

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

PAGE 1 OF **2**
(COVER PAGE)

(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.		COMMITTEE 2. <input checked="" type="checkbox"/>		LOBBYIST 3.																					
Name of Filing Committee, Candidate or Lobbyist: John Rosario for City Council																													
Street Address: 3701 Allen Street																													
City: Allentown				State: PA		Zip Code: 18104 -																							
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY		1.		2ND FRIDAY PRE-PRIMARY		2. <input checked="" type="checkbox"/>		30 DAY POST PRIMARY		3.		AMENDMENT REPORT?		YES		NO												
	8TH TUESDAY PRE-ELECTION		4.		2ND FRIDAY PRE-ELECTION		5.		30 DAY POST ELECTION		6.		TERMINATION REPORT?		YES		NO												
	ANNUAL REPORT		7.		YEAR				FILING METHOD () CHECK ONE				PAPER		<input checked="" type="checkbox"/>		DISKETTE												
Name of Office Sought by Candidate: Allentown City Council				DATE OF ELECTION				District Number		Office Code		Party Code		County Code															
				MO. DAY YEAR 05 16 2017						OTH		DEM		39															
														(SEE INSTRUCTIONS FOR CODES)															
Summary of Receipts and Expenditures from:										FOR OFFICE USE ONLY																			
										RECEIVED 17 MAY -5 PM 3:51																			
A. Amount Brought Forward From Last Report																				\$ 0									
B. Total Monetary Contributions and Receipts (From Schedule I)																				\$ 6,256.24									
C. Total Funds Available (Sum of Lines A and B)																				\$ 6,256.24									
D. Total Expenditures (From Schedule III)																				\$ 2,792.71									
E. Ending Cash Balance (Subtract Line D from Line C)																				\$ 3,463.53									
F. Value of In-Kind Contributions Received (From Schedule II)																				\$ 0									
G. Unpaid Debts and Obligations (From Schedule IV)										\$ 1,000.00																			

AFFIDAVIT SECTION

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

I swear (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

4 day of May

Kelley J Young
Signature

My commission expires 08 15 2019
MO. DAY YR.

NOTARIAL SEAL
Kelley J Young
NOTARY PUBLIC
Upper Milford Twp, Lehigh County
My Commission Expires 08/15/2019

Signature of Person Submitting Report

David Spitz

Printed Name

610

Area Code

967-4711

Daytime Telephone Number

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

05TH day of May 20 17

Nancy G Moreau
Signature

My commission expires 07 23 2018
MO. DAY YR.

Signature of Candidate

John Rosario

Printed Name

484

Area Code

484-735-2688

Daytime Telephone Number

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

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate John Rosario for City Council	Reporting Period From 1/1/2017 To 5/5/2017
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 6,256.24
TOTAL for the Reporting Period (2)	\$ 6,256.24

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 6,256.24
TOTAL for the Reporting Period (3)	\$ 6,256.24

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ 0.00

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 6,256.24
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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 JOHN ROSARIO FOR CITY COUNCIL	Reporting Period From 1/1/2017 To 5/5/2017
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				DATE			AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR				
Dennis A. Bradley	4	15	17				\$ 200.00
Mailing Address	MO.	DAY	YEAR				\$
853 Fairfield Ave.							\$
City	MO.	DAY	YEAR				\$
Bridgeport							\$
State	Zip Code (Plus 4)						
CT	06604 -						
Rose Caras	2	17	17				\$ 200.00
Mailing Address	MO.	DAY	YEAR				\$
1552 Hidden Valley Rd.	2	17	17				\$ 19.00
City	MO.	DAY	YEAR				\$
Allentown							\$
State	Zip Code (Plus 4)						
PA	18103 -						
Denise Cali							\$ 200.00
Mailing Address	MO.	DAY	YEAR				\$
7 VILLAGE DR.							\$
City	MO.	DAY	YEAR				\$
NORTHAMPTON							\$
State	Zip Code (Plus 4)						
PA	18067 -						
JOHN RIMM							\$ 200.00
Mailing Address	MO.	DAY	YEAR				\$
4176 WYNDEMERE CIRCLE							\$
City	MO.	DAY	YEAR				\$
SCHNECKSVILLE							\$
State	Zip Code (Plus 4)						
PA	18078 -						
ROBERT CAHILL							\$ 150.00
Mailing Address	MO.	DAY	YEAR				\$
4992 FARMVIEW DR.							\$
City	MO.	DAY	YEAR				\$
SCHNECKSVILLE							\$
State	Zip Code (Plus 4)						
PA	18078 -						
LISA Y. MOATZ							\$ 50.00
Mailing Address	MO.	DAY	YEAR				\$
							\$
City	MO.	DAY	YEAR				\$
							\$
State	Zip Code (Plus 4)						
	-						
CRAIG WILSTERMAN							\$ 50.00
Mailing Address	MO.	DAY	YEAR				\$
5927 ELDERBERRY DR.							\$
City	MO.	DAY	YEAR				\$
OREFIELD							\$
State	Zip Code (Plus 4)						
PA	-						
MANUEL ROSARIO							\$ 100.00
Mailing Address	MO.	DAY	YEAR				\$
2156 29TH. STREET							\$
City	MO.	DAY	YEAR				\$
ASTORIA							\$
State	Zip Code (Plus 4)						
NY	11105 -						

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

PAGE TOTAL

\$ 1,169.00

PART A

PAGE _____ OF _____

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 JOHN ROSARIO FOR CITY COUNCIL				Reporting Period From 1/1/2017 To 5/5/2017			
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			DATE			AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR			
Mailing Address NONE						\$ 0.00
City						\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City						\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City						\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City						\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City						\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City						\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City						\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City						\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City						\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City						\$
State						\$
Zip Code (Plus 4)						\$

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

PAGE TOTAL

\$

PART B
ALL OTHER CONTRIBUTIONS

PAGE 1 OF 2

\$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 John Rosario for City Council	Reporting Period From 1/1/2017 To 5/5/2017
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Full Name of Contributor				DATE			AMOUNT
				MO.	DAY	YEAR	
Gary A. Frey				3	1	17	\$ 100.00
Mailing Address 121 N. Best Ave. Ste 2				MO.	DAY	YEAR	\$
City Walnutport		State PA	Zip Code (Plus 4) 18088 -	MO.	DAY	YEAR	\$
Kent C. Newhart				2	27	17	\$ 100.00
Mailing Address 1044 Third Street				MO.	DAY	YEAR	\$
City Whitehall		State PA	Zip Code (Plus 4) 18052 -	MO.	DAY	YEAR	\$
Stanley N. Reinford Jr.				3	5	17	\$ 100.00
Mailing Address 2603 Lindberg Ave.				MO.	DAY	YEAR	\$
City Allentown		State PA	Zip Code (Plus 4) 18103 -	MO.	DAY	YEAR	\$
Cynthia E. Ernst				3	23	17	\$ 200.00
Mailing Address PO Box 602				MO.	DAY	YEAR	\$
City Emmaus		State PA	Zip Code (Plus 4) 18049 -	MO.	DAY	YEAR	\$
Jon Ernst				3	21	17	\$ 75.00
Mailing Address 				MO.	DAY	YEAR	\$
City Emmaus		State PA	Zip Code (Plus 4) 18049 -	MO.	DAY	YEAR	\$
Angelo T. Almonte				3	23	17	\$ 200.00
Mailing Address 8373 Mohr Lane				MO.	DAY	YEAR	\$
City Fogelsville		State PA	Zip Code (Plus 4) 18051 -	MO.	DAY	YEAR	\$
Mark D. Traub				3	23	17	\$ 150.00
Mailing Address 625 Erney Street				MO.	DAY	YEAR	\$
City Allentown		State PA	Zip Code (Plus 4) 18103 -	MO.	DAY	YEAR	\$
Frederick J. Fenselau Jr.				3	11	17	\$ 100.00
Mailing Address 1473 Kelchner Road				MO.	DAY	YEAR	\$
City Bethlehem		State PA	Zip Code (Plus 4) 18018 -	MO.	DAY	YEAR	\$

PAGE TOTAL
\$ 1,025.00

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

PART D
ALL OTHER CONTRIBUTIONS

PAGE 1 OF 2

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 John Rosario for City Council				Reporting Period From _____ To _____			
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				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				
David A. Stortz	3	23	17				\$ 1,000.00
Mailing Address 210 SUGARLOAK CIRCLE	MO.	DAY	YEAR				\$
City MACUNGIE	State PA	Zip Code (Plus 4) 18062-		MO.	DAY	YEAR	\$
Employer Name Stortz & Associates				Occupation CPA			
Employer Mailing Address/Principal Place of Business 3775 Chestnut Street Emmaus PA 18049							
Munhel M. Makhouf	3	23	17				\$ 500.00
Mailing Address 961 E. Fairview Street	MO.	DAY	YEAR				\$
City Allentown	State PA	Zip Code (Plus 4) 18109 -		MO.	DAY	YEAR	\$
Employer Name N/A				Occupation ELECTRICIAN			
Employer Mailing Address/Principal Place of Business							
James Potocnic	3	23	17				\$ 400.00
Mailing Address 4283 Abigail Lane	MO.	DAY	YEAR				\$
City Whitchall	State PA	Zip Code (Plus 4) 18052 -		MO.	DAY	YEAR	\$
Employer Name OVERHEAD DOOR CO.				Occupation DOOR INSTALLATION			
Employer Mailing Address/Principal Place of Business 4498 COMMERCE DR. WHITEHALL PA. 18052							
Gregg D. Schubach	3	23	17				\$ 500.00
Mailing Address 4166 Fawn Trail Rd.	MO.	DAY	YEAR				\$
City Allentown	State PA	Zip Code (Plus 4) 18104 -		MO.	DAY	YEAR	\$
Employer Name LEHIGH VALLEY HOSPITAL				Occupation DOCTOR			
Employer Mailing Address/Principal Place of Business CEDAR CREST. ALLENTOWN							
Francis O. Castillo-Drellana	3	10	17				\$ 400.00
Mailing Address 4800 BELLA LANE	MO.	DAY	YEAR				\$
City NORTHAMPTON	State PA	Zip Code (Plus 4) 18067-		MO.	DAY	YEAR	\$
Employer Name CASTILLO CONSTRUCTION				Occupation CONSTRUCTION			
Employer Mailing Address/Principal Place of Business 4800 BELLA LANE NORTHAMPTON PA. 18067							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.	PAGE TOTAL \$2,800.00
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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 JOHN ROSARIO for City Council	Reporting Period From 1/1/2017 To 5/5/2017
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			DATE			AMOUNT
Full Name of Contributor LISA BARBIR			MO 03	DAY 20	YEAR 2017	\$ 300.00
Mailing Address 1656 PACKHOUSE RD.			MO	DAY	YEAR	\$
City FOGELSVILLE	State PA	Zip Code (Plus 4) 18051-	MO	DAY	YEAR	\$
Employer Name N/A			Occupation			
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO	DAY	YEAR	\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO	DAY	YEAR	\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO	DAY	YEAR	\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO	DAY	YEAR	\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
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

