Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF 13 (COVER PAGE)

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

Filer Identification Number:	82-0858938
Report Filed By:	CANDIDATE 1. [ ] COMMITTEE 2. [X] LOBBYIST 3. [ ]
Name of Filing Committee, Candidate or Lobbyist:	Friends of cheryl Johnson watts
Street Address:	1000 Postal Road Side #90736
City:	Allentown
State:	PA
Zip Code:	18109 - 9998

TYPE OF REPORT (place X to the right of report type): 7. X YEAR 2019

Name of Office Sought by Candidate:	Date of Election (MO / DAY / YEAR)	District Number	Office Code	Party Code	County Code
MAYOR of Allentown	05 21 2019				

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from: 06 11 2019 To 12 31 2019

A. Amount Brought Forward From Last Report	$ 513.77
B. Total Monetary Contributions and Receipts (From Schedule I)	$ 20.00
C. Total Funds Available (Sum of Lines A and B)	$ 533.77
D. Total Expenditures (From Schedule III)	$ 247.98
E. Ending Cash Balance (Subtract Line D from Line C)	$ 285.19
F. Value of In-Kind Contributions Received (From Schedule II)	$ -0-
G. Unpaid Debts and Obligations (From Schedule IV)	$ 995.68

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ELECTION BOARD OF LEHIGH COUNTY

AFFIDAVIT SECTION

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 29th day of JANUARY

Gary P. Davidowicz
Signature

My commission expires OCT. 21 2023 (MO. DAY YR.)

Commonwealth of Pennsylvania-Notary Seal
Gary P Davidowicz, Notary Public
Lehigh County
My Commission Expires October 21, 2023
Commission Number 1265229

[signature]
Signature of Person Submitting Report

Sherna D. Newsome
Printed Name

610 978-6153
Area Code Daytime Telephone Number

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 29th day of JANUARY 20 20

Gary P. Davidowicz
Signature

My commission expires OCT 21 2023 (MO. DAY YR.)

Commonwealth of Pennsylvania-Notary Seal
Gary P Davidowicz, Notary Public
Lehigh County
My Commission Expires October 21, 2023
Commission Number 1265229

Cheryl L Johnson
Signature of Candidate

Cheryl L Johnson
Printed Name

610 984-7718
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

DSEB-502 (7-99)

SCHEDULE I PAGE 2 OF 13

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Friends of Cheryl Johnson Watts	From 06/11/2019 To 12/31/2019

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - $50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	$ 20.00

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)		$ 0
TOTAL for the Reporting Period	(2)	$ 0

3. CONTRIBUTIONS OVER $250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		$ 0
All Other Contributions (Part D)		$ 0
TOTAL for the Reporting Period	(3)	$ 0

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 of Report Cover Page, Item B.)*	$ 20.00

DSEB-802 (7-99)

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	Reporting Period
Friends of Cheryl Johnson Watts	From 06/11/2019 To 12/31/2019

			DATE			AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	$ 0
Mailing Address			MO.	DAY	YEAR	$ 0
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	$ 0
Full Name of Contributing Committee			MO.	DAY	YEAR	$ 0
Mailing Address			MO.	DAY	YEAR	$ 0
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	$ 0
Full Name of Contributing Committee			MO.	DAY	YEAR	$ 0
Mailing Address			MO.	DAY	YEAR	$ 0
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	$ 0
Full Name of Contributing Committee			MO.	DAY	YEAR	$ 0
Mailing Address			MO.	DAY	YEAR	$ 0
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	$ 0
Full Name of Contributing Committee			MO.	DAY	YEAR	$ 0
Mailing Address			MO.	DAY	YEAR	$ 0
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	$ 0
Full Name of Contributing Committee			MO.	DAY	YEAR	$ 0
Mailing Address			MO.	DAY	YEAR	$ 0
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	$ 0
Full Name of Contributing Committee			MO.	DAY	YEAR	$ 0
Mailing Address			MO.	DAY	YEAR	$ 0
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	$ 0
Full Name of Contributing Committee			MO.	DAY	YEAR	$ 0
Mailing Address			MO.	DAY	YEAR	$ 0
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	$ 0

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

PAGE TOTAL $ 0

PART B
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 Cheryl Johnson Watts	From 06/11/2019 To 12/31/2019

