PAGE 1 OF

(COVER PAGE)

### 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	1.	сомм	ITTEE	2. X	LOBE	SYIST	3
Name of Filing Comm	iittee, Candidate or L	obbyist	HYMA	۷ <i>ور</i>	R	MAYAR	1						
Street Address:			12					_					
City:						State	٠/ <b>ح</b> ادة	ET Zip Cod	(a:				
			Auin	Lony		PA		II.	310	- ح			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	l.	2ND FRIDAY PRE-PRIMARY	y 2.					MENT	YES		NO	
∜place X to	5. N		DAY ST ELECTION	6.	TERMINATION REPORT?		YES		NO				
the right of report type)			G METHOD CHECK ONE		PAPE	A	×	DISK	ETTE				
Name of Office Sough	ht by Candidate  OR — CIT	10	f ALLEN	rown	M(		EAR	District Number	Offic Code	4	Party Code R	3	unty ode CODES)
Summary of R	eceipts	м	O. DAY YEAR	R	М	DAY Y	EAR	F	OR OF	FICE	USE O	NLY	
and Expenditur	es from:		1 201	7 То	5	1 20	717						
A. Amount Brought  B. Total Monetary				\$	-	0.0							
C. Total Funds Ava			21,150,00										
D. Total Expenditur			27, 150,00										
			0,425.2										
E. Ending Cash Balance (Subtract Line D from Line C) \$ 9,324,78  F. Value of In-Kind Contributions Received (From Schedule II) \$ 0.00													
G. Unpaid Debts an				e II) \$	2.5	0.00							
95774501 SNEDS	de Ventre en Universe							- STATE OF THE STA		especialists of			
PART I - If this is	a Committee rep	port, t	AF reasurer sign he	FIDAVIT S	is a	N Candidate rep	ort ca	ndidate s	ion her	e.		in a	SHIN!
I swear (or affirm) the correct and complete.	at this report, includ	ing the	attached schedule	s, on paper	or com	puter diskette,	are to I	he best of	my kno	wledge	and b	elief tr	ue
Sworn to and subscr													
368 day o	may		20	1 1		Mo	how	Jo a	6h	-			
Server	ne Tr	L	Le	l		MICHA	ature of	Person 5					
My commission exp	Signature (12)	75	1001	_ (	Printed Name							:	
	MO.	DAY	YR.	J	-	Area Code			<b>Y-Y</b> aytime		-	ber	
PART II - If this i	s a report of a C	andid	dale Audhester I	One its					2 100			- DV 100	NAME OF THE OWNER, OWNE
PART II - If this i I swear (or effirm) th (P.L. 1333, No. 320) a	at to the best of my	knowle	edge and belief thi	is political of	commit	ee has not	ated a	e.	ns and an	a A a :	ol lu=	2 46	
Sworn to and subscr					_		1	>	1	e Acc	or June	3, 193	"
300 day of	$\Lambda\Lambda_{\Lambda}$		20 [	7 )	`	A	K	$\leq$ /	<i>(</i> *				
Suncer	me I su	20	Dei 201	}	/		Signe	y 01/00	JAT	/ t	You	41	-
My commission expi	Signature ires OR MO.	35	202)		6	10		43	3-4	11-	1	* 7	
	0			-	t and the	Area Code		0.	eytime 1	elepho	ne Num	ber	-

Suzanne T. Miller, Notary Public

DSEB-502 (7-99)

PAGE 2 OF

#### SCHEDULE I

### CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
HYMAN FOR MAYOR	From 1/1/2017 To 5/1/2017

1.	UNITEMIZED CONTRI	BUTIONS AND RECE	IPTS - \$50.00	or less per	CONT	RIBUTO	R
		TOTAL	for the Reporti	ng Period	(1)	\$	Z5,00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$ 
All Other Contributions (Part B)		\$ 1,225,00
TOTAL for the Reporting Period	(2)	\$ 1,225,00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	3,500.∞
TOTAL for the Reporting Period	(3) \$	3,500.00

4.	OTHER RECEIPTS -	REFUNDS,	INTEREST	EARNED,	RETURNED	CHECKS,	ETC.	(FROM	PART E)	CSCHOOL SECTION
L			TOTAL	for the R	eporting Per	iod	(4)	\$ 25,	000,00	

Cover Page, Item B.)	this amount on rage I, Report	\$ 29,750,00
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## PART B ALL OTHER CONTRIBUTIONS

#### \$50.01 to \$250.00

Use this Part to itemize all other contribuitions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

