

| CAMPAIGN FINANCE REPORT | | | | |
|---|--|----------------------|-------------------|--------------------|
| Name and Address of Filing Candidate or Committee | | | | |
| Name: | <i>Citizens for a Better Lehigh County</i> | | | |
| Address: | <i>840 Hamilton St Suite 321</i> | | | |
| City, State, Zip: | <i>Allentown PA 18101</i> | | | |
| Report Filed By | | | | |
| Candidate | | Committee | | |
| Type of Report | | Election Date | Amended | Termination |
| 2015 - 2 nd Friday Pre-Primary | | 05/19/2015 | | |
| Termination Report? | | | | |
| Office Sought By Candidate | | Party | County | |
| | | | <i>Lehigh</i> | |
| Summary of Receipts & Expenditures | | | | |
| From: | <i>01/01/2015</i> | To: | <i>05/04/2015</i> | |
| A. Amount Brought Forward From Last Report | | | <i>0.00</i> | |
| B. Total Monetary Contributions & Receipts (from Schedule I) | | | <i>10,225.00</i> | |
| C. Total Funds Available (Sum of Lines A & B) | | | <i>10,225.25</i> | |
| D. Total Expenditures (from Schedule III) | | | <i>9,863.74</i> | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | | <i>361.26</i> | |
| F. Value of In-Kind Contributions Received (from Schedule II) | | | <i>0.00</i> | |
| G. Unpaid Debts & Obligations (from Schedule IV) | | | <i>0.00</i> | |

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

SCHEDULE I
Contributions and Receipts

Detailed Summary Page

| | | |
|---|--|--------------|
| Filer Identification Number | Citizen For A Better Altoona ^{Lehigh} County | |
| 1. Unitemized Contributions and Receipts - \$50.00 or Less per Contributor | | |
| Total for the reporting period (1) | \$ | 625 |
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B) | | |
| Contributions Received from Political Committees (Part A) | \$ | 0 |
| All Other Contributions (Part B) | \$ | 1100 |
| Total for the reporting period (2) | \$ | 1100 |
| 3. Contributions Over \$250.00 (From Part C and Part D) | | |
| Contributions Received from Political Committees (Part C) | \$ | 6500 |
| All Other Contributions (Part D) | \$ | 2000 |
| Total for the reporting period (3) | \$ | 8500 |
| 4. Other Receipts - Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | | |
| Total for the reporting period (4) | \$ | 0 |
| 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) | | \$ 10,225.00 |

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.

| | |
|-----------------------------|------------------------------------|
| Filer Identification Number | Citizen For A Better Lehigh County |
|-----------------------------|------------------------------------|

| | | | | | | | Amount |
|-------------------------------------|--|--|--|--|--|-------------------|--------|
| Full Name of Contributing Committee | | | | | | Date [MM/DD/YYYY] | \$ |
| House # | | | | | | Date [MM/DD/YYYY] | \$ |
| Street Address | | | | | | | |
| City | | | | | | Date [MM/DD/YYYY] | \$ |
| State | | | | | | | |
| Zip Code | | | | | | | |
| Full Name of Contributing Committee | | | | | | Date [MM/DD/YYYY] | \$ |
| House # | | | | | | Date [MM/DD/YYYY] | \$ |
| Street Address | | | | | | | |
| City | | | | | | Date [MM/DD/YYYY] | \$ |
| State | | | | | | | |
| Zip Code | | | | | | | |
| Full Name of Contributing Committee | | | | | | Date [MM/DD/YYYY] | \$ |
| House # | | | | | | Date [MM/DD/YYYY] | \$ |
| Street Address | | | | | | | |
| City | | | | | | Date [MM/DD/YYYY] | \$ |
| State | | | | | | | |
| Zip Code | | | | | | | |
| Full Name of Contributing Committee | | | | | | Date [MM/DD/YYYY] | \$ |
| House # | | | | | | Date [MM/DD/YYYY] | \$ |
| Street Address | | | | | | | |
| City | | | | | | Date [MM/DD/YYYY] | \$ |
| State | | | | | | | |
| Zip Code | | | | | | | |
| Full Name of Contributing Committee | | | | | | Date [MM/DD/YYYY] | \$ |
| House # | | | | | | Date [MM/DD/YYYY] | \$ |
| Street Address | | | | | | | |
| City | | | | | | Date [MM/DD/YYYY] | \$ |
| State | | | | | | | |
| Zip Code | | | | | | | |
| Full Name of Contributing Committee | | | | | | Date [MM/DD/YYYY] | \$ |
| House # | | | | | | Date [MM/DD/YYYY] | \$ |
| Street Address | | | | | | | |
| City | | | | | | Date [MM/DD/YYYY] | \$ |
| State | | | | | | | |
| Zip Code | | | | | | | |