				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	$ 0
Mailing Address			MO.	DAY	YEAR	$ 0
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	$ 0
Full Name of Contributor			MO.	DAY	YEAR	$ 0
Mailing Address			MO.	DAY	YEAR	$ 0
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	$ 0
Full Name of Contributor			MO.	DAY	YEAR	$ 0
Mailing Address			MO.	DAY	YEAR	$ 0
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	$ 0
Full Name of Contributor			MO.	DAY	YEAR	$ 0
Mailing Address			MO.	DAY	YEAR	$ 0
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	$ 0
Full Name of Contributor			MO.	DAY	YEAR	$ 0
Mailing Address			MO.	DAY	YEAR	$ 0
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	$ 0
Full Name of Contributor			MO.	DAY	YEAR	$ 0
Mailing Address			MO.	DAY	YEAR	$ 0
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	$ 0
Full Name of Contributor			MO.	DAY	YEAR	$ 0
Mailing Address			MO.	DAY	YEAR	$ 0
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	$ 0

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

PAGE TOTAL $ 0

DSEB-502 (7-99)

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	Reporting Period
Friends of Cheryl Johnson Watts	From 06/11/2019 To 12/31/2019

			DATE MO.	DAY	YEAR	AMOUNT
Full Name of Contributing Committee						$ 0
Mailing Address						$ 0
City	State	Zip Code (Plus 4) –				$ 0
Full Name of Contributing Committee						$ 0
Mailing Address						$ 0
City	State	Zip Code (Plus 4) –				$ 0
Full Name of Contributing Committee						$ 0
Mailing Address						$ 0
City	State	Zip Code (Plus 4) –				$ 0
Full Name of Contributing Committee						$ 0
Mailing Address						$ 0
City	State	Zip Code (Plus 4) –				$ 0
Full Name of Contributing Committee						$ 0
Mailing Address						$ 0
City	State	Zip Code (Plus 4) –				$ 0
Full Name of Contributing Committee						$ 0
Mailing Address						$ 0
City	State	Zip Code (Plus 4) –				$ 0
Full Name of Contributing Committee						$ 0
Mailing Address						$ 0
City	State	Zip Code (Plus 4) –				$ 0
Full Name of Contributing Committee						$ 0
Mailing Address						$ 0
City	State	Zip Code (Plus 4) –				$ 0

PAGE TOTAL $ 0

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

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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: Friends of Cheryl Johnson Watts

Reporting Period: From 06/11/2019 To 12/31/2019

Full Name of Contributor / Mailing Address / City / State / Zip Code (Plus 4) / Employer Name / Occupation / Employer Mailing Address/Principal Place of Business	DATE (MO. DAY YEAR)	AMOUNT
		$ 0
		$ 0
		$ 0
		$ 0
		$ 0
		$ 0
		$ 0
		$ 0
		$ 0
		$ 0
		$ 0
		$ 0
		$ 0
		$ 0
		$ 0
		$ 0
		$ 0
		$ 0
		$ 0
		$ 0

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

PAGE TOTAL $ 0

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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	Reporting Period
Friends of Cheryl Johnson Watts	From 06/11/2019 To 12/31/2019

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	Amount $ 0
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	Amount $ 0
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	Amount $ 0
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	Amount $ 0
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	Amount $ 0
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	Amount $ 0
Receipt Description						

PAGE TOTAL $ 0

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

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SCHEDULE II PAGE 8 OF 13

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	Reporting Period
Friends of Cheryl Johnson Watts	From 06/11/2019 To 12/31/2019

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

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

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER $250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	$ 0

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.)*	$ 0

SCHEDULE II
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF $50.01 TO $250.00

Name of Filing Committee or Candidate	Reporting Period
Friends of Cheryl Johnson Watts	From 06/11/2019 To 12/31/2019

			DATE MO.	DAY	YEAR	AMOUNT
Full Name of Contributor						$ 0
Mailing Address						$ 0
City	State	Zip Code (Plus 4) —				$ 0
Description of Contribution:						
Full Name of Contributor						$ 0
Mailing Address						$ 0
City	State	Zip Code (Plus 4) —				$ 0
Description of Contribution:						
Full Name of Contributor						$ 0
Mailing Address						$ 0
City	State	Zip Code (Plus 4) —				$ 0
Description of Contribution:						
Full Name of Contributor						$ 0
Mailing Address						$ 0
City	State	Zip Code (Plus 4) —				$ 0
Description of Contribution:						
Full Name of Contributor						$ 0
Mailing Address						$ 0
City	State	Zip Code (Plus 4) —				$ 0
Description of Contribution:						
Full Name of Contributor						$ 0
Mailing Address						$ 0
City	State	Zip Code (Plus 4) —				$ 0
Description of Contribution:						

