

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: <b>CANDIDATE</b>		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST <input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist <b>HYMAN FOR MAYOR</b>							
Street Address <b>727 N. MEADOW STREET</b>							
City <b>ALLENTOWN</b>		State <b>PA</b>		Zip Code <b>18102 -</b>			
TYPE OF REPORT  (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY	<input type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	<input type="checkbox"/>	30 DAY POST PRIMARY	<input checked="" type="checkbox"/>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	8TH TUESDAY PRE-ELECTION	<input type="checkbox"/>	2ND FRIDAY PRE-ELECTION	<input type="checkbox"/>	30 DAY POST ELECTION	<input type="checkbox"/>	TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	ANNUAL REPORT	<input type="checkbox"/>	YEAR	FILING METHOD ( ) CHECK ONE		PAPER	DISKETTE
Name of Office Sought by Candidate <b>MAYOR - CITY OF ALLENTOWN</b>				DATE OF ELECTION MO. DAY YEAR <b>5 16 2017</b>		District Number	Office Code <b>OTH</b>
						Party Code <b>R</b>	County Code <b>39</b>
(SEE INSTRUCTIONS FOR CODES)							

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY	
		<b>5</b>	<b>2</b>	<b>2017</b>		<b>6</b>	<b>5</b>		<b>2017</b>
A. Amount Brought Forward From Last Report	\$							<b>9,324.78</b>	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$							<b>5,200.00</b>	
C. Total Funds Available (Sum of Lines A and B)	\$							<b>14,524.78</b>	
D. Total Expenditures (From Schedule III)	\$							<b>7,743.17</b>	
E. Ending Cash Balance (Subtract Line D from Line C)	\$							<b>6,781.61</b>	
F. Value of In-Kind Contributions Received (From Schedule II)	\$							<b>0.00</b>	
G. Unpaid Debts and Obligations (From Schedule IV)	\$							<b>25,000.00</b>	

**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  
**13<sup>th</sup>** day of **JUNE** 20**17**

*Suzanne T. Miller*  
 Signature

My commission expires **02 25 2021**  
 MO. DAY YR.

*Michael P. Schware*  
 Signature of Person Submitting Report

**MICHAEL P. SCHWARE**  
 Printed Name

**610** **844-4314**  
 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  
**13<sup>th</sup>** day of **JUNE** 20**17**

*Suzanne T. Miller*  
 Signature

My commission expires **02 25 2021**  
 MO. DAY YR.

*Nat L Hyman*  
 Signature of Candidate

**NAT L HYMAN**  
 Printed Name

**610** **433-4114**  
 Area Code Daytime Telephone Number

NOTARIAL SEAL  
 Suzanne T. Miller, Notary Public  
 City of Allentown, Lehigh County  
 My Commission Expires Feb. 25, 2021  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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

SCHEDULE I  
**CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate <p style="text-align: center; font-size: 1.2em;">HYMAN FOR MAYOR</p>	Reporting Period From <u>5/2/17</u> To <u>6/3/17</u>
---	---

<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>		
	TOTAL for the Reporting Period	(1) \$ <u>0.00</u>

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

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$ <u>5,000.00</u>
	TOTAL for the Reporting Period	(3) \$ <u>5,000.00</u>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>		
	TOTAL for the Reporting Period	(4) \$ <u>0.00</u>

<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.)	<b>\$ <u>5,200.00</u></b>
--	---------------------------

**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 <b>Hyman for Mayor</b>	Reporting Period From <u>5/2/17</u> To <u>6/5/17</u>
---	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Francis &amp; Terri Conlin</b>	5	18	17	\$ 200.00
Mailing Address <b>1508 W. Walnut Street, Apt. #2</b>	MO.	DAY	YEAR	
City <b>Allentown PA 18102 -</b>	MO.	DAY	YEAR	
Full Name of Contributor	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	
City	MO.	DAY	YEAR	
Full Name of Contributor	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	
City	MO.	DAY	YEAR	
Full Name of Contributor	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	
City	MO.	DAY	YEAR	
Full Name of Contributor	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	
City	MO.	DAY	YEAR	
Full Name of Contributor	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	
City	MO.	DAY	YEAR	
Full Name of Contributor	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	
City	MO.	DAY	YEAR	
Full Name of Contributor	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	
City	MO.	DAY	YEAR	
Full Name of Contributor	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	
City	MO.	DAY	YEAR	

