

DSEB-502 (7-99)

SCHEDULE I  
**CONTRIBUTIONS AND RECEIPTS**

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Detailed Summary Page

Name of Filing Committee or Candidate Friends of Ce-Ce Gerlach	Reporting Period From <u>10/22/2019</u> To <u>11/25/2019</u>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the Reporting Period	(1)	\$ 183.44

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>		
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 200.00
TOTAL for the Reporting Period	(2)	\$ 200

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

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

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 383.44
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**PART B**  
**ALL OTHER CONTRIBUTIONS**

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**\$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 Friends of Ce-Ce Gerlach	Reporting Period From <u>10/22/2019</u> To <u>11/25/2019</u>
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				DATE			AMOUNT
Full Name of Contributor Megan Skinner				MO.	DAY	YEAR	\$ 200
Mailing Address 2929 W. Livingston Street				MO.	DAY	YEAR	\$
City Allentown	State pa	Zip Code (Plus 4) 18102 -		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
<b>PAGE TOTAL</b>							<b>\$ 200</b>

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

**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 Friends of Ce-Ce Gerlach	Reporting Period From <u>10/22/19</u> To <u>11/25/19</u>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ 0

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

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

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ 0
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# SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Ce-Ce Gerlach	Reporting Period From 10/22/2019 To 11/25/2019
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To Whom Paid Office Depot			MO. 11 DAY 26 YEAR 19	Amount \$ 16.36
Mailing Address 480 S. Cedar Crest Blvd			Description of Expenditure cardstock for postcards	
City Allentown	State pa	Zip Code (Plus 4) 18104 -		
To Whom Paid Office Dept			MO. 11 DAY 19 YEAR 19	Amount \$ 22.25
Mailing Address 480 S. Cedar Crest Blvd			Description of Expenditure business cards	
City Allentown	State pa	Zip Code (Plus 4) 18104		
To Whom Paid Cecilia Gerlach			MO. 11 DAY 12 YEAR 19	Amount \$ 96.00
Mailing Address 109 S. 9th Street			Description of Expenditure reimbursement for website	
City Allentown	State pa	Zip Code (Plus 4) 18102 -		
To Whom Paid Cecilia Gerlach			MO. 11 DAY 12 YEAR 19	Amount \$ 47.42
Mailing Address 109 S. 9th street			Description of Expenditure GOTV Expense(food for volunteers, election day needs for poll volunteers)	
City Allentown	State pa	Zip Code (Plus 4) 18102 -		
To Whom Paid Valerie Chambers			MO. 11 DAY 7 YEAR 2019	Amount \$ 286.00
Mailing Address 27 Mantzville Rd			Description of Expenditure Election Night Reimbursement	
City Tamaqua	State pa	Zip Code (Plus 4) 18252 -		
To Whom Paid Weis Markets			MO. 10 DAY 24 YEAR 19	Amount \$ 105.00
Mailing Address 365 S Cedar Crest Blvd			Description of Expenditure Stamps	
City Allentown	State pa	Zip Code (Plus 4) 18104 -		
To Whom Paid Weis Markets			MO. 10 DAY 23 YEAR 19	Amount \$ 1470.00
Mailing Address 365 S. Cedar Crest Blvd			Description of Expenditure stamps	
City Allentown	State pa	Zip Code (Plus 4) 18104 -		
To Whom Paid Cecilia Gerlach			MO. DAY YEAR	Amount \$ 63.48
Mailing Address 109 S. 9th Street			Description of Expenditure reimbursement for freeze pops for 4th July	
City Allentown	State pa	Zip Code (Plus 4) 18102 -		

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

PAGE TOTAL \$ 2,106.51
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**SCHEDULE III**  
**STATEMENT OF EXPENDITURES**

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Name of Filing Committee or Candidate <p style="text-align: center;">Friends of Ce-Ce Gerlach</p>	Reporting Period From <u>10/22/19</u> To <u>11/25/19</u>
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To Whom Paid <p style="text-align: center;">Sania Owens</p>			MO. <p style="text-align: center;">11</p>	DAY <p style="text-align: center;">5</p>	YEAR <p style="text-align: center;">2019</p>	Amount <p style="text-align: center;">\$ 380.00</p>
Mailing Address <p style="text-align: center;">307 S. 16th Street</p>			Description of Expenditure reimbursement for gas and expenses related			
City <p style="text-align: center;">Allentown</p>	State <p style="text-align: center;">pa</p>	Zip Code (Plus 4) <p style="text-align: center;">18102 -</p>	to yard sign prep and canvassing efforts			
To Whom Paid			MO.	DAY	YEAR	Amount <p style="text-align: center;">\$</p>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount <p style="text-align: center;">\$</p>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount <p style="text-align: center;">\$</p>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount <p style="text-align: center;">\$</p>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount <p style="text-align: center;">\$</p>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount <p style="text-align: center;">\$</p>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount <p style="text-align: center;">\$</p>
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**  
**\$ 380.00**



# 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 <i>Friends of G-6 Gervach</i>	Reporting Period From <i>10/22/19</i> To <i>11/25/2019</i>
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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						

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  
\$

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

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Name of Filing Committee or Candidate <p style="text-align: center;">Friends of Ce-Ce Gerlach</p>	Reporting Period From <u>10/22/19</u> To <u>11/25/2019</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
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  
\$



**SCHEDULE II  
PART F  
IN-KIND CONTRIBUTIONS RECEIVED**

**VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate <p align="center">Friends of Ce-Ce Gerlach</p>	Reporting Period From 10/22/19 To 11/25/19
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			DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State Zip Code (Plus 4)						\$
Description of Contribution:						
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State Zip Code (Plus 4)						\$
Description of Contribution:						
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State Zip Code (Plus 4)						\$
Description of Contribution:						
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State Zip Code (Plus 4)						\$
Description of Contribution:						
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State Zip Code (Plus 4)						\$
Description of Contribution:						
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State Zip Code (Plus 4)						\$
Description of Contribution:						
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State Zip Code (Plus 4)						\$
Description of Contribution:						

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

PAGE TOTAL  
\$



**PART D**  
**ALL OTHER CONTRIBUTIONS**

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**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.)**

<b>Name of Filing Committee or Candidate</b> Friends of Ce-Ce Gerlach	<b>Reporting Period</b> From <u>10/22/19</u> To <u>11/25/2019</u>
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				DATE			AMOUNT
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							
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**  
\$

# 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 <div style="text-align: center;">Friends of Ce-Ce Gerlach</div>	Reporting Period From <u>10/22/19</u> To <u>11/25/2019</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		—					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		—					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		—					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		—					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		—					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		—					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		—					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		—					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		—					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		—					

PAGE TOTAL

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

\$

**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 Friends of Ce-Ce Gerlach	Reporting Period From <u>10/22/2019</u> To <u>11/25/2019</u>
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				DATE			AMOUNT
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	\$
		-					

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