

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
Name:	<i>Supporters for Thomas Slonaker</i>			
Address:	<i>7090 Saw Mill Rd</i>			
City, State, Zip:	<i>Germansville PA 18053</i>			
Report Filed By				
Candidate	<i>No</i>	Committee	<i>Yes</i>	
Type of Report		Election Date	Amended	Termination
<i>2009 Annual Report</i>			<i>No</i>	<i>No</i>
Office Sought By Candidate		Party	County	
<i>Lehigh County Controller</i>		<i>D</i>	<i>Lehigh</i>	
Summary of Receipts & Expenditures				
From:	<i>01/01/2009</i>	To:	<i>12/31/2009</i>	
A. Amount Brought Forward From Last Report				<i>674.26</i>
B. Total Monetary Contributions & Receipts (from Schedule I)				<i>700.00</i>
C. Total Funds Available (Sum of Lines A & B)				<i>1374.26</i>
D. Total Expenditures (from Schedule III)				<i>750.00</i>
E. Ending Cash Balance (Subtract Line D from Line C)				<i>624.26</i>
F. Value of In-Kind Contributions Received (from Schedule II)				<i>0.00</i>
G. Unpaid Debts & Obligations (from Schedule IV)				<i>(42301.18)</i>

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

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Supporters For Thomas Slovaker	Reporting Period From 01-01-09 To 12-31-09
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
TOTAL for the Reporting Period	(2)	\$

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$ 700.00
TOTAL for the Reporting Period	(3)	\$ 700.00

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

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.)	\$ 700.00
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**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 Supporters For Thomas Slowaker	Reporting Period From <u>01-01-09</u> To <u>12-31-09</u>
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	
Thomas Slowaker				04	02	09	\$ 700.00
Mailing Address				MO.	DAY	YEAR	\$
4110 Scheidys Rd							
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Whitehall	PA	18052 -					
Employer Name				Occupation			
Lehigh County				Lehigh County Controller			
Employer Mailing Address/Principal Place of Business							
17 South 7th St Allentown PA 18101							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)						
	-						
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)						
	-						
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)						
	-						
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)						
	-						
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I Detailed Summary Page Section 2

PAGE TOTAL
700.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Supporters For Thomas Slowaker	Reporting Period From 01-01-09 To 12-31-09
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	MO.	DAY	YEAR	Amount
To Whom Paid Friends of Michael Schlossberg	04	10	09	\$ 100.00
Mailing Address PO Box 8672	Description of Expenditure Fund Raiser / Contribution			
City Allen town	State PA	Zip Code (Plus 4) 18105-		
To Whom Paid Friends of Michael D Damore	04	10	09	\$ 100.00
Mailing Address 750 N Irving St	Description of Expenditure Fund Raiser / Contribution			
City Allen town	State PA	Zip Code (Plus 4) 18109-		
To Whom Paid Friends of Ed Pawlowski	05	11	09	\$ 200.00
Mailing Address Po Box 9366	Description of Expenditure Fund Raiser / Contribution			
City Allen town	State PA	Zip Code (Plus 4) 18105-		
To Whom Paid Friends of Hillary Kwiatek	08	11	09	\$ 100.00
Mailing Address 638 Spring St	Description of Expenditure Fund Raiser / Contribution			
City Bethlehem	State PA	Zip Code (Plus 4) 18018-		
To Whom Paid Friends of Jeanne McNeil	10	01	09	\$ 100.00
Mailing Address 3164 N Front St	Description of Expenditure Fund Raiser / Contribution			
City Whitehall	State PA	Zip Code (Plus 4) 18052-		
To Whom Paid Lehigh County Dem. Committee	10	08	09	\$ 50.00
Mailing Address 1852 S Wood St	Description of Expenditure Program Ad			
City Allen town	State PA	Zip Code (Plus 4) 18103-		
To Whom Paid Committee to Re-elect Dan McCarthy	10	20	09	\$ 100.00
Mailing Address 210 N 27th St	Description of Expenditure Fund Raiser / Contribution			
City Allen town	State PA	Zip Code (Plus 4) 18104-		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 750.00

**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 Supporters For Thomas Slovaker	Reporting Period From 01-01-09 To 12-31-09
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Name of Creditor Noreen Schneck	Outstanding Balance of Debt \$ 860.36			
Mailing Address 4110 Scheidys Rd	DATE DEBT INCURRED	MO.	DAY	YEAR
City Whitehall		10	26	03
	State	Zip Code (Plus 4)		
	PA	18052-		

Description of Debt Loan				
Name of Creditor Noreen Schneck	Outstanding Balance of Debt \$ 3740.82			
Mailing Address 4110 Scheidys Rd	DATE DEBT INCURRED	MO.	DAY	YEAR
City Whitehall		10	29	03
	State	Zip Code (Plus 4)		
	PA	18052-		

Description of Debt Loan				
Name of Creditor Thomas Slovaker	Outstanding Balance of Debt \$ 6000.00			
Mailing Address 4110 Scheidys Rd	DATE DEBT INCURRED	MO.	DAY	YEAR
City Whitehall		10	29	03
	State	Zip Code (Plus 4)		
	PA	18052-		

Description of Debt Loan				
Name of Creditor Thomas Slovaker	Outstanding Balance of Debt \$ 1000.00			
Mailing Address 4110 Scheidys Rd	DATE DEBT INCURRED	MO.	DAY	YEAR
City Whitehall		08	01	03
	State	Zip Code (Plus 4)		
	PA	18052-		

Description of Debt Loan				
Name of Creditor Thomas Slovaker	Outstanding Balance of Debt \$ 10000.00			
Mailing Address 4110 Scheidys Rd	DATE DEBT INCURRED	MO.	DAY	YEAR
City Whitehall		05	02	07
	State	Zip Code (Plus 4)		
	PA	18052-		

Description of Debt Loan				
Name of Creditor Thomas Slovaker	Outstanding Balance of Debt \$ 20000.00			
Mailing Address 4110 Scheidys Rd	DATE DEBT INCURRED	MO.	DAY	YEAR
City Whitehall		10	23	07
	State	Zip Code (Plus 4)		
	PA	18052-		

Description of Debt Loan

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

PAGE TOTAL
\$ 41601.18

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 Supporters For Thomas Slowaker	Reporting Period From <u>01-01-09</u> To <u>12-31-09</u>
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Name of Creditor Thomas Slowaker				Outstanding Balance of Debt \$ 700.00	
Mailing Address 4110 Scheidys RD	DATE DEBT INCURRED	MO. 4	DAY 02	YEAR 09	
City Whitehall	State PA	Zip Code (Plus 4) 18052			
Description of Debt Loan					

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

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

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

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

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

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ 700.00
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