

CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: <input type="text"/>		Report Filed By: <input type="text"/>		1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>
Name of Filing Committee, Candidate, or Lobbyist <i>Chris Donatelli</i>						
Street Address: <i>1695 Beech Ln</i>						
City: <i>Macungie</i>				State: <i>PA</i>	Zip Code: <i>18062</i>	
TYPE OF REPORT (place X to the right of report type)	1. <input type="checkbox"/>	2. <input checked="" type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>	6. <input checked="" type="checkbox"/>
	7. <input type="checkbox"/>	8. <input type="checkbox"/>	9. <input type="checkbox"/>	10. <input type="checkbox"/>	11. <input type="checkbox"/>	12. <input checked="" type="checkbox"/>
	YEAR: <i>2015</i>			X		

Name of Office Sought by Candidate: <i>East Penn Schol Board Director</i>				DATE OF ELECTION: <i>5 19 2015</i>		District Number: <input type="text"/>	Office Code: <input type="text"/>	Party Code: <input type="text"/>	County Code: <input type="text"/>
(SEE INSTRUCTIONS FOR CODES)									

Summary of Receipts and Expenditures from:	<i>4 1 2015</i>	To	<i>5 4 2015</i>
A. Amount Brought Forward From Last Report	\$	<i>0</i>	
B. Total Monetary Contributions and Receipts (From Schedule II)	\$	<i>95</i>	
C. Total Funds Available (Sum of Lines A and B)	\$	<i>95</i>	
D. Total Expenditures (From Schedule III)	\$	<i>146.00</i>	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	<i>(51.00)</i>	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	<i>256.52</i>	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	<i>0</i>	

RECEIVED
15 MAY -8 PM 12:56
ELECTION BOARD
OF LEHIGH COUNTY

AFFIDAVIT SECTION

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this *7th* day of *May* 20*15*

[Signature]
Signature

My commission expires *11* *21* 20*17*
MO. DAY YR.

[Signature]
Signature of Person Submitting Report

Chris Donatelli
Printed Name

484
Area Code

707-8632
Daytime Telephone Number

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 P.L. 1333, No. 320 as amended.

Sworn to and subscribed before me this _____ day of _____ 20____

Signature

My commission expires _____ MO. DAY YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

Board of Elections of Lehigh County
Lehigh County Government Center
17 S. 7th St.
Allentown, PA 18101-2400

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Chris Donnell</i>	Reporting Period From _____ To _____
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TOTAL for the Reporting Period	(1)	\$ <i>95.00</i>
--------------------------------	-----	-----------------

Contributions Received from Political Committees (Part A)		\$ <i>0</i>
All Other Contributions (Part B)		\$ <i>0</i>
TOTAL for the Reporting Period	(2)	\$ <i>0</i>

Contributions Received from Political Committees (Part C)		\$ <i>0</i>
All Other Contributions (Part D)		\$ <i>0</i>
TOTAL for the Reporting Period	(3)	\$ <i>0</i>

TOTAL for the Reporting Period	(4)	\$ <i>0</i>
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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.)	\$ <i>95.00</i>
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SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Chris Donatelli</i>	Reporting Period From _____ To _____
---	---

To Whom Paid <i>Vistaprint (online)</i>	Date <i>4 11 15</i>	Amount \$ <i>146.00</i>
Mailing Address	Description of Expenditure <i>Business Cards, Cal Magnets</i>	
City State Zip Code (Plus 4)		
To Whom Paid	Date	Amount
Mailing Address	Description of Expenditure	
City State Zip Code (Plus 4)		
To Whom Paid	Date	Amount
Mailing Address	Description of Expenditure	
City State Zip Code (Plus 4)		
To Whom Paid	Date	Amount
Mailing Address	Description of Expenditure	
City State Zip Code (Plus 4)		
To Whom Paid	Date	Amount
Mailing Address	Description of Expenditure	
City State Zip Code (Plus 4)		
To Whom Paid	Date	Amount
Mailing Address	Description of Expenditure	
City State Zip Code (Plus 4)		
To Whom Paid	Date	Amount
Mailing Address	Description of Expenditure	
City State Zip Code (Plus 4)		
To Whom Paid	Date	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
\$ *146.00*

