

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<br>Friends of Mary Ellen Koval |                                    |                           |   |  |                                     |      |    |            |
| STREET ADDRESS<br>523 N. Carlisle St.  |                                    |                           |   |  |                                     |      |    |            |
| CITY<br>Allentown  |                                    | STATE<br>PA               | ZIP CODE<br>18109                             |  |                                     |      |    |            |
| TYPE OF REPORT (CHECK ONE)   | NAME OF OFFICE SOUGHT BY CANDIDATE | DISTRICT NO.              | PARTY   | DATE OF ELECTION   |                                     |      |    |            |
|  |                                    |                           |   | MO.  | DAY                                 | YEAR |    |            |
| 6TH TUESDAY PRE-PRIMARY  | Controller, City of Allentown      | NA                        | DEM   | 11   | 08                                  | 2011 |    |            |
| 2ND FRIDAY PRE-PRIMARY   |                                    |                           |   | FOR OFFICE USE ONLY  |                                     |      |    |            |
| 30 DAY POST-PRIMARY  |                                    |                           |   | DATES OF REPORTING PERIOD  |                                     |      |    |            |
| 6TH TUESDAY PRE-ELECTION   |                                    |                           |   | MO.  | DAY                                 | YEAR |    |            |
| 2ND FRIDAY PRE-ELECTION  |                                    |                           |   | 01   | 01                                  | 2013 | TO | 12 31 2013 |
| 30 DAY POST-ELECTION   |                                    |                           |   | CASH BALANCE AT END OF REPORTING PERIOD:   |                                     | \$   | 0  |            |
| ANNUAL REPORT <input checked="" type="checkbox"/>                              |                                    |                           |   | TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: |                                     | \$   | 0  |            |
|  |                                    | AMENDMENT REPORT?         | YES   | NO   | <input checked="" type="checkbox"/> |      |    |            |
|  |                                    | TERMINATION REPORT?       | YES   | NO   | <input checked="" type="checkbox"/> |      |    |            |

**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) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
 24<sup>th</sup> DAY OF January 2014  
 [Signature]  
 Notary Seal  
 My Commission Expires December 15, 2016

[Signature]  
 SIGNATURE OF PERSON SUBMITTING REPORT  
 ME Koval  
 PRINTED NAME  
 610 432-7932  
 AREA CODE DAYTIME TELEPHONE NUMBER

**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  
 MY COMMISSION EXPIRES \_\_\_\_\_  
 MO. DAY YR.

\_\_\_\_\_  
 SIGNATURE OF CANDIDATE  
 \_\_\_\_\_  
 PRINTED NAME  
 \_\_\_\_\_  
 AREA CODE DAYTIME TELEPHONE NUMBER