

CAMPAIGN FINANCE REPORT

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

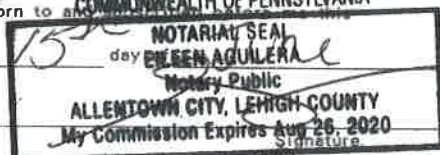
Filer Identification Number: 1		Report Filed By: 2		CANDIDATE X		COMMITTEE 2		LOBBYIST 3		
Name of Filing Committee, Candidate or Lobbyist: Courtney Robinson										
Street Address: 201 North 3rd St Apt 211										
City: Allentown					State: PA		Zip Code: 18102			
TYPE OF REPORT (place X to the right of report type)	9TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO	
	9TH 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	DISKETTE		
Name of Office Sought by Candidate: Allentown City Council 2yr Term					DATE OF ELECTION MO. DAY YEAR 5 16 2017		District Number	Office Code 04H	Party Code Dem	County Code 39
Summary of Receipts and Expenditures from: MO. DAY YEAR 5 2 2017					To MO. DAY YEAR 6 5 2017		FOR OFFICE USE ONLY RECEIVED 2017 JUN 15 PM 1:01 ELECTION BOARD OF LEHIGH COUNTY			
A. Amount Brought Forward From Last Report					\$ 0.00					
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ 0.00					
C. Total Funds Available (Sum of Lines A and B)					\$ 0.00					
D. Total Expenditures (From Schedule III)					\$ \$ 360.00					
E. Ending Cash Balance (Subtract Line D from Line C)					\$ 0.00					
F. Value of In-Kind Contributions Received (From Schedule II)					\$ 0.00					
G. Unpaid Debts and Obligations (From Schedule IV)					\$ 0.00					

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

My commission expires **08** MO. **26** DAY **20** YR.Signature of Person Submitting Report
Courtney C. RobinsonPrinted Name
Courtney C. RobinsonArea Code
484Daytime Telephone Number
951-7066

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

My commission expires MO. DAY YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <u>Courtney Robinson</u>	Reporting Period From <u>5/2/17</u> To <u>6/5/17</u>
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To Whom Paid <u>Stephanie McDonald</u>			MO.	DAY	YEAR	Amount
Mailing Address <u>534 North Jordan ST</u>			<u>5</u>	<u>15</u>	<u>17</u>	<u>\$ 100.00-</u>
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18102 -</u>	Description of Expenditure <u>Election Day help</u>			
To Whom Paid <u>Maria Ocasio</u>			MO.	DAY	YEAR	Amount
Mailing Address <u>301 North Jordan ST</u>			<u>5</u>	<u>15</u>	<u>17</u>	<u>\$ 100.00-</u>
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18102-</u>	Description of Expenditure <u>Election Day help</u>			
To Whom Paid <u>Venny's Pizza</u>			MO.	DAY	YEAR	Amount
Mailing Address <u>840 Hamilton ST</u>			<u>5</u>	<u>15</u>	<u>17</u>	<u>\$ 100.00-</u>
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18101 -</u>	Description of Expenditure <u>Election Night pizza</u>			
To Whom Paid <u>Minuteman Press</u>			MO.	DAY	YEAR	Amount
Mailing Address <u>645 Hamilton ST #103</u>			<u>5</u>	<u>15</u>	<u>17</u>	<u>\$ 60.00-</u>
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18101 -</u>	Description of Expenditure <u>Election Day material</u>			
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address						\$
City			Description of Expenditure			
State						
Zip Code (Plus 4)						
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address						\$
City			Description of Expenditure			
State						
Zip Code (Plus 4)						
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address						\$
City			Description of Expenditure			
State						
Zip Code (Plus 4)						
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address						\$
City			Description of Expenditure			
State						
Zip Code (Plus 4)						

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

PAGE TOTAL

\$ 360.00