

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 <i>Cynthia Mota</i>					
STREET ADDRESS <i>2654 Appel St.</i>					
CITY <i>Allentown</i>		STATE <i>PA</i>	ZIP CODE <i>18103</i>		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <i>Allentown City Council</i>		DISTRICT NO.	PARTY <i>DEM</i>	DATE OF ELECTION
	6TH TUESDAY PRE-PRIMARY				MO. DAY YEAR
	2ND FRIDAY PRE-PRIMARY				<i>11 5 13</i>
	30 DAY POST-PRIMARY				FOR OFFICE USE ONLY
	6TH TUESDAY PRE-ELECTION				
	2ND FRIDAY PRE-ELECTION				
	30 DAY POST-ELECTION				
ANNUAL REPORT					
DATES OF REPORTING PERIOD		MO. DAY YEAR	TO	MO. DAY YEAR	
		<i>10 10 13</i>		<i>10 21 13</i>	
CASH BALANCE AT END OF REPORTING PERIOD:		\$ <i>0</i>			
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <i>0</i>			
AMENDMENT REPORT?		YES		NO	
TERMINATION REPORT?		YES		NO	

RECEIVED
 13 OCT 25 AM 10:
 ELECTIONS BOARD
 OF PENNSYLVANIA

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) FOR EACH REPORTING PERIOD TO MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 24 DAY OF October 2013

NOTARIAL SEAL
 JANELISA G. JIMENEZ PEREYRA, Notary Public
 City of Allentown, Lehigh County
 My Commission Expires January 26, 2018

SIGNATURE OF PERSON SUBMITTING REPORT: *Cynthia Mota*
 PRINTED NAME: *Cynthia Mota*

MY COMMISSION EXPIRES: 01 26 16 MO. DAY YR.
 AREA CODE: 484 DAYTIME TELEPHONE NUMBER: 553-5830

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 _____

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)		Candidate		Committee	<input checked="" type="checkbox"/>	Lobbyist	
Name of Filing Committee, Candidate or Lobbyist		Friends of Cynthia Mota							
Street Address		2604 Appel Street							
City	Allentown	State	PA	Zip Code	18103				

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/05/2013	Year	2013	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date
		06/10/2013
A. Amount Brought Forward From Last Report	\$	1,173.50
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	3,300.00
C. Total Funds Available (Sum of Lines A and B)	\$	4,473.50
D. Total Expenditures (From Schedule III)	\$	\$4,305.00
E. Ending Cash Balance (Subtract Line D from Line C)	\$	168.50
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00

For Office Use Only

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13 OCT 25 AM 10:17

ELECTIONS DIVISION OF COMMONWEALTH OF PENNSYLVANIA

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, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 24 day of October 2013

NOTARIAL SEAL
YAMELISA G. JIMENEZ PEREYRA, Notary Public
City of Allentown, Lehigh County
My Commission Expires January 26, 2018

Signature: [Signature]

My Commission expires 01 26 16
MO. DAY YR.

Signature of Person Submitting report
[Signature]
Printed Name: Francis Jimenez

Area Code: 484 Daytime Telephone Number: 664-19461

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 24 day of October 2013

NOTARIAL SEAL
YAMELISA G. JIMENEZ PEREYRA, Notary Public
City of Allentown, Lehigh County
My Commission Expires January 26, 2018

Signature: [Signature]

My Commission expires 01 26 13
MO. DAY YR.

Signature of Candidate
[Signature]
Printed Name: Cynthia Mota

Area Code: 484 Daytime Telephone Number: 553-5830

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.

