

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: <input type="checkbox"/> | | Report Filed By: <input type="checkbox"/> | CANDIDATE ^{1.} <input type="checkbox"/> | COMMITTEE ^{2.} <input checked="" type="checkbox"/> | LOBBYIST ^{3.} <input type="checkbox"/> |
| Name of Filing Committee, Candidate or Lobbyist: <u>Friends of Mary Ellen Koval</u> | | | | | |
| Street Address: <u>523 N. Carlisle Street</u> | | | | | |
| City: <u>Allentown</u> | | | State: <u>PA</u> | Zip Code: <u>18109 -</u> | |
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY ^{1.} | 2ND FRIDAY PRE-PRIMARY ^{2.} <input checked="" type="checkbox"/> | 30 DAY POST PRIMARY ^{3.} | AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| | 6TH TUESDAY PRE-ELECTION ^{4.} | 2ND FRIDAY PRE-ELECTION ^{5.} | 30 DAY POST ELECTION ^{6.} | TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| | ANNUAL REPORT ^{7.} | YEAR <u>2011</u> | FILING METHOD () CHECK ONE <input type="checkbox"/> | PAPER <input checked="" type="checkbox"/> | DISKETTE <input type="checkbox"/> |
| Name of Office Sought by Candidate: <u>Controller, City of Allentown</u> | | | DATE OF ELECTION | | District Number |
| | | | MO: <u>5</u> DAY: <u>17</u> YEAR: <u>2011</u> | | Office Code: <u>OTH DEM</u> Party Code: <u>39</u> County Code: <u>39</u> |
| | | | | | (SEE INSTRUCTIONS FOR CODES) |
| Summary of Receipts and Expenditures from: <input type="checkbox"/> | | | MO. DAY YEAR | | FOR OFFICE USE ONLY |
| | | | <u>1 1 2011</u> To <u>5 2 2011</u> | | |
| A. Amount Brought Forward From Last Report | | | \$ <u>- 0 -</u> | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | | | \$ <u>5389⁰⁰</u> | | |
| C. Total Funds Available (Sum of Lines A and B) | | | \$ <u>5389⁰⁰</u> | | |
| D. Total Expenditures (From Schedule III) | | | \$ <u>1863⁷⁹</u> | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | | \$ <u>3525²¹</u> | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | | | \$ <u>- 0 -</u> | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | | \$ <u>2500⁰⁰</u> | | |

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 7th day of MAY 2011

[Signature]
Signature

My commission expires 09 19 2011
MO. DAY YR.

[Signature]
Signature of Person Submitting Report

PAUL D. BALASCHEK
Printed Name

610 262-9710
Area Code Daytime Telephone Number

PART II - If this is a report of a Candidate's Authorized Committee, 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 4th day of MAY 2011

[Signature]
Signature

My commission expires 09 19 2011
MO. DAY YR.

M. E. Koval
Signature of Candidate

Mary Ellen Koval
Printed Name

610 437-7932
Area Code Daytime Telephone Number

Department of State • Bureau of Commissions, Elections and Legislation
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| | |
|---|---|
| Name of Filing Committee or Candidate Friends of Mary Ellen Koval | Reporting Period From 1/1/2011 To 5/2/2011 |
|---|---|

| | |
|---|--------------------------------|
| 1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR | |
| TOTAL for the Reporting Period | (1) \$ 314⁰⁰ |

| | |
|--|---------------------------------|
| 2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B) | |
| Contributions Received from Political Committees (Part A) | \$ -0- |
| All Other Contributions (Part B) | \$ 1575⁰⁰ |
| TOTAL for the Reporting Period | (2) \$ 1575⁰⁰ |

| | |
|--|---------------------------------|
| 3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D) | |
| Contributions Received from Political Committees (Part C) | \$ 500⁰⁰ |
| All Other Contributions (Part D) | \$ 3060⁰⁰ |
| TOTAL for the Reporting Period | (3) \$ 3500⁰⁰ |

| | |
|--|-------------------|
| 4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E) | |
| TOTAL for the Reporting Period | (4) \$ -0- |

| | |
|--|-----------------------------|
| 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.) | \$ 5389⁰⁰ |
|--|-----------------------------|

