

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only* if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE ¹	COMMITTEE ² <input checked="" type="checkbox"/>	LOBBYIST ³													
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Friends of Mary Ellen Koval																		
STREET ADDRESS 523 N. Carlisle St.																		
CITY Allentown		STATE PA	ZIP CODE 18109 - 2135															
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION													
	6TH TUESDAY PRE-PRIMARY 1.		NA	Dem	MO.	DAY YEAR												
	2ND FRIDAY PRE-PRIMARY 2.				11	08 2016												
	30 DAY POST-PRIMARY 3.				FOR OFFICE USE ONLY													
	6TH TUESDAY PRE-ELECTION 4.	DATES OF REPORTING PERIOD																
	2ND FRIDAY PRE-ELECTION 5.	<table border="1"> <tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr> <tr><td>01</td><td>01</td><td>2018</td></tr> </table> TO <table border="1"> <tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr> <tr><td>12</td><td>31</td><td>2018</td></tr> </table>		MO.	DAY	YEAR	01	01	2018	MO.	DAY	YEAR	12	31	2018			
	MO.	DAY	YEAR															
01	01	2018																
MO.	DAY	YEAR																
12	31	2018																
30 DAY POST-ELECTION 6.	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>6572.37</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>																	
ANNUAL REPORT 7. <input checked="" type="checkbox"/>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																	

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 24th DAY OF January 2019

Cynthia S. Frisch
 SIGNATURE

Paul Balascki
 SIGNATURE OF PERSON SUBMITTING REPORT

Paul Balascki
 PRINTED NAME

MY COMMISSION EXPIRES

NOTARIAL SEAL
 Cynthia S. Frisch, Notary Public
 Hanover Twp., Lehigh County
 My Commission Expires April 29, 2020
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

610 262-9710
 AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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
 24th DAY OF January 2019

Cynthia S. Frisch
 SIGNATURE

M.E. Koval
 SIGNATURE OF CANDIDATE

M E Koval
 PRINTED NAME

MY COMMISSION EXPIRES

NOTARIAL SEAL
 Cynthia S. Frisch, Notary Public
 Hanover Twp., Lehigh County
 My Commission Expires April 29, 2020
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

610 432-7932
 AREA CODE DAYTIME TELEPHONE NUMBER