

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 <sup>2</sup> <input type="checkbox"/>	LOBBYIST <sup>3</sup> <input type="checkbox"/>																		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>Candida ABPA</b>																							
STREET ADDRESS <b>247 N. 12th St.</b>																							
CITY <b>Allentown</b>		STATE <b>PA</b>	ZIP CODE <b>18102 -</b>																				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY																		
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/> 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT		<b>City Council</b>			<b>Dem</b>																		
		DATES OF REPORTING PERIOD		DATE OF ELECTION																			
		<table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>6</td><td>9</td><td>15</td></tr> </table> TO <table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>10</td><td>19</td><td>15</td></tr> </table>		MO.	DAY	YEAR	6	9	15	MO.	DAY	YEAR	10	19	15	<table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>11</td><td>3</td><td>2015</td></tr> </table>		MO.	DAY	YEAR	11	3	2015
MO.	DAY	YEAR																					
6	9	15																					
MO.	DAY	YEAR																					
10	19	15																					
MO.	DAY	YEAR																					
11	3	2015																					
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>Ø</u>		FOR OFFICE USE ONLY																			
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>Ø</u>																					
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																					
		TERMINATION REPORT? YES <input type="checkbox"/> 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 23 DAY OF OCTOBER 2015 by Candida ABPA SIGNATURE OF PERSON SUBMITTING REPORT

[Signature] COMMONWEALTH OF PENNSYLVANIA Candida ABPA PRINTED NAME

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

MY COMMISSION EXPIRES \_\_\_\_\_

AREA CODE 610 DAYTIME TELEPHONE NUMBER 392-8875

**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 \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

MY COMMISSION EXPIRES \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_

\_\_\_\_\_  
AREA CODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER \_\_\_\_\_