

CAMPAIGN FINANCE REPORT			
Name and Address of Filing Candidate or Committee			
Name:	<i>Armstrong4Executive</i>		
Address:	<i>3154 Brynwood Dr</i>		
City, State, Zip:	<i>Whitehall PA 18052</i>		
Candidate		Committee	<i>X</i>
Type of Report	Election Date	Amended	Termination
2017 – 30 Day Post - Primary	05/16/2017		
Termination Report?			
Office Sought By Candidate	Party	County	
<i>Lehigh County Executive</i>	<i>D</i>	<i>Lehigh</i>	
Summary of Receipts & Expenditures			
From:	<i>05/02/2017</i>	To:	<i>06/05/2017</i>
A. Amount Brought Forward From Last Report			<i>3,197.06</i>
B. Total Monetary Contributions & Receipts (from Schedule I)			<i>1,500.00</i>
C. Total Funds Available (Sum of Lines A & B)			<i>4,697.06</i>
D. Total Expenditures (from Schedule III)			<i>250.00</i>
E. Ending Cash Balance (Subtract Line D from Line C)			<i>4,447.06</i>
F. Value of In-Kind Contributions Received (from Schedule II)			<i>0.00</i>
G. Unpaid Debts & Obligations (from Schedule IV)			<i>(-100.00)</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 ARMSTRONG 4 EXECUTIVE	Reporting Period From 5-2-17 To 6-5-17
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TOTAL for the Reporting Period	(1)	\$ - 0 -
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Contributions Received from Political Committees (Part A)	\$ - 0 -
All Other Contributions (Part B)	\$ - 0 -
TOTAL for the Reporting Period	(2) \$ - 0 -

Contributions Received from Political Committees (Part C)	\$ 500.⁰⁰
All Other Contributions (Part D)	\$ 1,000.⁰⁰
TOTAL for the Reporting Period	(3) \$ 1,500.⁰⁰

TOTAL for the Reporting Period	(4)	\$ - 0 -
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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.)	\$ 1,500.⁰⁰
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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 ARMSTRONG 4 EXECUTIVE	Reporting Period From <u>5-2-17</u> To <u>6-5-17</u>
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	DATE	AMOUNT
Full Name of Contributing Committee		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
		\$

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 ARMSTRONG 4 EXECUTIVE	Reporting Period From <u>5-2-17</u> To <u>6-5-17</u>
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	DATE	AMOUNT
Full Name of Contributor		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
		\$
Full Name of Contributor		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
		\$
Full Name of Contributor		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
		\$
Full Name of Contributor		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
		\$
Full Name of Contributor		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
		\$
Full Name of Contributor		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
		\$
Full Name of Contributor		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
		\$
Full Name of Contributor		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
		\$
Full Name of Contributor		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
		\$

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

PAGE TOTAL
\$ 0

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 ARMSTRONG 4 EXECUTIVE	Reporting Period From <u>5-2-17</u> To <u>6-5-17</u>
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	DATE	AMOUNT
Full Name of Contributing Committee BOILERMAKERS LOCAL No. 13 PAC Fund	5 5 2017	\$ 500.⁰⁰
Mailing Address 2300 NEW FALLS RD.		\$
City NEWPORTV. ILE State PA Zip Code (Plus 4) 19056 -3235		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City		\$

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

PAGE TOTAL
\$ 500.⁰⁰

**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 ARMSTRONG EXECUTIVE	Reporting Period From <u>5-2-17</u> To <u>6-5-17</u>
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	DATE	AMOUNT
Full Name of Contributor SUSAN L. BIGGICA	5 24 17	\$ 1,000.⁰⁰
Mailing Address 156 CEDAR AVE.		\$
City HERSHEY State PA Zip Code (Plus 4) 17033 -1514		\$
Employer Name RETIRED	Occupation TEACHER	
Employer Mailing Address/Principal Place of Business N/A		

Full Name of Contributor		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
		\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
		\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
		\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor		\$
Mailing Address		\$
City	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 3.

PAGE TOTAL ⁰⁰
\$ 1,000.

