

CAMPAIGN FINANCE REPORT

Name and Address of Filing Candidate or Committee

Name:	<i>Supports For Thomas Slonaker</i>
Address:	<i>7090 Saw Mill Rd</i>
City, State, Zip:	<i>Germansville PA 18053</i>

Report Filed By

Candidate		Committee	<i>X</i>
Type of Report	Election Date	Amended	Termination
2015 – 2 nd Friday Pre-Election	11/03/2015		
Termination Report?			
Office Sought By Candidate	Party	County	
<i>Lehigh County Controller</i>	<i>D</i>	<i>Lehigh</i>	

Summary of Receipts & Expenditures

From:	<i>06/09/2015</i>	To:	<i>10/19/2015</i>
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A. Amount Brought Forward From Last Report	<i>3,064.12</i>
B. Total Monetary Contributions & Receipts (from Schedule I)	<i>18,000.00</i>
C. Total Funds Available (Sum of Lines A & B)	<i>21,064.12</i>
D. Total Expenditures (from Schedule III)	<i>2,256.94</i>
E. Ending Cash Balance (Subtract Line D from Line C)	<i>18,807.18</i>
F. Value of In-Kind Contributions Received (from Schedule II)	<i>0.00</i>
G. Unpaid Debts & Obligations (from Schedule IV)	<i>(87,801.18)</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 <i>Supporters For Thomas Slonaker</i>	Reporting Period From <i>06092015</i> To <i>10192015</i>
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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)		\$ <i>18000.00</i>
TOTAL for the Reporting Period	(3)	\$ <i>18000.00</i>

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.)	\$ <i>18000.00</i>
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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 Slopaker	Reporting Period From <u>06092015</u> To <u>10192015</u>
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				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				\$
Thomas Slopaker	10	16	2015				\$ 18000.00
Mailing Address 4110 Scheidys Rd	MO.	DAY	YEAR				\$
City Whitehall	MO.	DAY	YEAR	State PA	Zip Code (Plus 4) 18052 -		
Employer Name Self				Occupation Candidate/Tax Preparer			
Employer Mailing Address/Principal Place of Business Same							
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
18000.00

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate Supporters For Thomas Slonaker	Reporting Period From 06092015 To 10192015
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To Whom Paid	MO.	DAY	YEAR	Amount
Kennedy Printing Comp.	8	14	2015	\$ 726.84
Mailing Address 5534 Baltimore Ave	Description of Expenditure Printing / Palm Cards			
City Philadelphia	State PA	Zip Code (Plus 4) 19143-		
Lehigh County Democratic Party	09	16	2015	\$ 100.00
Mailing Address Po Box 3142	Description of Expenditure Vote builder			
City Wescosville	State PA	Zip Code (Plus 4) 18106-		
The Press	10	16	2015	\$ 1430.10
Mailing Address 1633 N 26th St	Description of Expenditure Newspaper Advertisement			
City Allentown	State PA	Zip Code (Plus 4) 18104-		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				

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

PAGE TOTAL
\$ 2256.94

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 06 09 2015 To 10 19 2015				
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 Slowaker					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 Slowaker					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 Slowaker					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 Slowaker					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					Reporting Period		
Supporters For Thomas Slonaker					From 06/09/2015 To 10/19/2015		

Name of Creditor Thomas Slonaker					Outstanding Balance of Debt: \$ 700.00		
Mailing Address 4110 Scheidys Rd			DATE DEBT INCURRED	MO.	DAY	YEAR	
				4	08	09	
City Whitehall			State	Zip Code (Plus 4)			
			PA	18052			
Description of Debt Loan							
Name of Creditor Thomas Slonaker					Outstanding Balance of Debt: \$ 500.00		
Mailing Address 4110 Scheidys Rd			DATE DEBT INCURRED	MO.	DAY	YEAR	
				8	25	10	
City Whitehall			State	Zip Code (Plus 4)			
			PA	18052			
Description of Debt Loan							
Name of Creditor Thomas Slonaker					Outstanding Balance of Debt: \$ 2000.00		
Mailing Address 4110 Scheidys Rd			DATE DEBT INCURRED	MO.	DAY	YEAR	
				5	6	11	
City Whitehall			State	Zip Code (Plus 4)			
			PA	18052			
Description of Debt Loan							
Name of Creditor Thomas Slonaker					Outstanding Balance of Debt: \$ 10000.00		
Mailing Address 4110 Scheidys Rd			DATE DEBT INCURRED	MO.	DAY	YEAR	
				07	01	11	
City Whitehall			State	Zip Code (Plus 4)			
			PA	18052			
Description of Debt Loan							
Name of Creditor Thomas Slonaker					Outstanding Balance of Debt: \$ 15000.00		
Mailing Address 4110 Scheidys Rd			DATE DEBT INCURRED	MO.	DAY	YEAR	
				10	17	11	
City Whitehall			State	Zip Code (Plus 4)			
			PA	18052			
Description of Debt Loan							
Name of Creditor Thomas Slonaker					Outstanding Balance of Debt: \$ 18000.00		
Mailing Address 4110 Scheidys Rd			DATE DEBT INCURRED	MO.	DAY	YEAR	
				10	16	15	
City Whitehall			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

46200.00