

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="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE <input checked="" type="checkbox"/>		COMMITTEE <input type="checkbox"/>		LOBBYIST <input type="checkbox"/>			
Name of Filing Committee, Candidate or Lobbyist: SIOBHAN L BENNETT											
Street Address: 25 S 15th ST											
City: ALLENTOWN					State: PA		Zip Code: 18102 -				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>		2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>		30 DAY POST PRIMARY <input type="checkbox"/>		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	6TH TUESDAY PRE-ELECTION <input type="checkbox"/>		2ND FRIDAY PRE-ELECTION <input type="checkbox"/>		30 DAY POST ELECTION <input type="checkbox"/>		TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	ANNUAL REPORT <input checked="" type="checkbox"/>		YEAR 2004		FILING METHOD <input type="checkbox"/> CHECK ONE <input type="checkbox"/>		PAPER <input checked="" type="checkbox"/>		DISKETTE <input type="checkbox"/>		
Name of Office Sought by Candidate: MAYOR OF ALLENTOWN					DATE OF ELECTION		District Number	Office Code	Party Code	County Code	
					MO. DAY YEAR 5 15 2001			OTH	DEM	39	
(SEE INSTRUCTIONS FOR CODES)											
Summary of Receipts and Expenditures from: <input type="checkbox"/>			MO. DAY YEAR			MO. DAY YEAR			FOR OFFICE USE ONLY		
			1 1 2004			12 31 2004					
A. Amount Brought Forward From Last Report				\$		-					
B. Total Monetary Contributions and Receipts (From Schedule I)				\$		1000.00					
C. Total Funds Available (Sum of Lines A and B)				\$		1000.00					
D. Total Expenditures (From Schedule III)				\$		1000.00					
E. 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)				\$							

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 _____

My commission expires MO. DAY YR. _____

Signature of Person Submitting Report: **SIOBHAN L BENNETT**

Printed Name: _____

Area Code: **610** Daytime Telephone Number: **770-9982**

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: _____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>SIOBHAN L BENNETT</i>	Reporting Period From <i>1/1/04</i> To <i>12/31/04</i>
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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)		\$
All Other Contributions (Part B)		\$
	TOTAL for the Reporting Period	(2) \$

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$ <i>1000.00</i>
	TOTAL for the Reporting Period	(3) \$ <i>1000.00</i>

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

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>	\$ <i>1000.00</i>
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SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate SIOBHAN L BENNETT	Reporting Period From <u>11/1/04</u> To <u>12/31/2004</u>
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To Whom Paid FRIENDS OF SIOBHAN "SAM" BENNETT	MO. 8	DAY 1	YEAR 04	Amount \$ 500.00
Mailing Address PO Box 1793		Description of Expenditure LOAN TO CAMPAIGN		
City ALLENTOWN	State PA	Zip Code (Plus 4) 18102-		

To Whom Paid FRIENDS OF SIOBHAN "SAM" BENNETT	MO. 9	DAY 21	YEAR 04	Amount \$ 500.00
Mailing Address PO Box 1793		Description of Expenditure LOAN TO CAMPAIGN		
City ALLENTOWN	State PA	Zip Code (Plus 4) 18102-		

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) -		

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 \$ 1000.00
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SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate SIOBHAN L BENNETT	Reporting Period From <u>11/1/2004</u> To <u>12/31/2004</u>
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To Whom Paid FRIENDS OF SIOBHAN "SAM" BENNETT	MO. 8	DAY 1	YEAR 04	Amount \$ 500.00
Mailing Address PO Box 1793		Description of Expenditure UPAN TO CAMPAIGN		
City ALLENTOWN	State PA	Zip Code (Plus 4) 18102-		

To Whom Paid FRIENDS OF SIOBHAN "SAM" BENNETT	MO. 9	DAY 21	YEAR 04	Amount \$ 500.00
Mailing Address PO Box 1793		Description of Expenditure LOAN TO CAMPAIGN		
City ALLENTOWN	State PA	Zip Code (Plus 4) 18102-		

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) -		

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 \$ 1000.00
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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="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE ¹ <input type="checkbox"/>		COMMITTEE ² <input checked="" type="checkbox"/>		LOBBYIST ³ <input type="checkbox"/>		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF SIOGHAN "SAM" BENNETT										
Street Address: PO Box 1793										
City: ALLENTOWN				State: PA		Zip Code: 18102 -				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	<input type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	<input type="checkbox"/>	30 DAY POST PRIMARY	<input type="checkbox"/>	AMENDMENT REPORT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	<input type="checkbox"/>	2ND FRIDAY PRE-ELECTION	<input type="checkbox"/>	30 DAY POST-ELECTION	<input type="checkbox"/>	TERMINATION REPORT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	ANNUAL REPORT	<input checked="" type="checkbox"/>	YEAR	2004		FILING METHOD () CHECK ONE <input type="checkbox"/>	PAPER	<input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>	
Name of Office Sought by Candidate: MAYOR OF ALLENTOWN					DATE OF ELECTION MO. DAY YEAR 5 15 2004		District Number	Office Code OTH	Party Code DEM	County Code 390
Summary of Receipts and Expenditures from:					MO. DAY YEAR 1 1 2004		TO		MO. DAY YEAR 12 31 2004	
A. Amount Brought Forward From Last Report					\$		30.93			
B. Total Monetary Contributions and Receipts (From Schedule I)					\$		1000.00			
C. Total Funds Available (Sum of Lines A and B)					\$		1030.93			
D. Total Expenditures (From Schedule III)					\$		1000.00			
E. Ending Cash Balance (Subtract Line D from Line C)					\$		30.93			
F. Value of In-Kind Contributions Received (From Schedule II)					\$		-			
G. Unpaid Debts and Obligations (From Schedule IV)					\$		52555.92			