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

| | |
|--|---|
| Name of Filing Committee or Candidate <u>Friends for Mary Ellen Koval</u> | Reporting Period From <u>11/1/2011</u> To <u>5/31/2011</u> |
|--|---|

| | | | | DATE | AMOUNT |
|-------------------------------------|-------|-------------------|--|------|--------|
| Full Name of Contributing Committee | | | | MO. | \$ |
| Mailing Address | | | | DAY | \$ |
| City | State | Zip Code (Plus 4) | | YEAR | \$ |
| | | - | | | |
| Full Name of Contributing Committee | | | | MO. | \$ |
| Mailing Address | | | | DAY | \$ |
| City | State | Zip Code (Plus 4) | | YEAR | \$ |
| | | - | | | |
| Full Name of Contributing Committee | | | | MO. | \$ |
| Mailing Address | | | | DAY | \$ |
| City | State | Zip Code (Plus 4) | | YEAR | \$ |
| | | - | | | |
| Full Name of Contributing Committee | | | | MO. | \$ |
| Mailing Address | | | | DAY | \$ |
| City | State | Zip Code (Plus 4) | | YEAR | \$ |
| | | - | | | |
| Full Name of Contributing Committee | | | | MO. | \$ |
| Mailing Address | | | | DAY | \$ |
| City | State | Zip Code (Plus 4) | | YEAR | \$ |
| | | - | | | |
| Full Name of Contributing Committee | | | | MO. | \$ |
| Mailing Address | | | | DAY | \$ |
| City | State | Zip Code (Plus 4) | | YEAR | \$ |
| | | - | | | |
| Full Name of Contributing Committee | | | | MO. | \$ |
| Mailing Address | | | | DAY | \$ |
| City | State | Zip Code (Plus 4) | | YEAR | \$ |
| | | - | | | |
| Full Name of Contributing Committee | | | | MO. | \$ |
| Mailing Address | | | | DAY | \$ |
| City | State | Zip Code (Plus 4) | | YEAR | \$ |
| | | - | | | |
| Full Name of Contributing Committee | | | | MO. | \$ |
| Mailing Address | | | | DAY | \$ |
| City | State | Zip Code (Plus 4) | | YEAR | \$ |
| | | - | | | |

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

| |
|-------------------------------|
| PAGE TOTAL \$ - <u>0</u> - |
|-------------------------------|

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

| Name of Filing Committee or Candidate | | | | Reporting Period | | | |
|---------------------------------------|-----------------------------|-------------------|-------|---------------------------|-----|------|-----------------------|
| Friends of Mary Ellen Koval | | | | From 1/1/2011 To 5/2/2011 | | | |
| | | | | DATE | | | AMOUNT |
| Full Name of Contributor | Mailing Address | City | State | MO. | DAY | YEAR | |
| Joseph P. Coponi | 2823 Moravian Ave | Allentown | PA | 2 | 22 | 2011 | \$ 200 ⁰⁰ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| Francis Dougherty | 1349 Glen Echo Dr. | Huntingdon Valley | PA | 2 | 24 | 2011 | \$ 100 ⁰⁰ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| Mr & Mrs Lawrence Hilliard | 517 N. 40 th St. | Allentown | PA | 2 | 25 | 2011 | \$ 100 ⁰⁰ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| Mr & Mrs Michael Sass | P.O. Box 841006 | Hollywood | FL | 2 | 28 | 2011 | \$ 100 ⁰⁰ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| Phyllis Sass | 1417 E. Livingston St. | Allentown | PA | 2 | 28 | 2011 | \$ 75 ⁰⁰ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| Mr & Mrs David Angst | 6715 Memorial Rd | New Tripoli | PA | 2 | 28 | 2011 | \$ 150 ⁰⁰ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| Mrs Elizabeth Smith | 2475 Virginia Ave NW #317 | Washington | DC | 3 | 7 | 2011 | \$ 250 ⁰⁰ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| Robin Kellar | 622 E. Susquehanna St. | Allentown | PA | 3 | 24 | 2011 | \$ 100 ⁰⁰ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| PAGE TOTAL | | | | | | | \$ 1075 ⁰⁰ |

