

Commonwealth of Pennsylvania Campaign Finance Report

PAGE 1 OF 3
(COVER PAGE)

(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"/>			
Street Address: JOHN INGRAM 2954 MOUNTAIN LANE, #8											
City: ALLENTOWN				State: PA		Zip Code: 18103					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>	30-DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30-DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	YEAR		FILING METHOD (<input checked="" type="checkbox"/>) CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE		
Name of Office Sought by Candidate: ALLENTOWN CITY COUNCIL					DATE OF ELECTION		District Number	Office Code	Party Code	County Code	
					MO.	DAY	YEAR				
					5	17	2011		0TH	DEM	39
					(SEE INSTRUCTIONS FOR CODES)						
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY	
			3	15	2011		5	2	2011	RECEIVED ELECTION BOARD OF LEHIGH COUNTY 2011 MAY -6 PM 3:43	
A. Amount Brought Forward From Last Report				\$ 0							
B. Total Monetary Contributions and Receipts (From Schedule I)				\$ 0							
C. Total Funds Available (Sum of Lines A and B)				\$ 0							
D. Total Expenditures (From Schedule III)				\$ 2,878.92							
E. Ending Cash Balance (Subtract Line D from Line C)				(\$ 2,878.92)							
F. Value of In-Kind Contributions Received (From Schedule II)				\$ 0							
G. Unpaid Debts and Obligations (From Schedule IV)				\$ 0							

AFFADAVIT 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, 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

6th day of MAY 2011
Deborah A. McMahon
 Signature
 My commission expires 8 26 14
 MO. DAY YR.

[Signature]
 Signature of Person Submitting Report
JOHN INGRAM
 Printed Name
610 798-9877
 Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Deborah A. McMahon, Notary Public
 Salisbury Twp., Lehigh County
 My Commission Expires Aug. 26, 2014
 Member, Pennsylvania Association of Notaries

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

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of filing committee or Candidate JOHN INGRAM	Reporting Period From <u>3/15/2011</u> To <u>5/2/2011</u>
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To Whom Paid	MO.	DAY	YEAR	Amount
LEHIGH COUNTY Bd. OF ELECTIONS	3	15	2011	\$ 25
Mailing Address				
Description of Contribution VOTER LIST				
City ALLENTOWN	State PA	Zip Code (Plus 4) -		
LEHIGH COUNTY DEMOCRATIC COMM.	4	13	2011	\$ 236
Mailing Address				
Description of Contribution VOTE BUILDER				
City	State PA	Zip Code (Plus 4) -		
PA FED. OF DEM. WOMEN	4	16	2011	\$ 20
Mailing Address				
Description of Contribution LUNCH				
City	State PA	Zip Code (Plus 4) -		
STAPLES	4	18	2011	\$ 118.63
Mailing Address 3300 LEHIGH ST.				
Description of Contribution CAMPAIGN CARDS				
City ALLENTOWN	State PA	Zip Code (Plus 4) -		
HOPS AT THE Paddock	4	19	2011	\$ 15
Mailing Address				
Description of Contribution DINNER				
City ALLENTOWN	State PA	Zip Code (Plus 4) -		
PA FED OF DEM WOMEN	4	19	2011	\$ 5
Mailing Address				
Description of Contribution CAMPAIGN AUCTION				
City	State PA	Zip Code (Plus 4) -		
ROSS INDUSTRIES	4	21	2011	\$ 1,715
Mailing Address				
Description of Contribution CAMPAIGN LAWN SIGNS				
City	State NY	Zip Code (Plus 4) -		
STAPLES	4	22	2011	\$ 106.12
Mailing Address				
Description of Contribution DESIGN FOR FLYERS				
City ALLENTOWN	State PA	Zip Code (Plus 4) -		

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

PAGE TOTAL \$2,240.75
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SCHEDULE III
STATEMENT OF EXPENDITURES

Name of filing committee or Candidate JOHN INGRAM	Reporting Period From <u>3/15/2011</u> To <u>5/2/2011</u>
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To Whom Paid	MO.	DAY	YEAR	Amount
STAPLES	4	25	2011	\$ 53.00
Mailing Address				
Description of Contribution NEW FLYER DESIGN				
City ALLENTOWN	State PA		Zip Code (Plus 4)	
ROSS INDUSTRIES	4	25	2011	\$ 585.17
Mailing Address				
Description of Contribution CAMPAIGN BUTTONS				
City	State NY		Zip Code (Plus 4)	
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address				
Description of Contribution				
City	State		Zip Code (Plus 4)	
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address				
Description of Contribution				
City	State		Zip Code (Plus 4)	
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address				
Description of Contribution				
City	State		Zip Code (Plus 4)	
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address				
Description of Contribution				
City	State		Zip Code (Plus 4)	
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address				
Description of Contribution				
City	State		Zip Code (Plus 4)	

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

PAGE TOTAL
\$ 638.17

Commonwealth of Pennsylvania

Campaign Finance Report

PAGE 1 OF 6
(COVER PAGE)

