

Commonwealth of Pennsylvania  
**CAMPAIGN FINANCE REPORT**

PAGE 1 OF

(COVER PAGE)

(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 <sup>1</sup>		COMMITTEE <sup>2</sup> <input checked="" type="checkbox"/>		LOBBYIST <sup>3</sup>		
Name of Filing Committee, Candidate or Lobbyist: <b>FRIENDS OF SIOBHAN "SAM" BENNETT</b>										
Street Address: <b>25 S. 15TH ST</b>										
City: <b>ALLENTOWN</b>					State: <b>PA</b>		Zip Code: <b>18102</b>			
TYPE OF REPORT  (place X to the right of report type)	6TH 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"/>			
	6TH 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>2008</b>		FILING METHOD <input type="checkbox"/> CHECK ONE <input checked="" type="checkbox"/>		PAPER <input checked="" type="checkbox"/>		DISKETTE <input type="checkbox"/>	
Name of Office Sought by Candidate: <b>MAYOR OF ALLENTOWN</b>					DATE OF ELECTION MO. DAY YEAR <b>05 17 2008</b>		District Number	Office Code <b>OTH</b>	Party Code <b>DEM</b>	County Code <b>39</b>
Summary of Receipts and Expenditures from: MO. DAY YEAR <b>01 01 2008</b>					To MO. DAY YEAR <b>12 31 2008</b>		FOR OFFICE USE ONLY			
A. Amount Brought Forward From Last Report					\$					
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ <b>7,000.00</b>					
C. Total Funds Available (Sum of Lines A and B)					\$ <b>7,000.00</b>					
D. Total Expenditures (From Schedule III)					\$ <b>6,975.00</b>					
E. Ending Cash Balance (Subtract Line D from Line C)					\$ <b>25.00</b>					
Value of In-Kind Contributions Received (From Schedule II)					\$					
G. Unpaid Debts and Obligations (From Schedule IV)					\$ <b>86,803.92</b>					

**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. \_\_\_\_\_

*Vincent J. Zoppi*  
Signature of Person Submitting Report

**VINCENT J. ZOPPI**  
Printed Name

**610** **432-9075**  
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

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Signature \_\_\_\_\_

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

*SIOBHAN "SAM" BENNETT*  
Signature of Candidate

**SIOBHAN "SAM" BENNETT**  
Printed Name

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



**SCHEDULE III  
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate <b>FRIENDS OF SIOBHAN SAM BENNETT</b>	Reporting Period From <b>01/01/08</b> To <b>12/31/08</b>
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To Whom Paid <b>MARTIN ESTRADA AND SIOBHAN BENNETT</b>	MO. <b>02</b>	DAY <b>28</b>	YEAR <b>2008</b>	Amount <b>\$ 4975.00</b>
Mailing Address <b>25 S. 15TH STREET</b>				
City <b>ALLENTOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18102-</b>		
Description of Expenditure <b>REPAYMENT OF CAMPAIGN LOAN</b>				

To Whom Paid <b>MARTIN ESTRADA AND SIOBHAN BENNETT</b>	MO. <b>12</b>	DAY <b>24</b>	YEAR <b>2008</b>	Amount <b>\$ 2000</b>
Mailing Address <b>25 S. 15TH STREET</b>				
City <b>ALLENTOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18102-</b>		
Description of Expenditure <b>REPAYMENT OF CAMPAIGN LOAN</b>				

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

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

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

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

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

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

Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	PAGE TOTAL <b>\$ 6,975.00</b>
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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 <b>FRIENDS OF SIOBHAN "SAM" BENNETT</b>	Reporting Period From <b>01/01/08</b> To <b>12/31/08</b>
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Name of Creditor <b>ARCADIAN ATYEN</b>		Outstanding Balance of Debt <b>\$ 10,000.00</b>		
Mailing Address <b>4451 SUSAN DRIVE</b>	DATE DEBT INCURRED	MO.	DAY	YEAR
City <b>BETHLEHEM</b>		<b>04</b>	<b>19</b>	<b>2005</b>
		State <b>PA</b>	Zip Code (Plus 4) <b>18017</b>	

Description of Debt <b>CAMPAIGN LOAN</b>				
Name of Creditor <b>MARTIN ESTRADA AND SIOBHAN BENNETT</b>		Outstanding Balance of Debt <b>\$ 24,524.00</b>		
Mailing Address <b>25 S 15TH STREET</b>	DATE DEBT INCURRED	MO.	DAY	YEAR
City <b>ALLENTOWN</b>		<b>04</b>	<b>30</b>	<b>2001</b>
		State <b>PA</b>	Zip Code (Plus 4) <b>18102</b>	

Description of Debt <b>CAMPAIGN LOAN</b>				
Name of Creditor <b>SIOBHAN BENNETT</b>		Outstanding Balance of Debt <b>\$ 13,253.92</b>		
Mailing Address <b>25 S 15TH STREET</b>	DATE DEBT INCURRED	MO.	DAY	YEAR
City <b>ALLENTOWN</b>		<b>04</b>	<b>30</b>	<b>2000</b>
		State <b>PA</b>	Zip Code (Plus 4) <b>18102</b>	

