

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

PAGE 1 OF 2

(COVER PAGE)

(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: | | 1. CANDIDATE | | 2. COMMITTEE <input checked="" type="checkbox"/> | | 3. LOBBYIST | |
| Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Courtney Robinson</i> | | | | | | | | | |
| Street Address: <i>PO Box 9232</i> | | | | | | | | | |
| City: <i>Allentown</i> | | | | State: <i>PA</i> | | Zip Code: <i>18105 - 9232</i> | | | |
| 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 <input checked="" type="checkbox"/> |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY POST ELECTION | 6. | TERMINATION REPORT? | YES | NO <input checked="" type="checkbox"/> |
| | ANNUAL REPORT | 7. <input checked="" type="checkbox"/> | YEAR | <i>2017</i> | | FILING METHOD () CHECK ONE | | PAPER <input checked="" type="checkbox"/> | DISKETTE |
| Name of Office Sought by Candidate: <i>Allentown City Council - 2 year term</i> | | | | | DATE OF ELECTION | | District Number | Office Code | Party Code |
| | | | | | MO. DAY YEAR <i>11 7 2017</i> | | | <i>04h</i> | <i>DEM</i> |
| | | | | | | | | | <i>39</i> |
| | | | | | | | (SEE INSTRUCTIONS FOR CODES) | | |
| Summary of Receipts and Expenditures from: | | MO. DAY YEAR <i>11 28 2017</i> | | | To | | MO. DAY YEAR <i>12 31 2017</i> | | |
| | | | | | | | | | |
| A. Amount Brought Forward From Last Report | | | | | \$ <i>1,951.75</i> — | | | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | | | | | \$ <i>0.00</i> — | | | | |
| C. Total Funds Available (Sum of Lines A and B) | | | | | \$ <i>1,951.75</i> — | | | | |
| D. Total Expenditures (From Schedule III) | | | | | \$ <i>1,183.92</i> — | | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | | | | \$ <i>767.83</i> — | | | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | | | | | \$ <i>0.00</i> — | | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | | | | \$ <i>0.00</i> — | | | | |

FOR OFFICE USE ONLY

RECEIVED
 2018 JAN 31 PM 2:25
 ELECTION BOARD
 OF LEHIGH COUNTY

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

COMMONWEALTH OF PENNSYLVANIA
 day on *20 18*
 NOTARIAL SEAL
 EILEEN AGUILERA
 Notary Public
 Signature
 ALLENTOWN CITY, LEHIGH COUNTY
 My Commission Expires Aug 26, 2020
 MO. DAY YR.

Carmen A. Bell
 Signature of Person Submitting Report
 CARMEN A. BELL
 Printed Name

610 *390-9357*
 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

COMMONWEALTH OF PENNSYLVANIA
 day on *30 18*
 NOTARIAL SEAL
 EILEEN AGUILERA
 Notary Public
 Signature
 ALLENTOWN CITY, LEHIGH COUNTY
 My Commission Expires Aug 26, 2020
 MO. DAY YR.

Courtney G. Robinson
 Signature of Candidate
 Courtney G. Robinson
 Printed Name

484 *951-7066*
 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

SCHEDULE III
STATEMENT OF EXPENDITURES

PAGE 2 OF 2

| | |
|---|---|
| Name of Filing Committee or Candidate <i>Friends of Country Robinson</i> | Reporting Period From <i>11/28/17</i> To <i>12/31/17</i> |
|---|---|

| | | | | | | |
|---|--------------------|-------------------------------------|--|------------------|-------------------|---------------------------------------|
| To Whom Paid <i>Kennedy Printing</i> | | | MO. <i>11</i> | DAY <i>30</i> | YEAR <i>17</i> | Amount <i>\$ 133.92</i> |
| Mailing Address <i>3539 Baltimore Ave.</i> | | | Description of Expenditure <i>Business Cards</i> | | | |
| City <i>Philadelphia</i> | State <i>PA</i> | Zip Code (Plus 4) <i>19143 -</i> | | | | |
| To Whom Paid <i>Shannon Bilger</i> | | | MO. <i>12</i> | DAY <i>15</i> | YEAR <i>17</i> | Amount <i>\$ 650.00/ea</i> |
| Mailing Address <i>4903 Wyoming Ave</i> | | | Description of Expenditure <i>Robo Calls</i> | | | |
| City <i>Harrisburg</i> | State <i>PA</i> | Zip Code (Plus 4) <i>17109 -</i> | | | | |
| To Whom Paid <i>Allentown School District Foundation</i> | | | MO. <i>12</i> | DAY <i>10</i> | YEAR <i>17</i> | Amount <i>\$ 150.00/ea</i> |
| Mailing Address <i>31 South Penn St</i> | | | Description of Expenditure <i>Fundraiser</i> | | | |
| City <i>Allentown</i> | State <i>PA</i> | Zip Code (Plus 4) <i>18102 -</i> | | | | |
| To Whom Paid <i>Susan Wild for Congress</i> | | | MO. <i>12</i> | DAY <i>26</i> | YEAR <i>17</i> | Amount <i>\$ 250.00/ea</i> |
| Mailing Address <i>1636 North Cedar Crest Blvd suite 183</i> | | | Description of Expenditure <i>Campaign Contribution</i> | | | |
| City <i>Allentown</i> | State <i>PA</i> | Zip Code (Plus 4) <i>18104 -</i> | | | | |
| To Whom Paid | | | MO. | DAY | YEAR | Amount <i>\$ 150.00</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
\$ 1,183.92