

COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>					
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Cecilia Gerlach										
STREET ADDRESS 109 S. 9th St										
CITY Allentown			STATE PA	ZIP CODE 18101						
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION					
	Mayor of Allentown			Dem	MO.	DAY	YEAR			
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY						
2ND FRIDAY PRE-PRIMARY	2.	MO.	DAY	YEAR	MO.		DAY	YEAR		
30 DAY POST-PRIMARY	3.	6	8	21	TO			10	18	21
6TH TUESDAY PRE-ELECTION	4.	CASH BALANCE AT END OF REPORTING PERIOD: \$ 0								
2ND FRIDAY PRE-ELECTION	5. <input checked="" type="checkbox"/>	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0								
30 DAY POST-ELECTION	6.	AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>				
ANNUAL REPORT	7.	TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>				

RECEIVED  
 2021 OCT 25 AM 11:41  
 ELECTION BOARD  
 OF LEHIGH COUNTY

**AFFIDAVIT SECTION**

**PART I -**  
 If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
 25 DAY OF OCT 2021

SIGNATURE OF PERSON SUBMITTING REPORT  
 Cecilia Gerlach  
 PRINTED NAME

MY COMMISSION EXPIRES 3/29/2025  
 MO. DAY YR.

AREA CODE 484 DAYTIME TELEPHONE NUMBER 547-0354

Commonwealth of Pennsylvania  
 Secretary of the Commonwealth  
 DIANE L. GORDIAN  
 Lehigh County  
 My Commission Expires March 29, 2025  
 Commission Number 1397

**PART II -**  
 If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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 OF CANDIDATE  
 \_\_\_\_\_  
 PRINTED NAME  
 \_\_\_\_\_

SIGNATURE  
 \_\_\_\_\_  
 AREA CODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_  
 MO. DAY YR.