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	20100	54				oort		CAI	NDII	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	ommittee, (Candida	te or Lo	bbyist:		FRIE	END	S OF	MARC	IA F	HAHN								
Street Address:	136 E.	NORTH	AMPTOI	N ST															
City:	BATH								State	e:	PA			Zip Cod	le: 18	014			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRID PRIMARY	AY PRE	-	2.	30 DA		Р	OST-	3.		AMENDM REPORT?		Yes	No)	√
(place X to the right of	6TH TUESDA PRE-ELECTION		4.	2ND FRIC		E	5.	30 DA		Р	OST-	6. X	(TERMINA REPORT?		Yes	No)	\
report type)	ANNUAL RE	PORT	7.	Year 201	0				IG ME CHEC					PAPER		√	DISKI	TTE	
Name of Office S	ought by Ca	andidate	e:			•			DAT	E O	F ELE	CTIC	ON	District Number	Office Code	Par	ty Code	Cour	
REPRESENTATI	VE IN THE	GENER/	اککم الا	EMRI Y					МО		DAY	Y	EAR		STH	REP	1	48	
		0211210								11		2	2010		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Expenditures		and	МО	DAY	YEAI		_	_	МО		DAY	Y	'EAR	FO	R OFFIC	E USE	ONLY		
	1 1 2010 TO 11 22 201								2010										
A. Amount Bro	ught Forwai	rd From	Last Re	eport				\$				2,	.053.19						
B. Total Moneta	ary Contribu	itions A	nd Rece	eipts (Fro	m Sche	edule	(I)	\$					120.00						
C. Total Funds	Available (S	Sum Of I	Lines A	and B)				\$				2,	173.19						
D. Total Expend	ditures (Fro	m Sche	dule III	()				\$				1,	201.00						
E. Ending Cash	Balance (S	ubtract	Line D	From Line	e C)			\$					972.19						
F. Value Of In-	Kind Contrib	outions	Receive	ed (From	Schedu	ıle II)	\$					0.00						
G. Unpaid Debt	s And Oblig	ations (From S	chedule 1	(V)			\$				5,	381.44						
					AFF	FIDA	\VI	ΓSE	CTIC	N									
PART I - If this is	a Committe	ee repo	rt, trea	surer sig	n here.	If th	is is	a Car	ndidat	e re	port, c	and	idate sig	ın here.					
I swear (or affirm) correct and comple		ort, inclu	ding the	attached s	chedule	s file	d on	paper	or by e	lectr	onic m	ediun	n, are to t	he best o	f my knov	vledge	and bel	ief , tr	ue
Sworn to and subs	cribed before day of	me this		20									Signature	of Perso	n Submitt	ing Rep	oort		_
		Signature	e					-						Prin	ted Name				_
My Commission Ex	pires							_		•				Emai	il				
	мо)	DA	Υ	YR	l					Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of	a candi	date's	authorize	d Comi	mitte	e, C	andid	ate sh	shall sign here.									
I swear (or affirm) No 320) as amende		est of my	y knowle	dge and b	elief this	s polit	ical	comm	ittee h	as no	ot viola	ted a	ny provis	ions of the	e act of Ju	ıne 3,1	937 (P.I	133	3,
Sworn to and subsc	ribed before r day of	ne this		20									s	ignature o	of Candida	ite			_
								-						Printe	d Name				-
	Sigi	nature						-											_
My Commission Exp	ires													Emai	II .				
		мо	DA	ΛΥ	YF	₹		•			Area	Code	1	Da	aytime Te	elephor	e Numl	er	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF MARCIA HAHN	From:	1/1/201	<u>0</u> To:	11/22/2010
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J Period	(1)	\$	20.00
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)			\$	100.00
TOTAL for the Reporting	y Period	(2)	\$	100.00
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	J 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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	120.00

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 Candidate	Reporting Period
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FRIENDS OF MARCIA HAHN From: 1/1/2010 To: 11/22/2010

				DATE		AMOUNT
Full Name of Contributor HARRY & JANICE SMITH			МО	DAY	YEAR	
Mailing Address 54 S. FAIR\	/IEW STREET					\$ 100.00
City NAZARETH	State	Zip Code (Plus 4)	1 11	19	2010	
	PA	18064				

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

PAGE TOTAL \$ 100.00

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 Candi	date		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 Committee or Candidate	e of Filing Committee or Candidate			orting Pe	riod			
			Fron	n:		То	:	
				D	ATE		АМО	DUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAG	GE TOTAL 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		Report	ing Perio	od				
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$		0.00
City	State	Zip Code (Plus 4)						
Receipt Description	·	·		•			•		
Enter Grand Total of Part E	on Schedule I. Detailer	l Summary Page.	Section	4.				PAGE TO	ΓAL
- Communication of the Ex	Januara 1/ Betained	. Jaai y 1 ago,	Dection	••			\$		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		
FRIENDS OF MARCIA HAHN	From:	<u>1/1/2010</u> To:	11/22/2010
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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reportin	g Period			
			From:			То:	
				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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	ımary Pa	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or (Candidate		Reporti	ng Period			
FRIENDS OF MARCIA HAHN			From	1/	1/2010	То:	11/22/2010
		l		DATE			AMOUNT
To Whom Paid MARCIA HAHN			МО	DAY	YEAR		
Mailing Address 136 E. NO	RTHAMPTON STREET		10	25	2010	\$	500.00
City BATH	State PA	Zip Code (Plus 4) 18014		otion of Exp			
To Whom Paid THE HOME NEWS				DAY	YEAR		
Mailing Address PO BOX 39				27	2010	\$	391.00
City BATH	State PA	Zip Code (Plus 4) 18014		otion of Exp	penditure	1	
To Whom Paid ESTELLE CATERING	·	·	МО	DAY	YEAR		
Mailing Address 2246 WHI	TEHEAD RD		10	31	2010	\$	250.00
City NAZARETH	State PA	Zip Code (Plus 4) 18064	Descrip FALL R	otion of Exp	penditure	3	
To Whom Paid MILFRED HOYLE			МО	DAY	YEAR		
Mailing Address 107 N. GR	EEN ST.		11	21	2010	\$	60.00
City NAZARETH	State PA	Zip Code (Plus 4) 18064	Descrip ACCOU	otion of Exp	penditure		
Enton Cuand Tatal of Fare	diames on Description	most Cover Page There P	\				PAGE TOTAL
Enter Grand Total of Expen	iditures on Page 1, Re	port Cover Page, Item D	<i>)</i> .			l .	1 201 00

1,201.00

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					
FRIENDS OF MARCIA HAHN			From:	<u>1/1/2010</u> To:			<u>1</u>	11/22/2010
					DATE			Outstanding Balance of Debt
Name of Creditor MARCIA HAHN				мо	DAY	YEAR		
Mailing Address 136 E. NORTHAMPTON ST.				5	10	2010	\$	5,381.44
City BATH	State PA	Zip Code (Pl 18014	us 4)	Description of Debt REIMBURSEMENTS				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	PAGE TOTAL 5,381.44