

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 <input checked="" type="checkbox"/>		2. COMMITTEE <input type="checkbox"/>		3. LOBBYIST <input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist: JOHN ROSARIO									
Street Address: 3701 Allen Street									
City: Allentown				State: PA		Zip Code: 18104			
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.
	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDAY PRE-ELECTION		5.	30 DAY POST-ELECTION		6.
	ANNUAL REPORT		7.	YEAR				FILING METHOD () CHECK ONE	
								PAPER <input type="checkbox"/> DISKETTE <input type="checkbox"/>	
Name of Office Sought by Candidate: Allentown City Council						DATE OF ELECTION MO. DAY YEAR 05 21 2019		District Number Office Code Party Code County Code (SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:						MO. DAY YEAR 05 06 2019		To MO. DAY YEAR 06 20 2019	
A. Amount Brought Forward From Last Report						\$ 0.00			
B. Total Monetary Contributions and Receipts (From Schedule I)						\$			
C. Total Funds Available (Sum of Lines A and B)						\$			
D. Total Expenditures (From Schedule III)						\$			
E. Ending Cash Balance (Subtract Line D from Line C)						\$			
F. Value of In-Kind Contributions Received (From Schedule II)						\$			
G. Unpaid Debts and Obligations (From Schedule IV)						\$ 0.00			

RECEIVED
2019 JUN 25 PM 12:53
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

_____ day of _____ 20__

Signature _____

My commission expires MO. DAY YR. _____

Signature of Person Submitting Report _____

Printed Name _____

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

20th day of June 2019

Notary Seal
Commonwealth of Pennsylvania - Notary Seal
Nancy G. Moreno, Notary Public
Lehigh County

My commission expires July 23, 2022
Commission number 1004768

Signature of Candidate _____

JOHN ROSARIO

Printed Name _____

484

Area Code _____

735-2688

Daytime Telephone Number _____

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate

Reporting Period

JOHN ROSARIOFrom 05-06-2019 To 06-20-2019

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			\$
City	State			Zip Code (Plus 4)
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			\$
City	State			Zip Code (Plus 4)
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			\$
City	State			Zip Code (Plus 4)
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			\$
City	State			Zip Code (Plus 4)
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			\$
City	State			Zip Code (Plus 4)
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			\$
City	State			Zip Code (Plus 4)
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			\$
City	State			Zip Code (Plus 4)
To Whom Paid	MO.	DAY	YEAR	Amount
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

\$ 0.00