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 <i>Chris D'Amelio</i>		Reporting Period From _____ To _____
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TOTAL for the Reporting Period	(1)	\$	0
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TOTAL for the Reporting Period	(2)	\$	0
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TOTAL for the Reporting Period	(3)	\$	256.52
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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.)		\$	256.52
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IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate <i>Chris Vanakellis</i>	Reporting Period From _____ To _____
--	---

	DATE	AMOUNT
Full Name of Contributor <i>Lynn Nonchos</i>		\$ 256.52
Mailing Address <i>559 Minor St</i>		\$
City <i>Emmatus</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18049</i>
Employer of Contributor <i>Rodale, Inc</i>	Occupation <i>Librarian</i>	\$
Employer Mailing Address/Principal Place of Business <i>400 S. Tenth St, Emmatus, PA 18098</i>	Description of Contribution <i>Campaign Signs</i>	\$
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
\$ 256.52

CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:		Report Filed By:		1.	2.	3.
Name of Filing Committee, Candidate or Candidate						
Street Address						
City				State	Zip Code	
Macungie PA 180				PA	18062	
TYPE OF REPORT	1.	2.	3.	4.	5.	6.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	7.	YEAR		2015		
Place X to the right of report type						
X						

Name of Other Source or Candidate	DATE OF RECEIPT	CHARITY NUMBER	OFFICE CODE	PARTY CODE	COUNTY CODE
East Penn School Board Director	5 19 2015				
SEE INSTRUCTIONS FOR CODES					

Summary of Receipts and Expenditures from:	5 4 2015	To	6 8 2015
A. Amount Brought Forward from Last Report	\$	(51.00)	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	831.26	
C. Total Funds Available (Sum of Lines A and B)	\$	780.26	
D. Total Expenditures (From Schedule II)	\$	649.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	131.26	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	(380.00)	

RECEIVED
 2015 JUN 18 AM 8:00
 ELECTION BOARD
 OF LEHIGH COUNTY

I swear for affirm that this report, including the attached schedules, or paper or computer disks, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 17th day of JUNE 2015

Harry Buchin Signature
 Harry Buchin, Notary Public
 Macungie Boro, Lehigh County
 My Commission Expires Nov. 21, 2017

Chris Nonstelli Signature of Person Submitting Report
 Chris Nonstelli
 Printed Name

My commission expires 11 21 DAY
 MD. DAY YE

610 Area Code
391 8972 Daytime Telephone Number

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 2, 1937 (P.L. 1937, No. 32) or amended.

Sworn to and subscribed before me this _____ day of _____ 20____

 Signature

 Signature of Candidate

 Printed Name

My commission expires _____ MD. _____ DAY _____ YE

 Area Code

 Daytime Telephone Number

Board of Elections of Lehigh County
 Lehigh County Government Center
 17 S. 7th St.
 Allentown, PA 18101-2400

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period	
	From <u>5-4-15</u>	To <u>6-8-15</u>

TOTAL for the Reporting Period		(1)	\$ <u>110.00</u>
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Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	<u>350.00</u>
TOTAL for the Reporting Period		(2) \$

Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	<u>371.26</u>
TOTAL for the Reporting Period		(3) \$

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.)	\$ <u>831.26</u>
--	------------------

ALL OTHER CONTRIBUTIONS

\$30.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$30.01 to \$250.00 in the reporting period.
 (Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate		Reporting Period		DATE	AMOUNT
		From	To		
Full Name of Contributor	C. Rhodes			5 28 15	\$ 100.00
Mailing Address	46 52 Scholer St				\$
CITY	State	Zip Code (Plus 4)			\$
	Allettown	PA 18103			\$
Full Name of Contributor	Miss Scholler			5 13 15	\$ 250.00
Mailing Address	751 Benner Rd				\$
CITY	State	Zip Code (Plus 4)			\$
	Allettown	PA 18103			\$
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)			\$
					\$
					\$
PAGE TOTAL					\$ 350.00