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PART C

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

| | |
|--|--|
| Name of Filing Committee or Candidate <u>Friends for May Ella Koval</u> | Reporting Period From <u>1/1/2011</u> To <u>5/31/2011</u> |
|--|--|

| | | | | DATE | | | AMOUNT |
|---|--------------------|-------------------------------------|--|----------|-----------|-------------|----------------------------|
| Full Name of Contributing Committee | | | | MO. | DAY | YEAR | |
| <u>Laborers Local #1174</u> | | | | <u>4</u> | <u>23</u> | <u>2011</u> | \$ <u>500⁰⁰</u> |
| Mailing Address <u>465 Allentown Drive</u> | | | | MO. | DAY | YEAR | \$ |
| City <u>Allentown</u> | State <u>PA</u> | Zip Code (Plus 4) <u>18109 -</u> | | MO. | DAY | YEAR | \$ |
| Full Name of Contributing Committee | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| | | - | | | | | \$ |
| Full Name of Contributing Committee | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| | | - | | | | | \$ |
| Full Name of Contributing Committee | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| | | - | | | | | \$ |
| Full Name of Contributing Committee | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| | | - | | | | | \$ |
| Full Name of Contributing Committee | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| | | - | | | | | \$ |
| Full Name of Contributing Committee | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| | | - | | | | | \$ |
| Full Name of Contributing Committee | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| | | - | | | | | \$ |
| Full Name of Contributing Committee | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| | | - | | | | | \$ |

| | |
|------------|----------------------------|
| PAGE TOTAL | \$ <u>500⁰⁰</u> |
|------------|----------------------------|

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

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 <u>Friends of Mary Ellen Kasal</u> | Reporting Period From <u>1/1/2011</u> To <u>5/2/2011</u> |
|---|---|

| | | | | DATE | | | AMOUNT |
|--|--------------------|-------------------------------------|--|--|-----|------|------------------|
| Full Name of Contributor <u>Lisa Pawlowski</u> | | | | MO | DAY | YEAR | \$ <u>500.00</u> |
| Mailing Address <u>43 N. 11th St.</u> | | | | MO | DAY | YEAR | \$ |
| City <u>Allentown</u> | State <u>PA</u> | Zip Code (Plus 4) <u>18101 -</u> | | MO | DAY | YEAR | \$ |
| Employer Name <u>Self-Employed</u> | | | | Occupation <u>Consultant & Contractor</u> | | | |
| Employer Mailing Address/Principal Place of Business <u>(Same as above)</u> | | | | | | | |

| | | | | | | | |
|---|--------------------|-------------------------------------|--|---|-----|------|----------------|
| Full Name of Contributor <u>Mary Ellen Kasal</u> | | | | MO | DAY | YEAR | \$ <u>2500</u> |
| Mailing Address <u>523 N. Carlisle St.</u> | | | | MO | DAY | YEAR | \$ |
| City <u>Allentown</u> | State <u>PA</u> | Zip Code (Plus 4) <u>18101 -</u> | | MO | DAY | YEAR | \$ |
| Employer Name <u>City of Allentown</u> | | | | Occupation <u>Parishery Director</u> | | | |
| Employer Mailing Address/Principal Place of Business <u>215 N. 6th St Allentown PA 18101</u> | | | | | | | |

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

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

| | | | | | | | |
|--|-------|-------------------|--|------------|-----|------|----|
| Full Name of Contributor | | | | MO | DAY | YEAR | \$ |
| Mailing Address | | | | MO | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO | DAY | YEAR | \$ |
| 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
\$3000.00

