CAMPAIGN FINANCE REPORT

Name and Address of Filing Candidate or Committee

Name:	*Dennis Pearson*
Address:	*942 E Tilghman St*
City, State, Zip:	*Allentown PA 18109*

Report Filed By

Candidate	X	**Committee**	

Type of Report *30 Day Post Election*	**Election Date** **11/08/2011**	**Amended**	**Termination**
TERMINATION REPORT		*No*	*No*

Office Sought By Candidate	**Party**	**County**
Lehigh County Commissioner At-Large	*D*	*Lehigh*

Summary of Receipts & Expenditures

From:	*10/25/2011*	**To:**	*11/28/2011*

A. Amount Brought Forward From Last Report	*0.00*
B. Total Monetary Contributions & Receipts (from Schedule I)	*805.15*
C. Total Funds Available (Sum of Lines A & B)	*805.15*
D. Total Expenditures (from Schedule III)	*805.15*
E. Ending Cash Balance (Subtract Line D from Line C)	*0.00*
F. Value of In-Kind Contributions Received (from Schedule II)	*0.00*
G. Unpaid Debts & Obligations (from Schedule IV)	*0.00*

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

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Dennis L. Pearson	From 10/25/11 To 11/28/11

1 - UNITEMIZED CONTRIBUTIONS AND RECEIPTS - $250.00 OR LESS PER PERSON FOR ELECTION		
TOTAL for the Reporting Period	(1)	$ 0

2 - ITEMIZED CONTRIBUTIONS OVER $250.00 FROM PART A AND PART B		
Contributions Received from Political Committees (Part A)		$ 0
All Other Contributions (Part B)		$ 0
TOTAL for the Reporting Period	(2)	$

3 - CONTRIBUTIONS OVER $250.00 FROM PART C AND PART D		
Contributions Received from Political Committees (Part C)		$ 0
All Other Contributions (Part D)		$ 805.15
TOTAL for the Reporting Period	(3)	$

4 - OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
TOTAL for the Reporting Period	(4)	$ 0

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD *(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)*	=	$ 805.15

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	Reporting Period
Dennis L Pearson	From 10/25/11 To 11/28/11

Full Name of Contributing Committee / Mailing Address / City / State / Zip Code (Plus 4)	DATE (MO. DAY YEAR)	AMOUNT
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$

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

PAGE TOTAL $ 0

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 Candidate: Dennis L Pearson

Reporting Period From 10/25/11 To 11/28/11

Full Name of Contributor / Mailing Address / City / State / Zip Code (Plus 4)	DATE (MO. / DAY / YEAR)	AMOUNT
Full Name of Contributor: Mailing Address: City: State: Zip Code (Plus 4): –	MO. DAY YEAR MO. DAY YEAR MO. DAY YEAR	$ $ $
Full Name of Contributor: Mailing Address: City: State: Zip Code (Plus 4): –	MO. DAY YEAR MO. DAY YEAR MO. DAY YEAR	$ $ $
Full Name of Contributor: Mailing Address: City: State: Zip Code (Plus 4): –	MO. DAY YEAR MO. DAY YEAR MO. DAY YEAR	$ $ $
Full Name of Contributor: Mailing Address: City: State: Zip Code (Plus 4): –	MO. DAY YEAR MO. DAY YEAR MO. DAY YEAR	$ $ $
Full Name of Contributor: Mailing Address: City: State: Zip Code (Plus 4): –	MO. DAY YEAR MO. DAY YEAR MO. DAY YEAR	$ $ $
Full Name of Contributor: Mailing Address: City: State: Zip Code (Plus 4): –	MO. DAY YEAR MO. DAY YEAR MO. DAY YEAR	$ $ $
Full Name of Contributor: Mailing Address: City: State: Zip Code (Plus 4): –	MO. DAY YEAR MO. DAY YEAR MO. DAY YEAR	$ $ $
Full Name of Contributor: Mailing Address: City: State: Zip Code (Plus 4): –	MO. DAY YEAR MO. DAY YEAR MO. DAY YEAR	$ $ $

PAGE TOTAL $ 0

Enter Grand Total of Part B 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 over $250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period
Dennis L Powers	From 10/25/11 To 11/28/11

Full Name of Contributing Committee / Mailing Address / City / State / Zip Code (Plus 4)	DATE (MO. DAY YEAR)	AMOUNT
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$

PAGE TOTAL $ 0

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

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
Dennis L. Pearson	From 10/25/11 To 11/28/11