(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 ¹	COMMITTEE ² <input checked="" type="checkbox"/>	LOBBYIST ³					
JOHN INGRAM FOR CITY COUNCIL											
Street Address: 2454 MOUNTAIN LN., SUITE #8											
City: ALLENTOWN			State: PA	Zip Code: 18106							
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30-DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30-DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	YEAR	FILING METHOD (<input checked="" type="checkbox"/>) CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate: ALLENTOWN CITY COUNCIL				DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
				MO.	DAY	YEAR					
				5	17	2011		0TH	DEM	39	
				(SEE INSTRUCTIONS FOR CODES)							
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY	
			4	2	2011		5	2	2011	RECEIVED 2011 MAY - 6 PM 3:43 ELECTION BOARD OF LEHIGH COUNTY	
A. Amount Brought Forward From Last Report						\$ 0					
B. Total Monetary Contributions and Receipts (From Schedule I)						\$ 1650.00					
C. Total Funds Available (Sum of Lines A and B)						\$ 1650.00					
D. Total Expenditures (From Schedule III)						\$ 41.00					
E. Ending Cash Balance (Subtract Line D from Line C)						\$ 1609.00					
F. Value of In-Kind Contributions Received (From Schedule II)						\$ 0					
G. Unpaid Debts and Obligations (From Schedule IV)						\$ 0					

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, 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

6th day of MAY 20 11

Deborah A. McMahon
Signature

My commission expires 8 26 14
MO. DAY YR.

[Signature]
Signature of Person Submitting Report

Michel Glower
Printed Name

484 951-4081
Area Code Daytime Telephone Number

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

6th day of MAY 20 11

Deborah A. McMahon
Signature

My commission expires 8 26 14
MO. DAY YR.

[Signature]
Signature of Candidate

JOHN INGRAM
Printed Name

610 798-9877
Area Code Daytime Telephone Number

Notarial Seal
 Deborah A. McMahon, Notary Public
 Salisbury Twp., Lehigh County
 My Commission Expires Aug. 26, 2014
 Member, Pennsylvania Association of Notaries

SCHEDULE I
Contributions and Receipts

Detailed Summary Page

Name of Filing Committee or Candidate JOHN INGRAM FOR CITY COUNCIL	Reporting Period From <u>4/2/2011</u> To <u>5/2/2011</u>
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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)	\$ 0
All Other Contributions (Part B)	\$ 100.00
TOTAL for the Reporting Period (2)	\$ 100.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 0
All Other Contributions (Part D)	\$ 1500.00
TOTAL for the Reporting Period (3)	\$ 1500.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ 50.00

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(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>	\$ 1650.00
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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: JOHN INGRAM FOR CITY COUNCIL; Reporting Period: From 4/2/2011 To 5/2/2011

Table with columns: Full Name of Contributor, Mailing Address, City, State, Zip Code (Plus 4), DATE (MO, DAY, YEAR), AMOUNT. Includes one entry for HARESH & TARA JOSHI for \$100.00.

PAGE TOTAL \$ 100.00

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 JOHN INGRAM FOR CITY COUNCIL	Reporting Period From 4/2/2011 To 5/2/2011
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
ROBERT & KRISTIN BENNETT	4	22	2011	\$ 1000.00
Mailing Address 970 N 38th St	MO.	DAY	YEAR	\$
City ALLENTOWN	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 18104-				
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
VIJAY SINGH & MICHEL GLOWER	5	2	2011	\$ 500.00
Mailing Address 6959 LEHIGH CT	MO.	DAY	YEAR	\$
City ALLENTOWN	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 18106-				
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	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	DATE			AMOUNT
	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	DATE			AMOUNT
	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 3.

PAGE TOTAL
\$ 1500.00

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 <u>JOHN INGRAM FOR CITY COUNCIL</u>	Reporting Period From <u>4/2/2011</u> To <u>5/2/2011</u>
--	---

Full Name <u>JOHN INGRAM</u>						
Mailing Address <u>2454 MOUNTAIN LN #8</u>						
City <u>ALLENTOWN</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18103-</u>	MO. <u>4</u>	DAY <u>14</u>	YEAR <u>2011</u>	Amount <u>\$ 50.00</u>
Receipt Description <u>DEPOSIT TO OPEN CHECKING ACCOUNT</u>						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						

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

PAGE TOTAL
\$ 50.00

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of filing committee or Candidate JOHN INGRAM FOR CITY COUNCIL	Reporting Period From <u>4/2/2011</u> To <u>5/2/2011</u>
--	---

To Whom Paid	MO.	DAY	YEAR	Amount
BANK OF AMERICA	4	21	2011	\$ 41.00
Mailing Address PO Box 25118	Description of Contribution CHECK PRINTING			
City TAMPA	State FL	Zip Code (Plus 4) 33622-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Contribution			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Contribution			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Contribution			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Contribution			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Contribution			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Contribution			
City	State	Zip Code (Plus 4)		
		-		

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

PAGE TOTAL \$ 41.00
