

COMMONWEALTH OF PENNSYLVANIA
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 | <input type="checkbox"/> | LOBBYIST | <input type="checkbox"/> |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Friends of Siobhan "Sam" Bennett | | | | | | | | |
| STREET ADDRESS 25 South 15th Street | | | | | | | | |
| CITY Allentown | | | STATE Pennsylvania | | ZIP CODE 18102 | | | |
| TYPE OF REPORT (CHECK ONE) | | NAME OF OFFICE SOUGHT BY CANDIDATE | | DISTRICT NO. | PARTY | | DATE OF ELECTION | |
| 6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> | | Mayor of Allentown | | | Dem | | MO. | DAY |
| 2ND FRIDAY PRE-PRIMARY <input type="checkbox"/> | | | | | | | 05 | 17 |
| 30 DAY POST-PRIMARY <input type="checkbox"/> | | | | | | | YEAR 2005 | |
| 6TH TUESDAY PRE-ELECTION <input type="checkbox"/> | | | | | | | FOR OFFICE USE ONLY | |
| 2ND FRIDAY PRE-ELECTION <input type="checkbox"/> | | | | | | | | |
| 30 DAY POST-ELECTION <input type="checkbox"/> | | | | | | | | |
| ANNUAL REPORT <input checked="" type="checkbox"/> | | | | | | | | |
| | | DATES OF REPORTING PERIOD | | MO. | DAY | YEAR | | |
| | | | | 01 | 01 | 09 | TO | |
| | | | | 12 | 31 | 09 | | |
| | | CASH BALANCE AT END OF REPORTING PERIOD: | | \$ | | 25.00 | | |
| | | TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: | | \$ | | 86,803.92 | | |
| | | AMENDMENT REPORT? | | YES | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> | |
| | | TERMINATION REPORT? | | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> | |

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

SIGNATURE OF PERSON SUBMITTING REPORT
Vincent J Zoppi
PRINTED NAME

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

610 _____ 432-9075
AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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 Feb 2010

SIGNATURE

SIGNATURE OF CANDIDATE
SIOBHAN "Sam" Bennett
PRINTED NAME

MY COMMISSION EXPIRES 12 30 2011
MO. DAY YR.

610 _____ 770-9982
AREA CODE DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Melissa J. Keiser-Notary Public
 South Whitehall Twp., Lehigh County
 My Commission Expires Dec. 20, 2011
 Member, Pennsylvania Association of Notaries

Lehigh County Government Center

17 S. 7th St., Allentown, PA 18101-2400 (610)782-3194

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>01/01/04</u> To <u>12/31/04</u> |
|--|---|

| | | | | | |
|--|--------------------|--------------------|-----------------------------------|--|--|
| Name of Creditor ABRAHAM ATIYEH | | | | Outstanding Balance of Debt \$ 60,000.00 | |
| Mailing Address 4451 SUSAN DRIVE | DATE DEBT INCURRED | MO. | DAY | YEAR | |
| | | 04 | 19 | 2005 | |
| City BETHLEHEM | | State PA | Zip Code (Plus 4) 18017 | | |

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

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

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

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

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

| | | | | | |
|--|--|--|--|---------------------|--|
| Description of Debt CAMPAIGN LOAN | | | | | |
| | | | | PAGE TOTAL | |
| er Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. | | | | \$ 73,977.92 | |

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 01/01/09 To 12/31/09 |
|--|---|

| | | | | | |
|---|--------------------|--------------------|-------------------------------------|-------------|---|
| Name of Creditor SIOBHAN BENNETT | | | | | Outstanding Balance of Debt \$ 326.00 |
| Mailing Address 25 S. 15TH ST | DATE DEBT INCURRED | MO. | DAY | YEAR | |
| City ALLENTOWN | | 07 | 11 | 2005 | |
| | | State PA | Zip Code (Plus 4) 18102 - | | |
| Description of Debt CAMPAIGN LOAN | | | | | |

| | | | | | |
|--|--------------------|--------------------|-------------------------------------|-------------|--|
| Name of Creditor SIOBHAN "SAM" BENNETT | | | | | Outstanding Balance of Debt \$ 12,500.00 |
| Mailing Address 25 S. 15TH ST | DATE DEBT INCURRED | MO. | DAY | YEAR | |
| City ALLENTOWN | | 12 | 30 | 2007 | |
| | | State PA | Zip Code (Plus 4) 18102 - | | |
| Description of Debt CAMPAIGN LOAN | | | | | |

| | | | | | |
|---------------------|--------------------|-------|-------------------|------|--|
| 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 | | | | | |

| | |
|---|------------------------------------|
| Grand Total of Unpaid Debts on Page 1, report COVER Page, Item G. | PAGE TOTAL \$ 12,826.00 |
|---|------------------------------------|