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

| | |
|------------------------------|------------------------------------|
| Filer Identification Number: | CITIZEN for A Better Lehigh County |
|------------------------------|------------------------------------|

| | | | | | | | | | |
|--------------------------|-----------|----------------|-------|----|-------------------------|-------|-------------------|----|-----|
| Full Name of Contributor | | | | | ROBERT TEUFEL | | Date [MM/DD/YYYY] | \$ | 100 |
| | | | | | | | 03/08/2015 | | |
| House # | 1 | Street Address | | | STOKLEA DRIVE | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| City | EMMAUS | | State | PA | Zip Code | 18049 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| Full Name of Contributor | | | | | PAUL WIRTH | | Date [MM/DD/YYYY] | \$ | 100 |
| | | | | | | | 03/28/2015 | | |
| House # | 1860 | Street Address | | | MAPLEWOOD LANE | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| City | ALLENTOWN | | State | PA | Zip Code | 18103 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| Full Name of Contributor | | | | | SHAMROCK PRODUCTIONS | | Date [MM/DD/YYYY] | \$ | 100 |
| | | | | | | | 04/12/2015 | | |
| House # | 435 | Street Address | | | RIDGE AVENUE | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| City | ALLENTOWN | | State | PA | Zip Code | 18102 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| Full Name of Contributor | | | | | EUGENE NICHOLS | | Date [MM/DD/YYYY] | \$ | 100 |
| | | | | | | | 04/12/2015 | | |
| House # | 1034 | Street Address | | | 18 TH STREET | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| City | ALLENTOWN | | State | PA | Zip Code | 18104 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| Full Name of Contributor | | | | | CONSTANCE COWEN | | Date [MM/DD/YYYY] | \$ | 100 |
| | | | | | | | 4/12/2015 | | |
| House # | 160 | Street Address | | | LEHIGH PARKWAY E APT 5F | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| City | ALLENTOWN | | State | PA | Zip Code | 18103 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| Full Name of Contributor | | | | | DAVID FOLLWEILER | | Date [MM/DD/YYYY] | \$ | 100 |
| | | | | | | | 04/12/2015 | | |
| House # | 1201 | Street Address | | | COUNTRY LANE | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |
| City | ALLENTOWN | | State | PA | Zip Code | 18104 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | | |

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

| | |
|-----------------------------|-------------------------------------|
| File Identification Number: | CITIZENS FOR A BETTER LEHIGH COUNTY |
|-----------------------------|-------------------------------------|

| | | | | | | | |
|--------------------------|------------|------------------|-----------------|----------|-------------------|-------------------|-----|
| Full Name of Contributor | | STAN ZUKOWSKI | | | Date (MM/DD/YYYY) | \$ | 100 |
| House # | 820 | Street Address | CHESTNUT STREET | | Date (MM/DD/YYYY) | \$ | |
| City | EMMAUS | State | PA | Zip Code | 18049 | Date (MM/DD/YYYY) | \$ |
| Full Name of Contributor | | MARIELLA MILLER | | | Date (MM/DD/YYYY) | \$ | 100 |
| House # | 309 | Street Address | SURREY PLACE | | Date (MM/DD/YYYY) | \$ | |
| City | MACUNGIE | State | PA | Zip Code | 18062 | Date (MM/DD/YYYY) | \$ |
| Full Name of Contributor | | DOUGLAS WILTRAUT | | | Date (MM/DD/YYYY) | \$ | 100 |
| House # | 969 | Street Address | CATASAUQUA ROAD | | Date (MM/DD/YYYY) | \$ | |
| City | WHITEHALL | State | PA | Zip Code | 18052 | Date (MM/DD/YYYY) | \$ |
| Full Name of Contributor | | KAREN BEYER | | | Date (MM/DD/YYYY) | \$ | 100 |
| House # | 918 | Street Address | PENN STREET | | Date (MM/DD/YYYY) | \$ | |
| City | HARRISBURG | State | PA | Zip Code | 17102 | Date (MM/DD/YYYY) | \$ |
| Full Name of Contributor | | GEOFFREY BRACE | | | Date (MM/DD/YYYY) | \$ | 100 |
| House # | 227 | Street Address | N 9TH STREET | | Date (MM/DD/YYYY) | \$ | |
| City | ALLENTOWN | State | PA | Zip Code | 18102 | Date (MM/DD/YYYY) | \$ |
| Full Name of Contributor | | | | | Date (MM/DD/YYYY) | \$ | |
| House # | | Street Address | | | Date (MM/DD/YYYY) | \$ | |
| City | | State | | Zip Code | | Date (MM/DD/YYYY) | \$ |

