

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: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE <sup>1.</sup> <input type="checkbox"/>		COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>		LOBBYIST <sup>3.</sup> <input type="checkbox"/>			
Name of Filing Committee, Candidate or Lobbyist: <u>Friends of Mary Ellen Koval</u>											
Street Address: <u>523 N. Carlisle St.</u>											
City: <u>Allentown</u>				State: <u>PA</u>		Zip Code: <u>18109 -</u>					
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> <input checked="" type="checkbox"/>		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>		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 <input type="checkbox"/> CHECK ONE		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>				
Name of Office Sought by Candidate: <u>Controller, City of Allentown</u>					DATE OF ELECTION MO. DAY YEAR <u>11 03 2015</u>		District Number <u>NA</u>	Office Code <u>OTH</u>	Party Code <u>DEM</u>	County Code <u>39</u>	
Summary of Receipts and Expenditures from: <input type="checkbox"/>											
			MO. DAY YEAR <u>5 05 2015</u>			To			MO. DAY YEAR <u>6 08 2015</u>		
A. Amount Brought Forward From Last Report					\$ <u>4354.77</u>						
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ <u>Ø</u>						
C. Total Funds Available (Sum of Lines A and B)					\$ <u>4354.77</u>						
D. Total Expenditures (From Schedule III)					\$ <u>Ø</u>						
E. Ending Cash Balance (Subtract Line D from Line C)					\$ <u>4354.77</u>						
F. Value of In-Kind Contributions Received (From Schedule II)					\$ <u>325.00</u>						
G. Unpaid Debts and Obligations (From Schedule IV)					\$ <u>Ø</u>						

**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 17th day of June, 2015

Jean G. Blossman  
 Signature

My commission expires 12 15 2016  
 MO. DAY YR.

M.E. Koval  
 Signature of Person Submitting Report

610 262-9710  
 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 financial committee has been organized in accordance with the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this 17th day of June, 2015

Jean G. Blossman  
 Signature

My commission expires 12 15 2016  
 MO. DAY YR.

M.E. Koval  
 Signature of Candidate

610 432-7932  
 Area Code Daytime Telephone Number

# 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>5/5/15</i> To <i>6/8/15</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>325.00</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>325.00</i>
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**SCHEDULE II  
PART G  
IN-KIND CONTRIBUTIONS RECEIVED  
VALUE OVER \$250.00**

Name of Filing Committee or Candidate <b>Friends of Mary Ellen Koval</b>	Reporting Period From <b>5/5/15</b> To <b>6/8/15</b>
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				DATE	AMOUNT
Full Name of Contributor <b>CITIZENS for a Better Allentown</b>				MO. DAY YEAR <b>5 20 2015</b>	\$ <b>325.00</b>
Mailing Address <b>840 Hamilton St Ste 321</b>				MO. DAY YEAR	\$
City <b>Allentown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18101 -</b>		MO. DAY YEAR	\$
Employer of Contributor _____				Occupation _____	
Employer Mailing Address/Principal Place of Business _____				Description of Contribution <b>Campaign Lit</b>	
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 <b>\$ 325.00</b>
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