

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  COMMITTEE  LOBBYIST

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  (place X to the right of report type)	1ST THURSDAY PRE-PRIMARY	1	2ND FRIDAY PRE-PRIMARY	2	30 DAY POST-PRIMARY	3	AMENDMENT REPORT?	YES	NO
	3TH THURSDAY PRE-ELECTION	4	2ND FRIDAY PRE-ELECTION	5	30 DAY POST-ELECTION	6	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7	YEAR: <b>2015</b>		FILING METHOD: <input checked="" type="checkbox"/> CHECK ONE		PAPER	DISKETTE	

Name of Office Sought by Candidate: **MAYOR OF ALLENTOWN**

DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR				
	<b>11</b>	<b>7</b>				<b>2017</b>

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
	<b>1</b>	<b>1</b>	<b>2015</b>		<b>12</b>	<b>31</b>	<b>2015</b>	
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 II)	\$							
Ending Cash Balance (Subtract Line D from Line C)	\$							
E. 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, COMMONWEALTH OF PENNSYLVANIA, 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 5<sup>th</sup> day of Feb, 2016 at CITY OF ALLENTOWN, LEHIGH COUNTY Pennsylvania.

Signature: Richard V. Leuzzi  
 Printed Name: Richard V. Leuzzi  
 Area Code: 610 Daytime Telephone Number: 390 4524

My commission expires 4/28/2019 MO. 2 DAY 5 YR. 2016

NOTARIAL SEAL  
 MARTIN ESTRADA  
 Notary Public  
 CITY OF ALLENTOWN, LEHIGH COUNTY  
 My Commission Expires Apr 28, 2019

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. COMMONWEALTH OF PENNSYLVANIA

Sworn to and subscribed before me this 5<sup>th</sup> day of Feb, 2016 at CITY OF ALLENTOWN, LEHIGH COUNTY Pennsylvania.

Signature: SIOBHAN L. BENNETT  
 Printed Name: SIOBHAN L. BENNETT  
 Area Code: 484 Daytime Telephone Number: 560-2810

My commission expires 4/28/2019 MO. 2 DAY 5 YR. 2016

NOTARIAL SEAL  
 MARTIN ESTRADA  
 Notary Public  
 CITY OF ALLENTOWN, LEHIGH COUNTY  
 My Commission Expires Apr 28, 2019

Board of Elections of Lehigh County  
 Lehigh County Government Center  
 17 S. 7<sup>th</sup> St.  
 Allentown, PA 18101-2400

**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 <u>01/01/2015</u> To <u>12/31/2015</u>
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Name of Creditor <b>SIOBHAN L. BENNETT &amp; MARTIN ESTRADA</b>		Outstanding Balance of Debt <b>\$ 10,000</b>			
Mailing Address <b>25 S. 15TH ST</b>		DATE DEBT INCURRED	MO.	DAY	YEAR
City <b>ALLENTOWN</b>			<b>12</b>	<b>1</b>	<b>2015</b>
Description of Debt <b>CAMPAIGN LOAN</b>		State	Zip Code (Plus 4)		
		<b>PA</b>	<b>18102</b>		

Name of Creditor <b>SIOBHAN L. BENNETT &amp; MARTIN ESTRADA</b>		Outstanding Balance of Debt <b>\$ 10,000</b>			
Mailing Address <b>25 S. 15TH ST</b>		DATE DEBT INCURRED	MO.	DAY	YEAR
City <b>ALLENTOWN</b>			<b>12</b>	<b>1</b>	<b>2015</b>
Description of Debt <b>CAMPAIGN LOAN</b>		State	Zip Code (Plus 4)		
		<b>PA</b>	<b>18102</b>		

Name of Creditor <b>MARTIN ESTRADA &amp; SIOBHAN L. BENNETT</b>		Outstanding Balance of Debt <b>\$ 10,000</b>			
Mailing Address <b>25 S. 15TH ST</b>		DATE DEBT INCURRED	MO.	DAY	YEAR
City <b>ALLENTOWN</b>			<b>11</b>	<b>06</b>	<b>2013</b>
Description of Debt <b>CAMPAIGN LOAN</b>		State	Zip Code (Plus 4)		
		<b>PA</b>	<b>18102</b>		

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

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

Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL  
**\$**

# 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 <u>01/01/2015</u> To <u>12/31/2015</u>
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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>ALLENTON</b>			<b>12</b>	<b>11</b>	<b>2003</b>
Description of Debt <b>CAMPAIGN LOAN</b>		State	Zip Code (Plus 4)		
		<b>PA</b>	<b>18102</b>		

Name of Creditor <b>SIOBHAN BENNETT</b>		Outstanding Balance of Debt <b>\$ 376.00</b>			
Mailing Address <b>25 S. 15TH ST</b>		DATE DEBT INCURRED	MO.	DAY	YEAR
City <b>ALLENTON PA</b>			<b>07</b>	<b>11</b>	<b>2005</b>
Description of Debt <b>CAMPAIGN LOAN</b>		State	Zip Code (Plus 4)		
		<b>PA</b>	<b>18702</b>		

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

Name of Creditor		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 Creditor		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 Creditor		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.	PAGE TOTAL <b>\$</b>
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