

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.)

Filer Identification Number:		Report Filed By:		CANDIDATE <input checked="" type="checkbox"/>		COMMITTEE <input type="checkbox"/>		LOBBYIST <input type="checkbox"/>		
Name of Filing Committee, Candidate or Lobbyist: Cynthia Mota										
Street Address: 2604 Appel St										
City: Allentown				State: PA		Zip Code: 18103				
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.	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	DISKETTE		
Name of Office Sought by Candidate: Allentown City Council					DATE OF ELECTION MO. DAY YEAR 11 7 2017		District Number	Office Code	Party Code Dem	County Code 34
							(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:					MO. DAY YEAR 5 02 2017		To		MO. DAY YEAR 06 05 2017	
A. Amount Brought Forward From Last Report					\$		<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED 2017 JUN 15 PM 12:58 ELECTION BOARD OF LEHIGH COUNTY </div>			
B. Total Monetary Contributions and Receipts (From Schedule I)					\$					
C. Total Funds Available (Sum of Lines A and B)					\$					
D. Total Expenditures (From Schedule III)					\$					
E. Ending Cash Balance (Subtract Line D from Line C)					\$					
F. Value of In-Kind Contributions Received (From Schedule II)					\$					
G. Unpaid Debts and Obligations (From Schedule IV)					\$					

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.

Subscribed before me this June 20 17

Signature of Person Submitting Report
Jeffrey Andrew Dzichowski
Printed Name
610 5045136
Area Code Daytime Telephone Number

My Commission Expires May 7, 2018

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.S. 1333, No. 120) as amended.

Subscribed before me this June 20 17

Signature of Candidate
Cynthia Mota
Printed Name
553 5830
Area Code Daytime Telephone Number

My Commission Expires May 7, 2018

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>CYNTHIA MOTA</u>	Reporting Period From <u>5/02/17</u> To <u>06/05/17</u>
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Name of Creditor <u>CYNTHIA MOTA</u>					Outstanding Balance of Debt \$ <u>262.10</u>	
Mailing Address <u>2604 UPPER ST</u>		DATE DEBT INCURRED	MO. <u>5</u>	DAY <u>16</u>	YEAR <u>2017</u>	
City <u>ALLENTOWN</u>		State <u>PA</u>	Zip Code (Plus 4) <u>18103 -</u>			

Description of Debt
OUT OF POCKET PAID FOR TSHIRTS AND FLYERS

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 \$	
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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

\$