

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: **CANDIDATE** <sup>1</sup>  **COMMITTEE**  **LOBBYIST** <sup>2</sup>

Name of Filing Committee, Candidate or Lobbyist: **Friends of Siobhan "Sam" Bennett**

Street Address: **P.O. Box 9192**

**Allentown** State: **PA** Zip Code: **18102 -**

TYPE OF REPORT  Place X to the right of report type!	8TH TUESDAY PRE-PRIMARY <sup>1</sup>	2ND FRIDAY PRE-PRIMARY <sup>2</sup>	30 DAY POST PRIMARY <sup>3</sup>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	8TH TUESDAY PRE-ELECTION <sup>4</sup>	2ND FRIDAY PRE-ELECTION <sup>5</sup>	30 DAY POST ELECTION <sup>6</sup>	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	ANNUAL REPORT <sup>7</sup> <input checked="" type="checkbox"/>	YEAR: <b>2005</b>	FILING METHOD ( ) CHECK ONE <input checked="" type="checkbox"/>	PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>

Name of Office Sought by Candidate: **Mayor of Allentown**

DATE OF ELECTION: MO. **05** DAY **15** YEAR **01**

District Number: **GTH** Office Code: **DEM** Party Code: **39** County Code: **39**

(SEE INSTRUCTIONS FOR CODES!)

Summary of Receipts and Expenditures from:	MO. DAY YEAR			To	MO. DAY YEAR		
	A. Amount Brought Forward From Last Report						
B. Total Monetary Contributions and Receipts (From Schedule I)							
C. Total Funds Available (Sum of Lines A and B)							
D. Total Expenditures (From Schedule III)							
Ending Cash Balance (Subtract Line D from Line C)							
F. Value of In-Kind Contributions Received (From Schedule II)							
G. Unpaid Debts and Obligations (From Schedule IV)							

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 2004 JAN 30 PM 3:37  
 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, 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 \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature: \_\_\_\_\_  
 Printed Name: **Frank Shipman**  
 Area Code: **610** Daytime Telephone Number: **393.9900**

My commission expires MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_

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**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.S. 1333, No. 320) as amended.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature: \_\_\_\_\_  
 Printed Name: **Siobhan "Sam" Bennett**  
 Area Code: **610** Daytime Telephone Number: **770.9982**

My commission expires MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_

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

# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate <b>FRIENDS OF SIUBHAN "SAM" BENNETT</b>	Reporting Period From <del>12/31/02</del> To <del>12/31/03</del> <b>1/31/03      01/31/04</b>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>		
	(1)	\$
<b>TOTAL for the Reporting Period</b>		

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
<b>TOTAL for the Reporting Period</b>		(2) \$

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$ 3000.00
<b>TOTAL for the Reporting Period</b>		(3) \$ 3000.00

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

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 3000.00
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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 <b>Friends of Siobhan "Sam" Bennett</b>	Reporting Period From <u>01.31.03</u> To <u>01.31.04</u>
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor <b>DAN POMESKY</b>	7	11	03	\$ 3000
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	Occupation <b>LOAN WAS ACCEPTED AS PAYMENT IN FULL</b>			
Employer Mailing Address/Principal Place of Business				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	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 State Zip Code (Plus 4)	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 State Zip Code (Plus 4)	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 State Zip Code (Plus 4)	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  
**\$ 3000.00**

# STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate

**FRIENDS OF SIOBHAN "SAM" BENNETT**

Reporting Period

From 01/31/03 To 02/31/04

To Whom Paid			MO.	DAY	YEAR	Amount
<b>DAN PORESKY</b>			2	3	03	\$ 600 --
Mailing Address			Description of Expenditure			
City			CODE #110 LOAN PAYMENT			
State			14 <sup>TH</sup> REPAY			
Zip Code (Plus 4)			-			
To Whom Paid			MO.	DAY	YEAR	Amount
<b>DAN PORESKY</b>			4	5	03	\$ 600 --
Mailing Address			Description of Expenditure			
City			CODE #110 LOAN PAYMENT			
State			15 <sup>TH</sup> REPAY			
Zip Code (Plus 4)			-			
To Whom Paid			MO.	DAY	YEAR	Amount
<b>DAN PORESKY</b>			6	02	03	\$ 600 --
Mailing Address			Description of Expenditure			
City			CODE #110 LOAN PAYMENT			
State			16 <sup>TH</sup> REPAY			
Zip Code (Plus 4)			-			
To Whom Paid			MO.	DAY	YEAR	Amount
<b>DAN PORESKY</b>			7	11	03	\$ 3000 --
Mailing Address			Description of Expenditure			
City			CODE #110 LOAN PAYMENT			
State			FINAL PAYMENT			
Zip Code (Plus 4)			-			
To Whom Paid			MO.	DAY	YEAR	Amount
<b>FRIENDS OF JENNIFER MANN</b>			12	25	03	\$ 500. --
Mailing Address			Description of Expenditure			
City			CODE #030 CHARITABLE			
State			GIFTS & DONATIONS			
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

\$ 5300.00

# 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 <b>Friends of Siobhan "Sam" Bennett</b>	Reporting Period From <b>12/31/02</b> To <b>12/31/02</b> <i>1/31/03 1/31/04</i>
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Name of Creditor <b>Martin U Estrada &amp; Siobhan L. Bennett</b>	Outstanding Balance of Debt <b>\$ 32,999.00</b>
Mailing Address <b>25 S 15th ST</b>	DATE DEBT INCURRED MO: <b>04</b> DAY: <b>30</b> YEAR: <b>01</b>
City <b>Allentown PA 18102</b>	State: <b>PA</b> Zip Code (Plus 4): <b>18102</b>
Description of Debt <b>loan to campaign</b>	

Name of Creditor <b>Siobhan "Sam" Bennett</b>	Outstanding Balance of Debt <b>\$ 13,253.92</b>
Mailing Address <b>25 S 15th ST</b>	DATE DEBT INCURRED MO: <b>04</b> DAY: <b>30</b> YEAR: <b>01</b>
City <b>Allentown PA</b>	State: <b>PA</b> Zip Code (Plus 4): <b>18102</b>
Description of Debt	

Name of Creditor <b>Siobhan "Sam" Bennett</b>	Outstanding Balance of Debt <b>\$ 5300</b>
Mailing Address <b>25 S 15th St</b>	DATE DEBT INCURRED MO: <b>12</b> DAY: <b>11</b> YEAR: <b>03</b>
City <b>Allentown</b>	State: <b>PA</b> Zip Code (Plus 4): <b>18102</b>
Description of Debt	

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

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

Name of Creditor	Outstanding Balance of Debt <b>\$</b>
Mailing Address	DATE DEBT INCURRED
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  
**\$ 51,452.92**