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

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	Reporting Period From _____ To _____
---------------------------------------	---

	DATE	AMOUNT
Full Name of Contributor Bill Bullman	5 13 15	\$ 371.26
Mailing Address 2306 Cheble Dr.		\$
City Mascenic	State PA	Zip Code (Plus 4) 18062
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		
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
\$ 371.26

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
	From _____ To _____

To Whom Paid	Date	Amount	Description of Expenditure
Vistaprint (Online)	5/10/15	\$ 1051.00	4" x 6" Postcard Mailer
USPS	5/19/15	\$ 340.00	\$.33 stamps
Campaign Pilots	6/2/15	\$ 102.00	1 Robocall
Campaign Pilots	6/2/15	\$ 102.00	1 Robocall
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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

PAGE TOTAL
\$ 649.00

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	Reporting Period From _____ To _____
---------------------------------------	---

Name of Creditor Lynn Donchas		Outstanding Balance of Debt \$ 210.00	
Mailing Address 559 Miner St	DATE DEBT INCURRED 4/6/15	State PA	Zip Code (Plus 4) 18049
City Emmaus			
Description of Debt Vistaprint			

Name of Creditor Christopher Donatelli		Outstanding Balance of Debt \$ 170.00	
Mailing Address 1695 Beech Ln	DATE DEBT INCURRED 4/26/15	State PA	Zip Code (Plus 4) 18062
City Macungie PA			
Description of Debt 5 Rolls of Stamps @ \$1.33			

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

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

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

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

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ 380.00
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East Penn School Board Candidates
Finance Report - 2nd Quarter June 18, 2015

1st Quarter Balance: \$ _____

Vistaprint/purchases:

Mailer (2000)	(owe L. Donches)	\$ 210.00
Stamps	(owe Chris, \$170.00)	\$ 680.00
Ck. # 101		
Robocalls	(2 @ \$204.00 ea.)	\$ 408.00
Ck. # 102		
Ck. # 103		\$ 1298.00

Cash Contributions: \$50.00 and under

\$ 30.00
\$ 40.00
\$ 40.00

Check Contributions: Over \$50.00

Check \$ 100.00	C. Rhodes
Check \$ 371.26	B. Bullman
Check \$ 250.00	L. Scheller
\$ 831.26	

Split Expenditures

Carol Allen

\$ 340.00
\$ 105.00
\$ 204.00
\$ 649.00 Spent

\$ 15.00
\$ 20.00
\$ 20.00
\$ 50.00
\$ 125.00
\$ 185.63

\$ 415.63

Chris Donatelli

Stamps \$ 340.00
Vistaprint/mailer \$ 105.00
Robocall (2) \$ 204.00
\$ 649.00 Spent

Cash Contributions

\$ 15.00
\$ 20.00
\$ 20.00
\$ 50.00
\$ 125.00
\$ 185.63

\$ 415.63

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: Report Filed By:

Name of Filing Committee, Candidate, or Lobbyist: **CAROL ALLEN**

Street Address: **2661 TERRWOOD DRIVE WEST**

City: **MACUNGIE** State: **PA** Zip Code: **18062**

TYPE OF REPORT (place X to the right of report type)	1.	2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	4.	5.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	7.	YEAR	2015	<input checked="" type="checkbox"/>

Name of Office Sought by Candidate: **EAST PENN School BOARD DIRECTOR**

DATE OF ELECTION: **5/19/2015**

District Number	Office Code	Party Code	County Code

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from: **5/4/2015** To **6/8/2015**

A. Amount Brought Forward From Last Report	\$ (51.00)
B. Total Monetary Contributions and Receipts (From Schedule II)	\$ 831.26
C. Total Funds Available (Sum of Lines A and B)	\$ 780.26
D. Total Expenditures (From Schedule III)	\$ 649.00
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 131.26
F. Value of In-Kind Contributions Received (From Schedule II)	\$ —
G. Unpaid Debts and Obligations (From Schedule IV)	\$ (386.00)

RECEIVED
 2015 JUN 17 PM 1:00
 ELECTION BOARD
 OF LEHIGH COUNTY

AFFIDAVIT SECTION

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this **17th** day of **JUNE** 20 **15**

Signature: *[Signature]* Signature of Person Submitting Report: *Carol Allen*

Printed Name: **Carol Allen**

My commission expires **9** MO. **27** DAY **18** YR.