Filer Identification Number	Friends of Cynthia Mota
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							Amount
Full Name of Contributing Committee					Friends of Julio Guridy		\$ 50.00
					Date [MM/DD/YYYY]		
					07/01/2013		
House #	1029	Street Address			North 14th Street		\$
					Date [MM/DD/YYYY]		
City	Allentown	State	PA	Zip Code	18104		\$
					Date [MM/DD/YYYY]		
Full Name of Contributing Committee					IUPAT District Council #21		\$ 250.00
					Date [MM/DD/YYYY]		
					07/10/2013		
House #	2980	Street Address			Southampton Road		\$
					Date [MM/DD/YYYY]		
City	Philadelphia	State	PA	Zip Code	19154		\$
					Date [MM/DD/YYYY]		
Full Name of Contributing Committee					Laborers Local #1174		\$ 250.00
					Date [MM/DD/YYYY]		
					07/22/2013		
House #	465	Street Address			Allentown Drive		\$
					Date [MM/DD/YYYY]		
City	Allentown	State	PA	Zip Code	18109		\$
					Date [MM/DD/YYYY]		
Full Name of Contributing Committee							\$
					Date [MM/DD/YYYY]		
House #		Street Address					\$
					Date [MM/DD/YYYY]		
City		State		Zip Code			\$
					Date [MM/DD/YYYY]		
Full Name of Contributing Committee							\$
					Date [MM/DD/YYYY]		
House #		Street Address					\$
					Date [MM/DD/YYYY]		
City		State		Zip Code			\$
					Date [MM/DD/YYYY]		
Full Name of Contributing Committee							\$
					Date [MM/DD/YYYY]		
House #		Street Address					\$
					Date [MM/DD/YYYY]		
City		State		Zip Code			\$
					Date [MM/DD/YYYY]		

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.

Filer Identification Number:	Friends of Ed Pawlowski
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Full Name of Contributing Committee		IUOE Local #542			Date [MM/DD/YYYY]	\$	500.00
					07/10/2013		
House #	1375	Street Address	Virginia Drive		Date [MM/DD/YYYY]	\$	
City	Fort Washington	State	PA	Zip Code	19034	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

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

Filer Identification Number:	
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Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					Date [MM/DD/YYYY] \$

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					Date [MM/DD/YYYY] \$

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					Date [MM/DD/YYYY] \$

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					Date [MM/DD/YYYY] \$

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					Date [MM/DD/YYYY] \$

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					Date [MM/DD/YYYY] \$

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	Friends of Cynthia Mota
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To Whom Paid		Fleck Consulting, Inc.				Date [MM/DD/YYYY]	\$	500.00
						06/11/2013		
House #		Street Address	PO Box #1865			Description of Expenditure		
City	Allentown	State	PA	Zip Code	18105	Consulting Fees		
To Whom Paid		Fleck Consulting, Inc.				Date [MM/DD/YYYY]	\$	500.00
						06/27/2013		
House #		Street Address	PO Boc #1865			Description of Expenditure		
City	Allentown	State	PA	Zip Code	18105	Consulting Fees		
To Whom Paid		Yamelissa Jiminez				Date [MM/DD/YYYY]	\$	100.00
						06/27/2013		
House #	2604	Street Address	Appel Street			Description of Expenditure		
City	Allentown	State	PA	Zip Code	18103	Event Expenses		
To Whom Paid		Cynthia Mota				Date [MM/DD/YYYY]	\$	50.00
						06/27/2013		
House #	2604	Street Address	Appel St.			Description of Expenditure		
City	Allentown	State	PA	Zip Code	18103	Reimbursement		
To Whom Paid		Lehigh Valley Print Center				Date [MM/DD/YYYY]	\$	1,750.00
						07/15/2013		
House #	1337	Street Address	N Nelson Street			Description of Expenditure		
City	Allentown	State	PA	Zip Code	18109	Mailer Payment		
To Whom Paid		Solido's				Date [MM/DD/YYYY]	\$	300.00
						07/18/2013		
House #	802	Street Address	N 7th Street			Description of Expenditure		
City	Allentown	State	PA	Zip Code	18102	Food for Event		
To Whom Paid		Wells Fargo				Date [MM/DD/YYYY]	\$	165.00
						07/23/2013		
House #	702	Street Address	W Hamilton Street			Description of Expenditure		
City	Allentown	State	PA	Zip Code	18101	Monthly Access Fees 2013 + Checks		
To Whom Paid		Fleck Consulting, Inc.				Date [MM/DD/YYYY]	\$	940.00
						10/10/2013		
House #		Street Address	PO Box #1865			Description of Expenditure		
City	Allentown	State	PA	Zip Code	18105	Signs + Consulting Fee		