	CA	MPAIGN	N FINANCE RE	PORT		
	Name and A	ddress o	f Filing Candidate	or Com	mitte	e
Name: Address: City, State, 2	Zip:	Friends of Bill Leiner 418 N 8 th St Coplay PA 18037				
		R	eport Filed By			
Candidate		No	Committee Ye		Yes	
Type of Rep	Type of Report		Election Date	Amend	ed	Termination
2009 Annual	2009 Annual Report			No		No
Office Sought By Candidate			Party	County	County	
Lehigh County Commissioner			D	Lehigh		
	Sum	mary of	Receipts & Expen	ditures		
From: 01/01/2009 To: 12/31/2			009			
A. Amount I	Brought Forwa	rd From	Last Report	1	244.	74
B. Total Monetary Contributions & Receipts (from Schedule I)				150.	00	
C. Total Funds Available (Sum of Lines A & B)				394.	74	
D. Total Expenditures (from Schedule III)				350.00		
E. Ending Cash Balance (Subtract Line D from Line C)				44.7	'4	
F. Value of In-Kind Contributions Received (from Schedule II)				0.00		
G. Unpaid D	ebts & Obliga	tions (fro	m Schedule IV)	-74	(715	(2.94)
					1	

^{*}Complete reports including signatures are on file in the Office of Voter Registration.

SCHEDULE I

PAGE 2 OF

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period 09 12/3/16	1 <i>Q</i> 1
FRIENDS OF BILL LEINER	Reporting Period 99 To 1231 6	
A STATE OF THE STA		
Tallenguate of the conference	HODELSE THE CONTRIBUTE PERSONS E	
TOTAL for the Repor	rting Period (1) \$	
	А (ум. 11. д.) что меня на построина принести принест на уместирую и меня и что вых чения изоснования.	
Contributions Received from Political Committees (Part A)		
All Other Contributions (Part B)	\$ 150	
TOTAL for the Repor	ting Period (2) \$	
Section of the second of the s		Andrew Committee
		A P
Contributions Renewed from Political Committees (Part C)	######################################	
All Other Contributions (Part D)	*	No.
TOTAL far the Report	ting Reriod (3) \$	3. <u></u>
	6 M. C.	
GATATIS ELICEPTES BETTER 5, 10 PROBLEMENT NO.		
TOPAL for the Report	(ing Pariod (4) \$	
	A CONTRACTOR OF THE PROPERTY O	
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Saxes 1. 2. 3 and 4; also enter this amount on Page 1. Reput		

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 Candle CRIENDS OF		NER		ting Period	09 TO 12/31/09
Full Name of Contributor				VIE.	AM (UR)
Pull Name of Contributor TAMES	STMCK	100		3 09	\$ 150
190 NINA	K TWAN				\$
Bethlehen	PA	Zip Code (Plus 4) 18017 —			\$
Full Name of Contributor		Control of the Contro			
Mailieu Makesa					Control of the contro
The second secon	State:	Zip Code Plus 4			
A STATE OF THE STA	nb. si. ijše njeje ij. j	_			
PUII Name of Contributor					\$.
Matting Address				772 F.7738	\$
QQP	# 8 5	Zip Code Plus 4			
FOU NAME DE CAMEROUX	and the state of t				
Milling Address		articles and the second arrange of the second and the second and the second arrange of t		Houses of the works of the second	3
	22. 1 784 (1880) 127	332.235 <u></u>			
	State	dir Code Plus 4)	1.00		
Full Manue of Contributor		30. 20.00 mg and management of the second of			
Marting Address					
gliv .	A STATE	Zip Code Play 4)		A A STEER AND A STEER	
FUN Name of Contributor		See .			\$ -
Mailing Address		and and the second seco			*
Property of the second			SELEN SEE		\$
		Zip Code (Plus 4)			
(III) Name of Contributor					<u> </u>
Halling Addition					
)					•
		dip Code (Plus 4)			\$
off Name of Cantillation	- A Mark Continues of the Continues of t				
Apiling Address					\$
	State	Zip Code (Plus 4)			\$
ar area and and an har back and a					\$
iller Grand Tabel at Das 5	age for 1 1 to				PAGE TOTAL
inter Grand Total of Part B o	on Schedule I, E	Petalled Summar	y Page, Secti	on 2.	\$ 150