PART E
OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

| | |
|--|---|
| Name of Filing Committee or Candidate <u>Friends of May Ellen Kasal</u> | Reporting Period From <u>1/1/2011</u> To <u>8/2/2011</u> |
|--|---|

| | | | | | | |
|---------------------|-------|-------------------|-----|-----|------|--------------|
| Full Name | | | | | | |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | Amount \$ |
| | | - | | | | |
| Receipt Description | | | | | | |

| | | | | | | |
|---------------------|-------|-------------------|-----|-----|------|--------------|
| Full Name | | | | | | |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | Amount \$ |
| | | - | | | | |
| Receipt Description | | | | | | |

| | | | | | | |
|---------------------|-------|-------------------|-----|-----|------|--------------|
| Full Name | | | | | | |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | Amount \$ |
| | | - | | | | |
| Receipt Description | | | | | | |

| | | | | | | |
|---------------------|-------|-------------------|-----|-----|------|--------------|
| Full Name | | | | | | |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | Amount \$ |
| | | - | | | | |
| Receipt Description | | | | | | |

| | | | | | | |
|---------------------|-------|-------------------|-----|-----|------|--------------|
| Full Name | | | | | | |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | Amount \$ |
| | | - | | | | |
| Receipt Description | | | | | | |

| | | | | | | |
|---------------------|-------|-------------------|-----|-----|------|--------------|
| Full Name | | | | | | |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | Amount \$ |
| | | - | | | | |
| Receipt Description | | | | | | |

| |
|----------------------------|
| PAGE TOTAL \$ <u>0-</u> |
|----------------------------|

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

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 <u>Friends of MaryEllen Koval</u> | Reporting Period From <u>1/1/2011</u> To <u>5/31/2011</u> |
|--|--|

| | |
|---|------------------|
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | |
| TOTAL for the Reporting Period | (1) \$ <u>0-</u> |

| | |
|--|------------------|
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | |
| TOTAL for the Reporting Period | (2) \$ <u>0-</u> |

| | |
|--|------------------|
| 3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G) | |
| TOTAL for the Reporting Period | (3) \$ <u>0-</u> |

| | |
|--|--------------|
| 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>0-</u> |
|--|--------------|

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| | |
|--|---|
| Name of Filing Committee or Candidate <u>Friends of May Ellen Koval</u> | Reporting Period From <u>1/1/2011</u> To <u>5/2/2011</u> |
|--|---|

| | | | | DATE | | | AMOUNT |
|------------------------------|-------|-------------------|--|------|-----|------|--------|
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Description of Contribution: | | | | | | | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Description of Contribution: | | | | | | | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Description of Contribution: | | | | | | | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Description of Contribution: | | | | | | | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Description of Contribution: | | | | | | | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Description of Contribution: | | | | | | | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Description of Contribution: | | | | | | | |

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

| |
|----------------------------|
| PAGE TOTAL \$ <u>0-</u> |
|----------------------------|

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

| | |
|--|--|
| Name of Filing Committee or Candidate <u>Friend of May Ella 10001</u> | Reporting Period From <u>11/1/2011</u> To <u>12/31/2011</u> |
|--|--|

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

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

| |
|----------------------------|
| PAGE TOTAL \$ <u>0-</u> |
|----------------------------|

SCHEDULE III
STATEMENT OF EXPENDITURES

| | |
|--|---|
| Name of Filing Committee or Candidate Friends of May E. Maer Koval | Reporting Period From 11/1/2011 To 5/31/2011 |
|--|---|

