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.)

Name of Office Sought by Candidate: Name of Office Park Candidate: Name of Election Name o									
Street Address: All North 3 rd April 1 City: All ent own TYPE OF REPORT FREPORT Iplace X to the right of report type REPORT Name of Office Sought by Candidate: No. DAY YEAR Summary of Receipts and Expenditures from: B. Total Monetary Contributions and Receipts (From Schedule II) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) G. Unpaid Debts and Obligations (From Schedule IV) State: PA IZIP Code: IRW 7 A MENDMAN 3. AMENDMAN 7 REPORT? VES NO REPORT? VES NO TERMINATION YES NO REPORT? VES NO DISKETTE DATE OF ELECTION MO. DAY YEAR DISKETTE DATE OF ELECTION No. DAY YEAR DISKETTE POR OFFICE USE ONLY FOR OFFICE USE ONLY FOR OFFICE USE ONLY TO TO TO TO TO TO TO TO TO T									
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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 trocorrect and complete.	ıe,								
Sworn to and subscribed before me this									
4th day of MAY 2017 Cowell G. Polisis									
Signature of Person Submitting Report									
COUNT N'S CON Printed Name									
My commence contra 08 26 20 20 484 991-7066									
Notary Public MO. DAY YR. Area Code Daytime Telephone Number	==="								
ALLENTOWN CITY LENGTH COUNTY									
PAR Commission 15 2020 a Candidate's Authorized Committee, candidate shall sign here.	7								
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, 193 (P.L. 1333, No. 320) as amended.	′								
Sworn to and subscribed before me this									
day of									
Signature of Candidate									
Signature Printed Name									
My commission expires MO. DAY YR. Area Code Daytime Telephone Number	_								

Department of State Bureau of Commissions, Elections and Legislation 210 North Office Building Harrisburg, PA 17120-0029 (717) 787-5280

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Court vier a. Rebinsa	From 1/1/2017 To 5/1/2017
To Whom Paid S + +	MO. DAY YEAR Amount U 18 2617 \$ \$ 9.80 - Description of Expenditure
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44) Ham: HONSV	Stamps and P.O. Box
Allowow PAIRPI-1611	,
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To Whom Paid Towgo	Description of Expenditure
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Allow Tows PA 12104-	
7 1/4 19:11	MO. DAY YEAR Amount
Lahish County Mailing Address St County	Description of Expenditure
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State Zip Code (Plus 4)	110 110 100
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3300 1.6-16 81	Office Supplies
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To Whom Paid	MO. DAY YEAR Amount
Staplis	3 16 17 \$11.66
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City State Zip Code (Plus 4)	Copies
Allestour PA 18104-	
To Whom Paid	MO. DAY YEAR Amount \$ 66.54
Mailing Address	Description of Expenditure
Gity State Zip Code (Plus 4)	Office Supplies
Allentond PH 18104 -	· ·
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover	Page, Item D. \$ 150 50

SCHEDULE III

STATEMENT OF EXPENDITURES

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