelehr  Full Name of Contains Address	236 E. Ettwein Street m  145 E Broad Street m	State PA State	18018  Zip Code (Plus 4)	м <b>о</b>	22 DAY 22	2017  YEAR  2017	
George Treisner  Mailing Address  City Bethleher  Full Name of Contains Farber  Mailing Address  City Betheleher  Full Name of Contains Pasquali  Mailing Address	236 E. Ettwein Street  m  tributor  145 E Broad Street  m  tributor  i  827 Pine Street	State PA State	18018  Zip Code (Plus 4)	м <b>о</b>	22 DAY	2017 YEAR 2017	\$ 60.00
George Treisner  Mailing Address  City Bethleher  Full Name of Contains Farber  Mailing Address  City Betheleher  Full Name of Contains Pasquality  Mailing Address	236 E. Ettwein Street  m  tributor  145 E Broad Street  m  tributor  i  827 Pine Street	State PA  State PA	18018  Zip Code (Plus 4)  18018	мо мо	22 DAY 22	2017  YEAR  2017	\$ 60.00

Full Name of Contributor  Lorraine Pasquali			МО	DAY	YEAR		
Mailing Address 827 Pine Street							<b>\$</b> 50.00
City Bethlehem		State	Zip Code (Plus 4)	3	18	2017	
		PA	18018				

**PAGE TOTAL \$** 600.00

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

#### **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	ne of Filing Committee or Candidate Rep		Reporting	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 C	ame of Filing Committee or Candidate				Rep	orting Pe	riod				
NORTHAMPTON	CO DEM COM				Fron	n:	<u>1/1/2</u>	<u>017</u> To	o: <u>3/27/2017</u>		
						DA	ATE		А	MOUNT	
Full Name of Cor David Mattei	ntributor					МО	DAY	YEAR			
Mailing Address	3476 Westminster Wa	пу							\$	500.00	
<b>City</b> Nazareth	1	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18064			3	22	2017			
Employer Name	ployer Name Farmers Insurance					Occupat	ion	nsurano	ce agent		
Employer Mailing Address/Principal Place of City Business			•	State		Zip Cod	le (Plus 4)				
6 S Broad St Nazareth					PA		18064	Į.			
Full Name of Contributor Clyde Thomas						МО	DAY	YEAR			
Mailing Address	315 Hamilton Avenue								\$	350.00	
City Bethlehe	m	<b>State</b> PA		p Code (Plus 3017	s <b>4</b> )	2	27	2017			
Employer Name	Self					Occupat	t <b>ion</b>	Self-emp	ployed		
Employer Mailing Business	Address/Principal Plac	e of		City			State		Zip Cod	le (Plus 4)	
315 Hamilton Av	/enue			Bethlehe	m		PA		18017	,	
Full Name of Cor Glenn Reibman	ntributor					МО	DAY	YEAR			
Mailing Address	1231 Lieb Road								\$	350.00	
City Easton		<b>State</b> PA				2	27	2017			
Employer Name Retired				Occupation Retiree							
Employer Mailing Business	Address/Principal Plac	e of		City		•	State		Zip Code (Plus 4)		
1231 Lieb Road				Easton		PA 18040			)		

								PAGE	9	
Full Name of Contributor				мо	DAY	YEA	R			
Sandy O'Brien-Werner										
Mailing 705 Paxinosa Avenue								\$	350.00	
City Easton	State	Zij	Code (Plus 4)	2	27	20:	17			
Editori	PA	18	3042							
Employer Name Retired				<b>Occupation</b> Retiree						
Employer Mailing Address/Principal Plac Business	e of		City	State			7	Zip Code (Plus 4	1)	
705 Paxinosa Avenue	705 Paxinosa Avenue Easton				PA			18042		
Full Name of Contributor							<u> </u>			
Larry Lauritzen				МО	DAY	YEA	R			
Mailing 147 Charles Street							\$	350.00		
City Easton	State	Zij	Code (Plus 4)	2	27	20:	17			
	PA	18	3042							
Employer Name Lehigh Hanson Manuf	acturing			Occupation Land Manager						
Employer Mailing Address/Principal Plac Business	e of		City	State			7	Zip Code (Plus 4)		
7660 Imperial Way			Allentown		PA			18016		
Full Name of Contributor										
April Niver				МО	DAY	YEA	K			
Mailing 737 Washington Road	I							\$	350.00	
City Easton	State	Zij	Code (Plus 4)	2	27	20:	17			
	PA	18	3042							
Employer Name Goverment/US Congress				Occupat	tion E	conor	nic	Development [	Director	
Employer Mailing Address/Principal Place of Business City			City	•	State		7	Zip Code (Plus 4	1)	
400 Northampton Stree Easton			Easton		PA			18042		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.								PAGE TOT	AL	

**PAGE TOTAL \$** 2,250.00

## 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 Ca	ndidate		Repor	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	Schedule T Detailed	l Summary Page	Section	4			ı	PAGE TOTAL
zinci. Grana rotal or rait z on	ocilculate 1, Detailet	. Janimary 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 Period						
NORTHAMPTON CO DEM COM	From:	<u>1/1/2017</u> <b>To:</b>	<u>3/27/2017</u>				
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR							
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 Candidate	<b>3</b>		Reporting Period					
			From:			То:		
				DATE		AMOUNT		
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>\$</b>	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sch	odulo II. In Vir	d Contributions Data	ilad Sum	mary Dag			DAGE TOTAL	
Section 2.	edule II, III-KIN	iu Contributions Deta	ilieu Sum	шагу Рас	je,		PAGE TOTAL	
						\$	0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Reporting	Period				
					From:		То	:		
						DATE				AMOUNT
Full Name of Contributor					мо	DAY	YEAR	1		
Mailing Address									\$	0.00
City	State		Zip Code(Plus	4)						
Employer of Contributor						ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi <sub> </sub> 4)	p Code(Plu	s Desc	cript	tion o	f 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	Reporting Period						
NORTHAMPTON CO DEM COM	From	1/1/2017	То:	<u>3/27/2017</u>			

		DATE		AMOUNT	
	МО	DAY	YEAR		
	1	20	2017	\$	100.00
	Description of Expenditure Pavilion rental fee				
	МО	DAY	YEAR		
	1	20	2017	\$	25.00
	Description of Expenditure Alcohol fee				
	МО	DAY	YEAR		
	2	1	2017	\$	150.00
	Description of Expenditure Security Deposit				
	МО	DAY	YEAR		
	2	1	2017	\$	375.00
_	Description of Expenditure Event Venue & Catering				
	МО	DAY	YEAR		
	2	7	2017	\$	142.00
	Description of Expenditure  Mailbox renewal				
	Plus 4)	Plus 4) Descrip Alcohol  MO  2 Plus 4) Descrip Security  MO  2 Plus 4) Descrip Security  MO  2 Plus 4) Descrip Event V  MO  2 Plus 4) Descrip Event V  MO  2 Plus 4) Descrip Event V	MO DAY  1 20  Plus 4) Description of Expression Fermion Plus 4)  Plus 4) Description of Expression o	MO DAY YEAR  1 20 2017  Plus 4) Description of Expenditure Pavilion rental fee  MO DAY YEAR  1 20 2017  Plus 4) Description of Expenditure Alcohol fee  MO DAY YEAR  2 1 2017  Plus 4) Description of Expenditure Security Deposit  MO DAY YEAR  2 1 2017  Plus 4) Description of Expenditure Security Deposit  MO DAY YEAR  2 1 2017  Plus 4) Description of Expenditure Event Venue & Catering  MO DAY YEAR  2 7 2017  Plus 4) Description of Expenditure Event Venue & Catering	MO DAY YEAR  1 20 2017 \$  Plus 4) Description of Expenditure Pavilion rental fee  MO DAY YEAR  1 20 2017 \$  Plus 4) Description of Expenditure Alcohol fee  MO DAY YEAR  2 1 2017 \$  Plus 4) Description of Expenditure Security Deposit  MO DAY YEAR  2 1 2017 \$  Plus 4) Description of Expenditure Security Deposit  MO DAY YEAR  2 1 2017 \$  Plus 4) Description of Expenditure Event Venue & Catering  MO DAY YEAR  2 7 2017 \$  Plus 4) Description of Expenditure Event Venue & Catering

							PAGE 15
<b>To Whom Paid</b> Stefanos Resta				мо	DAY	YEAR	
Mailing Addres	<b>s</b> 2970 Linde	en Street		2	8	2017	\$ 100.00
City Bethler	nem	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18017		otion of Expanding Fee	penditure	
	T-1-1-6 F	dit D					PAGE TOTAL
enter Grand	lotal of Expen	ditures on Page 1, Re	eport Cover Page, Item D	•			\$ 892.00