Notary Public: **TIMOTHY ANDREW BENYO**
 Notary Public: **LEHIGH COUNTY**
 Commission Expires **12/28/2016**

Area Code: **928** Daytime Telephone Number: **0884**

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 2, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this _____ day of _____ 20 _____

Signature: _____ Signature of Candidate: _____

Printed Name: _____

My commission expires _____ MO. _____ DAY _____ YR.

Area Code: _____ Daytime Telephone Number: _____

Board of Elections of Lehigh County
 Lehigh County Government Center
 17 S. 7th St.
 Allentown, PA 18101-2400

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period From <u>5-4-15</u> To <u>6-8-15</u>
---------------------------------------	---

TOTAL for the Reporting Period		(1)	\$ <u>110.00</u>
---------------------------------------	--	-----	------------------

Contributions Received from Political Committees (Part A)	\$		
All Other Contributions (Part B)	\$ <u>350.00</u>		
TOTAL for the Reporting Period		(2)	\$

Contributions Received from Political Committees (Part C)	\$		
All Other Contributions (Part D)	\$ <u>371.26</u>		
TOTAL for the Reporting Period		(3)	\$

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.)	\$ <u>831.26</u>
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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	Reporting Period
	From _____ To _____

	DATE	AMOUNT
Full Name of Contributor C. Rhodes	5 28 15	\$ 100.00
Mailing Address 4652 SCHULER ST.		\$
City ALLENTOWN State PA Zip Code (Plus 4) 18103-		\$
Full Name of Contributor Lisa Scheller	5 13 15	\$ 250.00
Mailing Address 751 BENNER ROAD		\$
City ALLENTOWN State PA Zip Code (Plus 4) 18103-		\$
Full Name of Contributor		\$
Mailing Address		\$
City		\$
Full Name of Contributor		\$
Mailing Address		\$
City		\$
Full Name of Contributor		\$
Mailing Address		\$
City		\$
Full Name of Contributor		\$
Mailing Address		\$
City		\$
Full Name of Contributor		\$
Mailing Address		\$
City		\$
Full Name of Contributor		\$
Mailing Address		\$
City		\$
Full Name of Contributor		\$
Mailing Address		\$
City		\$

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

PAGE TOTAL
\$ 350.00

**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	Reporting Period From _____ To _____
---------------------------------------	---

	DATE	AMOUNT
Full Name of Contributor Bill Bullman	5 13 15	\$ 371.26
Mailing Address 2306 CHABLIS DRIVE		\$
City MACUNGIE	State PA	Zip Code (Plus 4) 18062-
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		

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 \$ 371.26

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate	Reporting Period
	From _____ To _____

To Whom Paid VISTAPRINT (ONLINE)	Amount	
Mailing Address	5 10 15	\$ 105. ⁰⁰
City	Description of Expenditure 4"x6" postcard mailer	
State	Zip Code (Plus 4)	
	-	

To Whom Paid USPS	Amount	
Mailing Address	5 14 15	\$ 340. ⁰⁰
City	Description of Expenditure #0.33 Stamps	
State	Zip Code (Plus 4)	
	-	

To Whom Paid CAMPAIGN PILOTS	Amount	
Mailing Address 26 W. BROAD ST.	6 2 15	\$ 102. ⁰⁰
City BETHLEHEM	Description of Expenditure 1 RoboCall	
State PA	Zip Code (Plus 4) 18018-	

To Whom Paid CAMPAIGN PILOTS	Amount	
Mailing Address 26 W. BROAD ST.	6 2 15	\$ 102. ⁰⁰
City BETHLEHEM	Description of Expenditure 1 RoboCall	
State PA	Zip Code (Plus 4) 18018-	

