

Commonwealth of Pennsylvania  
**CAMPAIGN FINANCE REPORT**

PAGE 1 OF (COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

<b>Filer Identification Number:</b>		<b>Report Filed By:</b>		1. CANDIDATE		2. COMMITTEE <input checked="" type="checkbox"/>		3. LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: <u>FRIENDS OF CYNTHIA MOTA</u>									
Street Address: <u>2604 apple st</u>									
City: <u>Allen town</u>					State: <u>PA</u>		Zip Code: <u>18103-</u>		
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3. <input checked="" type="checkbox"/>	AMENDMENT REPORT?	YES	NO <input checked="" type="checkbox"/>
	8TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO <input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	YEAR		FILING METHOD ( ) CHECK ONE		PAPER	DISKETTE	
Name of Office Sought by Candidate: <u>Allen town City Council</u>					DATE OF ELECTION		District Number	Office Code	Party Code
					MO. DAY YEAR <u>11 7 2017</u>				<u>Dem 29</u>
							(SEE INSTRUCTIONS FOR CODES)		

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
	<u>5</u>	<u>2</u>	<u>2017</u>		<u>06</u>	<u>05</u>	<u>2017</u>	
A. Amount Brought Forward From Last Report				\$	<u>931.92</u>			<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED 2017 JUN 15 PM 12:5 ELECTION BOARD OF LEHIGH COUNTY </div>
B. Total Monetary Contributions and Receipts (From Schedule I)				\$	<u>1650.00</u>			
C. Total Funds Available (Sum of Lines A and B)				\$	<u>2581.92</u>			
D. Total Expenditures (From Schedule III)				\$	<u>1536.82</u>			
E. Ending Cash Balance (Subtract Line D from Line C)				\$	<u>1045.10</u>			
F. Value of In-Kind Contributions Received (From Schedule II)				\$	<u>0</u>			
G. Unpaid Debts and Obligations (From Schedule IV)				\$	<u>262.10</u>			

**AFFIDAVIT SECTION**

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

I (undersigned) affirm that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, complete.

and subscribed before me this June day of 2017

Signature: [Signature]  
MO. DAY YR. May 7 2018

Signature of Person Submitting Report: [Signature]  
Printed Name: Jeffrey Andrew Dzikowski  
Area Code: 610 Daytime Telephone Number: 504 5130

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

I (undersigned) swear, and 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.S. No. 320) as amended.

and subscribed before me this June day of 2017

Signature: [Signature]  
MO. DAY YR. May 7 2018

Signature of Candidate: [Signature]  
Printed Name: Cynthia Mota  
Area Code: (484) Daytime Telephone Number: 553-5830

SCHEDULE I  
**CONTRIBUTIONS AND RECEIPTS**

PAGE 2 OF \_\_\_\_\_

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Cynthia Mora</i>	Reporting Period From <i>05/02/2017</i> To <i>06/05/2017</i>
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**1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the Reporting Period	(1)	\$ <i>0</i>
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**2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)**

Contributions Received from Political Committees (Part A)		\$ <i>0</i>
All Other Contributions (Part B)		\$ <i>150.00</i>
TOTAL for the Reporting Period	(2)	\$ <i>150.00</i>

**3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)**

Contributions Received from Political Committees (Part C)		\$ <i>1000.00</i>
All Other Contributions (Part D)		\$ <i>500.00</i>
TOTAL for the Reporting Period	(3)	\$ <i>1500.00</i>

**4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)**

TOTAL for the Reporting Period	(4)	\$ <i>—</i>
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<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.)	\$ <i>1650.00</i>
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## PART B

PAGE \_\_\_\_\_ OF \_\_\_\_\_

**\$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 Friends of Cynthia Mora	Reporting Period From 05/2/2017 To 6/05/2017
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Full Name of Contributor				DATE			AMOUNT
Alex Wright				MO.	DAY	YEAR	\$ 150.00
Mailing Address				05	15	2017	
146 County Road 579				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Bloomsburg		PA	08804 -				\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address							\$
City				MO.	DAY	YEAR	\$
		State	Zip Code (Plus 4)				\$
			-	MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address							\$
City				MO.	DAY	YEAR	\$
		State	Zip Code (Plus 4)				\$
			-	MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address							\$
City				MO.	DAY	YEAR	\$
		State	Zip Code (Plus 4)				\$
			-	MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address							\$
City				MO.	DAY	YEAR	\$
		State	Zip Code (Plus 4)				\$
			-	MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address							\$
City				MO.	DAY	YEAR	\$
		State	Zip Code (Plus 4)				\$
			-	MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address							\$
City				MO.	DAY	YEAR	\$
		State	Zip Code (Plus 4)				\$
			-	MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address							\$
City				MO.	DAY	YEAR	\$
		State	Zip Code (Plus 4)				\$
			-	MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address							\$
City				MO.	DAY	YEAR	\$
		State	Zip Code (Plus 4)				\$
			-	MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address							\$
City				MO.	DAY	YEAR	\$
		State	Zip Code (Plus 4)				\$
			-	MO.	DAY	YEAR	\$