						1/1/17		
ull Name of Contribute	у			MO.	DATE	YEAR	T	AMOUNT
	nolas Baxeva	ane		3	11	17	1.	450.00
ailing Address	iolao Daxove	2110		MO.	DAY	YEAR	\$	150.00
351	2 Dartmouth	Drive				1 407111	1	
ity		State	Zip Code (Plus 4)	MO.	DAY	YEAR	+	
Beti	nlehem	PA	18020 -2034					
ull Name of Contribute	OF .						+	
Arth	ur & Margar	et Minson		3	13	17	S	250.0
ailing Address				MO.	DAY	YEAR		
	. 79th Street							
ity		State	Zip Code (Plus 4)	MO.	DAY	YEAR		
	/ York	NY	10075 -276					
ull Name of Contribute				MO.	DAY	YEAR		
Bari ailing Address	y S. Eigen			3	21	17	\$	75.0
	Done Chuco			MO.	DAY	YEAR		
403.	3 Page Stree	State	Zip Code (Plus 4)	MO.	DAY	VEND		
*	ntown	PA	18104 -	MO.	DAY	YEAR	-	
uli Name of Contribute			10104 -	MO.	DAY	VEAD		
	net H. Fraeni	kel		4	1	YEAR 17	-	450.0
ailing Address	octini raom	NOT		MO.	DAY	YEAR	\$	150.0
4330	6 Farmington	n Circle			- DAI	TERM	-	
ity	3	State	Zip Code (Plus 4)	MO.	DAY	YEAR	+	
Alle	ntown	PA	18104 -1960		-		7	
ull Name of Contribute	or			MO.	DAY	YEAR	1	
	Fraenkel			4	1	17	\$	150.0
ailing Address				MO.	DAY	YEAR	Ť	100.0
433	6 Farmington						3	
ity		State	Zip Code (Plus 4)	MO.	DAY	YEAR		
AIIe	ntown	PA	18104 -1960					
				MO.	DAY	YEAR	_	
Jailing Address	dor Engel			4	7	17	\$	250.0
	W. Washin	aton Stroot		MO.	DAY	YEAR	4	
ity	w. wasiiii	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Alle	ntown	PA	18104	W.C.	DAT	TEAR	-	
ull Name of Contribute			10104	MO.	DAY	YEAR	+	
Micl	hael C. Keen	an		4	12	17	\$	100.0
failing Address				MO.	DAY	YEAR	Ψ-	100.0
283	3 W. Greenle	af Street						
ity		State	Zip Code (Plus 4)	MO.	DAY	YEAR		
	ntown	PA	18104 -					
ull Name of Contribute	70			MO.	DAY	YEAR		
Rob	ert & Tracy	Grob		4	24	17	\$	100.0
lailing Address				MO.	DAY	YEAR		
5600	Old Mile Hi		7.0					
****	field	State PA	Zip Code (Plus 4)	MO.	DAY	YEAR	4	
Оге		P- 44	18069 -	1	1		1	

## PART D ALL OTHER CONTRIBUTIONS

#### **OVER \$250**

Use this Part to itemize all other contribuitions 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	Mus voilines	ions from pontical	COMMINGO				
Hyman for M	avor			Reporting Perion		To :	5/1/17
Hyman IVI m	ayor			DATE	1/1///		Security Research (Control Control Con
Full Name of Contributor			MO.	DATE	YEAR	T	AMOUNT
Robert Kitei			2	27	17	\$	500.00
Mailing Address			MO.	DAY	YEAR	-	V00.00
4631 Dickinsor	ı Way			T		-	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Doylestown	PA	18902 -				$\dashv$	
Employer Name			Occupation		1		
Bethlehem Eye	Associates			Doctor			
Employer Mailing Address/Principal Plac							
800 Eaton Aver	nue, Bethlehem	, PA 18018			<u></u>		
Full Name of Contributor			MO.	DAY	YEAR		
Munhel M. Mak	houl		3	13	17	\$	1,000.00
Mailing Address			MO.	DAY	YEAR		
961 E. Fairview	Street						
Сиу	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Allentown	PA	18109 -					
Employer Name	-		Occupation				
Makhoul Electr				Electricia	n		
Employer Mailing Address/Principal Plac							
458 N. Oswego	Street, Allento	wn, PA 18109					
Full Name of Contributor			MO.	DAY	YEAR		
Jacqueline Friz	ano Beck		3	27	17	\$	1,000.00
Mailing Address			MO.	DAY	YEAR		
1210 S. 24th St	reet						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Allentown	PA	18103 -					
Employer Name			Occupation				
N/A Employer Mailing Address /Dissinal Diss	10			Homemal	Ker		
Employer Mailing Address/Principal Plac N/A	a of Business						
200				Υ	т		
Full Name of Contributor  Mina I Hyman			MO.	DAY	YEAR	$\perp$	
Mina L. Hyman			3	27	17	\$	1,000.00
Mailing Address	National Ara		MO.	DAY	YEAR		
525 S. Flagler D							
West Palm Bea	State	Zip Code (Plus 4)	MO.	DAY	YEAR	$\perp$	
Employer Name	ch FL	33401 -					
N/A			Occupation	I I			
Employer Mailing Address/Principal Plac	e of Rusiness			Homemal	Ker		
N/A	5 01 509117554						
Full Name of Contributor			110	7 244	T	_	
			MO.	DAY	YEAR	-	
Mailing Address			- MO	DAY	WEAR	+	
A CONTROL OF STREET			MO.	DAY	YEAR	-	
City	State	Zip Code (Plus 4)	MO.	DAY	VEAD	-	
	013.0	Zip Oode (Fide 4)	MO.	DAY	YEAR	-	
Employer Name			Occupation			_	
printer-WA			Occupation				
Employer Mailing Address/Principal Place	a of Business				_		
2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1							
						1	
Enter Grand Total of Part	D on Schedule	I. Detailed Summa	rv Page. Se	ection 3		PAGE T	OTAL
		, =	,	JOHO!! 0.		s	3,500.00
							3,300.00