Description of Debt <b>CAMPAIGN LOAN</b>				
Name of Creditor <b>ALFRED &amp; NANCY ANN LOIZEAUX</b>		Outstanding Balance of Debt <b>\$ 20,000.00</b>		
Mailing Address <b>PO BOX 1810</b>	DATE DEBT INCURRED	MO.	DAY	YEAR
City <b>ANNA MARIA</b>		<b>04</b>	<b>24</b>	<b>2005</b>
		State <b>FL</b>	Zip Code (Plus 4) <b>34216-1850</b>	

Description of Debt <b>CAMPAIGN LOAN</b>				
Name of Creditor <b>SIOBHAN BENNETT</b>		Outstanding Balance of Debt <b>\$ 3,200.00</b>		
Mailing Address <b>25 S. 15TH ST.</b>	DATE DEBT INCURRED	MO.	DAY	YEAR
City <b>ALLENTOWN</b>		<b>06</b>	<b>09</b>	<b>2005</b>
		State <b>PA</b>	Zip Code (Plus 4) <b>18102</b>	

Description of Debt <b>CAMPAIGN LOAN</b>				
Name of Creditor <b>SIOBHAN BENNETT</b>		Outstanding Balance of Debt <b>\$ 3,000.00</b>		
Mailing Address <b>25 S. 15TH ST</b>	DATE DEBT INCURRED	MO.	DAY	YEAR
City <b>ALLENTOWN</b>		<b>12</b>	<b>11</b>	<b>2003</b>
		State <b>PA</b>	Zip Code (Plus 4) <b>18102</b>	

Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL <b>\$ 73,977.92</b>
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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 <b>FRIENDS OF SIOBHAN "SAM" BENNETT</b>	Reporting Period From <b>01/01/08</b> To <b>12/31/08</b>
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Name of Debtor <b>SIOBHAN BENNETT</b>					Outstanding Balance of Debt <b>\$ 326.00</b>
Mailing Address <b>25 S. 15TH ST</b>	DATE DEBT INCURRED	MO.	DAY	YEAR	
City <b>ALLENTOWN</b>		<b>07</b>	<b>11</b>	<b>2005</b>	
Description of Debt <b>CAMPAIGN LOAN</b>		State <b>PA</b>	Zip Code (Plus 4) <b>18102-</b>		

Name of Debtor <b>SIOBHAN "SAM" BENNETT</b>					Outstanding Balance of Debt <b>\$ 10,300.00</b>
Mailing Address <b>25 S. 15TH ST</b>	DATE DEBT INCURRED	MO.	DAY	YEAR	
City <b>ALLENTOWN</b>		<b>12</b>	<b>30</b>	<b>2007</b>	
Description of Debt <b>CAMPAIGN LOAN</b>		State <b>PA</b>	Zip Code (Plus 4) <b>18102-</b>		

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

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

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

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

Grand Total of Unpaid Debts on Page 1, report Cover Page, Item G.					<b>PAGE TOTAL</b> <b>\$ 12,826.00</b>
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## CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE <sup>2</sup>	LOBBYIST <sup>3</sup>												
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST FRIENDS OF SIOBHAN "SAM" BENNETT																		
STREET ADDRESS 25 S. 15TH ST																		
CITY ALLENTOWN			STATE PA		ZIP CODE 18102 -													
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE BOUGHT BY CANDIDATE		DISTRICT NO.	PARTY													
1. 8TH TUESDAY PRE-PRIMARY		MAYOR OF ALLENTOWN																
2. 2ND FRIDAY PRE-PRIMARY																		
3. 30 DAY POST-PRIMARY																		
4. 8TH TUESDAY PRE-ELECTION																		
5. 2ND FRIDAY PRE-ELECTION																		
6. 30 DAY POST-ELECTION																		
7. ANNUAL REPORT																		
		DATES OF REPORTING PERIOD																
		<table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>01</td> <td>01</td> <td>2008</td> </tr> </table> TO <table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>12</td> <td>31</td> <td>2008</td> </tr> </table>		MO.	DAY	YEAR	01	01	2008	MO.	DAY	YEAR	12	31	2008			
MO.	DAY	YEAR																
01	01	2008																
MO.	DAY	YEAR																
12	31	2008																
		CASH BALANCE AT END OF REPORTING PERIOD:		\$ 0														
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 0														
		AMENDMENT REPORT?		YES	NO													
		TERMINATION REPORT?		YES	NO													
						FOR OFFICE USE ONLY												

## AFFIDAVIT SECTION

## PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, 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 \_\_\_\_\_ YL.

\_\_\_\_\_  
SIGNATURE OF PERSON SUBMITTING REPORT

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
AREA CODE

\_\_\_\_\_  
DAYTIME TELEPHONE NUMBER

## PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

NOTARIAL SEAL  
 STACY J. STEIN  
 City of Allentown, Lehigh County

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 16<sup>th</sup> DAY OF January 20 09

\_\_\_\_\_  
SIGNATURE

MY COMMISSION EXPIRES \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YL.

\_\_\_\_\_  
SIGNATURE OF CANDIDATE

SIOBHAN "SAM" BENNETT  
 PRINTED NAME

484  
 AREA CODE

560-2810  
 DAYTIME TELEPHONE NUMBER