

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 Citizens for Ramas							
STREET ADDRESS P.O. Box 4502							
CITY Allentown		STATE PA	ZIP CODE 18105				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION			
	6TH TUESDAY PRE-PRIMARY	City Council		Republican	MO.	DAY	YEAR
	2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/>				5	17	2011
	30 DAY POST-PRIMARY				FOR OFFICE USE ONLY		
	6TH TUESDAY PRE-ELECTION				RECEIVED 2011 MAY -6 PM 1:50 ELECTION BOARD OF LEHIGH COUNTY		
	2ND FRIDAY PRE-ELECTION						
	30 DAY POST-ELECTION						
ANNUAL REPORT							
DATES OF REPORTING PERIOD		CASH BALANCE AT END OF REPORTING PERIOD: \$ 25.00		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$			
MO.	DAY	YEAR	MO.	DAY	YEAR		
3	8	11	5	2	11		
AMENDMENT REPORT?		YES	NO	X			
TERMINATION REPORT?		YES	NO	X			

**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 DAY OF <u>MAY</u> 20 <u>11</u> SIGNATURE MY COMMISSION EXPIRES <u>9 27 14</u> MO. DAY YR.	SIGNATURE OF PERSON SUBMITTING REPORT <u>Steven Ramas</u> PRINTED NAME AREA CODE <u>610</u> DAYTIME TELEPHONE NUMBER <u>441-4189</u>	COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL TIMOTHY ANDREW BENYO, Notary Public City of Allentown, Lehigh County My Commission Expires September 27, 2014
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**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 _____
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1311

COMMONWEALTH OF PENNSYLVANIA  
**POLITICAL COMMITTEE REGISTRATION STATEMENT**

THIS REGISTRATION STATEMENT IS BEING FILED ON BEHALF OF  COMMITTEE  CONTRIBUTING LOBBYIST DATE \_\_\_\_\_

NAME OF COMMITTEE OR LOBBYIST  
 Citizens for Ramos

ADDRESS  
 PO 4502

CITY  
 Allentown

STATE  
 PA

ZIP-PLUS FOUR  
 18105

COUNTY  
 Lehigh

DAYTIME TELEPHONE NUMBER: AREA 610, 441-4189

E-MAIL ADDRESS: info@stevenramos.com

IS THIS A CANDIDATE'S AUTHORIZED POLITICAL COMMITTEE?  YES  NO

CHECK BELOW:

INITIAL REGISTRATION

AMENDED REGISTRATION

IF THIS IS AN AMENDMENT:  
 FILER ID NUMBER \_\_\_\_\_

CHECK ALL THAT APPLY:

NEW COMMITTEE ADDRESS

NEW CHAIRPERSON

NEW TREASURER

OTHER \_\_\_\_\_ (SPECIFY)

**SUPPORTED CANDIDATES**

List below the names of candidates the committee/lobbyist intends to support, or candidates who have authorized the committee to receive funds on their behalf. A committee that is not a candidate's authorized political committee may list the offices of candidates it intends to support (e.g., Statewide, Legislative, Judicial, Local, All) and need not list names of specific candidates.

NAME OF CANDIDATE(S)	ADDRESS	OFFICE SOUGHT	POLITICAL PARTY/BODY
Steven Ramos	324 N 8 St, Allentown	City Council	Republican

IF THE COMMITTEE INTENDS TO SUPPORT OR OPPOSE A BALLOT QUESTION, PLEASE COMPLETE THIS SECTION.

THIS COMMITTEE  SUPPORTS  OPPOSES THE FOLLOWING BALLOT QUESTION:

\_\_\_\_\_

\_\_\_\_\_

HOW LONG DOES THE COMMITTEE (OR LOBBYIST) INTEND TO OPERATE:

ELECTION YEAR \_\_\_\_\_ ONLY  INDEFINITELY

PLEASE COMPLETE REVERSE SIDE

FOR OFFICE USE ONLY

RECEIVED

2011 MAY -6 PM 1:48

ELECTION BOARD  
 OF LEHIGH COUNTY

**AFFILIATED AND CONNECTED ORGANIZATIONS**

**Affiliated** means (1) authorized committees of the same candidate, and (2) committees, including separate segregated funds, established, administered, maintained or controlled by the same corporation, unincorporated association, person or group of persons, including a parent, subsidiary, branch, division, dept. or local unit.

**Connected** means an organization which is not a political committee but which directly or indirectly establishes, maintains, controls or administers the registrant, such as a corporation, an unincorporated association, a membership organization, a cooperative or a trade association.