DSEB-502

# 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			F	eporting	Period	
HYMAN FOR MA	HOR			From _	delia	To Slilin
Name and the second sec						
NAT HYMAN						
Mailing Address Clo 727 N. MEA						
ALENTONA	State	Zip Code (Plus 4)	мо.	DAY	YEAR	\$ 25,000.00
Receipt Description  CAMPAIUM LAN	·					
Full Name						A STATE OF THE STA
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description				-1		
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
Receipt Description						\$
Full Name					-	
Mailing Address						
				1.		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name				Alle de		
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount &
Receipt Description	L				L	\$
Full Name			1-11-		-	A STATE OF THE PARTY OF THE PAR
Malling Address						
City	r		,			
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description			•			A THE WHOLE AND THE WAY

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL \$ 25,000.00

# Statement of Expenditures

Name of Filing Committee or Candidate	Reporting Period
Hyman for Mayor	From <u>1/1/17</u> To <u>5/1/17</u>

	Hyman for Ma	yor		From <u>1 / 1/ 17</u> To <u>5 / 1 / 17</u>						
						AMOUNT				
To Whom Paid				MO.	DAY	YEAR				
	Randy Monceau	x		2	17	17	\$	265.00		
Mailing Address	3			Description of Expenditure						
	5585 Kernsville	Road		Photography services						
City		State	Zip Code (Plus 4)							
	Orefield	PA	18069 -							
To Whom Paid				MO.	DAY	YEAR				
	Communication	Concepts		2	27	17	\$	1,550.78		
Mailing Address				Description of Expenditure						
	2906 William Per	nn Hwy, Suite	401	Palm cards						
City		State	Zip Code (Plus 4)							
	Easton	PA	18045 -		1	г				
To Whom Paid				MO.	DAY	YEAR				
	Communication	Concepts		2	27	17	\$	3,964.40		
Mailing Address		11 0.24	404		of Expenditure					
20	2906 William Pe			Yard sig	ns					
City	Easter	Ştate PA	Zip Code (Plus 4)							
	Easton	PA	18045 -		T	Т	_			
To Whom Paid	Communication	Concente		мо.	DAY 2	YEAR 17	s	926.18		
Mailine Address		Concepts				1	3	920.10		
Mailing Addres	<sup>3</sup> 2906 William Pe		of Expenditure ns, postag	o &						
City	2500 William Fe	State	roboc		e a					
Ony	Easton	PA	Zip Code (Plus 4) 18045 -	10000	an					
To Whom Paid			10040	MO.	DAY	YEAR	T			
	Shanty on 19th			3	2	17	1 s	394.00		
Mailing Addres				Description	of Expenditure	-				
	613 N. 19th Stre	et		Campaign event food & bev.						
City		State	Zip Code (Plus 4)							
	Allentown	PA	18104 -							
To Whom Paid	1			MO.	DAY	YEAR				
	Gary Birks			3	15	17	\$	2,000.00		
Mailing Addres	38			Description	of Expenditure					
	1148 Howertow	n Road		Campai	gn service:	5				
City		State	Zip Code (Plus 4)							
	Catasauqua	PA	18032 -							
To Whom Paid				MO.	DAY	YEAR				
	Imagine! Expres	3S		3	29	17	\$	3,210.91		
Mailing Addres					of Expenditure					
	2633 Minnehaha	a Avenue		Vinyl ba	nners					
City	8.81	State	Zip Code (Plus 4)							
	Minneapolis	MN	55406 -							
To Whom Paid				MO.	DAY	YEAR				
Vi	Randy Monceau	1X		4	11	17	\$	397.50		
Mailing Addres		Door		1 may 580	of Expenditure					
CIA.	_5585 Kernsville			Photogr	aphy serv	ices				
City	Orofiold	State	Zip Code (Plus 4)							
	Orefield	PA	18069 -							

Enter Grand Total Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL \$ 12,708.77

