

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist FRIENDS OF SIO'BHAN "SAM" BENNETT				
Street Address 25 S. 11TH ST ALLENTOWN PA 18102				
City ALLENTOWN	State PA	Zip Code 18102		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	Year 2013	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
		01-01-2013	12-31-2013	RECEIVED 2014 FEB - 6 PM 3:55 ELECTION BOARD OF LEHIGH COUNTY
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)	\$	-		
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)	\$	86,803.92		

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, 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

Printed Name

My Commission expires

MO. DAY YR.

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

6th day of FEBRUARY 20 14

Signature

Signature of Candidate

SIO'BHAN L. BENNETT

Printed Name

My Commission expires

9 27 14

MO. DAY YR.

484

Area Code

560-2810

Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

TIMOTHY ANDREW BENYO, Notary Public
City of Allentown, Lehigh County
My Commission Expires September 27, 2014

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.

Filer Identification Number:	FRIENDS OF SIOBHAN "SAM" BENNETT
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Name of Creditor		ALFRED AND NANCY ANN LOIZEAUX				Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		\$10,000
	100 HOMEWOOD WAY APT 13A					
City	HANOVER	State	PA	Zip Code	17331	
Description of Debt CAMPAIGN LOAN						

Name of Creditor		MARTIN ESTRADA AND SIOBHAN BENNETT				Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		\$10,000
25	5.75TH ST	11/06/2013				
City	ALLENTOWN	State	PA	Zip Code	18102	
Description of Debt CAMPAIGN LOAN						

Name of Creditor		MARTIN ESTRADA AND SIOBHAN BENNETT				Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		\$24,524.00
25	S. 15TH ST					
City	ALLENTOWN	State	PA	Zip Code	18102	
Description of Debt CAMPAIGN LOAN						

Name of Creditor		SIOBHAN BENNETT				Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		\$13,253.92
25	S. 15TH ST					
City	ALLENTOWN	State	PA	Zip Code	18102	
Description of Debt						

Name of Creditor		SIOBHAN BENNETT				Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		\$3,200.00
25	S. 15TH ST					
City	ALLENTOWN	State	PA	Zip Code	18102	
Description of Debt						

Name of Creditor		SIOBHAN BENNETT				Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		\$3,000.00
25	S. 15TH ST					
City	ALLENTOWN	State	PA	Zip Code	18102	
Description of Debt						

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.

Filer Identification Number: **FRIENDS OF SIOBHAN "SAM" BENNETT**

Name of Creditor		SIOBHAN BENNETT				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
25	S. 15 TH ST					326.00	
City	State	Zip Code					
ALLENTOWN	PA	18102					
Description of Debt							
CAMPAIGN LOAN							

Name of Creditor		ABRAHAM ATIYEH				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
4451	SUSAN DRIVE					\$10,000.00	
City	State	Zip Code					
BETHLEHEM	PA	18102					
Description of Debt							
CAMPAIGN LOAN							

Name of Creditor		SIOBHAN BENNETT				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
25	S. 15 TH ST					\$12,500.00	
City	State	Zip Code					
ALLENTOWN	PA	18102					
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
City	State	Zip Code					
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
City	State	Zip Code					
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
City	State	Zip Code					
Description of Debt							