

CAMPAIGN FINANCE REPORT

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

Filer Identification Number: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE ^{1.} <input type="checkbox"/>		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.} <input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist: AFFA for Allentown									
Street Address: 247 N. 12th St.									
City: Allentown				State: PA		Zip Code: 18102 -			
TYPE OF REPORT (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO <input checked="" type="checkbox"/>
	8TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5. <input checked="" type="checkbox"/>	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO <input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	YEAR	2015		FILING METHOD () CHECK ONE	PAPER <input checked="" type="checkbox"/>	DISKETTE	

Name of Office Sought by Candidate: Allentown City Council			DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR	MO.	DAY	YEAR			Dem	39
			11	3	2014			(SEE INSTRUCTIONS FOR CODES)	

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
	6	9	2015		10	19	2015	
A. Amount Brought Forward From Last Report				\$	0			
B. Total Monetary Contributions and Receipts (From Schedule I)				\$	3,050			
C. Total Funds Available (Sum of Lines A and B)				\$	3,050			
D. Total Expenditures (From Schedule III)				\$	2,148.10			
E. Ending Cash Balance (Subtract Line D from Line C)				\$	901.90			
F. Value of In-Kind Contributions Received (From Schedule II)				\$	0			
G. Unpaid Debts and Obligations (From Schedule IV)				\$	2,000.00			

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 23 day of OCTOBER 20 15

P. J. M. } Signature of Person Submitting Report
CELESTE L. DEE
Printed Name

610 } Area Code
871-4116 } Daytime Telephone Number

My commission expires _____

COMMONWEALTH OF PENNSYLVANIA
Signature NOTARIAL SEAL
PATRICIA SMITH-MENDSEN, Notary Public
MO. City of Bethlehem, Lehigh County
My Commission Expires July 15, 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.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this 23 day of OCTOBER 20 15

P. J. M. } Signature of Candidate
CANDIDA AFFA
Printed Name

Area Code _____ Daytime Telephone Number _____

My commission expires _____

COMMONWEALTH OF PENNSYLVANIA
Signature NOTARIAL SEAL
PATRICIA SMITH-MENDSEN, Notary Public
MO. City of Bethlehem, Lehigh County
My Commission Expires July 15, 2018

Department of State • Bureau of Commissions, Elections and Legislation
210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate ASAA for Allentown	Reporting Period From 6/9/15 To 10/9/15
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
	TOTAL for the Reporting Period	(1) \$ 0

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$ 500.00
All Other Contributions (Part B)		\$ 550.00
	TOTAL for the Reporting Period	(2) \$ 1,050.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ 0
All Other Contributions (Part D)		\$ 0
	TOTAL for the Reporting Period	(3) \$ 0

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
	TOTAL for the Reporting Period	(4) \$ 0

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 1,050.00
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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.

Name of Filing Committee or Candidate ASFA For Allentown	Reporting Period From 6/9/15 To 10/19/15
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Friends of Michael Schlesberg	9	28	15	\$ 250.00
Mailing Address PO Box 1537	MO.	DAY	YEAR	\$
City Allentown State PA Zip Code (Plus 4) 18105 -	MO.	DAY	YEAR	\$
Friends of Peter Schweyer	10	13	15	\$ 250.00
Mailing Address PO Box 4364	MO.	DAY	YEAR	\$
City Allentown State PA Zip Code (Plus 4) 18105 -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 500.00

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate AAA For Allentown	Reporting Period From 6/9/15 To 10/19/15
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To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
Advantage PEP, LLC Mailing Address: 2285 Schaefferville Rd City: Bethlehem State: PA Zip Code (Plus 4): 18017 -	8	6	15	\$ 375.00	Campaign Mgmt August
Delight Valley Print Center Mailing Address: 306 Broadhead Rd City: Bethlehem State: PA Zip Code (Plus 4): 18017 -	8	20	15	\$ 376.30	Campaign Palm Cards + Buttons
Delight Valley Labor Council Mailing Address: 526 S. Berks St City: Allentown State: PA Zip Code (Plus 4): 18104 -	9	7	15	\$ 15.00	Labor day Picnic Tix
The Shanty on 19th Mailing Address: 617 N. 19th St City: Allentown State: PA Zip Code (Plus 4): 18104 -	9	9	15	\$ 73.00	Campaign Volunteer Meeting
Advantage PEP, LLC Mailing Address: 2285 Schaefferville Rd City: Bethlehem State: PA Zip Code (Plus 4): 18017 -	9	19	15	\$ 375.00	Campaign Mgmt September
LCDC Mailing Address: PO Box 3142 City: Westcoastville State: PA Zip Code (Plus 4): -	9	17	15	\$ 50.00	Votebuilder
Delight Valley Print Center Mailing Address: 306 Broadhead Rd City: Bethlehem State: PA Zip Code (Plus 4): 18017 -	9	22	15	\$ 508.80	Yard Signs + Buttons
Advantage PEP, LLC Mailing Address: 2285 Schaefferville Rd City: Bethlehem State: PA Zip Code (Plus 4): 18017 -	10	15	15	\$ 375.00	October Campaign Mgmt

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 2,148.10

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 APPA For Allentown	Reporting Period From 6/9/15 To 10/1/15
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Name of Creditor Candida APPA				Outstanding Balance of Debt \$ 1000.00		
Mailing Address 247 N. 12th St		DATE DEBT INCURRED	MO.	DAY	YEAR	
City Allentown			8	1	15	
Description of Debt Loan to PAC		State PA		Zip Code (Plus 4) 18102		

Name of Creditor Candida APPA				Outstanding Balance of Debt \$ 1000.00		
Mailing Address 247 N. 12th St		DATE DEBT INCURRED	MO.	DAY	YEAR	
City Allentown PA			9	18	15	
Description of Debt Loan to PAC		State PA		Zip Code (Plus 4) 18102		

Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt		State		Zip Code (Plus 4)		

Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt		State		Zip Code (Plus 4)		

Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt		State		Zip Code (Plus 4)		

Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt		State		Zip Code (Plus 4)		

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$
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