CAMPAIGN FINANCE REPORT Name and Address of Filing Candidate or Committee Committee to Elect Percy Dougherty Name: Address: 5726 Sandtrap Ln City, State, Zip: Allentown PA 18106 Candidate Committee X Type of Report Termination **Election Date** Amended 2017 – 2nd Friday Pre-Primary 05/16/2017 **Termination Report?** Office Sought By Candidate Party **County** Lehigh County Commissioner Dist #2 R Lehigh Summary of Receipts & Expenditures 01/01/2017 From: 05/01/2017 To: A. Amount Brought Forward From Last Report 1.852.73 B. Total Monetary Contributions & Receipts (from Schedule I) 0.09 C. Total Funds Available (Sum of Lines A & B) 1,852.82 D. Total Expenditures (from Schedule III) 286.00 E. Ending Cash Balance (Subtract Line D from Line C) 1,566.82 F. Value of In-Kind Contributions Received (from Schedule II) 0.00 G. Unpaid Debts & Obligations (from Schedule IV) (-3,400.00)

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

SCHEDULE I

PAGE 2 OF _____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Deraned Summary 1 -3-						
Name of Filing Committee or Candidate	Reporting Peri	Reporting Period From 12-31-2016 To 3-31-2017				
DERCY DOUGHERTY	1-2010	-2016 to 3-31 2011				
NAME OF THE PROPERTY OF THE PERSON OF THE PE	ESER CON	BUTTER	- Dia-			
TOTAL for the Reporting Perio	od (1)	\$				
THE ORIGINAL TRANSPORT OF THE PARTY AND PARTY.	**************************************					
Contributions Received from Political Committees (Part A)		\$				
All Other Contributions (Part B)		\$				
TOTAL for the Reporting Perio	od (2)	\$				
THE TREE PERSON AND THE PERSON AND THE PARTY OF THE PARTY	**					
Contributions Received from Political Committees (Part C)		\$				
All Other Contributions (Part D)		\$				
TOTAL for the Reporting Period	od (3)	\$				
A TOTAL OF THE PARTY OF THE PAR	Ecile					
TOTAL for the Reporting Peri		1	0.09			
			<u></u>			
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING						
TOTAL MONETARY CONTRIBUTIONS AND MESEL TO THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report		\$ 6	0.09			
Boxes 1, 2, 3 and 4; also enter this unbont of		1				

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.

ne of Filing Committee or Candidate			Repor	ting Per	1100 31-20	160 3/31/2011
PERCY DOVG	MERTY					, , ,
Name C A CCC A A	2 1 - 11 -					
EMBASEY O						
10 Box 20	51ate	Zip Code (Plus 4)				amount 0.03
chigh Valley		2002 0405	02 1	7 3	1017	\$ 0.03
Bound INTERES						
EMBASSEY BI	70116					
P.O Box 20	405					
LENICH VALLEY		Zip Code (Plus 4) 800 2 - 0405			YEAR 2017	\$ 0.03
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Name /						
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LEHIGH VALLEY		8002 0405	14	17	2017	\$ 0.03
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SCHEDULE III

STATEMENT OF EXPENDITURES

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Name of Filing Committee or Candidate						20160 3-31-2017
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	}		No.	on of Expe	FER	,
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ALLENTOWN	PA	18106				Amount
To Whom Paid LEHICH COUNTY REPUBLICAN CO	9-24	MITTER	2	13	2017	\$ 50.
				on of Expe	nditure	-
1544 HAMILTON BLUD S	DIT	Zip Code (Plus 4)	1-1.	MCOI	N Di	<u> </u>
ALLENTOWN)	1 3rais	18107	L			
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COUNTY OF LEHICH FISCAL D	VFF	-10E	Descripti	1 4	inditure _	
17 5 774 STREKET			F	1411	GFE	E
City	State	Zip Code (Plus 4)				
ALLENTOWN	<u> </u>	18101		- DAY		Amount
COUNTY OF LEHIGH VOTOR REG	155	PATION	2	15	2017	
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175 7TH STREET	State	Zip Code (Plus 4)	1000	<u>ران س.</u>	-1 (• •	
ALLENTOWN	PA	18101				- Amount
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SHN YURICONIC AGENCY Mailing Address			Descript	ion of Exp	enditure	
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ALLENTOWN	PA	•				
PA KEPUBLICAN CO COMMISSIONES	v /	PAUCUS	3	120	2017	\$ 100.00
Mailing Address	<u>د ر</u>	2,00				
925 COURT STREET	T 60.00-	Zip Code (Plus 4)	ME	ETTING	KK	GISTRATION
HONESDALE	PA					
To Whom Paid	<u> </u>		140.7	DAY	ALTERNA	Amount
A Salting A Address			Descript	tion of Exp	enditure	\$
Mailing Address						
City	State	Zip Code (Plus 4)				
To Whom Paid				MAT	N. K.	
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City	State	Zip Code (Flos 4)	1			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			PAGE TOTAL \$ 286.00
Enter Grand Total of Expenditures on Pr	age 1,	Report Cover I	Page, II	tem D.		\$ 286.00

PAGE 5 OF 5

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.

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PERCY DOUGHERT!			From <u>1 2</u>	- 31-2	016 to <u>3-3)-20</u> 17
V Ope 1 SV- VITURE					Outstanding Balance of Debt
me of Creditor PERCY DOUGHERTY		,			\$ 2000.00
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5726 SANDTRAP LANE	INCURRED	State	Zip Code (200 S	
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- A Studies					Outstanding Balance of Deb \$ 1400.
HERCY DAUGHERTY	DATE	- No.	ં સંજ	YEARY	\$ 1400
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ity	INÇURRED	State	Zip Code	(Plus 4)	
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City		State	Zip Code	(Plus 4) -	
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Description of Debt					Outstanding Balance of Do
					Outstanding Balance of De
Name of Craditor	DATE	ं श्रद	- OKY	c year	\$
Name of Creditor	DATE DEBT INCURRED	State			\$
Name of Creditor	DEBT			(Pius 4)	\$
Name of Craditor Mailing Address City	DEBT				\$
Description of Debt Name of Craditor Mailing Address City Description of Debt	DEBT				