

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 <i>Cynthia Mota</i>					
STREET ADDRESS <i>2604 Appel Street</i>					
CITY <i>Allentown</i>		STATE <i>PA</i>	ZIP CODE <i>18103</i>		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	
	<i>City Council</i>			<i>D</i>	
DATE OF ELECTION		FOR OFFICE USE ONLY			
1. 6TH TUESDAY PRE-PRIMARY		DATES OF REPORTING PERIOD		MO. DAY YEAR	
2. 2ND FRIDAY PRE-PRIMARY		MO. DAY YEAR		MO. DAY YEAR	
3. 30 DAY POST-PRIMARY		<i>5 3 11</i> TO <i>6 16 11</i>			
4. 6TH TUESDAY PRE-ELECTION		CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>0.00</i>			
5. 2ND FRIDAY PRE-ELECTION		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0.00</i>			
6. 30 DAY POST-ELECTION		AMENDMENT REPORT?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
7. ANNUAL REPORT		TERMINATION REPORT?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

RECEIVED
 2011 JUN 16 P 12:54
 ELECTIONS DIVISION
 LEHIGH COUNTY

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 16th DAY OF June 2011

[Signature]
 SIGNATURE

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT

Cynthia Mota
 PRINTED NAME

MY COMMISSION EXPIRES: **NOTARIAL SEAL**
YOLANDA SANCHEZ DAY _____ YR. _____
 Notary Public

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

 SIGNATURE OF CANDIDATE

 PRINTED NAME

MY COMMISSION EXPIRES: MO. _____ DAY _____ YR. _____

AREA CODE _____ DAYTIME TELEPHONE NUMBER _____

Board of Elections of Lehigh County
 Lehigh County Government Center
 17 S. 7th St.

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: Report Filed By: CANDIDATE 1. COMMITTEE 2. LOBBYIST 3.

Name of Filing Committee, Candidate or Lobbyist:
Cynthia Meta for City Council

Street Address:
P.O. Box 4347

City:
Allentown State: *PA.* Zip Code: *18105 - 4347*

TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR		FILING METHOD () CHECK ONE <input checked="" type="checkbox"/>		PAPER	DISKETTE	

Name of Office Sought by Candidate:
City Council

DATE OF ELECTION: MO: DAY: YEAR:

District Number: Office Code: Party Code: County Code:

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:

	MO	DAY	YEAR	To	MO	DAY	YEAR
A. Amount Brought Forward From Last Report							
B. Total Monetary Contributions and Receipts (From Schedule I)							
C. Total Funds Available (Sum of Lines A and B)							
D. Total Expenditures (From Schedule III)							
E. Ending Cash Balance (Subtract Line D from Line C)							
F. Value of In-Kind Contributions Received (From Schedule II)							
G. Unpaid Debts and Obligations (From Schedule IV)							

FOR OFFICE USE ONLY

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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 16th day of June 2011

[Signature]
 Signature

Serilio Molina
 Signature of Person Submitting Report

Serilio MOLINA
 Printed Name

610 Area Code *434-7319* Daytime Telephone Number

My commission expires _____ YR.

NOTARIAL SEAL
YOLANDA SANCHEZ
 Notary Public
 EMMAUS BOROUGH, LEHIGH COUNTY

PART II: If this is a Candidate report, 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 _____ day of _____ 20____

 Signature

 Signature of Candidate

 Printed Name

 Area Code _____ Daytime Telephone Number

My commission expires _____ MO. _____ DAY _____ YR.

Board of Elections of Lehigh County
 Lehigh County Government Center
 17 S. 7th St.
 Allentown, PA 18101-2400

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Cynthia Mota for City Council</i>	Reporting Period From <i>5/3</i> To <i>6/16/2011</i>
---	---

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$ <i>265.48</i>
TOTAL for the Reporting Period	(2) \$ <i>265.48</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$ <i>3,000.00</i>
TOTAL for the Reporting Period	(3) \$ <i>3,000.00</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (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>3,265.48</i>
--	--------------------

PART D
ALL OTHER CONTRIBUTIONS

OVER \$250.00

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

Name of Filing Committee or Candidate <i>Cynthia Mata for City Council</i>	Reporting Period From <i>5/3</i> To <i>6/16/2011</i>
---	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>MARLENE O. Fowler</i>	<i>5</i>	<i>19</i>	<i>2011</i>	\$ <i>3,000.00</i>
Mailing Address <i>443 Center Street</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	\$
City <i>Bethlehem</i> State <i>PA</i> Zip Code (Plus 4) <i>18018-6017</i>	<i>MO.</i>	<i>DAY</i>	<i>YEAR</i>	\$
Employer Name	Occupation <i>Retired</i>			\$
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Employer Name	Occupation			\$
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Employer Name	Occupation			\$
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Employer Name	Occupation			\$
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Employer Name	Occupation			\$
Employer Mailing Address/Principal Place of Business				

