

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

PAGE 1 OF

(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 ☐		3. LOBBYIST ☐		
Name of Filing Committee, Candidate or Lobbyist SOLOMON TEMBO FOR MAYOR										
Street Address 1630 W HAMILTON STREET										
City ALLENTOWN				State PA		Zip Code 18101				
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	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	YES	NO	
	ANNUAL REPORT	7.	YEAR		FILING METHOD CHECK ONE		PAPER	DISKETTE		
Name of Office Sought by Candidate MAYOR					DATE OF ELECTION MO. DAY YEAR 11 07 2017		District Number	Office Code	Party Code	County Code
Summary of Receipts and Expenditures from:					MO. DAY YEAR 09 01 2017		MO. DAY YEAR 10 23 2017		TO	
A. Amount Brought Forward From Last Report					\$		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)					\$					

RECEIVED
2017 OCT 27 PM 4:01
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

27 day of **October** 20**17**

Signature of Person Submitting Report
Nicole N Tembo

My commission expires **February 12 2020**
MO. DAY YR.

Signature of Person Submitting Report
Nicole N Tembo
Printed Name
484 550 1640 484 550 1640
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

27th day of **OCTOBER** 20**17**

Signature of Candidate
SOLOMON TEMBO

My commission expires **27 78**
MO. DAY YR.

Signature of Candidate
SOLOMON TEMBO
Printed Name
484 951 4091
Area Code Daytime Telephone Number

Board of Elections of Lehigh County
Lehigh County Government Center
17 S. 7th St.
Allentown, PA 18101-2400

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Hayden Soto, Notary Public
City of Allentown, Lehigh County
My Commission Expires Feb. 12, 2020

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS

PAGE 2 OF _____

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period From <u>09-01-17</u> To <u>10-26-17</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <u>1060.00</u>

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

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

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

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ <u>1060.00</u>
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OF

Name of Filing Committee or Candidate		Reporting Period		DATE		AMOUNT	
		From	To				
ALLEN T. HEDIC		09-01-17	10-31-17				
Full Name of Contributor	8200 KENDAL AVE APT 13	MO.	DAY	YEAR			
Mailing Address		MO.	DAY	YEAR			
City	PHILADELPHIA	MO.	DAY	YEAR			
Full Name of Contributor	9128-	MO.	DAY	YEAR			
Full Name of Contributor	APRON PUNJILL	MO.	DAY	YEAR			
Mailing Address	615 EGDON STREET	MO.	DAY	YEAR			
City	ALLENSTOWN	MO.	DAY	YEAR			
Full Name of Contributor	ALLENSTOWN	MO.	DAY	YEAR			
Full Name of Contributor	NICOLE TEMBO	MO.	DAY	YEAR			
Mailing Address	925 W CUMBERLAND STREET	MO.	DAY	YEAR			
City	ALLENSTOWN	MO.	DAY	YEAR			
Full Name of Contributor	ALLENSTOWN	MO.	DAY	YEAR			
Full Name of Contributor	MAKAEU-54	MO.	DAY	YEAR			
Mailing Address	142 CHARTER ST	MO.	DAY	YEAR			
City	MAKAEU-54	MO.	DAY	YEAR			
Full Name of Contributor	MAKAEU-54	MO.	DAY	YEAR			
Full Name of Contributor	MAKAEU-54	MO.	DAY	YEAR			
Mailing Address	MAKAEU-54	MO.	DAY	YEAR			
City	MAKAEU-54	MO.	DAY	YEAR			
Full Name of Contributor	MAKAEU-54	MO.	DAY	YEAR			
Full Name of Contributor	MAKAEU-54	MO.	DAY	YEAR			
Mailing Address	MAKAEU-54	MO.	DAY	YEAR			
City	MAKAEU-54	MO.	DAY	YEAR			
Full Name of Contributor	MAKAEU-54	MO.	DAY	YEAR			
Full Name of Contributor	MAKAEU-54	MO.	DAY	YEAR			
Mailing Address	MAKAEU-54	MO.	DAY	YEAR			
City	MAKAEU-54	MO.	DAY	YEAR			
Full Name of Contributor	MAKAEU-54	MO.	DAY	YEAR			
Full Name of Contributor	MAKAEU-54	MO.	DAY	YEAR			
Mailing Address	MAKAEU-54	MO.	DAY	YEAR			
City	MAKAEU-54	MO.	DAY	YEAR			
Full Name of Contributor	MAKAEU-54	MO.	DAY	YEAR			
Full Name of Contributor	MAKAEU-54	MO.	DAY	YEAR			
Mailing Address	MAKAEU-54	MO.	DAY	YEAR			
City	MAKAEU-54	MO.	DAY	YEAR			
Full Name of Contributor	MAKAEU-54	MO.	DAY	YEAR			
Full Name of Contributor	MAKAEU-54	MO.	DAY	YEAR			
Mailing Address	MAKAEU-54	MO.	DAY	YEAR			
City	MAKAEU-54	MO.	DAY	YEAR			
Full Name of Contributor	MAKAEU-54	MO.	DAY	YEAR			
Full Name of Contributor	MAKAEU-54	MO.	DAY	YEAR			
Mailing Address	MAKAEU-54	MO.	DAY	YEAR			
City	MAKAEU-54	MO.	DAY	YEAR			
Full Name of Contributor	MAKAEU-54	MO.	DAY	YEAR			
Full Name of Contributor	MAKAEU-54	MO.	DAY	YEAR			
Mailing Address	MAKAEU-54	MO.	DAY	YEAR			
City	MAKAEU-54	MO.	DAY	YEAR			
Full Name of Contributor	MAKAEU-54	MO.	DAY	YEAR			
Full Name of Contributor	MAKAEU-54	MO.	DAY	YEAR			
Mailing Address	MAKAEU-54	MO.	DAY	YEAR			
City	MAKAEU-54	MO.	DAY	YEAR			
Full Name of Contributor	MAKAEU-54	MO.	DAY	YEAR			
Full Name of Contributor	MAKAEU-54	MO.	DAY	YEAR			
Mailing Address	MAKAEU-54	MO.	DAY	YEAR			
City	MAKAEU-54	MO.	DAY	YEAR			
Full Name of Contributor	MAKAEU-54	MO.	DAY	YEAR			
Full Name of Contributor	MAKAEU-54	MO.	DAY	YEAR			
Mailing Address	MAKAEU-54	MO.	DAY	YEAR			
City	MAKAEU-54	MO.	DAY	YEAR			
Full Name of Contributor	MAKAEU-54	MO.	DAY	YEAR			
Full Name of Contributor	MAKAEU-54	MO.	DAY				