\$ **300.00**

**PART E
OTHER RECEIPTS**

PAGE _____ OF _____

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 JOHN ROSARIO FOR CITY COUNCIL	Reporting Period From 1/1/2017 To 5/5/2017
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Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
		-				\$ 0.00
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						

PAGE TOTAL \$

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

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

Detailed Summary Page

Name of Filing Committee or Candidate JOHN ROSARIO FOR CITY COUNCIL	Reporting Period From 1/1/2017 To 5/5/2017
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ 0.00

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period	(2) \$ 0.00

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period	(3) \$ 0.00

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ 0.00
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STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period			
JOHN ROSARIO for City Council				From 1/1/2017 To 5/5/2017			

To Whom Paid	MO.	DAY	YEAR	Amount
Safeguard	02	23	17	\$150.95
Mailing Address	Description of Expenditure			
2106 S. First. Ave.	CHECKS			
City	State	Zip Code (Plus 4)		
WHITEHALL	PA	18052		
To Whom Paid	MO.	DAY	YEAR	Amount
ALLEGRA PRINTING	03	08	2017	\$287.64
Mailing Address	Description of Expenditure			
709 Roble RD.	Posters			
City	State	Zip Code (Plus 4)		
ALLENTOWN	PA	18109-		
To Whom Paid	MO.	DAY	YEAR	Amount
ALLEGRA PRINTING	03	21	2017	\$31.47
Mailing Address	Description of Expenditure			
709 ROBLE RD.	Posters			
City	State	Zip Code (Plus 4)		
ALLENTOWN	PA	18109-		
To Whom Paid	MO.	DAY	YEAR	Amount
ALLEGRA PRINTING	03	22	2017	\$172.19
Mailing Address	Description of Expenditure			
709 ROBLE RD.	Labels / BANNERS			
City	State	Zip Code (Plus 4)		
ALLENTOWN	PA	18109-		
To Whom Paid	MO.	DAY	YEAR	Amount
ALLEGRA PRINTING	03	24	2017	\$448.19
Mailing Address	Description of Expenditure			
709 ROBLE RD.	SIGNS			
City	State	Zip Code (Plus 4)		
ALLENTOWN	PA	18109-		
To Whom Paid	MO.	DAY	YEAR	Amount
ALLEGRA PRINTING	03	30	2017	\$306.64
Mailing Address	Description of Expenditure			
709 ROBLE RD.	Envelopes / letterheads			
City	State	Zip Code (Plus 4)		
ALLENTOWN	PA	18109-		
To Whom Paid	MO.	DAY	YEAR	Amount
ALLEGRA PRINTING	04	06	2017	\$1,295.63
Mailing Address	Description of Expenditure			
709 ROBLE RD.	SIGNS			
City	State	Zip Code (Plus 4)		
ALLENTOWN	PA	18109-		
To Whom Paid	MO.	DAY	YEAR	Amount
ALLENTOWN SYRIAN ASSOC				\$100.00
Mailing Address	Description of Expenditure			
2nd ST.	BOOK PROGRAM AD.			
City	State	Zip Code (Plus 4)		
ALLENTOWN	PA	18102-		

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

PAGE TOTAL

\$2,782.71

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 JOHN ROSARIO for City Council	Reporting Period From 1/1/2017 To 5/5/2017
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Name of Creditor JOHN ROSARIO					Outstanding Balance of Debt \$ 1,000.00	
Mailing Address 3701 ALLEN ST.		DATE DEBT INCURRED	MO.	DAY	YEAR	
City ALLENTOWN PA. 18104		State	Zip Code (Plus 4) PA 18104			
Description of Debt LOAN						
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 \$ 1,000.00
