

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

Filer Identification Number: <input type="text"/>	Report Filed By: <input type="text"/>	CANDIDATE ^{1.} <input type="checkbox"/>	COMMITTEE ^{2.} <input checked="" type="checkbox"/>	LOBBYIST ^{3.} <input type="checkbox"/>
---	---------------------------------------	--	---	---

Name of Filing Committee, Candidate or Lobbyist:
Friends of Ed Zucal

Street Address:
650 N. 16th Street

City: **Allentown** State: **PA** Zip Code: **18102 -**

TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY ^{1.} <input type="checkbox"/>	2ND FRIDAY PRE-PRIMARY ^{2.} <input checked="" type="checkbox"/>	30 DAY POST PRIMARY ^{3.} <input type="checkbox"/>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION ^{4.} <input type="checkbox"/>	2ND FRIDAY PRE-ELECTION ^{5.} <input type="checkbox"/>	30 DAY POST ELECTION ^{6.} <input type="checkbox"/>	TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	ANNUAL REPORT ^{7.} <input type="checkbox"/>	YEAR <input type="checkbox"/>	FILING METHOD () CHECK ONE <input type="checkbox"/>	PAPER <input type="checkbox"/> DISKETTE <input type="checkbox"/>

Name of Office Sought by Candidate: **City Council**

DATE OF ELECTION	MO.	DAY	YEAR	District Number	Office Code	Party Code	County Code
	5	18	2021				

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
	1	23	2021		5	3	2021	
A. Amount Brought Forward From Last Report				\$	0.00			
B. Total Monetary Contributions and Receipts (From Schedule II)				\$	16708.02			
C. Total Funds Available (Sum of Lines A and B)				\$	16708.02			
D. Total Expenditures (From Schedule III)				\$	5516.47			
E. Ending Cash Balance (Subtract Line D from Line C)				\$	11191.55			
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 _____ day of _____ 20____

Signature: _____

My commission expires MO. _____ DAY _____ YR. _____

Signature of Person Submitting Report: **Andrea Naugle**

Printed Name: _____

Area Code: **610** Daytime Telephone Number: **653-5404**