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ <i>3000.00</i>

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

Name of Filing Committee or Candidate <i>Cynthia Mota for City Council</i>	Reporting Period From <u>5/3</u> To <u>6/16/2011</u>
---	---

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <u>45.00</u>

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

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

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.)	\$ <u>45.00</u>
--	-----------------

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Cynthia Mata for City Council</i>	Reporting Period From <i>5/3</i> To <i>6/10/2011</i>
---	---

To Whom Paid <i>Raul's Notary</i>	MO <i>5</i>	DAY <i>4</i>	YEAR <i>2011</i>	Amount <i>\$ 10.00</i>
Mailing Address <i>121 N. 3rd Street</i>				
City <i>Allentown</i> State <i>PA</i> Zip Code (Plus 4) <i>18101-</i>				
Description of Expenditure <i>Notarize Financial Documents</i>				

To Whom Paid <i>Giant's</i>	MO <i>5</i>	DAY <i>16</i>	YEAR <i>2011</i>	Amount <i>\$ 40.64</i>
Mailing Address <i>3100 Tilghman Street</i>				
City <i>Allentown</i> State <i>PA</i> Zip Code (Plus 4) <i>18104-</i>				
Description of Expenditure <i>Food and drinks for Campaign workers</i>				

To Whom Paid <i>SUNOCO</i>	MO <i>5</i>	DAY <i>12</i>	YEAR <i>2011</i>	Amount <i>\$ 60.00</i>
Mailing Address <i>1201 Hamilton Street</i>				
City <i>Allentown</i> State <i>PA</i> Zip Code (Plus 4) <i>18102-</i>				
Description of Expenditure <i>Fuel for Campaign Vehicle</i>				

To Whom Paid <i>ALANI Graphics</i>	MO <i>5</i>	DAY <i>12</i>	YEAR <i>2011</i>	Amount <i>\$ 700.00</i>
Mailing Address <i>1101 Hamilton Street, Suite 130</i>				
City <i>Allentown</i> State <i>PA</i> Zip Code (Plus 4) <i>18101-</i>				
Description of Expenditure <i>Posters and Yard Signs for Political Campaign</i>				

To Whom Paid <i>Little Apple Market</i>	MO <i>5</i>	DAY <i>16</i>	YEAR <i>2011</i>	Amount <i>\$ 1.59</i>
Mailing Address <i>650 N. Seventh Street</i>				
City <i>Allentown</i> State <i>PA</i> Zip Code (Plus 4) <i>18103-</i>				
Description of Expenditure <i>Ice for Campaign drinks for Poll workers</i>				

To Whom Paid <i>SONIA RIVERA</i>	MO <i>5</i>	DAY <i>19</i>	YEAR <i>2011</i>	Amount <i>\$ 500.00</i>
Mailing Address				
City <i>MIAMI</i> State <i>FL</i> Zip Code (Plus 4) <i>-</i>				
Description of Expenditure <i>TRANSPORTATION TO + FROM MIAMI Campaign for MOTA</i>				

To Whom Paid <i>SUNOCO</i>	MO <i>5</i>	DAY <i>19</i>	YEAR <i>2011</i>	Amount <i>\$ 100.00</i>
Mailing Address <i>1201 Hamilton Street</i>				
City <i>Allentown</i> State <i>PA</i> Zip Code (Plus 4) <i>18101-</i>				
Description of Expenditure <i>Fuel for Campaign Vehicle</i>				

To Whom Paid	MO	DAY	YEAR	Amount <i>\$</i>
Mailing Address				
City				
State				
Zip Code (Plus 4)				
Description of Expenditure				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 1,412.23

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Cynthia Mata for City Council</i>	Reporting Period From <i>5/3</i> To <i>6/16/2011</i>
---	---

To Whom Paid <i>Cynthia Mata</i>	MO <i>6</i>	DAY <i>16</i>	YEAR <i>2011</i>	Amount <i>\$ 1,000.00</i>
Mailing Address <i>2604 Appel Street</i>				
Description of Expenditure <i>PERSONAL LOAN - Repayment</i>				
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18103 -</i>		

To Whom Paid <i>Serilio Molina</i>	MO <i>6</i>	DAY <i>16</i>	YEAR <i>2011</i>	Amount <i>\$ 500.00</i>
Mailing Address <i>116 South 24th Street</i>				
Description of Expenditure <i>PERSONAL LOAN - Repayment</i>				
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18104 - 6202</i>		

To Whom Paid	MO	DAY	YEAR	Amount <i>\$</i>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount <i>\$</i>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount <i>\$</i>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount <i>\$</i>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount <i>\$</i>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount <i>\$</i>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL <i>\$ 1,500.00</i>
