

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: <input type="text"/>		Report Filed By: <input type="text"/>		1. CANDIDATE <input type="checkbox"/>		2. COMMITTEE <input checked="" type="checkbox"/>		3. LOBBYIST <input type="checkbox"/>		
Name of Filing Committee, Candidate or Lobbyist: Siegel for Allentown										
Street Address: 1913 W. Livingston Street, 2nd Floor										
City: Allentown			State: PA			Zip Code: 18104				
TYPE OF REPORT (Place X to the right of report type)	1. PRE-TUESDAY PRE-PRIMARY	2. PRE-TUESDAY PRE-PRIMARY	3. PRE-TUESDAY PRE-PRIMARY	4. PRE-TUESDAY PRE-ELECTION	5. PRE-TUESDAY PRE-ELECTION	6. PRE-TUESDAY POST-ELECTION	AMENDMENT REPORT	YES	NO	
	7. ANNUAL REPORT	YEAR: 2016		FILING METHOD: CHECK ONE		PAPER	X	DISKETTE		
	Name of Office Sought by Candidate: Mayor									
DATE OF ELECTION				District Number	Office Code	Party Code	County Code			
MO: 5 DAY: 16 YEAR: 2017								(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from:				MO: 9 DAY: 01 YEAR: 2016		MO: 12 DAY: 31 YEAR: 2016		FOR OFFICE USE ONLY		
A. Amount Brought Forward From Last Report				\$ 0.00				RECEIVED JUN 31 AM 9:54 OFFICE		
B. Total Monetary Contributions and Receipts (From Schedule I)				\$ 5,202.00						
C. Total Funds Available (Sum of Lines A and B)				\$ 5,202.00						
D. Total Expenditures (From Schedule II)				\$ 1405.59						
E. Ending Cash Balance (Subtract Line D from Line C)				\$ 3796.41						
F. Value of In-Kind Contributions Received (From Schedule II)				\$ 0						
G. Unpaid Debts and Obligations (From Schedule IV)				\$ 0						

AFFIDAVIT SECTION

PART I - This is a Committee report. Treasurer sign here. This is a Candidate report. Candidate sign here.

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

Sworn to and subscribed before me this 31st day of JANUARY, 2017.

Signature: [Signature]
 My commission expires 9 31 16
 MO. DAY YR.

Signature of Person Submitting Report: Katherine Wolchko
 Printed Name: Katherine Wolchko
 Extra Code: 201-675-9031
 Daytime Telephone Number

PART II - 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 31st day of JANUARY, 2017.

Signature: [Signature]
 My commission expires 9 31 16
 MO. DAY YR.

Signature of Candidate: Joshua Siegel
 Printed Name: Joshua Siegel
 Extra Code: 0
 Daytime Telephone Number: 484-892-1463

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

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Siegel for Allentown	Reporting Period From 9/1/16 To 12/31/16
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTION	
TOTAL for the Reporting Period	(1) \$ 102.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 0.00
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)	\$ 0.00
All Other Contributions (Part D)	\$ 5,000.00
TOTAL for the Reporting Period	(3) \$ 5,000.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ 0.00

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.)	\$ 5,202.00
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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				Reporting Period			
				From _____ To _____			
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.						PAGE TOTAL	\$

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 Siegel for Allentown	Reporting Period From _____ To _____
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Phillips Armstrong Mailing Address: 3154 Brynwood Drive City: Whitehall State: PA Zip Code (Plus 4): 18052-4144	12	08	2016	\$ 100.00
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$

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

PAGE TOTAL
\$ 100.00

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	Reporting Period
	From _____ To _____

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address:	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$

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

PAGE TOTAL
\$

**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 Siegel for Allentown	Reporting Period From _____ To _____
--	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Katherine Wolchko	10	24	16	\$ 5,000.00
Mailing Address 1913 W. Livingston Street, 2nd Fl.	MO.	DAY	YEAR	\$
City Allentown State PA Zip Code (Plus 4) 18104 -	MO.	DAY	YEAR	\$
Employer Name N/A				\$
Employer Mailing Address/Principal Place of Business N/A				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Employer Name				\$
Occupation Student				
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
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	\$
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	\$
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
\$ 5,000.00