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

PAGE TOTAL
\$ 200.00

PART D  
**ALL OTHER CONTRIBUTIONS**

**OVER \$250**

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 <b>Hyman for Mayor</b>		Reporting Period From <u>5/2/17</u> To <u>6/5/17</u>		
		<b>DATE</b>		<b>AMOUNT</b>
Full Name of Contributor <b>Robert J. Bennett</b>		MO. <b>6</b>	DAY <b>2</b>	YEAR <b>17</b>
Mailing Address <b>970 N. 38th Street</b>		MO.	DAY	YEAR
City <b>Allentown</b> State <b>PA</b> Zip Code (Plus 4) <b>18104 -</b>		MO.	DAY	YEAR
Employer Name <b>Bennett Toyota</b>		Occupation <b>Business owner</b>		
Employer Mailing Address/Principal Place of Business <b>1951 Lehigh Street, Allentown, PA 18103</b>				
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				

<b>Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.</b>	<b>PAGE TOTAL</b>
	<b>\$ 5,000.00</b>

# Statement of Expenditures

Name of Filing Committee or Candidate <b>Hyman for Mayor</b>	Reporting Period From <u>5/2/17</u> To <u>6/5/17</u>
---	---

	DATE			AMOUNT
	MO.	DAY	YEAR	
To Whom Paid <b>Communication Concepts</b>	<b>5</b>	<b>3</b>	<b>17</b>	<b>\$ 2,120.76</b>
Mailing Address <b>2906 William Penn Hwy, Suite 401</b>	Description of Expenditure <b>Mailer: Design, Print &amp;</b>			
City <b>Easton PA 18045 -</b>	Postage; Robocall			
To Whom Paid <b>Communication Concepts</b>	<b>5</b>	<b>9</b>	<b>17</b>	<b>\$ 1,920.76</b>
Mailing Address <b>2906 William Penn Hwy, Suite 401</b>	Description of Expenditure <b>Mailer: Design, Print &amp;</b>			
City <b>Easton PA 18045 -</b>	Postage			
To Whom Paid <b>Gary Birks</b>	<b>5</b>	<b>15</b>	<b>17</b>	<b>\$ 1,000.00</b>
Mailing Address <b>1148 Howertown Road</b>	Description of Expenditure <b>Campaign services</b>			
City <b>Catasauqua PA 18032 -</b>				
To Whom Paid <b>Communication Concepts</b>	<b>5</b>	<b>18</b>	<b>17</b>	<b>\$ 1,600.00</b>
Mailing Address <b>2906 William Penn Hwy, Suite 401</b>	Description of Expenditure <b>Polling &amp; robocall</b>			
City <b>Easton PA 18045 -</b>				
To Whom Paid <b>Trevor Waldron</b>	<b>5</b>	<b>24</b>	<b>17</b>	<b>\$ 101.65</b>
Mailing Address <b>1902 Woods Hollow Lane</b>	Description of Expenditure <b>Expense reimbursement -</b>			
City <b>Allentown PA 18103 -</b>	Gas			
To Whom Paid <b>Paige McFarland</b>	<b>6</b>	<b>2</b>	<b>17</b>	<b>\$ 1,000.00</b>
Mailing Address <b>5010 Elmhurst Drive</b>	Description of Expenditure <b>Campaign services</b>			
City <b>Schnecksville PA 18078 -</b>				
To Whom Paid	MO.	DAY	YEAR	
Mailing Address	Description of Expenditure			
City	State Zip Code (Plus 4)			
To Whom Paid	MO.	DAY	YEAR	
Mailing Address	Description of Expenditure			
City	State Zip Code (Plus 4)			

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

PAGE TOTAL
<b>\$ 7,743.17</b>

# 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 <b>Hyman for Mayor</b>	Reporting Period From <u>5/2/17</u> To <u>6/5/17</u>
---	---

Name of Creditor <b>Nat Hyman</b>					Outstanding Balance of Debt \$ 25,000.00
Mailing Address <b>c/o 727 N. Meadow Street</b>		DATE DEBT INCURRED	MO. <b>2</b>	DAY <b>17</b>	YEAR <b>17</b>
City <b>Allentown</b>		State <b>PA</b>	Zip Code (Plus 4) <b>18102</b>		
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 \$ 25,000.00
---	----------------------------