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.

| | | | | | | | |
|-------------------------------------|-----------------|---|----|----------|-------------------|-------------------|------|
| Filer Identification Number: | | CITIZENS FOR A BETTER LEHIGH COUNTY | | | | | |
| Full Name of Contributing Committee | | CARPENTERS PAC OF PHILADELPHIA AND VICINITY | | | Date (MM/DD/YYYY) | \$ | 500 |
| House # | 1803 | Street Address SPRING GARDEN STREET | | | Date (MM/DD/YYYY) | \$ | |
| City | PHILADELPHIA | State | PA | Zip Code | 19130 | Date (MM/DD/YYYY) | \$ |
| Full Name of Contributing Committee | | 1UOG LOCAL 542 | | | Date (MM/DD/YYYY) | \$ | 500 |
| House # | 1375 | Street Address VIRGINIA DRIVE | | | Date (MM/DD/YYYY) | \$ | |
| City | FORT WASHINGTON | State | PA | Zip Code | 19034 | Date (MM/DD/YYYY) | \$ |
| Full Name of Contributing Committee | | IBEW 375 | | | Date (MM/DD/YYYY) | \$ | 500 |
| House # | 1201 | Street Address W LIBERTY | | | Date (MM/DD/YYYY) | \$ | |
| City | ALLENTOWN | State | PA | Zip Code | 18102 | Date (MM/DD/YYYY) | \$ |
| Full Name of Contributing Committee | | ASBESTOS WORKERS PAC LOCAL 23 | | | Date (MM/DD/YYYY) | \$ | 1000 |
| House # | 3263 | Street Address SCHOOLHOUSE ROAD | | | Date (MM/DD/YYYY) | \$ | |
| City | MIDDLETOWN | State | PA | Zip Code | 17057 | Date (MM/DD/YYYY) | \$ |
| Full Name of Contributing Committee | | MULLER & EXEC | | | Date (MM/DD/YYYY) | \$ | 1000 |
| House # | 2600 | Street Address GRACIE LONE | | | Date (MM/DD/YYYY) | \$ | |
| City | MACUNGIE | State | PA | Zip Code | 181062 | Date (MM/DD/YYYY) | \$ |
| Full Name of Contributing Committee | | FRIENDS OF ED PAWLOWSKI | | | Date (MM/DD/YYYY) | \$ | 3000 |
| House # | 43 | Street Address N 11 TH STREET | | | Date (MM/DD/YYYY) | \$ | |
| City | ALLENTOWN | State | PA | Zip Code | 18101 | Date (MM/DD/YYYY) | \$ |

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
 (Exclude contributions from political committees reported in Part C)

| | |
|------------------------------|-------------------------------------|
| Filer Identification Number: | CITIZENS FOR A BETTER LEHIGH COUNTY |
|------------------------------|-------------------------------------|

| | | | | | | | | | |
|--|---------------|----------------|---------------|----------------------|-------|-------------------|------------|----|-----|
| Full Name of Contributor | | | | JOANNE JACKSON BAUER | | Date (MM/DD/YYYY) | 02/25/2015 | \$ | 500 |
| House # | 4195 | Street Address | ESTATES DRIVE | | | Date (MM/DD/YYYY) | 04/07/2015 | \$ | 500 |
| City | CENTER VALLEY | State | PA | Zip Code | 18034 | Date (MM/DD/YYYY) | | \$ | |
| Employer Name | | | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | | | |

| | | | | | | | | | |
|--|-----------|----------------|---------------|--------------|-------|-------------------|------------|----|------|
| Full Name of Contributor | | | | DAN HARTZELL | | Date (MM/DD/YYYY) | 04/12/2015 | \$ | 1000 |
| House # | 4265 | Street Address | HEATHER COURT | | | Date (MM/DD/YYYY) | | \$ | |
| City | ALLENTOWN | State | PA | Zip Code | 18104 | Date (MM/DD/YYYY) | | \$ | |
| Employer Name | | | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | | | |

| | | | | | | | | | |
|--|--|----------------|--|----------|--|-------------------|--|----|--|
| Full Name of Contributor | | | | | | Date (MM/DD/YYYY) | | \$ | |
| House # | | Street Address | | | | Date (MM/DD/YYYY) | | \$ | |
| City | | State | | Zip Code | | Date (MM/DD/YYYY) | | \$ | |
| Employer Name | | | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | | | |

| | | | | | | | | | |
|--|--|----------------|--|----------|--|-------------------|--|----|--|
| Full Name of Contributor | | | | | | Date (MM/DD/YYYY) | | \$ | |
| House # | | Street Address | | | | Date (MM/DD/YYYY) | | \$ | |
| City | | State | | Zip Code | | Date (MM/DD/YYYY) | | \$ | |
| Employer Name | | | | | | Occupation | | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | | | |

