

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 ²	LOBBYIST ³			
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Mary Ellen Koval</i>								
STREET ADDRESS <i>523 N. Carlisle St.</i>								
CITY <i>Allentown</i>		STATE <i>PA</i>	ZIP CODE <i>18109 -</i>					
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION			
	<i>Controller, City of Allentown</i>		<i>NA</i>	<i>DEM</i>	MO.	DAY	YEAR	
	6TH TUESDAY PRE-PRIMARY				<i>11</i>	<i>03</i>	<i>2015</i>	
	2ND FRIDAY PRE-PRIMARY				FOR OFFICE USE ONLY			
	30 DAY POST-PRIMARY							
	6TH TUESDAY PRE-ELECTION							
	2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/>							
30 DAY POST-ELECTION								
ANNUAL REPORT								
DATES OF REPORTING PERIOD		MO. DAY YEAR		MO. DAY YEAR				
		<i>06 09 2015</i>		TO <i>10 19 2015</i>				
CASH BALANCE AT END OF REPORTING PERIOD:		\$		<i>Ø</i>				
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		<i>Ø</i>				
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
19th DAY OF *October* 20*15*

Jean C. Brossman
 SIGNATURE

MY COMMISSION EXPIRES *10 15 2014*
 MO. DAY YR.

M.E. Koval
 SIGNATURE OF PERSON SUBMITTING REPORT

M.E. Koval
 PRINTED NAME

610 *432-7932*
 AREA CODE DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA
 Notary Seal
 Jean C. Brossman, Notary Public
 City of Allentown, Lehigh County
 My Commission Expires Dec. 15, 2016
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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