NAME OF AFFILIATED/CONNECTED ORGANIZATIONS	MAILING ADDRESS AND ZIP CODE	RELATIONSHIP TO REGISTRANT

**APPOINTMENT AND ACCEPTANCE OF CHAIRPERSON**

FULL NAME OF CHAIRPERSON <i>Steven Ramos</i>	MAILING ADDRESS AND ZIP CODE <i>324 N 8 St., Allentown, PA 18102</i>
DAYTIME TELEPHONE NUMBER	
AREA <i>610</i> NUMBER <i>441-4189</i>	

I accept the appointment of chairperson of this committee until the final campaign finance report is filed, or until my successor is duly chosen and the appropriate supervisor is notified. I understand the campaign expense reporting law requirements. I also understand that if I wish to resign, I must do so in writing to the committee.

*Steven Ramos*  
SIGNATURE OF CHAIRPERSON

*May 6, 2011*  
DATE

**APPOINTMENT AND ACCEPTANCE OF TREASURER**

FULL NAME OF TREASURER <i>Timothy Ramos</i>	MAILING ADDRESS AND ZIP CODE <i>907 N 07 St. Allentown, PA 18102</i>
DAYTIME TELEPHONE NUMBER	
AREA <i>484</i> NUMBER <i>363-9952</i>	

I accept the appointment of treasurer of this committee until the final campaign finance report is filed, or until my successor is duly chosen and the appropriate supervisor is notified. I understand the campaign expense reporting law requirements. I also understand that if I wish to resign, I must do so in writing to the committee.

*Timothy Ramos*  
SIGNATURE OF TREASURER

*5-6-2011*  
DATE

LIST BELOW NAMES OF BANKS, SAFETY DEPOSIT BOXES OR OTHER FINANCIAL REPOSITORIES		
NAME OF BANKS, REPOSITORIES, ETC.	MAILING ADDRESS	
<i>KFBT Allentown National Penn</i>	<i>P.O. Box 547 Boyertown, PA 19512-0547</i>	
PRINTED NAME OF PERSON SUBMITTING THIS STATEMENT <i>Steven Ramos</i>	SIGNATURE OF PERSON SUBMITTING STATEMENT <i>Steven Ramos</i>	DATE <i>May 6, 2011</i>

COMMONWEALTH OF PENNSYLVANIA  
**AUTHORIZATION FOR A POLITICAL COMMITTEE  
 TO RECEIVE FUNDS ON BEHALF OF A CANDIDATE**

The Pennsylvania Election Code provides that no treasurer of a political committee shall receive any money on behalf of a candidate until such political committee has been authorized in writing by the candidate on a form designed by the Secretary of the Commonwealth. The written authorization shall be filed with the appropriate supervisor prior to receiving funds on behalf of the candidate.

NAME OF POLITICAL COMMITTEE <i>Citizens for Ramos</i>		DAYTIME TELEPHONE NUMBER AREA / NUMBER <i>610-441-4189</i>
ADDRESS OF COMMITTEE <i>PO Box 4502</i>		
CITY <i>Allentown</i>	STATE <i>PA</i>	ZIP PLUS FOUR <i>18105</i>

NAME OF CANDIDATE AUTHORIZING POLITICAL COMMITTEE <i>Steven Ramos</i>		
OFFICE SOUGHT BY CANDIDATE <i>City Council</i>	DISTRICT NUMBER	NAME OF POLITICAL PARTY/BODY <i>Republican</i>
ADDRESS OF CANDIDATE <i>324 N 8 St.</i>		
CITY <i>Allentown</i>	STATE <i>PA</i>	ZIP PLUS FOUR <i>18102</i>

**I hereby authorize the political committee named above to receive contributions on behalf of my candidacy.**

SIGNATURE OF CANDIDATE <i>Steven Ramos</i>	DATE OF AUTHORIZATION <i>May 6, 2011</i>
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Any state, county, city, borough, township, ward or other regularly constituted party committee of any political party or political body is hereby authorized to receive money on behalf of the candidates of such political party or political body in a general, municipal or special election without special written authorization from such candidate. However, authorization *is required* for such committees to receive funds on behalf of a candidate in a primary election.

FOR OFFICE USE ONLY  <div style="display: flex; flex-direction: column; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">2011 MAY -6 PM 1:48</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">ELECTION BOARD OF LEHIGH COUNTY</div> </div>
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