

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)		Candidate		Committee	<input checked="" type="checkbox"/>	Lobbyist	
Name of Filing Committee, Candidate or Lobbyist		Friends of Cynthia Mota							
Street Address		526 N St. Cloud Street Suite 4 PMB 253							
City	Allentown	State	PA	Zip Code	18104				

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)		05/18/2021	Year		2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	05/04/2021	06/07/2021	RECEIVED 2021 JUN 17 PM 2:56 ELECTION BOARD OF LEHIGH COUNTY
A. Amount Brought Forward From Last Report	\$	3239.51	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	50.00	
C. Total Funds Available (Sum of Lines A and B)	\$	3289.51	
D. Total Expenditures (From Schedule III)	\$	1253.51	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2036.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	4463.62	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

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 page 2, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 17th day of June 20 21.

[Signature]
Signature

My Commission expires 3/29/2025
MO. DAY YR.

Commonwealth of Pennsylvania - Notary Seal
 DIANE L. GORDIAN - Notary Public
 Lehigh County
 My Commission Expires March 29, 2025
 Commission Number 1394734

Affidavit Section

[Signature]
Signature of Person Submitting report
Ervin J Mease Campaign Treasurer

Printed Name

610 Area Code 737-3375 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 17th day of June 20 21.

[Signature]
Signature

My Commission expires 3/29/2025
MO. DAY YR.

Commonwealth of Pennsylvania - Notary Seal
 DIANE L. GORDIAN - Notary Public
 Lehigh County
 My Commission Expires March 29, 2025
 Commission Number 1394734

Signature of Candidate
[Signature]
Printed Name

484 Area Code 553-5830 Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
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Total for the reporting period	(1)	\$ 0050.00
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
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Contributions Received from Political Committees (Part A)	\$	0000.00
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All Other Contributions (Part B)	\$	0000.00
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Total for the reporting period	(2)	\$ 0000.00
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3. Contributions Over \$250.00 (From Part C and Part D)		
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Contributions Received from Political Committees (Part C)	\$	0000.00
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All Other Contributions (Part D)	\$	0000.00
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Total for the reporting period	(3)	\$ 0000.00
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4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
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Total for the reporting period	(4)	\$ 0
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Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	0
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PART A

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.

Filer Identification Number	
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							Amount
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Street Address	
City						State	Zip Code
						Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Street Address	
City						State	Zip Code
						Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Street Address	
City						State	Zip Code
						Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Street Address	
City						State	Zip Code
						Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Street Address	
City						State	Zip Code
						Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Street Address	
City						State	Zip Code
						Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code	Date [MM/DD/YYYY]	\$	

PART C
Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	
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Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					

PART E
Other Receipts

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.

Filer Identification Number:	
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Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$ 0
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$ 0
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$ 0
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$ 0
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$ 0
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$ 0
Receipt Description							

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number:	
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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
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	0250.00
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	0
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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)		\$	0250.00
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SCHEDULE II
Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
VP Broadcasting							2500.00
House #	1150	Street Address	Colorado St		Date [MM/DD/YYYY]	\$	0
City	Allentown	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	0
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
					Commericals at La Mega Radio		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
La Razon Newspaper							500.00
House #		Street Address	PO Box 1303		Date [MM/DD/YYYY]	\$	0
City	Allentown	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	0
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
					2 Newspaper ADs		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
8th St Food Market							1000.00
House #	247	Street Address	N 8th Street		Date [MM/DD/YYYY]	\$	0
City	Allentown	State	PA	Zip Code	Date [MM/DD/YYYY]	\$	0
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
							0
House #		Street Address			Date [MM/DD/YYYY]	\$	0
City		State		Zip Code	Date [MM/DD/YYYY]	\$	0
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid	-Fees -PayPal	Date [MM/DD/YYYY]	\$	0001.75
		05/08/21		
House #	Street Address	Description of Expenditure		
City	State	Zip Code	fees	
To Whom Paid	Sick Images - Face Masks	Date [MM/DD/YYYY]	\$	0101.76
		05/14/21		
House #	Street Address	Description of Expenditure		
City	State	Zip Code	Marketing Expenses	
	Alburtis	PA	18109	
To Whom Paid	Belkis Pion	Date [MM/DD/YYYY]	\$	0115.00
		05/18/21		
House #	Street Address	Description of Expenditure		
	2599 halleck dr			
City	State	Zip Code	Campaign Worker	
	Whitehall	PA	18052	
To Whom Paid	Emelie Perez Moya	Date [MM/DD/YYYY]	\$	0115.00
		05/18/21		
House #	Street Address	Description of Expenditure		
	2599 halleck dr			
City	State	Zip Code	Campaign Worker	
	Whitehall	PA	18052	
To Whom Paid	Emny Reynoso	Date [MM/DD/YYYY]	\$	0115.00
		05/18/21		
House #	Street Address	Description of Expenditure		
	2599 Halleck Dr			
City	State	Zip Code	Campaign Worker	
	Whitehall	PA	18052	
To Whom Paid	Omar Carasquillo	Date [MM/DD/YYYY]	\$	0115.00
		05/18/21		
House #	Street Address	Description of Expenditure		
	1836 Belleview circle			
City	State	Zip Code	Campaign Worker	
	Whitehall	PA	18052	
To Whom Paid	Nathalie Capellan	Date [MM/DD/YYYY]	\$	0115.00
		05/18/21		
House #	Street Address	Description of Expenditure		
	217 south franklyn st			
City	State	Zip Code	Campaign Worker	
	Allentown	PA	18102	
To Whom Paid	Yordy Guzman	Date [MM/DD/YYYY]	\$	0115.00
		05/18/21		
House #	Street Address	Description of Expenditure		
	123 north 14th street			
City	State	Zip Code	Campaign Worker	
	Allentown	PA	18102	

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Raul Robles Jr			Date [MM/DD/YYYY]	\$	0115.00
					5/18/21		
House #	Street Address	229 north 9th street			Description of Expenditure		
City	Allentown	State	PA	Zip Code	18102	Campaign Worker	
To Whom Paid		Jose Tavera			Date [MM/DD/YYYY]	\$	0115.00
					5/18/21		
House #	Street Address	55 south madison st			Description of Expenditure		
City	Allentown	State	Pa	Zip Code	18102	Campaign Worker	
To Whom Paid		Yinet Valerio			Date [MM/DD/YYYY]	\$	0115.00
					5/18/21		
House #	Street Address	123 N 14th Street			Description of Expenditure		
City	Allentown	State	PA	Zip Code	18102	Campaign Worker	
To Whom Paid		Evelyn Garcias			Date [MM/DD/YYYY]	\$	0115.00
					5/18/21		
House #	Street Address	1310 w chew st			Description of Expenditure		
City	Allentown	State	PA	Zip Code	18102	Campaign Worker	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			

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.

Filer Identification Number:	
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Name of Creditor				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					