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	Employer Name	Employer Mailing Address/Principal Place of Business	Occupation	DATE (MO / DAY / YEAR)	AMOUNT
Dennis L. Pearson	942 E. Tilghman Street	Allentown	PA	18109 - 1955	Retired Steelworker and Teacha		Retired	10 / 25 / 2011	$ 143.10
								10 / 25 / 2011	$ 499.00
								11 / 4 / 2011	$ 143.10
Dennis L. Pearson	942 E Tilghman Street	Allentown	PA	18109 - 1955	Retired Steelworker and Teacha		Retire	11 / 12 / 2001	$ 19.95
									$
									$
				–					$
				–					$
				–					$
				–					$
				–					$

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL $ 805.15

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	Reporting Period
Dennis L Pearson	From 10/25/11 To 11/28/11

Full Name

Mailing Address

City | State | Zip Code (Plus 4) | MO | DAY | YEAR | Amount $

Receipt Description

Full Name

Mailing Address

City | State | Zip Code (Plus 4) | MO | DAY | YEAR | Amount $

Receipt Description

Full Name

Mailing Address

City | State | Zip Code (Plus 4) | MO | DAY | YEAR | Amount $

Receipt Description

Full Name

Mailing Address

City | State | Zip Code (Plus 4) | MO | DAY | YEAR | Amount $

Receipt Description

Full Name

Mailing Address

City | State | Zip Code (Plus 4) | MO | DAY | YEAR | Amount $

Receipt Description

Full Name

Mailing Address

City | State | Zip Code (Plus 4) | MO | DAY | YEAR | Amount $

Receipt Description

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL $ 0

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
Dennis L. Pearson	From 10/25/11 To 11/28/11

TOTAL for the Reporting Period	(1)	$ 0

TOTAL for the Reporting Period	(2)	$ 0

TOTAL for the Reporting Period	(3)	$ 0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD *(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)*	$ 0

SCHEDULE II
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF $50.01 TO $250.00

Name of Filing Committee or Candidate: Dennis L. Pearson

Reporting Period: From 10/25/11 To 11/28/11

Full Name of Contributor / Mailing Address / City / State / Zip Code (Plus 4) / Description of Contribution	DATE (MO. DAY YEAR)	AMOUNT
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL $ 0

SCHEDULE II
PART G

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER $250.00

Name of Filing Committee or Candidate: Dennis L. Pearson

Reporting Period: From 10/25/11 To 11/28/11

Full Name of Contributor / Mailing Address / City / State / Zip Code (Plus 4)	Employer of Contributor / Employer Mailing Address/Principal Place of Business	Occupation / Description of Contribution	DATE (MO. DAY YEAR)	AMOUNT
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL $ 0

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Dennis L. Pearson	From 10/25/11 To 11/28/11

To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	Date (Mo. Day Year)	Amount	Description of Expenditure
Yahoo Web Hosting	701 First Avenue	Sunnyvale	CA	94089 -	10 25 2011	$ 19.95	Pearson4PA133.com. Website 10/14/2011
Staples	2138 W. Union Boulevard	Bethlehem	PA	18017 -	10 25 2011	$ 143.10	Campaign Handout
Lehigh County Democratic Committee	P.O. Box 33	Allentown	PA	18105 -	10 25 2011	$ 499.00	Unified Campaign
Staples	2138 W Union Boulevard	Bethlehem	PP	18017 -	11 4 2011	$ 143.10	Campaign Handout
				-		$	
				-		$	
				-		$	
				-		$	

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL $ 805.15

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 or Candidate	Reporting Period
Dennis L Powers	From 10/25/11 To 11/28/11

Name of Creditor
Mailing Address
City
Description of Debt
DATE DEBT INCURRED — MO. / DAY / YEAR
State
Zip Code (Plus 4)
Outstanding Balance of Debt $

Name of Creditor
Mailing Address
City
Description of Debt
DATE DEBT INCURRED — MO. / DAY / YEAR
State
Zip Code (Plus 4)
Outstanding Balance of Debt $

Name of Creditor
Mailing Address
City
Description of Debt
DATE DEBT INCURRED — MO. / DAY / YEAR
State
Zip Code (Plus 4)
Outstanding Balance of Debt $

Name of Creditor
Mailing Address
City
Description of Debt
DATE DEBT INCURRED — MO. / DAY / YEAR
State
Zip Code (Plus 4)
Outstanding Balance of Debt $

Name of Creditor
Mailing Address
City
Description of Debt
DATE DEBT INCURRED — MO. / DAY / YEAR
State
Zip Code (Plus 4)
Outstanding Balance of Debt $

Name of Creditor
Mailing Address
City
Description of Debt
DATE DEBT INCURRED — MO. / DAY / YEAR
State
Zip Code (Plus 4)
Outstanding Balance of Debt $

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL $ 0