| To Whom Paid | MO. | DAY | YEAR | Amount |
|--|---|------------------------------------|-------------|------------------|
| Floor Consulting | 2 | 1 | 2011 | \$ 500 |
| Mailing Address 1121 Lehigh St. | Description of Expenditure Consulting services | | | |
| City Easton | State PA | Zip Code (Plus 4) 18042- | | |
| Floor Consulting | 3 | 1 | 2011 | \$ 500 |
| Mailing Address 1121 Lehigh St. | Description of Expenditure Consulting services | | | |
| City Easton | State PA | Zip Code (Plus 4) 18042- | | |
| JUNIA KRAMER | 4 | 1 | 2011 | \$ 597.99 |
| Mailing Address 149 E. Main St. | Description of Expenditure Website design & hosting | | | |
| City Ephrata | State PA | Zip Code (Plus 4) 17022- | | |
| Lehigh Valley Point Center | 4 | 25 | 2011 | \$ 190.80 |
| Mailing Address 1337 N. Nelson St. | Description of Expenditure Printed materials | | | |
| City Allentown | State PA | Zip Code (Plus 4) 18109- | | |
| Lehigh Valley Labor Council | 4 | 7 | 2011 | \$ 75.00 |
| Mailing Address 526 S. Berks St. | Description of Expenditure Program Ad | | | |
| City Allentown | State PA | Zip Code (Plus 4) 18104- | | |
| To Whom Paid | MO. | DAY | YEAR | Amount |
| | | | | \$ |
| Mailing Address | Description of Expenditure | | | |
| City | State | Zip Code (Plus 4) | | |
| | | - | | |
| To Whom Paid | MO. | DAY | YEAR | Amount |
| | | | | \$ |
| Mailing Address | Description of Expenditure | | | |
| City | State | Zip Code (Plus 4) | | |
| | | - | | |
| To Whom Paid | MO. | DAY | YEAR | Amount |
| | | | | \$ |
| 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
\$ 1863 79

SCHEDULE IV
STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

| | |
|---|---|
| Name of Filing Committee or Candidate <u>Friends of May Elle Koval</u> | Reporting Period From <u>11/1/2011</u> To <u>5/31/2011</u> |
|---|---|

| | | | | | | |
|--|--|--------------------|------------------------------------|---|---------------------|--|
| Name of Creditor <u>May Elle Koval</u> | | | | Outstanding Balance of Debt <u>\$ 2500</u> | | |
| Mailing Address <u>523 N. Corliss St.</u> | | DATE DEBT INCURRED | MO. <u>3</u> | DAY <u>1</u> | YEAR <u>2011</u> | |
| City <u>Albion</u> | | State <u>IA</u> | Zip Code (Plus 4) <u>18705-</u> | | | |
| Description of Debt <u>Loan to Start Campaign</u> | | | | | | |
| Name of Creditor | | | | Outstanding Balance of Debt \$ | | |
| Mailing Address | | DATE DEBT INCURRED | MO. | DAY | YEAR | |
| City | | State | Zip Code (Plus 4) | | | |
| Description of Debt | | | | | | |
| Name of Creditor | | | | Outstanding Balance of Debt \$ | | |
| Mailing Address | | DATE DEBT INCURRED | MO. | DAY | YEAR | |
| City | | State | Zip Code (Plus 4) | | | |
| Description of Debt | | | | | | |
| Name of Creditor | | | | Outstanding Balance of Debt \$ | | |
| Mailing Address | | DATE DEBT INCURRED | MO. | DAY | YEAR | |
| City | | State | Zip Code (Plus 4) | | | |
| Description of Debt | | | | | | |
| Name of Creditor | | | | Outstanding Balance of Debt \$ | | |
| Mailing Address | | DATE DEBT INCURRED | MO. | DAY | YEAR | |
| City | | State | Zip Code (Plus 4) | | | |
| Description of Debt | | | | | | |
| Name of Creditor | | | | Outstanding Balance of Debt \$ | | |
| Mailing Address | | DATE DEBT INCURRED | MO. | DAY | YEAR | |
| City | | State | Zip Code (Plus 4) | | | |
| Description of Debt | | | | | | |

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL
\$ 2500.00