

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
Name:	<i>Committee to Elect Percy Dougherty</i>			
Address:	<i>5726 Sandtrap Ln</i>			
City, State, Zip:	<i>Allentown PA 18106</i>			
Candidate		Committee	<i>X</i>	
Type of Report	Election Date	Amended	Termination	
2017 – 2 nd Friday Pre-Primary	05/16/2017			
Termination Report?				
Office Sought By Candidate	Party	County		
<i>Lehigh County Commissioner Dist #2</i>	<i>R</i>	<i>Lehigh</i>		
Summary of Receipts & Expenditures				
From:	<i>01/01/2017</i>	To:	<i>05/01/2017</i>	
A. Amount Brought Forward From Last Report			<i>1,852.73</i>	
B. Total Monetary Contributions & Receipts (from Schedule I)			<i>0.09</i>	
C. Total Funds Available (Sum of Lines A & B)			<i>1,852.82</i>	
D. Total Expenditures (from Schedule III)			<i>286.00</i>	
E. Ending Cash Balance (Subtract Line D from Line C)			<i>1,566.82</i>	
F. Value of In-Kind Contributions Received (from Schedule II)			<i>0.00</i>	
G. Unpaid Debts & Obligations (from Schedule IV)			<i>(-3,400.00)</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 PERCY DOUGHERTY	Reporting Period From <u>12-31-2016</u> To <u>3-31-2017</u>
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IDENTIFIED CONTRIBUTIONS AND RECEIPTS - \$5000 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$

CONTRIBUTIONS UP TO \$500.00 FROM PART A AND PART B	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
TOTAL for the Reporting Period (2)	\$

CONTRIBUTIONS OVER \$500 FROM PART C AND PART D	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
TOTAL for the Reporting Period (3)	\$

OTHER RECEIPTS - FUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. FROM PART 2	
TOTAL for the Reporting Period (4)	\$ <u>0.09</u>

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.)	\$ <u>0.09</u>
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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 PERCY DOUGHERTY	Reporting Period From 12-31-2016 to 3/31/2017
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Full Name EMBASSEY BANK						
Mailing Address P.O. Box 20405						
City Lehigh Valley	State PA	Zip Code (Plus 4) 18002--0405	MO. 02	DAY 17	YEAR 2017	Amount \$ 0.03
Receipt Description Bank INTEREST						

Full Name EMBASSEY BANK						
Mailing Address P.O. Box 20405						
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 18002-0405	MO. 3	DAY 20	YEAR 2017	Amount \$ 0.03
Receipt Description						

Full Name EMBASSEY BANK						
Mailing Address PO Box 20405						
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 18002-0405	MO. 4	DAY 17	YEAR 2017	Amount \$ 0.03
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						

PAGE TOTAL
\$ 0.09

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

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate PERCY DOUGHERTY	Reporting Period From <u>12-31-2016</u> to <u>3-31-2017</u>
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To Whom Paid JOHN YURKOWIC AGENCY	MO. 2	DAY 10	YEAR 2017	Amount \$ 5.00
Mailing Address 5910 HAMILTON BLVD.		Description of Expenditure NOTARY FEE		
City ALLENTOWN	State PA	Zip Code (Plus 4) 18106		

To Whom Paid LEHIGH COUNTY REPUBLICAN COMMITTEE	MO. 2	DAY 13	YEAR 2017	Amount \$ 50.00
Mailing Address 1544 HAMILTON BLVD SUITE 2		Description of Expenditure LINCOLN DAY		
City ALLENTOWN	State PA	Zip Code (Plus 4) 18102		

To Whom Paid COUNTY OF LEHIGH FISCAL OFFICE	MO. 2	DAY 14	YEAR 2017	Amount \$ 100.00
Mailing Address 17 S 7TH STREET		Description of Expenditure FILING FEE		
City ALLENTOWN	State PA	Zip Code (Plus 4) 18101		

To Whom Paid COUNTY OF LEHIGH VOTER REGISTRATION	MO. 2	DAY 15	YEAR 2017	Amount \$ 26.00
Mailing Address 17 S 7TH STREET		Description of Expenditure VOTER DISCOUNTS		
City ALLENTOWN	State PA	Zip Code (Plus 4) 18101		

To Whom Paid JOHN YURKOWIC AGENCY	MO.	DAY	YEAR	Amount \$ 5.00
Mailing Address 5910 HAMILTON BLVD		Description of Expenditure NOTARY FEE		
City ALLENTOWN	State PA	Zip Code (Plus 4) 18106		

To Whom Paid PA REPUBLICAN Co COMMISSIONER CAUCUS	MO. 3	DAY 25	YEAR 2017	Amount \$ 100.00
Mailing Address 925 COURT STREET		Description of Expenditure MEETING REGISTRATION		
City HONESDALE	State PA	Zip Code (Plus 4) 18431		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

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
\$ 286.00

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 PERCY DOUGHERTY	Reporting Period From 12-31-2016 To 3-31-2017
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Name of Creditor PERCY DOUGHERTY				Outstanding Balance of Debt \$ 2000.00		
Mailing Address 5726 SANDTRAP LANE	DATE DEBT INCURRED	MO.	DAY	YEAR		
City WESCOSEVILLE	State PA	Zip Code (Plus 4) 18016				
Description of Debt						

Name of Creditor PERCY DOUGHERTY				Outstanding Balance of Debt \$ 1400.00		
Mailing Address 5726 SANDTRAP LANE	DATE DEBT INCURRED	MO.	DAY	YEAR		
City WESCOSEVILLE	State PA	Zip Code (Plus 4) 18016				
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
\$ 3400.00