

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 Julia Gurdik						
STREET ADDRESS 3611 Aster St						
CITY Allentown			STATE PA	ZIP CODE 18104 -		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY <input checked="" type="checkbox"/> 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT		MAYOR			Dem	MO. DAY YEAR MAY 18 2021
		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 05 04 2021 TO 06 07 2021		FOR OFFICE USE ONLY		
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>		RECEIVED 2021 JUN 17 PM 1:27 ELECTION BOARD OF LEHIGH COUNTY		
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>				
		AMENDMENT REPORT? YES NO <input checked="" type="checkbox"/>				
		TERMINATION REPORT? YES NO <input checked="" type="checkbox"/>				

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 IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

DAY OF June

SIGNATURE OF PERSON SUBMITTING REPORT
 SIGNATURE: *Julia Gurdik*
 PRINTED NAME: Julia Gurdik

MY COMMISSION EXPIRES 3/29/2025
 MO. DAY

AREA CODE: (610) DAYTIME TELEPHONE NUMBER: 906-7955

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 June 2021

SIGNATURE OF CANDIDATE
 SIGNATURE: *Julia Gurdik*
 PRINTED NAME: Julia Gurdik

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

AREA CODE: DAYTIME TELEPHONE NUMBER: