

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.

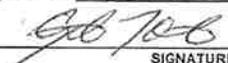
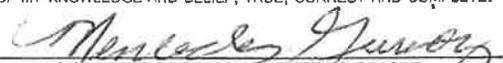
FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE ² <input type="checkbox"/>	LOBBYIST ³ <input type="checkbox"/>															
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Julio Guridy</i>																			
STREET ADDRESS <i>3611 Astor St</i>																			
CITY <i>Allentown</i>		STATE <i>PA</i>	ZIP CODE <i>18104 -</i>																
TYPE OF REPORT (CHECK ONE) 6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY <input type="checkbox"/> 30 DAY POST-PRIMARY <input type="checkbox"/> 6TH TUESDAY PRE-ELECTION <input type="checkbox"/> 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/> 30 DAY POST-ELECTION <input type="checkbox"/> ANNUAL REPORT <input type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE <i>Allentown City Council</i>		DISTRICT NO.	PARTY <i>Dem</i>	DATE OF ELECTION														
	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY																
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>MO.</td><td>DAY</td><td>YEAR</td> <td>TO</td> <td>MO.</td><td>DAY</td><td>YEAR</td> </tr> <tr> <td><i>6</i></td><td><i>10</i></td><td><i>13</i></td> <td></td> <td><i>10</i></td><td><i>21</i></td><td><i>13</i></td> </tr> </table>		MO.	DAY	YEAR	TO	MO.	DAY	YEAR	<i>6</i>	<i>10</i>	<i>13</i>		<i>10</i>	<i>21</i>	<i>13</i>			
	MO.	DAY	YEAR	TO	MO.	DAY	YEAR												
	<i>6</i>	<i>10</i>	<i>13</i>		<i>10</i>	<i>21</i>	<i>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>																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> </tr> </table>		AMENDMENT REPORT?	YES	NO	TERMINATION REPORT?	YES	NO												
AMENDMENT REPORT?	YES	NO																	
TERMINATION REPORT?	YES	NO																	

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.

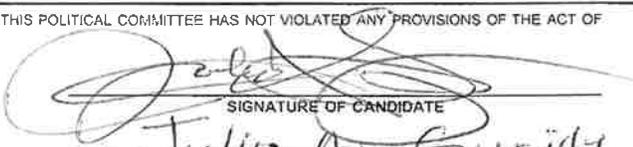
I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS <i>22nd</i> DAY OF <i>October</i> 20 <i>13</i>  SIGNATURE MY COMMISSION EXPIRES <i>Sept 26 2015</i> MO. DAY YR.	 SIGNATURE OF PERSON SUBMITTING REPORT <i>Mercedes Guridy</i> PRINTED NAME <i>610</i> <i>906 7956</i> 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 <i>Julio A. Guridy</i> PRINTED NAME <i>610</i> <i>906-755</i> 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)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Julio Guridy							
Street Address		1029 North 14th Street							
City	Allentown	State	PA	Zip Code	18104				

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	For Office Use Only
	06/10/2013	10/21/2013	
A. Amount Brought Forward From Last Report	\$	951.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	7,145.00	
C. Total Funds Available (Sum of Lines A and B)	\$	8,096.00	
D. Total Expenditures (From Schedule III)	\$	6,495.61	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1,600.39	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

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

22nd day of October 2013

Gob Job
Signature

My Commission expires Sept 26 2015
MO. DAY YR.

Mercedes Guridy
Signature of Person Submitting report

Mercedes Guridy
Printed Name

610 Area Code 906-7956 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

22nd day of October 2013

Gob Job
Signature

My Commission expires Sept 26, 2015
MO. DAY YR.

Julio A. Guridy
Signature of Candidate

Julio A. Guridy
Printed Name

610 Area Code 906-7955 Daytime Telephone Number

SCHEDULE I
Contributions and Receipts

Detailed Summary Page

Filer Identification Number	Friends of Julio Guridy
------------------------------------	-------------------------

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period (1)	\$	665.00
------------------------------------	----	--------

2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

Contributions Received from Political Committees (Part A)	\$	100.00
---	----	--------

All Other Contributions (Part B)	\$	3,700.00
----------------------------------	----	----------

Total for the reporting period (2)	\$	3,800.00
------------------------------------	----	----------

3. Contributions Over \$250.00 (From Part C and Part D)
--

Contributions Received from Political Committees (Part C)	\$	0.00
---	----	------

All Other Contributions (Part D)	\$	2,680.00
----------------------------------	----	----------

Total for the reporting period (3)	\$	2,680.00
------------------------------------	----	----------

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)
--

Total for the reporting period (4)	\$	0.00
------------------------------------	----	------

Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	7,145.00
---	----	----------

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 Julio Guridy
------------------------------------	-------------------------

							Amount	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
Friends of Peter Schweyer						07/17/2013		100.00
House #	1529	Street Address				Date [MM/DD/YYYY]	\$	
		Catalina Ave.						
City	Allentown	State	PA	Zip Code	18103	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 B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	Friends of Julio Guridy
-------------------------------------	-------------------------

Full Name of Contributor		Chuck Rizzo			Date [MM/DD/YYYY]	\$	250.00
					07/13/2013		
House #	1635	Street Address	Westview Drive		Date [MM/DD/YYYY]	\$	
City	Coopersburg	State	PA	Zip Code	18036	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Julio Guridy			Date [MM/DD/YYYY]	\$	170.00
					07/01/2013		
House #	1029	Street Address	N 14th Street		Date [MM/DD/YYYY]	\$	
City	Allentown	State	PA	Zip Code	18104	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Bill Grube			Date [MM/DD/YYYY]	\$	250.00
					07/19/2013		
House #	3015	Street Address	Barrington Lane		Date [MM/DD/YYYY]	\$	
City	Allentown	State	PA	Zip Code	18103	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Michael Fromm			Date [MM/DD/YYYY]	\$	250.00
					07/19/2013		
House #	2101	Street Address	Centre Ave.		Date [MM/DD/YYYY]	\$	
City	Reading	State	PA	Zip Code	19605	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Ramon Evangelista			Date [MM/DD/YYYY]	\$	250.00
					07/22/2013		
House #	247	Street Address	N 8th Street		Date [MM/DD/YYYY]	\$	
City	Allentown	State	PA	Zip Code	18102	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Ayoub Jarrouj			Date [MM/DD/YYYY]	\$	120.00
					07/22/2013		
House #	6483	Street Address	Kernsville Road		Date [MM/DD/YYYY]	\$	
City	Orefield	State	PA	Zip Code	18069	Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	Friends of Julio Gurdly
-------------------------------------	-------------------------

Full Name of Contributor		Matthew Deibert			Date [MM/DD/YYYY]	\$	75.00
					09/10/2013		
House #	482	Street Address	Longacre Drive		Date [MM/DD/YYYY]	\$	
City	Cherryville	State	PA	Zip Code	18035	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Ortelio Martinez			Date [MM/DD/YYYY]	\$	250.00
					09/10/2013		
House #	2826	Street Address	Fairmont Street		Date [MM/DD/YYYY]	\$	
City	Allentown	State	PA	Zip Code	18104	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Mike Awad			Date [MM/DD/YYYY]	\$	100.00
					09/10/2013		
House #	1716	Street Address	Sherwood Court, Apt. L		Date [MM/DD/YYYY]	\$	
City	Allentown	State	PA	Zip Code	18109	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Nakle Awad			Date [MM/DD/YYYY]	\$	100.00
					09/10/2013		
House #	885	Street Address	N Godfrey St.		Date [MM/DD/YYYY]	\$	
City	Allentown	State	PA	Zip Code	18109	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Yahya & Ayoub Awad			Date [MM/DD/YYYY]	\$	150.00
					09/10/2013		
House #	859	Street Address	N Kiowa St.		Date [MM/DD/YYYY]	\$	150.00
						09/10/2013	
City	Allentown	State	PA	Zip Code	18109	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Tom Groves			Date [MM/DD/YYYY]	\$	200.00
					09/10/2013		
House #	8805	Street Address	Clearwater Circle		Date [MM/DD/YYYY]	\$	
City	Fogelsville	State	PA	Zip Code	18051	Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	
------------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]	\$	65.00
Abraham Amoros					09/10/2013		
House #	300	Street Address	N Second St.		Date [MM/DD/YYYY]	\$	
City	Harrisburg	State	PA	Zip Code	17101	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					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:	
------------------------------	--

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]	\$
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 D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	
-------------------------------------	--

Full Name of Contributor		Terry Crouthamel			Date [MM/DD/YYYY]	\$	500.00
					07/24/2013		
House #	918	Street Address	N Cedar Crest Blvd.		Date [MM/DD/YYYY]	\$	
City	Allentown	State	PA	Zip Code	18104	Date [MM/DD/YYYY]	\$
Employer Name		Asphalt Maintenance Solutions, LLC			Occupation	President	
Employer Mailing Address / Principal Place of Business		188 Jefferson St. Emmaus, PA					
Full Name of Contributor		Dr. Lazaro Pepen			Date [MM/DD/YYYY]	\$	500.00
					07/29/2013		
House #	40	Street Address	S 5th Street Suite #1		Date [MM/DD/YYYY]	\$	
City	Reading	State	PA	Zip Code	19601	Date [MM/DD/YYYY]	\$
Employer Name		Dr. Pepen, MD			Occupation	Doctor	
Employer Mailing Address / Principal Place of Business		40 S 5th Street, Suite #1					
Full Name of Contributor		Anthony Stellar			Date [MM/DD/YYYY]	\$	1000.00
					08/13/2013		
House #	5190	Street Address	Memorial Road		Date [MM/DD/YYYY]	\$	
City	Schnecksville	State	PA	Zip Code	18078	Date [MM/DD/YYYY]	\$
Employer Name		Stellar Construction			Occupation	President	
Employer Mailing Address / Principal Place of Business		827 Jackson St. Allentown, PA					
Full Name of Contributor		Christian M. Perrucci			Date [MM/DD/YYYY]	\$	680.00
					09/10/2013		
House #	1816	Street Address	Maple Street		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$
Employer Name		Florio, Perrucci Steinhardt & Fader			Occupation	Partner	
Employer Mailing Address / Principal Place of Business		60 W Broad Street, Bethlehem PA					

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:	
------------------------------	--

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

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

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

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

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

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

SCHEDULE II

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

Filer Identification Number:	Friends of Julio Guridy
------------------------------	-------------------------

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 0

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)		\$ 0.00
---	--	---------

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
------------------------------	--

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 II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
-------------------------------------	--

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	Friends of Julio Gurdy
-------------------------------------	------------------------

To Whom Paid		Friends of Cynthia Mota			Date [MM/DD/YYYY]	\$	50.00
					07/01/2013		
House #	2604	Street Address	Appel Street		Description of Expenditure		
City	Allentown	State	PA	Zip Code	18104	Contribution	
To Whom Paid		Friends of Bob Halal			Date [MM/DD/YYYY]	\$	100.00
					07/09/2013		
House #	4036	Street Address	Elm Tree Road		Description of Expenditure		
City	Walnutport	State	PA	Zip Code	18088	Contribution	
To Whom Paid		Friends of Pat Browne			Date [MM/DD/YYYY]	\$	250.00
					07/09/2013		
House #	8330	Street Address	Schantz Road		Description of Expenditure		
City	Breinigsville	State	PA	Zip Code	18031	Contribution	
To Whom Paid		UAW Local #677			Date [MM/DD/YYYY]	\$	350.00
					07/16/2013		
House #	2101	Street Address	Mack Blvd.		Description of Expenditure		
City	Allentown	State	PA	Zip Code	19103	Grove Rental Fee	
To Whom Paid		Kornfiends Market			Date [MM/DD/YYYY]	\$	\$250.00
					07/20/2013		
House #	2228	Street Address	Old Post Road		Description of Expenditure		
City	Whitehall	State	PA	Zip Code	18052	Catering - Event	
To Whom Paid		Celeste Dee			Date [MM/DD/YYYY]	\$	136.81
					07/21/2013		
House #	1827	Street Address	W Turner Street		Description of Expenditure		
City	Allentown	State	PA	Zip Code	18104	Reimbursement - Event Expenses	
To Whom Paid		Fleck Consulting, Inc.			Date [MM/DD/YYYY]	\$	1,500.00
					08/01/2013		
House #		Street Address	PO Box 1865		Description of Expenditure		
City	Allentown	State	PA	Zip Code	18105	Consulting Services	
To Whom Paid		Cosmopolitan			Date [MM/DD/YYYY]	\$	680.00
					09/10/2013		
House #	22	Street Address	N 6th Street		Description of Expenditure		
City	Allentown	State	PA	Zip Code	18101	Event Expenses	

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	Friends of Julio Gurdy
-------------------------------------	------------------------

To Whom Paid		Kelly Bauer			Date [MM/DD/YYYY]	\$	28.80
					09/10/2013		
House #	134	Street Address	Howertown Road		Description of Expenditure		
City	Catasauqua	State	PA	Zip Code	18052	Kick Off Event Expenses	
To Whom Paid		Fleck Consulting, Inc.			Date [MM/DD/YYYY]	\$	3,100.00
					09/25/2013		
House #		Street Address	PO Box 1865		Description of Expenditure		
City	Allentown	State	PA	Zip Code	18105	Signs + Consulting Fees	
To Whom Paid		Maria Ramos			Date [MM/DD/YYYY]	\$	50.00
					09/25/2013		
House #	840	Street Address	W Hamilton Street		Description of Expenditure		
City	Allentown	State	PA	Zip Code	18105	Expenses	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

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.

Filer Identification Number:	
-------------------------------------	--

Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City				State	Zip Code	
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City				State	Zip Code	
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City				State	Zip Code	
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City				State	Zip Code	
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City				State	Zip Code	
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City				State	Zip Code	
Description of Debt						

PENNSYLVANIA CAMPAIGN FINANCE REPORT

This Report must be typed or printed legibly in blue or black ink.

INSTRUCTIONS

This form is intended for the use of candidates, political committees and contributing lobbyists who are required to disclose contributions and expenditures. Candidates must file separate reports when they make expenditures or receive contributions on their own behalf and separate from their campaign committee. A candidate's report discloses contributions received and expenditures made individually by the candidate. A contributing lobbyist's report discloses only expenditures the lobbyist personally made to influence the outcome of a candidate's election.

Candidates and their authorized political committees file reports in the office where their nomination documents are filed. If the candidate's reports are filed with the Secretary of the Commonwealth, a copy of the reports filed by the candidate and the authorized committee must be filed with the County Board of Elections in the county in which the candidate resides.

REPORT COVER PAGE

The Report Cover Page identifies the filer, the type of report and what reporting period is covered. It also summarizes the detailed contribution and expenditure sections from the body of the report.

Filer Identification Number - This number is assigned by the Bureau of Commissions, Elections and Legislation to candidates and committees who register and file with the Secretary of the Commonwealth. A candidate's filer identification number is assigned by the Bureau when the candidate files nomination petitions. A political committee or lobbyist filer identification number is assigned when the committee or lobbyist files registration documents in the Bureau.

Report Filed By - Please indicate which type of filer you are by checking the appropriate box on the cover page.

Name of Filing Committee, Candidate or Lobbyist, Street Address, City, State, Zip Code - Please enter appropriate name and address.

Type of Report - Please place an "X" by the applicable report type.

Amendment Report - Check "Yes" only if the report is being filed to correct, add to, or in some way change a report that has already been filed.

Termination Report - Check "Yes" only if the filer has no cash balance, no unpaid debts or obligations, and wishes to cease operation. Contributing lobbyists may file a termination report if they do not anticipate making further contributions to influence the outcome of a candidate's election.

Filing Method - Indicate whether the complete report is filed on paper, or if the report is filed by diskette accompanied by the signed and notarized cover sheet.

Name of Office Sought - If filed by a candidate or candidate's committee, indicate office sought.

Date of Election - If this is a pre- or post-primary/election report, indicate the date of the primary or election.

District Number - If filed by a candidate or candidate's committee, indicate district in which candidate is seeking office.

Office Code, Party Code and County Code - If filed by candidate or candidate's committee, refer to code charts at the back of this report form. Enter the corresponding code letters for the office sought and the political party of the candidate; enter the corresponding code number for the county of residence of the candidate. Candidates for local offices who file only with the County Board of Elections should enter Office Code OTH for Other Offices.

Summary of Receipts and Expenditures - Enter the appropriate dates of the reporting period covered.

Amount Brought Forward From Last Report (Item A) - The balance, if any, as of the first day of the reporting period. For committees, it is the amount reported as the ending cash balance on the previous report filed, if any.

Items B through G - See detailed instructions on each corresponding schedule.

Affidavit Section - Must be sworn to by the filer acknowledging the accuracy of the report (Part I). On reports filed by a candidate's authorized committee, the candidate must sign an additional affidavit (Part II).

Page Number - Calculate the total number of pages in the completed report and indicate on top of cover page. Subsequent pages should be numbered consecutively.

Reports Filed on Diskette: The cover page must accompany all filings, including diskette filings. Diskette filings must also meet the technical specifications of the Department. These specifications are available at www.dos.state.pa.us or by contacting the Bureau.

SCHEDULE II

IN-KIND CONTRIBUTIONS RECEIVED

Detailed Summary Page - provides a summary of all in-kind contributions and valuable things received during the reporting period.

Item 1: Unitemized In-Kind Contributions Received represents the total value of in-kind contributions of \$50.00 or less, in the aggregate per contributor, received during the reporting period.

Items 2 and 3: Enter the total for each section from the corresponding schedules in the report (Part F and Part G).

Enter the page total on Page 1, Report Cover Page, Item F.

Part F and Part G - Use these Parts to itemize in-kind contributions from individuals or political committees according to the dollar value of the contribution. The form is designed to list the dates and amounts of as many as three separate in-kind contributions from the same source in one line item. The amount is equal to the current market value of the item or service contributed.

Totals of Parts F and G should be transferred to the appropriate section on the Schedule II Detailed Summary Page.

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

All unpaid debts and obligations which are outstanding at the end of the reporting period must be reported. If a debt is incurred in one reporting period and not repaid, every report filed must continue to show the outstanding debt, even though there was no activity during the current reporting period.

A debt owed to an individual may be forgiven. A copy of the letter of forgiveness from the individual to the committee must accompany the report filed by the committee in the reporting period in which the debt was forgiven. A debt that is forgiven is considered a contribution to the committee. Such contributions from corporations or unincorporated associations are prohibited by the Election Code.