

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: <span style="float:right;">▶</span>	Report Filed By: <span style="float:right;">▶</span>	CANDIDATE <sup>1.</sup>	COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>	LOBBYIST <sup>3.</sup>
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Name of Filing Committee, Candidate or Lobbyist:  
Friends of Mary Ellen Koval

Street Address:  
523 N. Carlisle St.

City:  
Allentown

State:  
PA

Zip Code:  
18109 -

TYPE OF REPORT  (place X to the right of report type)	5TH TUESDAY PRE-PRIMARY <sup>1.</sup>	2ND FRIDAY PRE-PRIMARY <sup>2.</sup>	30 DAY POST-PRIMARY <sup>3.</sup>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION <sup>4.</sup>	2ND FRIDAY PRE-ELECTION <sup>5.</sup> <input checked="" type="checkbox"/>	30 DAY POST ELECTION <sup>6.</sup>	TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	ANNUAL REPORT <sup>7.</sup>	YEAR <u>2015</u>	FILING METHOD ( ) CHECK ONE <span style="float:right;">▶</span>	PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>

Name of Office Sought by Candidate: <u>Controller, City of Allentown</u>	DATE OF ELECTION	District Number	Office Code	Party Code	County Code
	MO. DAY YEAR <u>11 03 2015</u>	<u>NA</u>	<u>OTH</u>	<u>DEM</u>	<u>39</u>
			(SEE INSTRUCTIONS FOR CODES)		

Summary of Receipts and Expenditures from: <span style="float:right;">▶</span>	MO. DAY YEAR			To	MO. DAY YEAR			FOR OFFICE USE ONLY
	MO.	DAY	YEAR		MO.	DAY	YEAR	
A. Amount Brought Forward From Last Report								
B. Total Monetary Contributions and Receipts (From Schedule I)								
C. Total Funds Available (Sum of Lines A and B)								
D. Total Expenditures (From Schedule III)								
E. Ending Cash Balance (Subtract Line D from Line C)								
F. Value of In-Kind Contributions Received (From Schedule II)								
G. Unpaid Debts and Obligations (From Schedule IV)								

**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 any computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 19<sup>th</sup> day of October, 2015 in the County of Lehigh, Commonwealth of Pennsylvania.

<p><u>Jean J. Bressman</u>                  Signature</p> <p>My commission expires <u>Dec 15 2014</u>                  MO. DAY YR.</p>	<p><u>Paul D. Balascki</u>                  Signature of Person Submitting Report</p> <p><u>Paul D. Balascki</u>                  Printed Name</p> <p><u>610</u> <u>262-9710</u>                  Area Code Daytime Telephone Number</p>
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**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, 1972 (P.S. 320) as amended.

Sworn to and subscribed before me this 19<sup>th</sup> day of October, 2015 in the County of Lehigh, Commonwealth of Pennsylvania.

<p><u>Jean J. Bressman</u>                  Signature</p> <p>My commission expires <u>Dec 15 2014</u>                  MO. DAY YR.</p>	<p><u>M.E. Koval</u>                  Signature of Candidate</p> <p><u>M.E. Koval</u>                  Printed Name</p> <p><u>610</u> <u>432-7932</u>                  Area Code Daytime Telephone Number</p>
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**CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate <u>Friends of Mary Ellen Koval</u>	Reporting Period From <u>6/9/15</u> To <u>10/19/15</u>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ <u>25</u> <sup>00</sup>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ <u>500</u> <sup>00</sup>
All Other Contributions (Part B)	\$ <u>200</u> <sup>00</sup>
TOTAL for the Reporting Period (2)	\$ <u>700</u> <sup>00</sup>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ <u>4000</u> <sup>00</sup>
All Other Contributions (Part D)	\$ <u>500</u> <sup>00</sup>
TOTAL for the Reporting Period (3)	\$ <u>4500</u> <sup>00</sup>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
TOTAL for the Reporting Period (4)	\$ <u>Ø</u>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ <u>5225</u> <sup>00</sup>
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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 <u>Friends of Mary Ellen Koval</u>	Reporting Period From <u>6/9/15</u> To <u>10/19/15</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee <u>Friends of Mike Schlossberg</u>				10	06	2015	\$ 250 <sup>00</sup>
Mailing Address <u>944 N. 19th St.</u>				MO.	DAY	YEAR	\$
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18104-</u>		MO.	DAY	YEAR	\$
Full Name of Contributing Committee <u>Friends of Peter Schweyer</u>				10	12	2015	\$ 250 <sup>00</sup>
Mailing Address <u>P.O. Box 4364</u>				MO.	DAY	YEAR	\$
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18105-</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	\$

