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:	Report Filed By:	CANDIDATE 1. X	COMMITTEE 2.	LOBBYIST 3.

Name of Filing Committee, Candidate or Lobbyist: Carmen A. Bell

Street Address: 2336 W Walnut St

City: Allentown | State: PA | Zip Code: 18104 -

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

Name of Office Sought by Candidate: Allentown City Council

DATE OF ELECTION MO.	DAY	YEAR	District Number	Office Code	Party Code	County Code
5	21	13				

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from: MO. 01 DAY 01 YEAR 13 To MO. 05 DAY 06 YEAR 13

A. Amount Brought Forward From Last Report	$ 0
B. Total Monetary Contributions and Receipts (From Schedule I)	$ 0
C. Total Funds Available (Sum of Lines A and B)	$ 0
D. Total Expenditures (From Schedule III)	$ -304.23
E. Ending Cash Balance (Subtract Line D from Line C)	$ -304.23
F. Value of In-Kind Contributions Received (From Schedule II)	$ 0
G. Unpaid Debts and Obligations (From Schedule IV)	$ 0

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ELECTION BOARD
OF LEHIGH COUNTY

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.

Carmen A. Bell — Signature of Person Submitting Report

CARMEN A. BELL — Printed Name

610 — Area Code | 390-9357 — 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

DSEB-502 (7-99)

Board of Elections of Lehigh County
Lehigh County Government Center
17 S. 7th St.
Allentown, PA 18101-2400

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Carmen A. Bell	From 01/01/13 To 05/06/13

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - $50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	$

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

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

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

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.)*	$ ϕ

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	Reporting Period
Carmen A. Bell	From 01/01/13 To 05/20/13

Full Name of Contributing Committee / Mailing Address / City / State / Zip Code (Plus 4)	DATE (MO. DAY YEAR)	AMOUNT
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$

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

PAGE TOTAL $ Ø

PART B

ALL OTHER CONTRIBUTIONS

$50.01 TO $250.00

Use this Part to itemize all other contributions with an aggregate value from $50.01 to $250.00 in the reporting period. (Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate	Reporting Period
Carmen A. Bell	From 01/01/13 To 05/06/13

Full Name of Contributor / Mailing Address / City / State / Zip Code (Plus 4)	DATE (MO. DAY YEAR)	AMOUNT
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$

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

PAGE TOTAL $ 0

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	Reporting Period
Caemen A. Bell	From 01/01/13 To 05/06/13

Full Name of Contributing Committee / Mailing Address / City / State / Zip Code (Plus 4)	DATE MO.	DAY	YEAR	AMOUNT
Full Name of Contributing Committee				$
Mailing Address				$
City / State / Zip Code (Plus 4) –				$
Full Name of Contributing Committee				$
Mailing Address				$
City / State / Zip Code (Plus 4) –				$
Full Name of Contributing Committee				$
Mailing Address				$
City / State / Zip Code (Plus 4) –				$
Full Name of Contributing Committee				$
Mailing Address				$
City / State / Zip Code (Plus 4) –				$
Full Name of Contributing Committee				$
Mailing Address				$
City / State / Zip Code (Plus 4) –				$
Full Name of Contributing Committee				$
Mailing Address				$
City / State / Zip Code (Plus 4) –				$
Full Name of Contributing Committee				$
Mailing Address				$
City / State / Zip Code (Plus 4) –				$
Full Name of Contributing Committee				$
Mailing Address				$
City / State / Zip Code (Plus 4) –				$

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

PAGE TOTAL $ 0

DSEB-502 (7-99)

PART D

ALL OTHER CONTRIBUTIONS

OVER $250.00

Use this Part to itemize all other contributions with an aggregate value of over $250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period
Carmen A. Bell	From 01/01/13 To 05/06/13

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	Employer Name	Occupation	Employer Mailing Address/Principal Place of Business	DATE (MO. DAY YEAR)	AMOUNT
				–					$
				–					$
				–					$
				–					$
				–					$
				–					$
				–					$
				–					$
				–					$
				–					$

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

PAGE TOTAL $ Ø

PART E

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate	Reporting Period
CARMEN A. BELL	From 01/01/13 To 05/06/13

Full Name	Mailing Address	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	Receipt Description
				–				$	
				–				$	
				–				$	
				–				$	
				–				$	
				–				$	

PAGE TOTAL $ 0

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

SCHEDULE II

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	Reporting Period
Carmen A. Bell	From 01/01/13 To 05/06/13

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF $50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	$

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

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

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.)*	$ Ø

SCHEDULE II
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF $50.01 TO $250.00

Name of Filing Committee or Candidate	Reporting Period
Carmen A. Bell	From 01/01/13 To 05/20/13

Full Name of Contributor / Mailing Address / City / State / Zip Code (Plus 4) / Description of Contribution	DATE (MO. DAY YEAR)	AMOUNT
		$
		$
		$
Full Name of Contributor / Mailing Address / City / State / Zip Code (Plus 4) / Description of Contribution		
		$
		$
		$
Full Name of Contributor / Mailing Address / City / State / Zip Code (Plus 4) / Description of Contribution		
		$
		$
		$
Full Name of Contributor / Mailing Address / City / State / Zip Code (Plus 4) / Description of Contribution		
		$
		$
		$
Full Name of Contributor / Mailing Address / City / State / Zip Code (Plus 4) / Description of Contribution		
		$
		$
		$
Full Name of Contributor / Mailing Address / City / State / Zip Code (Plus 4) / Description of Contribution		
		$
		$
		$