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

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$

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.)	\$
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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	Reporting Period From _____ To _____
---------------------------------------	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address:				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address:				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address:				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address:				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address:				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address:				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL \$

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

PAGE _____ OF _____

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
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Full Name of Contributor				DATE			AMOUNT
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		MO.	DAY	YEAR	\$
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
\$

**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 Siegel for Allentown	Reporting Period From 9/1/16 To 12/31/16
--	---

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						
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 \$
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SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Siegel for Allentown	Reporting Period From 9/1/16 To 12/31/16
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To Whom Paid	MO	DAY	YEAR	Amount	Description of Expenditure
PayPal Mailing Address: 2211 N. 1st St City: San Jose State: CA Zip Code: 95131-	10	20	2016	\$.74	Transaction fee
PayPal Mailing Address: 2211 N. 1st St. City: San Jose State: CA Zip Code: 95131-	10	24	2016	\$ 1.08	Transaction fee
TD Bank Mailing Address: 1701 Route 70 E City: Cherry Hill State: NJ Zip Code: 08034	10	31	2016	\$ 8.00	Maintenance Fee (Bank account)
TD Bank Mailing Address: 1701 Route 70 E City: Cherry Hill State: NJ Zip Code: 08034	10	31	2016	\$ 2.00	Paper Statement fee
Rache Harland Clarke Mailing Address: 13955 La Cantera Parkway City: San Antonio State: TX Zip Code: 78256	11	14	2016	\$ 71.96	Checks to make campaign expenditures
PA Dems Mailing Address: 229 State St. City: Harrisburg State: PA Zip Code: 17101	11	23	2016	\$ 400.00	Purchased NPG VAN'S Votebuilder software
TD Bank Mailing Address: 1701 Route 70 E City: Cherry Hill State: NJ Zip Code: 08034	11	30	2016	\$ 8.00	Maintenance fee
TD Bank Mailing Address: 1701 Route 70 E City: Cherry Hill State: NJ Zip Code: 08034	11	30	2016	\$ 2.00	Paper statement fee

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

PAGE TOTAL
\$ 493.78

**SCHEDULE IV
STATEMENT OF UNPAID DEBTS**

PAGE _____ OF _____

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					Outstanding Balance of Debt \$
Mailing Address			DATE DEBT INCURRED	MO. DAY YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

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

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

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

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

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

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

PAGE TOTAL \$

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate Siegel for Allentown	Reporting Period From 9/1/16 To 12/31/16
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To Whom Paid Lehigh Valley Print Center	MO.	DAY	YEAR	Amount
	12	02	2016	\$ 300.00
Mailing Address 1701 Union Blvd., Suite 114	Description of Expenditure Palm cards for canvassing			
City Allentown, PA	State PA	Zip Code (Plus 4) 18109 -		

To Whom Paid PayPal	MO.	DAY	YEAR	Amount
	12	08	2016	\$ 1.75
Mailing Address 2211 N. 1st Street	Description of Expenditure Transaction fee			
City San Jose	State CA	Zip Code (Plus 4) 95131 -		

To Whom Paid Lehigh Valley Print Center	MO.	DAY	YEAR	Amount
	12	19	2016	\$ 602.0006
Mailing Address 1701 Union Blvd, Suite 114	Description of Expenditure Yard signs			
City Allentown	State PA	Zip Code (Plus 4) 18109 -		

To Whom Paid TD Bank	MO.	DAY	YEAR	Amount
	12	30	2016	\$ 8.00
Mailing Address 1701 Route 70 E	Description of Expenditure Maintenance fee			
City Cherry Hill	State NJ	Zip Code (Plus 4) 08034 -		

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

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

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

To Whom Paid	MO.	DAY	YEAR	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
2	\$ 911.81