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 <u>ARMSTRONG 4 EXECUTIVE</u>	Reporting Period From <u>5-2-17</u> To <u>6-5-17</u>
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TOTAL for the Reporting Period (1)	\$ <u>— 0 —</u>
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TOTAL for the Reporting Period (2)	\$ <u>— 0 —</u>
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TOTAL for the Reporting Period (3)	\$ <u>— 0 —</u>
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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.)	\$ <u>— 0 —</u>
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**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED**
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate ARMSTRONG 4 EXECUTIVE	Reporting Period From <u>5-2-17</u> To <u>6-5-17</u>
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			DATE	AMOUNT
Full Name of Contributor			MO	\$
Mailing Address			DAY	\$
City	State	Zip Code (Plus 4)	YEAR	\$
Description of Contribution:				
Full Name of Contributor			MO	\$
Mailing Address			DAY	\$
City	State	Zip Code (Plus 4)	YEAR	\$
Description of Contribution:				
Full Name of Contributor			MO	\$
Mailing Address			DAY	\$
City	State	Zip Code (Plus 4)	YEAR	\$
Description of Contribution:				
Full Name of Contributor			MO	\$
Mailing Address			DAY	\$
City	State	Zip Code (Plus 4)	YEAR	\$
Description of Contribution:				
Full Name of Contributor			MO	\$
Mailing Address			DAY	\$
City	State	Zip Code (Plus 4)	YEAR	\$
Description of Contribution:				
Full Name of Contributor			MO	\$
Mailing Address			DAY	\$
City	State	Zip Code (Plus 4)	YEAR	\$
Description of Contribution:				

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 <u>ARMSTRONG, EXECUTIVE</u>	Reporting Period From <u>5-1-17</u> To <u>6-5-17</u>
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	DATE	AMOUNT
Full Name of Contributor		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
Employer of Contributor	Occupation	
Employer Mailing Address/Principal Place of Business	Description of Contribution	
Full Name of Contributor		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
Employer of Contributor	Occupation	
Employer Mailing Address/Principal Place of Business	Description of Contribution	
Full Name of Contributor		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
Employer of Contributor	Occupation	
Employer Mailing Address/Principal Place of Business	Description of Contribution	
Full Name of Contributor		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
Employer of Contributor	Occupation	
Employer Mailing Address/Principal Place of Business	Description of Contribution	
Full Name of Contributor		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
Employer of Contributor	Occupation	
Employer Mailing Address/Principal Place of Business	Description of Contribution	

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

PAGE TOTAL
\$ 0

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 <i>ARMSTRONG EXECUTIVE</i>	Reporting Period From <u>5-2-17</u> To <u>6-5-17</u>
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Full Name

Mailing Address

City	State	Zip Code (Plus 4)				Amount
		-				\$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)				Amount
		-				\$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)				Amount
		-				\$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)				Amount
		-				\$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)				Amount
		-				\$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)				Amount
		-				\$

Receipt Description

PAGE TOTAL
\$ <u>0</u>

Enter Grand Total of Part E on Schedule 1, Detailed Summary Page, Section 4.

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate ARMSTRONG 4 EXECUTIVE	Reporting Period From 5-2-17 To 6-5-17
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To Whom Paid	Date	Amount	Description of Expenditure
Minsi Trails Council BSA	5 24 17	\$ 250. ⁰⁰	Boys Scouts Dinner Fund RAISER SPONSOR
Mailing Address P.O. Box 20624			
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 18002-0624	
To Whom Paid		Amount \$	Description of Expenditure
Mailing Address			
City	State	Zip Code (Plus 4)	
To Whom Paid		Amount \$	Description of Expenditure
Mailing Address			
City	State	Zip Code (Plus 4)	
To Whom Paid		Amount \$	Description of Expenditure
Mailing Address			
City	State	Zip Code (Plus 4)	
To Whom Paid		Amount \$	Description of Expenditure
Mailing Address			
City	State	Zip Code (Plus 4)	
To Whom Paid		Amount \$	Description of Expenditure
Mailing Address			
City	State	Zip Code (Plus 4)	
To Whom Paid		Amount \$	Description of Expenditure
Mailing Address			
City	State	Zip Code (Plus 4)	

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

PAGE TOTAL
\$ 250.⁰⁰

**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 ARMSTRONG 4 EXECUTIVE	Reporting Period From <u>12</u> To <u>12</u>
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Name of Creditor PHILLIPS M. ARMSTRONG	Outstanding Balance of Debt \$ 100.00
Mailing Address 3154 BRYNWOOD DRIVE	DATE DEBT INCURRED 3 15 2017
City WHITEHALL	
Description of Debt LOAN FROM PHILLIPS M. ARMSTRONG TO ARMSTRONG 4 EXECUTIVE COMMITTEE	
State PA	Zip Code (Plus 4) 18052

Name of Creditor	Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED
City	
Description of Debt	
State	Zip Code (Plus 4)

Name of Creditor	Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED
City	
Description of Debt	
State	Zip Code (Plus 4)

Name of Creditor	Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED
City	
Description of Debt	
State	Zip Code (Plus 4)

Name of Creditor	Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED
City	
Description of Debt	
State	Zip Code (Plus 4)

Name of Creditor	Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED
City	
Description of Debt	
State	Zip Code (Plus 4)

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

PAGE TOTAL
\$ 100.00