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRICNOS OF BILL LA	: NE	R	Reporting Period From 11/31/09
TO WHOM POWER JULIAM LEINER J.	Λ.		5 72 09 \$ 350
Mailing Address 41 N. 8 TH ST.	Description of Expenditure		
COCLAY	State	Zip Code Plus Al 18037 —	CAYMENT TOWARD LOAN GALANCE.
To Whom Pald	in an and a second	The second secon	Amount \$
Mailing Address	. 02001011 240000		Description of Expenditure
	State	Zip code Pilic 4	
To Whom Pald	Stand Mr.	Maria	Amount \$
Mealing Address:	Land Triba	Andrew Company	Destription of Expenditure
A HALL HALL HALL HALL HALL HALL HALL HA	Since	Zipi Code Willia (i)	
To White Raid	The state of the s		Seat to the Control of the Control o
Malling Address			Description of Expenditure
Silvenment a tracement	State	Zip Code (Plus 4)	
To Whom Pald		Francis (1995) on the second s	Amount
Mailing Address	**************************************		Description of Expenditure
	State	Zip Gode Pine 4)	
To Wholir Rale		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Autount
Maining Address			Description of Expenditure
Service and the service of the servi	State	Zip Code Plus 4	
To Whom Pald			Amount 5
Melling Address			Description of Expenditure
City.	State	Zip Code (Plus 4)	
Fo YY5000 Eaid			Clus parters at 65% Arrount
Mid(ling Address			Description of Expenditure
GIV	State	Zip Code (Plus 4)	
Enter Grand Total of Expanditures on Pag	je 1, i	Report Cover Pa	PAGE TOTAL S 350.—

	6	_
PAGE	ું	OF S

SCHEDULE IV 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 of Candidate (RIENDS OF BILL LEI	NAL	Reporting Perio	109 For 31/09
And the state of t	A Company	rrem	To the second se
NAMES OF CHARLES WILLIAM LEINER BY		A STATE OF THE STA	Outstanding Balance of Del
Malling Radius 41 N. 2TH ST	DATE DEBT	2007 - 700	
COPLAY	incurred	State Zip Code Plus PA 13/37-	
Description of Date LOANS TO COMMITTE	<u> </u>	10001-	
Name of Claditor	nada Maria Maria Ma		Outstanding Balance of Det
Molling Abdress	DATE DATE		
	THEORNED	State: Zip Code (Plus	
Description of Debt			
Name of Chaditor			Outstanding Salance of Deb
Matting Address	DATE DEBT (MCUMBED		
cio.	- Accounting	State Zip Code Pius	
Description of Dabt			Chandred A Company of the Company o
Name of Craphor	The state of the s		Object anding Balance of Deb
Matting Adgas	DATE OFFIC		A. E. C.
	Line Miles	State Zip Code Plus 2	
DESCRIPTION OF CASE		-	
Vanie of Cradition		Anna tina and a single-couple, a second	2
Vetting Address			Outstanding Balance of Debt
16	DATE DEBT INCURRED		
		State Zip Code (Pips 4)	
seaffarion of Debi	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		
ame of Creditor	in the state of th	· ·	Outstanding Balance of Debt
Silling Address	DATE DEBT		L S
	INCURRED	State Zip Code (Plus 4)	
NAME OF COMPACT	\		
nter Grand Total of Unpaid Debts on Page	1. Report Cover I	Page Item C	PAGE TOTAL
है	· · · · · · · · · · · · · · · · · · ·	चन्नुच, सवता छ.	\$7152.94