

## 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 <sup>1</sup>	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST <sup>1</sup>		
Name of Filing Committee, Candidate or Lobbyist: Friends of Bill Wallace							
Street Address: 20 Highland View Ct							
City: Easton			State: PA	Zip Code: 18042-9792			
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	NO	
	6TH TUESDAY PRE-ELECTION <sup>4</sup>	2ND FRIDAY PRE-ELECTION <sup>5</sup>	30 DAY POST ELECTION <sup>6</sup> <input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO	
	ANNUAL REPORT <sup>7</sup>	YEAR	FILING METHOD <input checked="" type="checkbox"/> CHECK ONE	PAPER	DISKETTE		
Name of Office Sought by Candidate: Northampton County Council Region 2			DATE OF ELECTION: MO. DAY YEAR 11 06 2006	District Number: R2	Office Code: OTH	Party Code: DEM	County Code: 48 <small>(SEE INSTRUCTIONS FOR CODES)</small>
Summary of Receipts and Expenditures from:		MO. DAY YEAR 10 23 2007	To	MO. DAY YEAR 11 26 2007	FOR OFFICE USE ONLY		
A. Amount Brought Forward From Last Report		\$		(-753.07)		ENTERED 2007 DEC -5 P NORTHAMPTON COUNTY ELECTION DIVISION EASTON, PA	
B. Total Monetary Contributions and Receipts (From Schedule I)		\$		3315.00			
C. Total Funds Available (Sum of Lines A and B)		\$		2561.93			
D. Total Expenditures (From Schedule III)		\$		3480.47			
E. Ending Cash Balance (Subtract Line D from Line C)		\$		(-918.54)			
F. Value of In-Kind Contributions Received (From Schedule III)		\$		0			
G. Unpaid Debts and Obligations (From Schedule IV)		\$		3000.00			

## AFFIDAVIT SECTION

**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear I 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  
 4th day of December 18 07  
 Signature: *Sandra P. Vulcano*  
 Notarial Seal: Sandra P. Vulcano, Notary Public, City of Easton, Northampton County, My Commission Expires Mar. 31, 2010

Signature of Person Submitting Report: *William Russell*  
 Printed Name: WALTER J RUSSELL  
 Area Code: 610  
 Daytime Telephone Number: 838-2605

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

I swear I 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  
 4th day of December 18 07  
 Signature: *Sandra P. Vulcano*  
 Notarial Seal: Sandra P. Vulcano, Notary Public, City of Easton, Northampton County, My Commission Expires Mar. 31, 2010

Signature of Candidate: *William E. Wallace*  
 Printed Name: William E Wallace  
 Area Code: 610  
 Daytime Telephone Number: 250-9017

**CONTRIBUTIONS AND RECEIPTS**

## Detailed Summary Page

Name of Filing Committee or Candidate <u>Friends of Bill Wallace</u>	Reporting Period From <u>10/23/07</u> To <u>11/26/2007</u>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$ <u>650<sup>00</sup></u>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ <u>250<sup>00</sup></u>
All Other Contributions (Part B)	\$ <u>0 -</u>
TOTAL for the Reporting Period	(2) \$ <u>250<sup>00</sup></u>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ <u>1,000<sup>00</sup></u>
All Other Contributions (Part D)	\$ <u>2,000<sup>00</sup></u>
TOTAL for the Reporting Period	(3) \$ <u>3,000<sup>00</sup></u>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
TOTAL for the Reporting Period	(4) \$ <u>0 -</u>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item 8.)	\$ <u>3,315<sup>00</sup></u>
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**PART A**  
**CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**  
**\$50.01 TO \$250.00**

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate <i>Friends of Bill Wallace</i>	Reporting Period From <i>10/29/07</i> To <i>11/26/2007</i>
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				DATE			AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR				
<i>Ed O'Brien Dinner Fund</i>				<i>10</i>	<i>30</i>	<i>2007</i>	<i>\$250<sup>00</sup></i>
Mailing Address				MO.	DAY	YEAR	\$
<i>219 Mount Airy Ave</i>							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
<i>Bethlehem</i>	<i>PA</i>	<i>18018-4621</i>					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$
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# CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES OVER \$250.00