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

PAGE TOTAL  
\$ 150

# 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 <u>Friends of Cynthia Mora</u>				Reporting Period From <u>05/2/17</u> To <u>6/05/2017</u>			
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			DATE			AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR			
<u>I Baw Local Union 375</u>	<u>05</u>	<u>04</u>	<u>2017</u>	\$ <u>500.00</u>		
Mailing Address <u>1201 West Liberty ST</u>	MO.	DAY	YEAR			
City <u>Allentown</u> State <u>PA</u> Zip Code (Plus 4) <u>18102 -</u>	MO.	DAY	YEAR			
				\$		
<u>Laborers Local 1174</u>	<u>5</u>	<u>06</u>	<u>2017</u>	\$ <u>500.00</u>		
Mailing Address <u>465 Allentown dr</u>	MO.	DAY	YEAR			
City <u>Allentown</u> State <u>PA</u> Zip Code (Plus 4) <u>18103 -</u>	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 C on Schedule I, Detailed Summary Page, Section 3.	PAGE TOTAL \$ <u>1000.00</u>
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**PART D**  
**ALL OTHER CONTRIBUTIONS**

PAGE \_\_\_\_\_ OF \_\_\_\_\_

**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 <b>Friends of Cynthia Mora</b>	Reporting Period From <b>5/2/2017</b> To <b>5/5/2017</b>
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				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				
<b>Dr. Benny Valentine</b>	<b>5</b>	<b>04</b>	<b>2017</b>				<b>\$ 500.00</b>
Mailing Address <b>444 Albert Frost Ct</b>	MO.	DAY	YEAR				\$
City <b>Kissimmee</b>	MO.	DAY	YEAR				\$
State <b>FL</b>	Zip Code (Plus 4) <b>34754 -</b>						\$
Employer Name				Occupation <b>Self Employed</b>			
Employer Mailing Address/Principal Place of Business <b>Same</b>							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
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  
**\$ 500.00**



SCHEDULE III  
**STATEMENT OF EXPENDITURES**

PAGE \_\_\_\_\_ OF \_\_\_\_\_

Name of Filing Committee or Candidate <b>Friends of Zytunia Motre</b>	Reporting Period From <b>05/02/2017</b> To <b>06/05/2017</b>
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To Whom Paid <b>LV Printcenter</b>			MO. <b>5</b> DAY <b>10</b> YEAR <b>2017</b>	Amount <b>\$ 1030.00</b>
Mailing Address <b>1701 Union Blvd</b>			Description of Expenditure <b>mailers and flyers</b>	
City <b>Allentown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18104 -</b>		
To Whom Paid <b>Hispanic Broadcasting Radio</b>			MO. <b>5</b> DAY <b>14</b> YEAR <b>2017</b>	Amount <b>\$ 400.00</b>
Mailing Address <b>1125 Colorado St</b>			Description of Expenditure <b>Radio ad</b>	
City <b>Allentown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18103 -</b>		
To Whom Paid <b>advantage pep</b>			MO. <b>5</b> DAY <b>14</b> YEAR <b>2017</b>	Amount <b>\$ 53.82</b>
Mailing Address <b>2285 Bethlersville Rd</b>			Description of Expenditure <b>Robo call</b>	
City <b>Bethlehem PA</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18017 -</b>		
To Whom Paid <b>Korn Feinds market</b>			MO. <b>5</b> DAY <b>13</b> YEAR <b>2017</b>	Amount <b>\$ 53.00</b>
Mailing Address <b>2228 Old Post Rd</b>			Description of Expenditure <b>Food for staff</b>	
City <b>Coplay</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18037 -</b>		
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  
**\$ 1536.82**

PAGE \_\_\_\_\_ OF \_\_\_\_\_

## 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 <u>Friend of Cynthia Mora</u>	Reporting Period From <u>05/02/2017</u> To <u>6/05/2017</u>
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Name of Creditor <u>CYNTHIA MORA</u>				Outstanding Balance of Debt \$ <u>262.10</u>	
Mailing Address <u>2604 APPLE ST</u>	DATE DEBT INCURRED	MO. <u>5</u>	DAY <u>16</u>	YEAR <u>2017</u>	
City <u>ALLEN TOWN</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18103 -</u>			
Description of Debt <u>OUT OF POCKET PAID FOR TSHIRTS and FLYERS</u>					

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

\$ 262.10