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	IDATE		СОМИ	AITTEE	✓	LOB	BYIST	
Name of Filing C	Committee, Candid	ate or L	obbyist:		Northa	mpto	n County	Dem C	ommi	ttee					-
Street Address:	2117 MONTG	OMERY	ST												
City:	BETHLEHEM						State:	PA			Zip Code: 18017				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	2ND FRIDAY PRE- 2. 3 PRIMARY P				POST- 3.			AMENDN REPORT		Yes	No	· 🗸
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA					DAY POST- 6. LECTION			TERMIN REPORT		Yes	No	^ ~
report type)	ANNUAL REPORT	7. X	X Year 2009 FILING METHO								PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by Candidat	te:					DATE C	OF ELEC	CTIO	N	District Number	Office Code	Par	ty Code	County
	,						мо	DAY	YE	AR	Number	code			coue
			11		3	2009		(SEE INS	TRUCTI	ONS FOR	CODES)				
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		1 1	1 2	009	ГО	12	2 3	31	2009					
A. Amount Bro	ught Forward From	n Last R	eport	•	•	4	5		5,1	11.90	1				
B. Total Monet	ary Contributions	And Rec	eipts (From	n Sche	dule I)	9	5			0.00]				
C. Total Funds Available (Sum Of Lines A and B)							\$		5,1	11.90					
D. Total Expenditures (From Schedule III)						5	\$		2,97	78.18	1				
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			5		2,13	33.72					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	Schedu	le II)		5			0.00	4				
G. Unpaid Deb	ts And Obligations	(From S	Schedule I	V)		9	\$			0.00					
				AFF	IDAV	IT SI	ECTION								
PART I - If this is	s a Committee rep	ort, trea	isurer sign	here.	If this i	s a Ca	ndidate r	eport, c	andid	ate sig	yn here.				
I swear (or affirm correct and compl) that this report, incl ete.	uding the	e attached so	chedules	s filed or	n papei	or by elect	tronic me	edium,	are to t	the best o	f my knov	vledge	and beli	ef , true
Sworn to and subs	scribed before me this day of	5	20						Si	gnature	e of Perso	n Submitt	ing Rep	oort	
	Signatu	re				_					Prin	ted Name			
My Commission E	-										Ema	il			
	мо	D	AY	YR				Are	ea Code	9	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	d Comn	nittee,	Candio	date shall	sign he	ere.						
I swear (or affirm) No 320) as amende) that to the best of n ed.	ny knowle	edge and be	lief this	politica	l comr	nittee has r	not violat	ted any	, provis	ions of th	e act of Ju	ine 3,1	937 (P.I	1333,
Sworn to and subso	ribed before me this day of		20							s	ignature	of Candida	ite		
						_					Printe	ed Name			
	Signature					_									
My Commission Exp	bires										Ema				
	мо	D	AY	YR		_		Area	Code		D	aytime Te	elephor	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: <u>1/1/2009</u> **To:** Northampton County Dem Committee 12/31/2009 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **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 \$ 0.00 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			Re	porting l	Period			
Fro			om:		То	:		
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City State Zip Code (Plus 4)			4)					
								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			orting P	eriod			
From: To:								
					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 Candidate			Reporting) Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commi	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	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		АМС	DUNT
Full Name of Contributor					DAY	YEAR		
Mailing Address							\$	0.00
City	State	State Zip Code (Plus 4)						
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Place of City Business					State		Zip Code	(Plus 4)
Enter Grand Total of Part C on	Schedule I, Detai	iled Sumr	narv Page, Secti	on 3.		Γ	PAG	GE TOTAL
	,		,	-			\$	0.00

I

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	ting Perio	bd				
Fron				From: To:					
					ATE	AMOUNT			
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	I				1				
Enter Grand Total of Part E o	- Schodulo I. Dotailoc	l Summary Page	Section	4				PAGE TOT	AL
	i Schedule 1, Detailet	summary raye,	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 County Dem Committee	From:	<u>1/1/2009</u> то:	<u>12/31/2009</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	TF)		
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 R			Reporting Period					
F						То:		
				DATE		АМС	DUNT	
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	5	0.00	

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

Name of Filing Committee or Candidate				Re	Reporting Period					
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City Stat Business			State		Zip Code(Plus Descrip			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 Can	didate		Reporti	ng Period					
Northampton County Dem Com	mittee		From	<u>1/:</u>	<u>1/2009</u>	То:	<u>12/31/2009</u>		
				DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR				
Political Strategies									
Mailing Address 1299 Ocean A	Ave.		12	29	2009	\$	2,586.45		
City Santa Monica	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure				
	CA	90401-100	Phones	, Printing 8	& Campa	ign Svs			
To Whom Paid Joe Long	мо	DAY	YEAR						
Mailing Address 2117 Montgo	mery Street		11	25	2009	\$	62.54		
City Bethlehem State Zip Code (Plus 4)			Description of Expenditure						
	Office S	Supplies							
To Whom Paid Active Data Exchange, Inc			мо	DAY	YEAR				
Mailing Address 190 Broadhea	ad Road		11	29	2009	\$	60.00		
City Bethlehem	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure	•			
	PA	18017	Web Ho	osting					
To Whom Paid Verizon			мо	DAY	YEAR				
Mailing Address PO Box 2800	0		12	31	2009	\$	231.73		
City Lehigh Valley	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure	•			
	PA	18002-800	Telepho	one & Inte	rnet				
To Whom Paid Northampton County Democratic	c Committee		мо	DAY	YEAR				
Mailing Address 227 Mechanic Street			12	31	2009	\$	37.46		
City Wind Gap	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure)			
	PA	18091-132	Accoun	ting Corre	ction				
.							PAGE TOTAL		
Enter Grand Total of Expendit	tures on Page 1, Re	port Cover Page, Item I	J.			\$	2,978.18		

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