Use this Part to itemize only contributions received from political committees  
with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate <i>Friends of Bill Wallace</i>	Reporting Period From <i>10/23/2007</i> To <i>11/26/2007</i>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Laborers Local 1174 PAC</i>	<i>10</i>	<i>23</i>	<i>2007</i>	<i>\$ 1,600<sup>00</sup></i>
Mailing Address <i>465 Allentown Dr.</i>	MO.	DAY	YEAR	\$
City <i>Allentown</i>	MO.	DAY	YEAR	\$
State <i>PA</i>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <i>18109-</i>	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

*\$ 1,000<sup>00</sup>*

## ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate Friends of Bill Wallace	Reporting Period From 10/23/2007 To 11/26/2007
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Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
William F. Wallace	20 Highland View Ct.	Easton	PA	18042-	11	26	2007	\$ 2,000 <sup>00</sup>
Employer Name Pennridge School District	Employer Mailing Address/Principal Place of Business 5th St. Perkasie PA 18944							\$
Occupation Art Teacher								\$
Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
								\$
								\$
Employer Name	Employer Mailing Address/Principal Place of Business							\$
Occupation								\$
Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
								\$
								\$
Employer Name	Employer Mailing Address/Principal Place of Business							\$
Occupation								\$
Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
								\$
								\$
Employer Name	Employer Mailing Address/Principal Place of Business							\$
Occupation								\$
Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
								\$
								\$
Employer Name	Employer Mailing Address/Principal Place of Business							\$
Occupation								\$

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL  
\$

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Bill Wallace -	Reporting Period From 10/23/2007 To 11/26/2007
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To Whom Paid Sette Luna Restaurant	MO. 11 DAY 20 YEAR 2007	Amount \$945.00
Mailing Address 219 Ferry St	Description of Expenditure Restaurant + Food for Fundraise	
City Easton	State PA	Zip Code Plus 4 18042-
To Whom Paid Bronstein + Weaver	MO. 10 DAY 23 YEAR 2007	Amount \$2,406.94
Mailing Address 24 W. Bryn Mawr Ave	Description of Expenditure Printing + Mailing Postcard	
City Bryn Mawr	State PA	Zip Code Plus 4 19010-3304
To Whom Paid Staples	MO. 10 DAY 25 YEAR 2007	Amount \$35.28
Mailing Address 4463 Birkland Place	Description of Expenditure Mailing	
City Easton (Palmer)	State PA	Zip Code Plus 4 18045-
To Whom Paid US Postal Service	MO. 10 DAY 27 YEAR 2007	Amount \$41.00
Mailing Address 114 Delaware Dr.	Description of Expenditure Stamps	
City Rehobothville	State PA	Zip Code Plus 4 18077-
To Whom Paid Staples	MO. 11 DAY 05 YEAR 2007	Amount \$22.25
Mailing Address 4463 Birkland Place	Description of Expenditure	
City Easton (Palmer)	State PA	Zip Code Plus 4 18045-
To Whom Paid Easton Area Democratic Committee	MO. 11 DAY 03 YEAR 2007	Amount \$20.00
Mailing Address 531 Philadelphia Rd.	Description of Expenditure Donation for W.w + Cheryl	
City Easton	State PA	Zip Code Plus 4 18042-
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  
\$3,480.47

**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 <i>Friends of Bill Wallace</i>	Reporting Period From <i>10/23/07</i> To <i>11/26/07</i>
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Name of Creditor <i>William E. Wallace</i>				Outstanding Balance of Debt <i>\$ 3,000<sup>00</sup></i>		
Mailing Address <i>20 Highland View Ct</i>	DATE DEBT INCURRED	MO.	DAY	YEAR		
City <i>Easton</i>		<i>10</i>	<i>01</i>	<i>2007</i>		
Description of Debt	State <i>PA</i>	Zip Code (Plus 4)		-		

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

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

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

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

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

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

PAGE TOTAL  
*\$ 3,000<sup>00</sup>*