

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 STEVEN RAMOS								
STREET ADDRESS 431 N 9th STREET								
CITY ALLENTOWN			STATE PA		ZIP CODE 18102			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE ALLENTOWN CITY CONTROLLER			DISTRICT NO.	PARTY REPUBLICAN	DATE OF ELECTION	
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 05 04 2015 TO 06 08 2015		MO. DAY YEAR 05 19 2015		FOR OFFICE USE ONLY RECEIVED 2015 JUN 25 AM 8:43 ELECTION BOARD OF LEHIGH COUNTY		
		CASH BALANCE AT END OF REPORTING PERIOD: \$ _____						
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ _____						
		AMENDMENT REPORT? YES NO TERMINATION REPORT? YES NO						

AFFIDAVIT SECTION

STATEMENT IS FILED ON BEHALF OF A Political Committee or Candidates's Committee, the Treasurer must sign here.
 STATEMENT IS FILED ON BEHALF OF A Candidate, the Candidate must sign here.
 STATEMENT IS FILED ON BEHALF OF A Contributing Lobbyist, the Lobbyist must sign here.

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

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 25th DAY OF June 2015

My Commission Expires 12 23 15

SIGNATURE OF PERSON SUBMITTING REPORT
 Steven Ramos
 PRINTED NAME
 484 274-4190
 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 OF CANDIDATE

 PRINTED NAME

 MY COMMISSION EXPIRES _____ MO. DAY YR. AREA CODE DAYTIME TELEPHONE NUMBER