SCHEDULE II

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

| | |
|------------------------------|-----------------------------------|
| Filer Identification Number: | Citizen for A Better Wayne County |
|------------------------------|-----------------------------------|

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

| | | | |
|--------------------------------|-----|----|---|
| TOTAL for the reporting period | (1) | \$ | Ø |
|--------------------------------|-----|----|---|

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART 1)

| | | | |
|--------------------------------|-----|----|---|
| TOTAL for the reporting period | (2) | \$ | Ø |
|--------------------------------|-----|----|---|

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART 1)

| | | | |
|--------------------------------|-----|----|---|
| TOTAL for the reporting period | (3) | \$ | Ø |
|--------------------------------|-----|----|---|

| | | | |
|---|--|----|---|
| 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) | | \$ | Ø |
|---|--|----|---|

SCHEDULE III
Statement of Expenditures

Filer Identification Number: **Citizen for A Better Lehigh County**

| | | | | | | | | |
|--------------|--|----------------|---------------------------|----------|----------------------------|--------------------|----|-------|
| To Whom Paid | H STREET STRATEGIES | | | | Date (MM/DD/YYYY) | 02/20/2015 | \$ | 3000 |
| House # | 840 | Street Address | W HAMILTON STREET STE 321 | | Description of Expenditure | | | |
| City | ALLENTOWN | State | PA | Zip Code | 18101 | Consulting / Party | | |
| To Whom Paid | PENNSYLVANIA STATE DEMOCRATIC PARTY | | | | Date (MM/DD/YYYY) | 02/24/2015 | \$ | 500 |
| House # | 229 | Street Address | STATE STREET | | Description of Expenditure | | | |
| City | HARRISBURG | State | PA | Zip Code | 17101 | Votebuilder | | |
| To Whom Paid | WESCOE FOUNDATION FOR PULMONARY FIBROSIS | | | | Date (MM/DD/YYYY) | 03/30/2015 | \$ | 60 |
| House # | 6437 | Street Address | EICHLERS CIRCLE | | Description of Expenditure | | | |
| City | COOPERSBURG | State | PA | Zip Code | 18036 | | | |
| To Whom Paid | H STREET STRATEGIES | | | | Date (MM/DD/YYYY) | 04/13/2015 | \$ | 3000 |
| House # | 840 | Street Address | W HAMILTON STE 321 | | Description of Expenditure | | | |
| City | ALLENTOWN | State | PA | Zip Code | 18101 | Consulting / Party | | |
| To Whom Paid | FREEDOM MEMORIAL OF THE LEHIGH VALLEY | | | | Date (MM/DD/YYYY) | 04/21/2015 | \$ | 53.74 |
| House # | 840 | Street Address | Branch St | | Description of Expenditure | | | |
| City | Allentown | State | PA | Zip Code | 18101 | | | |
| To Whom Paid | BETHLEHEM CITY DEMOCRATIC COMMITTEE | | | | Date (MM/DD/YYYY) | 09/22/2015 | \$ | 250 |
| House # | 1792 | Street Address | PO Box | | Description of Expenditure | | | |
| City | Bethlehem | State | PA | Zip Code | 18016 | Program Ad | | |
| To Whom Paid | H STREET STRATEGIES | | | | Date (MM/DD/YYYY) | 09/28/2015 | \$ | 3000 |
| House # | 840 | Street Address | W HAMILTON STREET STE 321 | | Description of Expenditure | | | |
| City | ALLENTOWN | State | PA | Zip Code | 18101 | Consulting | | |
| To Whom Paid | | | | | Date (MM/DD/YYYY) | | \$ | |
| House # | | Street Address | | | Description of Expenditure | | | |
| City | | State | | Zip Code | | | | |

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.

Filer Identification Number: *Citizen for A Better Lelyh Cody*

| Name of Creditor | | | | | | Outstanding Balance of Debt |
|---------------------|----------------|---------------------------------|--|--|--|-----------------------------|
| House # | Street Address | DATE DEBT INCURRED (MM/DD/YYYY) | | | | |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |
| | | | | | | |
| Name of Creditor | | | | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED (MM/DD/YYYY) | | | | |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |
| | | | | | | |
| Name of Creditor | | | | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED (MM/DD/YYYY) | | | | |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |
| | | | | | | |
| Name of Creditor | | | | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED (MM/DD/YYYY) | | | | |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |
| | | | | | | |
| Name of Creditor | | | | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED (MM/DD/YYYY) | | | | |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |
| | | | | | | |