

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 Mary Ellen Koval										
STREET ADDRESS 523 N. Carlisle St.										
CITY Allentown		STATE PA	ZIP CODE 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 <input type="checkbox"/>	Controller, City of Allentown	NA	DEM	11	03	2015				
2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>				FOR OFFICE USE ONLY						
30 DAY POST-PRIMARY <input checked="" type="checkbox"/>				DATES OF REPORTING PERIOD						
6TH TUESDAY PRE-ELECTION <input type="checkbox"/>				MO.	DAY	YEAR	MO.	DAY	YEAR	
2ND FRIDAY PRE-ELECTION <input type="checkbox"/>				05	09	2015	TO	06	08	2015
30 DAY POST-ELECTION <input type="checkbox"/>				CASH BALANCE AT END OF REPORTING PERIOD:		\$ <u>Ø</u>				
ANNUAL REPORT <input type="checkbox"/>				TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <u>Ø</u>				
		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
 17th DAY OF June 2015

Jean G. Brossman
 SIGNATURE
 MY COMMISSION EXPIRES 12 MO. 15 DAY 2016 YR.

M. E. Koval
 SIGNATURE OF PERSON SUBMITTING REPORT
 M. E. Koval
 PRINTED NAME
 610 AREA CODE 432-7932 DAYTIME TELEPHONE NUMBER

Commonwealth of Pennsylvania
 County of Lehigh
 Notary Seal
 Jean G. 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

 SIGNATURE OF CANDIDATE

 PRINTED NAME

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

 AREA CODE _____ DAYTIME TELEPHONE NUMBER