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

PAGE TOTAL $ 0

SCHEDULE II
PART G

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER $250.00

Name of Filing Committee or Candidate	Reporting Period
Friends of Cheryll Johnson Watts	From 06/11/2019 To 12/31/2019

Contributor			Date (MO. / DAY / YEAR)	Amount
Full Name of Contributor				$ 0
Mailing Address				$ 0
City	State	Zip Code (Plus 4) -		$ 0
Employer of Contributor			Occupation	
Employer Mailing Address/Principal Place of Business			Description of Contribution	
Full Name of Contributor				$ 0
Mailing Address				$ 0
City	State	Zip Code (Plus 4) -		$ 0
Employer of Contributor			Occupation	
Employer Mailing Address/Principal Place of Business			Description of Contribution	
Full Name of Contributor				$ 0
Mailing Address				$ 0
City	State	Zip Code (Plus 4) -		$ 0
Employer of Contributor			Occupation	
Employer Mailing Address/Principal Place of Business			Description of Contribution	
Full Name of Contributor				$ 0
Mailing Address				$ 0
City	State	Zip Code (Plus 4) -		$ 0
Employer of Contributor			Occupation	
Employer Mailing Address/Principal Place of Business			Description of Contribution	
Full Name of Contributor				$ 0
Mailing Address				$ 0
City	State	Zip Code (Plus 4) -		$ 0
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 $ 0

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SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Friends of Cheryl Johnson Watts	From 06/11/2019 To 12/31/2019

To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	Description of Expenditure
Nation Builder	520 S. Grand Ave. 2nd Fl.	Los Angeles	CA	900 -71	09	29	2019	$ 3.50	monthly fee
Nation Builder	520 S. Grand Ave. 2nd Fl	Los Angeles	CA	900 -71	10	28	2019	$ 3.50	monthly fee
Nation Builder	520 S. Grand Ave 2nd fl.	Los Angeles	CA	900 -71	11	28	2019	$ 3.50	monthly fee
Nation Builder	520 S. Grand Ave 2nd fl.	Los Angeles	CA	900 -71	12	28	2019	$ 3.50	Monthly fee
Campaign Committee				–	07	02	2019	$ 54.00	Stationary Supplies
				–				$ 0	
				–				$ 0	
				–				$ 0	

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

PAGE TOTAL $ 68.00

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SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Friends of Cheryl Johnson Watts	From 06/11/2019 To 12/31/2019

To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	Description of Expenditure
Vantiv	8500 Governors Hill Dr.	Symmes Township	OH	452-49	06	11	2019	$ 20.60	processing fee
Nation Builder	520 S. Grand Ave 2nd Fl	Los Angeles	CA	900-71	06	28	2019	$ 35.00	processing / monthly fee
Vantiv	8500 Governors Hill Dr.	Symmes Township	OH	452-49	07	09	2019	$ 1.35	processing fee
Perkins		Allentown	PA	-	07	10	2019	$ 51.16	Campaign committee lunch
Vantiv	8500 Governors Hill Dr.	Symmes Township	OH	452-49	08	09	2019	$ 1.36	processing fee
Nation Builder	520 S. Grand Ave. 2nd Fl	Los Angeles	CA	900-91	07	01	2019	$ 35.00	processing / monthly fee
Nation Builder	520 S. Grand Ave. 2nd FL	Los Angeles	CA	900-91	08	28	2019	$ 35.00	processing fee
Vantiv	8500 Governors Hill Dr.	Symmes Township	OH	452-49	09	10	2019	$ 0.50	processing fee

PAGE TOTAL $ 179.98

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

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	Reporting Period
Friends of Cheryl Johnson Watts	From 06/11/2019 To 12/31/2019

Name of Creditor	Mailing Address	City	State	Zip Code (Plus 4)	Date Debt Incurred (MO. / DAY / YEAR)	Description of Debt	Outstanding Balance of Debt
Cheryl Johnson Watts	1835 W. Tremont St.	Allentown	PA	181-04	11 / 27 / 2017		$ 995.08
				-			$ 0
				-			$ 0
				-			$ 0
				-			$ 0
				-			$ 0

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

PAGE TOTAL $ 995.08

DSEB-502 (7-99)