

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 Siobhan "Sam" Bennett				
Mailing Address: P.O. Box 9192				
City: Allentown		State: PA	Zip Code: 18102 -	

TYPE OF REPORT Place X to the right of report type	1ST TUESDAY PRE-PRIMARY	2ND FRIDAY PRE-PRIMARY	30 DAY POST PRIMARY	AMENDMENT REPORT?	YES	NO
	4TH TUESDAY PRE-ELECTION	5TH FRIDAY PRE-ELECTION	30 DAY POST ELECTION	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT <input checked="" type="checkbox"/> YEAR 2002			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	District Number	Office Code	Party Code	County Code
	MO. DAY YEAR				
	05 15 01		OTH	DEM	39

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	MO. DAY YEAR	To	MO. DAY YEAR	FOR OFFICE USE ONLY
	01 31 2002		01 31 2003	
A. Amount Brought Forward From Last Report	\$ - 6,728.01			2003 JAN 29 10 15 AM LEHIGH COUNTY
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 0			
C. Total Funds Available (Sum of Lines A and B)	\$ - 6,728.01			
D. Total Expenditures (From Schedule III)	\$ 0			
E. Ending Cash Balance (Subtract Line D from Line C)	\$ - 6,728.01			
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0			
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 54,043.92			

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 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

Frank Shipman
Printed Name

610 393.9900
Area Code Daytime Telephone Number

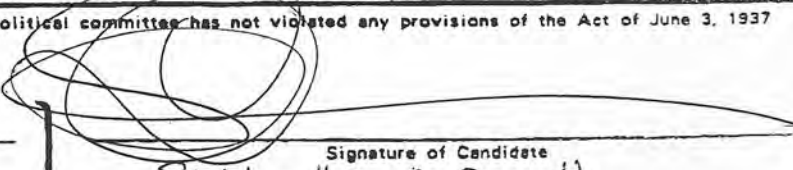
PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

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.


Signature of Candidate

Siobhan "Sam" Bennett
Printed Name

610 770.9982
Area Code Daytime Telephone Number

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

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 <i>Friends of Siobhan "Sam" Bennett</i>	Reporting Period From <i>01/31/02</i> To <i>01/31/03</i>
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Name of Creditor <i>Daniel Porecky</i>	DATE DEBT INCURRED			MO. <i>04</i>	DAY <i>30</i>	YEAR <i>01</i>	Outstanding Balance of Deb \$ 7,800.⁰⁰/₁₀₀
Mailing Address <i>1439 W. Fairmont St.</i>	City <i>Allentown</i>			State <i>PA</i>	Zip Code (Plus 4) <i>18102</i>		
Description of Debt <i>loan to campaign</i>							

Name of Creditor <i>Martin V. Estrada + Siobhan L. Bennett</i>	DATE DEBT INCURRED			MO. <i>04</i>	DAY <i>30</i>	YEAR <i>01</i>	Outstanding Balance of Deb \$ 32,999.⁰⁰/₁₀₀
Mailing Address <i>25 S. 15th St</i>	City <i>Allentown</i>			State <i>PA</i>	Zip Code (Plus 4) <i>18102</i>		
Description of Debt <i>loan to campaign</i>							

Name of Creditor <i>Siobhan "Sam" Bennett</i>	DATE DEBT INCURRED			MO. <i>04</i>	DAY <i>30</i>	YEAR <i>01</i>	Outstanding Balance of Deb \$ 13,253.92
Mailing Address <i>25 S. 15th St</i>	City <i>Allentown</i>			State <i>PA</i>	Zip Code (Plus 4) <i>18102</i>		
Description of Debt <i>loan to repay campaign debts and expenses</i>							

Name of Creditor	DATE DEBT INCURRED			MO.	DAY	YEAR	Outstanding Balance of Deb \$
Mailing Address	City			State	Zip Code (Plus 4)		
Description of Debt							

Name of Creditor	DATE DEBT INCURRED			MO.	DAY	YEAR	Outstanding Balance of Deb \$
Mailing Address	City			State	Zip Code (Plus 4)		
Description of Debt							

Name of Creditor	DATE DEBT INCURRED			MO.	DAY	YEAR	Outstanding Balance of Deb \$
Mailing Address	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 \$ 54,043.92
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(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: **Siobhan L. Bennett**

Address: **25 S 15th St**

City: **Allentown** State: **PA** Zip Code: **18102 -**

TYPE OF REPORT <small>(place X to the right of report type)</small>	1. 8TH TUESDAY PRE-PRIMARY	2. 3RD FRIDAY PRE-PRIMARY	3. 30 DAY POST PRIMARY	AMENDMENT REPORT?	YES	NO
	4. 6TH TUESDAY PRE-ELECTION	5. 2ND FRIDAY PRE-ELECTION	6. 30 DAY POST ELECTION	TERMINATION REPORT?	YES	NO
	7. ANNUAL REPORT <input checked="" type="checkbox"/>	YEAR	FILING METHOD <input checked="" type="checkbox"/> CHECK ONE	PAPER	DISKETTE	

Name of Office Sought by Candidate: _____

DATE OF ELECTION: MO. DAY YEAR **05 15 01**

District Number: _____ Office Code: **OTH** Party Code: **DEM** County Code: **39**

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	MO. DAY YEAR	To	MO. DAY YEAR
	01 31 2002		01 31 2003
A. Amount Brought Forward From Last Report	\$ (37,713.92)		
B. Total Monetary Contributions and Receipts (From Schedule II)	\$ 0		
C. Total Funds Available (Sum of Lines A and B)	\$ (37,713.92)		
D. Total Expenditures (From Schedule III)	\$ 5,400.00		
E. Ending Cash Balance (Subtract Line D from Line C)	\$ -43,113.92		
F. Value of In-Kind Contributions Received (From Schedule III)	\$ 0		
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 54,043.92		

FOR OFFICE USE ONLY

ELECTION FILED
LEHIGH COUNTY
2003 JUN 20 PM 12:56

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: _____

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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Siobhan L. Bennett</i>	Reporting Period From <i>01/31/02</i> To <i>01/31/03</i>
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To Whom Paid	MO.	DAY	YEAR	Amount
<i>Don Porecky</i>	<i>01</i>	<i>31</i>	<i>02</i>	<i>\$ 5,400.00</i>
Mailing Address: <i>1439 W. Fairmount St</i>				
Description of Expenditure: <i>payment of loan</i>				
City: <i>Allentown</i>	State: <i>PA</i>	Zip Code (Plus 4): <i>18102-</i>		
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
<i>\$ 5,400.00</i>