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
$ 0

SCHEDULE II
PART G

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER $250.00

Name of Filing Committee or Candidate: Carmen A. Bell

Reporting Period: From 01/01/13 To 05/06/13

Full Name of Contributor				DATE (MO. DAY YEAR)	AMOUNT
Mailing Address					$
City	State	Zip Code (Plus 4) –			$
Employer of Contributor			Occupation		$
Employer Mailing Address/Principal Place of Business			Description of Contribution		

Full Name of Contributor				DATE (MO. DAY YEAR)	AMOUNT
Mailing Address					$
City	State	Zip Code (Plus 4) –			$
Employer of Contributor			Occupation		$
Employer Mailing Address/Principal Place of Business			Description of Contribution		

Full Name of Contributor				DATE (MO. DAY YEAR)	AMOUNT
Mailing Address					$
City	State	Zip Code (Plus 4) –			$
Employer of Contributor			Occupation		$
Employer Mailing Address/Principal Place of Business			Description of Contribution		

Full Name of Contributor				DATE (MO. DAY YEAR)	AMOUNT
Mailing Address					$
City	State	Zip Code (Plus 4) –			$
Employer of Contributor			Occupation		$
Employer Mailing Address/Principal Place of Business			Description of Contribution		

Full Name of Contributor				DATE (MO. DAY YEAR)	AMOUNT
Mailing Address					$
City	State	Zip Code (Plus 4) –			$
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 $ 0

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Carmen A. Bell	From 01/01/13 To 05/06/13

To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	Description of Expenditure
Walmart	1091 Millcreek Rd	Allentown	PA	18106 -	02		13	$ 34.95	Ink
Weis	365 S Cedar Crest Blvd	Allentown	PA	18103 -	02		13	$ 23.00	Stamps
Walmart	1091 Millcreek Rd.	Allentown	PA	18106 -	02	20	13	$ 34.95	Ink
Lehigh County	17 S 7th Street	Allentown	PA	18101 -2400	02	22	13	$ 25.00	DATA DISK
Lehigh County	17 S 7th Street	Allentown	PA	18101 -2400	02	22	13	$ 5.00	Map of Voting Districts
Target	1600 N Cedar Crest Blvd	Allentown	PA	18104 -	03	01	13	$ 38.13	Thank you cards
Lehigh County	17 S 7th Street	Allentown	PA	18101 -2400	03	12	13	$ 25.00	PETITION Filing
Lehigh County	17 S 7th Street	Allentown	PA	18101 -2400	03	12	13	$ 5.00	NOTARY

PAGE TOTAL $ 191.03

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

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Carmen A. Bell	From 01/01/13 To 05/06/13

To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	Description of Expenditure
NY Style Stromboli Pizza	514 N 17th Street	Allentown	PA	18104 -	03	10	13	$ 53.00	Petition Notary Volunteers - Pizza Party
Weis	365 S Cedar Crest Blvd	Allentown	PA	18103 -	03	14	13	$ 9.20	Stamps
Lehigh County	17 S 7th Street	Allentown	PA	1810 -2400	03	15	13	$ 36.50	Petition copies
WalMart	1091 Millcreek Rd	Allentown	PA	18106 -	03	22	13	$ 9.51	Address LABELS
Weis	365 S Cedar Crest Blvd	Allentown	PA	18103 -	04	20	13	$ 4.99	WAter
								$	
								$	
								$	
								$	

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

PAGE TOTAL $ 113.20

DSEB-502 (7-99)

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	Reporting Period
Carmen A-Bell	From 01/01/13 To 05/00/13

Name of Creditor | **Outstanding Balance of Debt** $

Mailing Address | DATE DEBT INCURRED: MO. DAY YEAR

City | State | Zip Code (Plus 4) –

Description of Debt

Name of Creditor | **Outstanding Balance of Debt** $

Mailing Address | DATE DEBT INCURRED: MO. DAY YEAR

City | State | Zip Code (Plus 4) –

Description of Debt

Name of Creditor | **Outstanding Balance of Debt** $

Mailing Address | DATE DEBT INCURRED: MO. DAY YEAR

City | State | Zip Code (Plus 4) –

Description of Debt

Name of Creditor | **Outstanding Balance of Debt** $

Mailing Address | DATE DEBT INCURRED: MO. DAY YEAR

City | State | Zip Code (Plus 4) –

Description of Debt

Name of Creditor | **Outstanding Balance of Debt** $

Mailing Address | DATE DEBT INCURRED: MO. DAY YEAR

City | State | Zip Code (Plus 4) –

Description of Debt

Name of Creditor | **Outstanding Balance of Debt** $

Mailing Address | DATE DEBT INCURRED: MO. DAY YEAR

City | State | Zip Code (Plus 4) –

Description of Debt

Name of Creditor | **Outstanding Balance of Debt** $

Mailing Address | DATE DEBT INCURRED: MO. DAY YEAR

City | State | Zip Code (Plus 4) –

Description of Debt

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL $ 0