RECEIVED
 COUNTY BOARD
 JAN 8 PM 1:12

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 23rd day of January 2005

Barbara A. Albenzi
 Signature
 My Commission Expires Feb 13

Thomas J. Baumgartner
 Signature of Person Submitting Report
THOMAS J. BAUMGARTNER
 Printed Name
610 435-7489
 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 28th day of Jan 2005

Stacy J. Steiner
 Signature
 My Commission Expires Jan 2005

SIOGHAN "SAM" BENNETT
 Signature of Candidate
SIOGHAN "SAM" BENNETT
 Printed Name
610 770-9982
 Area Code Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>FRIENDS OF SIOBHAN "SAM" BENNETT</i>	Reporting Period From <i>11/1/04</i> To <i>12/31/04</i>
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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)	\$
All Other Contributions (Part B)	\$
TOTAL for the Reporting Period (2)	\$

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

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ <i>1000.00</i>

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>1000.00</i>
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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 FRIENDS OF SIOBHAN "SAM" BENNETT	Reporting Period From 1/1/04 To 12/31/04
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Full Name SIOBHAN L. BENNETT						
Mailing Address 25 S. 15th ST						
City ALLENTOWN	State PA	Zip Code (Plus 4) 18102 -	MO. 8	DAY 1	YEAR 04	Amount \$ 500.00
Receipt Description LOAN TO COMMITTEE						

Full Name SIOBHAN L. BENNETT						
Mailing Address 25 S 15th ST						
City ALLENTOWN	State PA	Zip Code (Plus 4) 18102 -	MO. 9	DAY 21	YEAR 04	Amount \$ 500.00
Receipt Description LOAN TO COMMITTEE						

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 \$ 1600.00
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SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRIENDS OF SIOBHAN "SAM" BENNETT	Reporting Period From 11/1/04 To 12/31/04
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To Whom Paid WOLPEL + LITTEK	MO. 8	DAY 1	YEAR 04	Amount \$ 500.00
Mailing Address 1532 PARK AVE SUITE 101		Description of Expenditure CONSULTING FEES		
City QUAKERTOWN	State PA	Zip Code (Plus 4) 18951-1048		

To Whom Paid WOLPEL + LITTEK	MO. 9	DAY 26	YEAR 04	Amount \$ 500.00
Mailing Address 1532 PARK AVE SUITE 101		Description of Expenditure CONSULTING FEES		
City QUAKERTOWN	State PA	Zip Code (Plus 4) 18951-1048		

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) -		

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	\$ 1000.00
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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 FRIENDS OF SIOBHAN "SAM" BENNETT	Reporting Period From <u>11/1/04</u> To <u>12/31/04</u>
--	--

Name of Creditor MARTIN U ESTADA & SIOBHAN L BENNETT				Outstanding Balance of Debt \$ 32,999.00	
Mailing Address 25 S 15th ST	DATE DEBT INCURRED	MO. 4	DAY 30	YEAR 2001	
City ALLENTOWN		State PA	Zip Code (Plus 4) 18102		

Description of Debt
CAMPAIGN DEBTS

Name of Creditor SIOBHAN "SAM" BENNETT				Outstanding Balance of Debt \$ 13,253.92	
Mailing Address 25 S. 15th ST	DATE DEBT INCURRED	MO. 4	DAY 30	YEAR 2001	
City ALLENTOWN		State PA	Zip Code (Plus 4) 18102		

Description of Debt
CAMPAIGN DEBTS

Name of Creditor SIOBHAN "SAM" BENNETT				Outstanding Balance of Debt \$ 5300.00	
Mailing Address 25 S. 15th ST	DATE DEBT INCURRED	MO. 12	DAY 11	YEAR 2003	
City ALLENTOWN		State PA	Zip Code (Plus 4) 18102		

Description of Debt
CAMPAIGN DEBTS

Name of Creditor SIOBHAN "SAM" BENNETT				Outstanding Balance of Debt \$ 500.00	
Mailing Address 25 S. 15th ST	DATE DEBT INCURRED	MO. 8	DAY 1	YEAR 2004	
City ALLENTOWN		State PA	Zip Code (Plus 4) 18102		

Description of Debt
CAMPAIGN DEBTS

Name of Creditor SIOBHAN "SAM" BENNETT				Outstanding Balance of Debt \$ 500.00	
Mailing Address 25 S 15th ST	DATE DEBT INCURRED	MO. 8	DAY 1	YEAR 2004	
City ALLENTOWN		State PA	Zip Code (Plus 4) 18102		

Description of Debt
CAMPAIGN DEBTS

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
\$ 52,553.92