

Commonwealth of Pennsylvania
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 checked="" type="checkbox"/> CANDIDATE		COMMITTEE <input type="checkbox"/> 2.		LOBBYIST <input type="checkbox"/> 3.	
Name of Filing Committee, Candidate or Lobbyist: <u>Candida Affa</u>							
Street Address: <u>247 N. 12th St</u>							
City: <u>Allentown</u>				State: <u>PA</u>		Zip Code: <u>18102</u>	
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30-DAY POST-PRIMARY	3.	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30-DAY POST-ELECTION	6.	TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	YEAR <input type="checkbox"/>		FILING METHOD () CHECK ONE <input checked="" type="checkbox"/>		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>
Name of Office Sought by Candidate: <u>Allentown City Council</u>				DATE OF ELECTION MO. DAY YEAR <u>11 3 2015</u>		District Number <u>NA</u>	Office Code <u>OTH</u>
						Party Code <u>Dem</u>	County Code <u>39</u>
(SEE INSTRUCTIONS FOR CODES)							
Summary of Receipts and Expenditures from: <input type="checkbox"/>				MO. DAY YEAR <u>5 5 15</u>		To MO. DAY YEAR <u>6 8 15</u>	
A. Amount Brought Forward From Last Report				\$ <u>0</u>			
B. Total Monetary Contributions and Receipts (From Schedule I)				\$ <u>1,000.00</u>			
C. Total Funds Available (Sum of Lines A and B)				\$ <u>1,000.00</u>			
D. Total Expenditures (From Schedule III)				\$ <u>1,000.00</u>			
E. Ending Cash Balance (Subtract Line D from Line C)				\$ <u>0</u>			
F. Value of In-Kind Contributions Received (From Schedule II)				\$ <u>15,126.83</u>			
G. Unpaid Debts and Obligations (From Schedule IV)				\$ <u>0</u>			

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 15th day of JUNE 20 15

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

[Signature]
 Signature of Person Submitting Report
CANDIDA AFFA
 Printed Name
18102 Area Code 610-392-8875 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 _____ day of _____ 20____

 Signature

My commission expires _____ MO. DAY YR.

 Signature of Candidate

 Printed Name

 Area Code _____ Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Candida AQA	Reporting Period From 5/5/15 To 6/8/15
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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)		\$ 0
All Other Contributions (Part B)		\$ 0
	TOTAL for the Reporting Period	(2) \$ 0

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ 1,000.00
All Other Contributions (Part D)		\$ 0
	TOTAL for the Reporting Period	(3) \$

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 <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>	\$ 1,000.00
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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.

Name of Filing Committee or Candidate <u>Candida ASPA</u>	Reporting Period From <u>5/5/15</u> To <u>6/8/15</u>
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	DATE			AMOUNT
Full Name of Contributing Committee <u>Citizens for Urban Renewal</u>	MO: <u>5</u>	DAY: <u>5</u>	YEAR: <u>15</u>	\$ <u>1,000.00</u>
Mailing Address <u>702 Hamilton St Ste 300</u>	MO:	DAY:	YEAR:	\$
City <u>Allentown</u> State <u>PA</u> Zip Code (Plus 4) <u>18101 -</u>	MO:	DAY:	YEAR:	\$
Full Name of Contributing Committee	MO:	DAY:	YEAR:	\$
Mailing Address	MO:	DAY:	YEAR:	\$
City State Zip Code (Plus 4)	MO:	DAY:	YEAR:	\$
Full Name of Contributing Committee	MO:	DAY:	YEAR:	\$
Mailing Address	MO:	DAY:	YEAR:	\$
City State Zip Code (Plus 4)	MO:	DAY:	YEAR:	\$
Full Name of Contributing Committee	MO:	DAY:	YEAR:	\$
Mailing Address	MO:	DAY:	YEAR:	\$
City State Zip Code (Plus 4)	MO:	DAY:	YEAR:	\$
Full Name of Contributing Committee	MO:	DAY:	YEAR:	\$
Mailing Address	MO:	DAY:	YEAR:	\$
City State Zip Code (Plus 4)	MO:	DAY:	YEAR:	\$
Full Name of Contributing Committee	MO:	DAY:	YEAR:	\$
Mailing Address	MO:	DAY:	YEAR:	\$
City State Zip Code (Plus 4)	MO:	DAY:	YEAR:	\$
Full Name of Contributing Committee	MO:	DAY:	YEAR:	\$
Mailing Address	MO:	DAY:	YEAR:	\$
City State Zip Code (Plus 4)	MO:	DAY:	YEAR:	\$
Full Name of Contributing Committee	MO:	DAY:	YEAR:	\$
Mailing Address	MO:	DAY:	YEAR:	\$
City State Zip Code (Plus 4)	MO:	DAY:	YEAR:	\$
Full Name of Contributing Committee	MO:	DAY:	YEAR:	\$
Mailing Address	MO:	DAY:	YEAR:	\$
City State Zip Code (Plus 4)	MO:	DAY:	YEAR:	\$

PAGE TOTAL
\$ 1,000.00

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

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

Name of Filing Committee or Candidate Candida AAA	Reporting Period From 5/5/15 To 8/10
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ Ø

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$ Ø

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ 15,126.83

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.)	\$ 15,126.83
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SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate Camilla ASJA	Reporting Period From 5/5/15 To 6/8/15
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Citizens for a Better Allentown	5	21	15	\$15,126.83
Mailing Address 840 Hamilton St Ste 321	MO.	DAY	YEAR	\$
City Allentown	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18101 -	MO.	DAY	YEAR	\$
Employer of Contributor	Occupation Campaign Ward Fees/Printing			
Employer Mailing Address/Principal Place of Business	Description of Contribution email fees in support of candidat			
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL \$15,126.83

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Candida A. A. A.	Reporting Period From 5/5/15 To 6/8/15
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To Whom Paid	MO.	DAY	YEAR	Amount
Citizens for a better Allentown	5	6	15	\$1,000.00
Mailing Address 840 Hamilton St #321	Description of Expenditure Donation to PAC			
City Allentown	State PA	Zip Code (Plus 4) 18101 -		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL \$1,000.00
