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:							; y :	CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:		Nor	than	npton	County	Dem C	omm	ittee						
Street Address:	2117 MONTG	OMERY	ST														
City:	BETHLEHEM							State:	PA			Zip Cod	le: 18	3017			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		POST-	3. X		AMENDMENT REPORT?		Yes	No	•	/
(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	•	\
report type)	ANNUAL REPORT	7.	Year 2008					IG METHO				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Candida	ite:	-					DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	ty
								мо	DAY	YE	AR	Number	10000			couc	
								11		4	2008		(SEE IN	STRUCTI	ONS FOR C	ODES)	
	Receipts and	МО	DAY Y	EAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		1 1	20	800	Т	0	5		12	2008						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			1,7	755.87						
B. Total Monet	ary Contributions	And Rec	eipts (From S	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			1,7	755.87						
D. Total Expend	ditures (From Sch	edule II	I)				\$			5	06.58						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			1,2	49.29						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	le II	I)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$			9,0	86.45			1			
			ļ	٩FF	IDA	AVI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	re. 1	[f th	nis is	a Can	didate re	eport, o	candio	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sche	dules	file	d on	paper o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ıe.
Sworn to and subs	cribed before me thi day of	S	20							S	ignature	of Perso	n Submit	ting Rep	ort		
	Signati	ıre					-					Prin	ted Name	e			_
My Commission Ex	cpires											Ema	il				_
	мо	D	AY	YR					Are	ea Cod	e	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	omm	nitte	ee, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	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, s amended.																
Sworn to and subso	ribed before me this										S	ignature o	of Candid	ate			-
	day of						-					Printe	d Name				-
	Signature						-						:1				_
My Commission Exp	ires											Ema	11				
	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 County Dem Committee	From:	1/1/200	<u>8</u> To:	5/12/2008
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 ar 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

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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

PAGE TOTAL
\$ 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 Filing Committee or Candida	ite		Rep	oorting P	eriod			
			Fro	m:		To	o:	
					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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	nmary 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	ne of Filing Committee or Candidate				Reporting Period					
			Fror	m:		То	:			
				D	ATE		АМ	OUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	s 4)							
Employer Name		•		Occupat	tion		•			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page,	Section	on 3.			PA	GE TOTAL		
		, .5.,				4	•	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	Candidate		Repor	ting Perio	od			
			From:			To:		
				D	ATE		АМС	DUNT
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. Detailer	d Summary Page	Section	4			PAG	E TOTAL
	on concadio 1, betanet	a cammur, ruge,	200.011	••			\$	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 County Dem Committee	From:	<u>1/1/2008</u> To:	<u>5/12/2008</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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, 1		\$	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:				
				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 Candidate					Reporting	Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	andidate		Reporti	ng Period			
Northampton County Dem Cor	nmittee		From	1/	1/2008	То:	5/12/2008
				DATE			AMOUNT
To Whom Paid Verizon			МО	DAY	YEAR		
Mailing Address PO Box 280	0		4	28	2008	\$	102.58
City Lehigh Valley	State PA	Zip Code (Plus 4) 18002-800	Descrip Office I	otion of Exp Phone	penditure	1	
To Whom Paid Nazareth Jacksonian Club			МО	DAY	YEAR		
Mailing Address 119 S. Main	Street		5	1	2008	\$	192.00
City Nazareth	State PA	Zip Code (Plus 4) 18064		otion of Exp g Costs	penditure		
To Whom Paid Joe Long, Chairman			мо	DAY	YEAR		
Mailing Address Northampto Street	n County Democratic Pa	arty 2117 Montgomery	5	7	2008	\$	82.00
City Bethlehem	State PA	Zip Code (Plus 4) 18017-484		otion of Exp Postage	penditure	1	
To Whom Paid Lehigh Valley Labor Council CLO	С		мо	DAY	YEAR		
Mailing Address 526 S. Berk	s Street		4	25	2008	\$	130.00
City Allentown	State Zip Code (Plus 4) PA 18104			otion of Expoution & Tic			
Enter Grand Total of Expend	litures on Page 1, Re	port Cover Page, Item I). D.				PAGE TOTAL

506.58

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			Reporting Period					
Northampton County Dem Committee			From:	<u>1/1/2008</u> To:				<u>5/12/2008</u>
				DATE				Outstanding Balance of Debt
Name of Creditor Political Strategies Inc.				МО	DAY	YEAR		
Mailing Address Wilshire Palisade Bldg 1299 Ocean Ave. Suite 900				10	30	2007	\$	9,086.45
City Santa Monica	State CA	Zip Code (Pl 90401-100	,	Description of Debt Phones, Printing & Campaign Services				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 9,086.45	