To Whom Paid	Amount	
Mailing Address		\$
City	Description of Expenditure	
State	Zip Code (Plus 4)	
	-	

To Whom Paid	Amount	
Mailing Address		\$
City	Description of Expenditure	
State	Zip Code (Plus 4)	
	-	

To Whom Paid	Amount	
Mailing Address		\$
City	Description of Expenditure	
State	Zip Code (Plus 4)	
	-	

To Whom Paid	Amount	
Mailing Address		\$
City	Description of Expenditure	
State	Zip Code (Plus 4)	
	-	

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

PAGE TOTAL
\$ 649.⁰⁰

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	Reporting Period From _____ To _____
---------------------------------------	---

Name of Creditor LYNN DONCITES		Outstanding Balance of Debt \$ 210.00	
Mailing Address 559 MINOR ST.	DATE DEBT INCURRED 4/6/15	State PA	Zip Code (Plus 4) 18049
City EMMAUS			
Description of Debt VISTAPRINT			

Name of Creditor CHRISTOPHER DONATELLI		Outstanding Balance of Debt \$ 170.00	
Mailing Address 1695 BEECH LN.	DATE DEBT INCURRED 4/26/15	State PA	Zip Code (Plus 4) 18062
City MACUNGIE			
Description of Debt 5 ROLLS of \$.33 stamps			

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

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

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

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

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

PAGE TOTAL
\$ 380.00

CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: _____	Report Filed By: CANDIDATE <input checked="" type="checkbox"/> COMMITTEE <input type="checkbox"/> LOBBYIST <input type="checkbox"/>
------------------------------------	--

Name of Filing Committee, Candidate or Lobbyist: **CAROL ALLEN**

Street Address: **2661 TERRWOOD DRIVE WEST**

City: **MACUNGIE** State: **PA** Zip Code: **18062-**

TYPE OF REPORT (place X to the right of report type)	1. 5TH TUESDAY PRE-PRIMARY	2. 2ND FRIDAY PRE-PRIMARY	3. 30 DAY POST PRIMARY	AMENDMENT REPORT?	YES	NO	X
	4. 5TH TUESDAY PRE-ELECTION	5. 2ND FRIDAY PRE-ELECTION	6. 30 DAY POST-ELECTION	TERMINATION REPORT?	YES	NO	X
	7. ANNUAL REPORT	YEAR: 2015	FILING METHOD: <input checked="" type="checkbox"/> PAPER <input type="checkbox"/> DISKETTE				

Name of Office Sought by Candidate: EAST PENN SCHOOL BOARD DIRECTOR	DATE OF ELECTION: 5 19 2015	District Number	Office Code	Party Code	County Code
--	------------------------------------	-----------------	-------------	------------	-------------

Summary of Receipts and Expenditures from:	MO. DAY YEAR	To	MO. DAY YEAR
	4 1 2015		5 4 2015
A. Amount Brought Forward From Last Report	\$ 0		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 95.00		
C. Total Funds Available (Sum of Lines A and B)	\$ 95.00		
D. Total Expenditures (From Schedule III)	\$ 146.00		
E. Ending Cash Balance (Subtract Line D from Line C)	\$ (51.00)		
Value of In-Kind Contributions Received (From Schedule II)	\$ 256.52		
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0		

RECEIVED
 2015 MAY -7 PM 3:44
 ELECTION BOARD
 OF LEHIGH COUNTY

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, is true, correct and complete.

Sworn to and subscribed before me this 7th day of May 2015

Signature: *[Signature]*

My commission expires 23 15 15 MO. DAY YR.

Signature of Person Submitting Report: *Carol Allen*

Printed Name: **CAROL ALLEN**

Area Code: **610** Daytime Telephone Number: **928-0884**

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this Political Committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this _____ day of _____ 20____

Signature: _____

My commission expires _____ MO. DAY YR.

Signature of Candidate: _____

Printed Name: _____

Area Code: _____ Daytime Telephone Number: _____

Lehigh County Government Center
 17 S. 7th St., Allentown, PA 18101-2400 (610)782-3194