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

PAGE TOTAL  
\$ 500<sup>00</sup>

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 <u>Friends of Mary Ellen Koval</u>	Reporting Period From <u>6/9/15</u> To <u>10/19/15</u>
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor <u>Hazel Hilliard</u>	10	06	2015	\$ 50 <sup>00</sup>
Mailing Address <u>317 N. 40<sup>th</sup> St.</u>	MO.	DAY	YEAR	\$
City <u>Allentown</u>	MO.	DAY	YEAR	\$
State <u>PA</u>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <u>18104 -</u>	MO.	DAY	YEAR	\$
Full Name of Contributor <u>Peter J. Koval</u>	10	12	2015	\$ 100 <sup>00</sup>
Mailing Address <u>2671 South St.</u>	MO.	DAY	YEAR	\$
City <u>Allentown</u>	MO.	DAY	YEAR	\$
State <u>PA</u>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <u>18104 -</u>	MO.	DAY	YEAR	\$
Full Name of Contributor <u>Thomas + Carol Steigerwalt</u>	10	15	2015	\$ 50 <sup>00</sup>
Mailing Address <u>3530 Center St.</u>	MO.	DAY	YEAR	\$
City <u>Whitehall</u>	MO.	DAY	YEAR	\$
State <u>PA</u>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <u>18052 -</u>	MO.	DAY	YEAR	\$
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	\$
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	\$
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	\$
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	\$

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

PAGE TOTAL  
\$ 200<sup>00</sup>

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 <b>Friends of Mary Ellen Koval</b>	Reporting Period From <b>6/9/15</b> To <b>10/19/15</b>
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee <b>Friends of Joe Davis</b>	10	08	2015	\$ 1000 <sup>00</sup>
Mailing Address <b>1035 N. Tacoma St.</b>	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4) <b>Allentown PA 18109 -</b>	MO.	DAY	YEAR	\$
Full Name of Contributing Committee <b>IBEW Local 375 PAC</b>	10	12	2015	\$ 1000 <sup>00</sup>
Mailing Address <b>1201 W. Liberty St.</b>	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4) <b>Allentown PA 18102 -</b>	MO.	DAY	YEAR	\$
Full Name of Contributing Committee <b>Carpenters PAC of Phila. &amp; Vicinity</b>	10	15	2015	\$ 1000 <sup>00</sup>
Mailing Address <b>1803 Spring Garden St.</b>	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4) <b>Philadelphia PA 19130 -</b>	MO.	DAY	YEAR	\$
Full Name of Contributing Committee <b>Int'l Union of Operating Engineers #542</b>	10	16	2015	\$ 1000 <sup>00</sup>
Mailing Address <b>1375 Virginia Dr. Ste 100</b>	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4) <b>Ft. Washington PA 19034 -</b>	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  
\$ 4000<sup>00</sup>

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

**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 <b>Friends of Mary Ellen Koval</b>	Reporting Period From <b>6/9/15</b> To <b>10/19/15</b>
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				DATE	AMOUNT
Full Name of Contributor	MO.	DAY	YEAR		
<b>Frank + Yvonne Schweighardt</b>	10	12	2015	\$	500 <sup>00</sup>
Mailing Address <b>15 Bastian Lane</b>	MO.	DAY	YEAR		\$
City <b>Allentown</b>	MO.	DAY	YEAR		\$
State <b>PA</b>	Zip Code (Plus 4) <b>18104-</b>				\$
Employer Name				Occupation <b>Retired</b>	
Employer Mailing Address/Principal Place of Business					

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

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

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

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

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

PAGE TOTAL \$ <b>500<sup>00</sup></b>
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**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 <b>Friends of Mary Ellen Koval</b>	Reporting Period From <b>6/9/15</b> To <b>10/19/15</b>
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Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

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

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

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

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

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

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.	PAGE TOTAL \$ <b>0</b>
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# 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 <i>Friends of Mary Ellen Koval</i>	Reporting Period From <i>6/19/15</i> to <i>10/19/15</i>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$ <i>Ø</i>

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

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

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ <i>Ø</i>
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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 <i>Friends of Mary Ellen Koval</i>	Reporting Period From <i>6/9/15</i> To <i>10/19/15</i>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
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:							
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
\$ <i>0</i>

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

Name of Filing Committee or Candidate <u>Friends of Mary Ellen Koval</u>	Reporting Period From <u>6/9/15</u> To <u>10/19/15</u>
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				DATE	AMOUNT		
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	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	State	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	State	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	State	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	State	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 \$ <u>0</u>
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SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Friends of Mary Ellen Koval</b>	Reporting Period From <b>6/1/15</b> To <b>10/1/15</b>
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To Whom Paid	MO.	DAY	YEAR	Amount
<b>Advantage PEP</b>	08	19	2015	\$ 375 <sup>00</sup>
Mailing Address <b>2285 Schoenersville Rd Ste 205</b>	Description of Expenditure <b>Consulting Expense</b>			
City <b>Bethlehem</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18017-</b>		
<b>Lehigh County Demo. Comm</b>	09	17	2015	\$ 50 <sup>00</sup>
Mailing Address <b>P.O. Box 3142</b>	Description of Expenditure <b>Vote Builders</b>			
City <b>Woscoville</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18106-</b>		
<b>L.V. Print Center</b>	09	27	2015	\$ 800.30
Mailing Address <b>306 Brodhead Ave.</b>	Description of Expenditure <b>Signs + Cards</b>			
City <b>Bethlehem</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18015 -</b>		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				

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

PAGE TOTAL
<b>\$ 1225.30</b>

**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 <b>Friends of Mary Ellen Koval</b>	Reporting Period From <b>6/19/15</b> To <b>10/19/15</b>
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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 \$ <b>0</b>
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