

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: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE <sup>1.</sup> <input checked="" type="checkbox"/>		COMMITTEE <sup>2.</sup> <input type="checkbox"/>		LOBBYIST <sup>3.</sup> <input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist: <b>ROBERT L. SHARPE JR.</b>									
Street Address: <b>6143 SAUTERNE DR.</b>									
City: <b>MACUNGIE</b>				State: <b>PA</b>		Zip Code: <b>18062 - 8820</b>			
TYPE OF REPORT  (place X to the right of report type)	5TH TUESDAY PRE-PRIMARY <sup>1.</sup>	2ND FRIDAY PRE-PRIMARY <sup>2.</sup>	30 DAY POST PRIMARY <sup>3.</sup>	AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>		
	8TH TUESDAY PRE-ELECTION <sup>4.</sup>	2ND FRIDAY PRE-ELECTION <sup>5.</sup> <input checked="" type="checkbox"/>	30 DAY POST ELECTION <sup>6.</sup>	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>		
	ANNUAL REPORT <sup>7.</sup>	YEAR	FILING METHOD ( ) CHECK ONE <input type="checkbox"/>	PAPER	<input checked="" type="checkbox"/>	DISKETTE	<input type="checkbox"/>		
Name of Office Sought by Candidate: <b>LOWER MACUNGIE TWP. COMMISSIONER</b>				DATE OF ELECTION		District Number	Office Code	Party Code	County Code
				MO. DAY YEAR <b>11 8 2011</b>			<b>OTH</b>	<b>Dem</b>	<b>39</b>
						(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:			MO. DAY YEAR <b>5 2 2011</b>	To	MO. DAY YEAR <b>10 28 2011</b>	FOR OFFICE USE ONLY  <b>RECEIVED</b> 2011 OCT 28 A 9 43 ELECTION BOARD OF LEHIGH COUNTY			
A. Amount Brought Forward From Last Report			\$ <b>- 961.13</b>						
B. Total Monetary Contributions and Receipts (From Schedule I)			\$ <b>0</b>						
C. Total Funds Available (Sum of Lines A and B)			\$ <b>0</b>						
D. Total Expenditures (From Schedule III)			\$ <b>1,005.00</b>						
E. Ending Cash Balance (Subtract Line D from Line C)			\$ <b>- 1,966.13</b>						
F. Value of In-Kind Contributions Received (From Schedule II)			\$ <b>0</b>						
G. Unpaid Debts and Obligations (From Schedule IV)			\$ <b>0</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, 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 <b>28th day of October</b> _____ Signature	Notarial Seal <b>Murtaza S. Jaffer, Notary Public</b> Lower Macungie Twp., Lehigh County My Commission Expires Sept. 23, 2015 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES	Signature of Person Submitting Report <b>Robert L. Sharpe Jr.</b> Printed Name _____ Area Code <b>610</b> Daytime Telephone Number <b>417-7315</b>
My commission expires <b>9 23 2015</b> MO. DAY YR.		

**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 _____ Signature My commission expires _____ MO. DAY YR.	Signature of Candidate _____ Printed Name _____ Area Code _____ Daytime Telephone Number _____
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Lehigh County Government Center  
 17 S. 7<sup>th</sup> St., Allentown, PA 18101-2400 (610)782-3194

# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate <u>Robert L. Sharpe Jr.</u>	Reporting Period From <u>5/2/2011</u> To <u>10/28/2011</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>0</u>

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

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>		
Contributions Received from Political Committees (Part C)	\$	<u>0</u>
All Other Contributions (Part D)	\$	<u>0</u>
TOTAL for the Reporting Period	(3)	\$ <u>0</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 B.)	\$	<u>0</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 <u>Robert L. Sharpe Jr.</u>	Reporting Period From <u>5/2/2011</u> To <u>10/28/2011</u>
--	---

	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee				\$
Mailing Address				\$
City <span style="float:right;">State      Zip Code (Plus 4)</span>				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City <span style="float:right;">State      Zip Code (Plus 4)</span>				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City <span style="float:right;">State      Zip Code (Plus 4)</span>				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City <span style="float:right;">State      Zip Code (Plus 4)</span>				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City <span style="float:right;">State      Zip Code (Plus 4)</span>				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City <span style="float:right;">State      Zip Code (Plus 4)</span>				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City <span style="float:right;">State      Zip Code (Plus 4)</span>				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City <span style="float:right;">State      Zip Code (Plus 4)</span>				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City <span style="float:right;">State      Zip Code (Plus 4)</span>				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City <span style="float:right;">State      Zip Code (Plus 4)</span>				\$

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

PAGE TOTAL	\$ <u>0</u>
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## PART B ALL OTHER CONTRIBUTIONS

**\$50.01 TO \$250.00**

Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 to \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate <span style="font-size: 1.2em; color: blue;">Robert L. Shaupe Jr.</span>	Reporting Period From <span style="font-size: 1.2em; color: blue;">5/2/2011</span> To <span style="font-size: 1.2em; color: blue;">10/25/2011</span>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$

**PAGE TOTAL**  
\$ 0

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

**PART C**  
**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>Robert L. Shorpe Jr.</i>	Reporting Period From <i>5/2/2011</i> To <i>10/28/2011</i>
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				DATE			AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					

PAGE TOTAL	\$ <u>          </u>
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Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PART D  
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 <i>Robert L. Shorpe Jr.</i>	Reporting Period From <u>5/2/2011</u> To <u>10/28/2011</u>
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.	PAGE TOTAL \$ <span style="font-size: 2em;">0</span>
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**PART E  
OTHER RECEIPTS**

**REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.**

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate <u>Robert L. Sharpe Jr.</u>	Reporting Period From <u>5/2/2011</u> To <u>10/28/2011</u>
--	---

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
Receipt Description							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.	<b>PAGE TOTAL</b>
	\$ <span style="font-size: 2em;">0</span>

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate <u>Robert L. Sharpe Jr.</u>	Reporting Period From <u>5/2/2011</u> To <u>10/28/2011</u>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the Reporting Period	(1)	\$ <u>0</u>

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the Reporting Period	(2)	\$ <u>0</u>

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the Reporting Period	(3)	\$ <u>0</u>

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <u>0</u>
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**SCHEDULE II  
PART F  
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <u>Robert L. Sharpe Jr.</u>	Reporting Period From <u>5/2/2011</u> To <u>10/29/2011</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL \$ <span style="float:right; font-size: 2em;">0</span>
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## 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 <span style="font-size: 1.2em; color: blue;">Robert L. Shorpe Jr.</span>	Reporting Period From <u>5/2/2011</u> To <u>10/28/2011</u>
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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							
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							

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

PAGE TOTAL \$ <span style="font-size: 1.5em; color: blue;">0</span>
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