

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 <input checked="" type="checkbox"/>		COMMITTEE <input type="checkbox"/>		2. LOBBYIST <input type="checkbox"/>		3.		
Name of Filing Committee, Candidate or Lobbyist: Friends of Kim Velez												
Street Address: 850 E. Emmaus Ave												
City: Allentown						State: PA		Zip Code: 18103				
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. <input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION		4.		2ND FRIDAY PRE-ELECTION		5.		30 DAY POST ELECTION		6.	
	ANNUAL REPORT		7.		YEAR				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				
				5	21	2013		07H	DEM	39
(SEE INSTRUCTIONS FOR CODES)										

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY RECEIVED 2013 JUN 20 PM 1:46 ELECTION BOARD OF LEHIGH COUNTY			
	5	7	2013		6	10	2013				
A. Amount Brought Forward From Last Report				\$	650.00						
B. Total Monetary Contributions and Receipts (From Schedule I)				\$	0						
C. Total Funds Available (Sum of Lines A and B)				\$	650.00						
D. Total Expenditures (From Schedule III)				\$	100.00						
E. Ending Cash Balance (Subtract Line D from Line C)				\$	490.00						
F. Value of In-Kind Contributions Received (From Schedule II)				\$	415.96						
G. Unpaid Debts and Obligations (From Schedule IV)				\$	0						

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 20th day of June 2013

Brian P Baillie
Signature

My commission expires 7 11 2015
MO. DAY YR.

[Signature]
Signature of Person Submitting Report

OSWALD VELEZ JR.
Printed Name

610 791-9054
Area Code 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 20th day of June 2013

Brian P Baillie
Signature

My commission expires 7 11 2015
MO. DAY YR.

[Signature]
Signature of Candidate

Kimberly D. Velez
Printed Name

610 417-4008
Area Code Daytime Telephone Number

Notarial Seal
Brian P. Baillie, Notary Public
City of Allentown, Lehigh County
My Commission Expires July 11, 2015
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Bureau of Commissions, Elections and Legislation
Harrisburg, PA 17120-0029 • (717) 787-5280

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
Friends of Kim Velez	From <u>5/7/2013</u> To <u>6/10/2013</u>

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)	\$ <u>115.00</u>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ <u>300.96</u>

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.)	\$ <u>415.96</u>
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**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Friends of Kim Velez	Reporting Period From 5/7/2013 To 6/10/2013
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Friends of malman, Todd, Velez	5	8	2013	\$ 115.00
Mailing Address 1002 S. Bradford street	MO.	DAY	YEAR	\$
City Allentown State PA Zip Code (Plus 4) 18103 -	MO.	DAY	YEAR	\$
Description of Contribution: Plyers				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				

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

PAGE TOTAL \$ 115.00

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate Friends of Kim Velez	Reporting Period From 5/7/2013 to 6/10/2013
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Friends of mellen, Todd, Velez	5	10	2013	\$ 300.96
Mailing Address 1002 S. Bradford street	MO.	DAY	YEAR	\$
City Allentown State Pa Zip Code (Plus 4) 18103 -	MO.	DAY	YEAR	\$
Employer of Contributor Political action committee	Occupation W/A			
Employer Mailing Address/Principal Place of Business W/A	Description of Contribution yard signs			

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	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	\$
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	\$
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	\$
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 \$ 300.96

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate <u>Friends of Kim Velez</u>	Reporting Period From <u>5/7/2013</u> To <u>6/10/2013</u>
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To Whom Paid <u>Friends of Alfonso Todd</u>	MO. <u>5</u>	DAY <u>18</u>	YEAR <u>2013</u>	Amount <u>\$ 160.00</u>
Mailing Address <u>1101 Hamilton St. 3rd floor</u>	Description of Expenditure <u>Take Action & Vote event</u>			
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18102 -</u>		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 160.00