## SCHEDULE III

## **Statement of Expenditures**

Name of Filing C	Committee or Candidate Hyman for Ma	vor	Reporting Period From								
	Tiyillali lol ivia	yoı				17 17 17		MOUNT			
T 110 D 11				T	DATE			MOUNT			
To Whom Paid	Communication	Concents		MO.	11	YEAR 17	s	682.00			
Mailing Address		Concepts		<u> </u>		11	à	662.00			
Maming Address	2906 William Penn Hwy, Suite 401			Description of Expenditure Postcard: Design, Print, and							
City	Easton	State PA	Zip Code (Plus 4) 18045 -	postage	3						
To Whom Paid				MO.	DAY	YEAR					
	Gary Birks			4	11	17	\$	172.93			
Mailing Address	ing Address 1148 Howertown Road			Description of Expenditure							
				Expense reimbursement:							
City		Office supplies & postage									
	Catasauqua	PA	18032 -								
To Whom Paid				MO.	DAY	YEAR					
	Gary Birks			4	15	17	\$	2,000.00			
Maiking Address	5	Description of Expenditure									
	1148 Howertown	Campaign services									
City		State	Zip Code (Plus 4)								
	Catasauqua	PA	18032 -								
To Whom Paid				MO.	DAY	YEAR					
	Harland Clarke			2	14	17	\$	20.00			
Mailing Address	5			Description of	Description of Expenditure						
	15955 La Canter	ra Parkway		Check order							
City		State	Zip Code (Plus 4)								
	San Antonio	TX	78256 -								
To Whom Paid				MO.	DAY	YEAR					
	Stetson Technologies, LLC			4	24	17	\$	1,000.00			
Mailing Address	S	Description of Expenditure									
	485 Street Road				Website development						
City		State	Zip Code (Plus 4)								
	New Hope	PA	18938 -								
To Whom Paid				MO.	DAY	YEAR					
	Communication	Concepts		4	24	17	\$	1,920.76			
Mailing Address				Description of Expenditure							
	2906 William Penn Hwy, Suite 401				Mailer: Design, Print &						
City		State	Zip Code (Plus 4)	Postage							
	Easton	PA	18045 -								
To Whom Paid				MO.	DAY	YEAR					
	Communication	Concepts		5	1_	17	\$	1,920.76			
Mailing Address	5			Description of Expenditure							
2906 William Penn Hwy, Suite 401			Mailer: Design, Print &								
City	State Zip Code (Plus 4)			Postage							
	Easton	PA	18045 -								
To Whom Paid				MO.	DAY	YEAR		_			
Mailing Addres	s			Description	Description of Expenditure						
City		01.1	7.0	-							
City		State	Zip Code (Plus 4)								

Enter Grand Total Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL \$ 7,716.45

# 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	Name and Parties		Reporting Period	THE RESERVE OF THE PARTY OF THE
Hyman FOR Mayor	From 1/1/17 To 5/1/17			
Name of Creditor	* ***********	A STATE OF		Outstanding Balance of Debt
NAT HYMAN				\$ 25,000.00
Mailing Address 40 727 N. MEADOW STREET	DATE	Mo.	DAY YEAR	
City City	INCURRED	State	Zip Code (Plus 4)	
ALLENTONA		PA	18105-	
Description of Debt		1		
CAMPAKEN LOAN				
Name of Craditor				Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY YEAR	<u></u>
	DEBT			1
City	-	State	Zip Code (Plus 4)	
Description of Debt				
Description of Dagt				
Name of Creditor	W. BOTT STATE OF THE	STATE OF THE PARTY OF		Outstanding Balance of Debt
				\$
Mailing Address	DATE	MO.	DAY YEAR	CONTRACTOR OF THE PARTY OF THE
City	INCURRED			
		State	Zip Code (Plus 4)	
Description of Debt		1		J
Name of Creditor			A CONTRACTOR OF THE PARTY OF TH	Outstanding Balance of Debt
Mailing Address	1			\$
	DATE	MO.	DAY YEAR	-
City	INCURRED	State	Zip Code (Plus 4)	
Discolation of Bate			<del></del> 2	
Description of Debt				
Name of Creditor		-		Outstanding B.L. (B.)
				Outstanding Balance of Debt \$
Mailing Address	DATE	MO.	DAY YEAR	THE RESERVE OF THE PARTY OF THE
City	INCURRED			
		State	Zip Code (Plus 4)	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
Mailing Address	Tours		1 1	\$
	DATE	MO.	DAY YEAR	
City	INCURRED	State	Zip Code (Plus 4)	-
Description of Bull			=0	
Description of Debt				
	Ar-1/12/2004	Water State of the last of the		
Enter Grand Total of Handle Date -	PAGE TOTAL			
Enter Grand Total of Unpaid Debts on Page 1, Re	port Cover	Page, I	item G.	\$ 25,000,00