PART D
ALL OTHER CONTRIBUTIONS

PAGE _____ OF _____

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.)

Name of Filing Committee or Candidate SOLOMON TEMBO	Reporting Period From _____ To _____
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
MELISSA KELLY				\$
Mailing Address 2060 WESTGATE DRIVE APT 611				\$
City BEHLEHEM	State PA	Zip Code (Plus 4) 18107		\$ 100.00
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

MARTIN MUNGATE				\$
Mailing Address 62 CHARLES ST				\$
City BRACUT	State MA	Zip Code (Plus 4) 01826		\$ 120.00
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

BERNARD OGUCHE				\$
Mailing Address 1641 LINSEN STREET				\$
City ALBETOWN	State PA	Zip Code (Plus 4) 18101		\$ 100.00
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

ESTHER LEMAYANI				\$
Mailing Address 114 FOAL CT				\$
City LANCASTER	State PA	Zip Code (Plus 4) 17602		\$ 100.00
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

DIANA TEMBO				\$
Mailing Address 925 W CUMBERLAND ST				\$
City ALBETOWN	State PA	Zip Code (Plus 4) 18103		\$ 100.00
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
\$ 520.00

PART B
ALL OTHER CONTRIBUTIONS

PAGE _____ OF _____

\$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		Reporting Period	
Solomon Tembo		From 09/01/17 To 10/24/17	

Full Name of Contributor			DATE			AMOUNT
SHAKESPEARE CHIKUKWA			MO.	DAY	YEAR	\$
3A. TUSSEWOOD DRIVE			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$ 150.00
CALGARY AB						
	AB	T3L0A9				
ROBERT MBILI			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City			MO.	DAY	YEAR	\$
State			MO.	DAY	YEAR	\$ 100.00
Zip Code (Plus 4)						
C...						
LUCY TEMBO			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City			MO.	DAY	YEAR	\$
State			MO.	DAY	YEAR	\$ 100.00
Zip Code (Plus 4)						
LEEDS UK LS25 1AF						
LUCY ONDIEKI			MO.	DAY	YEAR	\$
M.			MO.	DAY	YEAR	\$
City			MO.	DAY	YEAR	\$ 100.00
State						
Zip Code (Plus 4)						
CAROL E PETER NDACHI			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City			MO.	DAY	YEAR	\$ 100.00
State						
Zip Code (Plus 4)						
3842 CHESTER DRIVE MACHUNGIE PA 18062						
LEONARD ODHIAMBO			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City			MO.	DAY	YEAR	\$ 100.00
State						
Zip Code (Plus 4)						
1339 N 15th STREET APT M18 ALLESTOWN WHITSHAW PA 18052						
MURIEL NCUBE			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City			MO.	DAY	YEAR	\$ 150.00
State						
Zip Code (Plus 4)						
43508 BLACKSMITH SQ ASHBURN VA 20147						
EUNICE JUMA			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City			MO.	DAY	YEAR	\$
State			MO.	DAY	YEAR	\$ 70.00
Zip Code (Plus 4)						

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

DSEB-502 (7-99)

PAGE TOTAL

\$ 870.00

PART B

PAGE OF

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 Solomon Tembo	Reporting Period From 09/01/17 To 10/26/17
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[illegible]

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	Reporting Period From <u>10/01/17</u> To <u>10/26/17</u>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
MR CRISPEN MASUKE VIDEO COVERAGE	TOTAL for the Reporting Period (2) \$ 250.00

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

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ 250.00
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SCHEDULE III
STATEMENT OF EXPENDITURES

PAGE _____ OF _____

Name of Filing Committee or Candidate	Reporting Period From <u>09-01-17</u> To <u>10-26-17</u>
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To Whom Paid <u>ELIGERO NEWSPAPER</u>	MO.	DAY	YEAR	Amount \$ <u>250.00</u>
Mailing Address <u>505 N 7th St</u>		Description of Expenditure		
City <u>ALLENTOWN</u>	State <u>PA.</u>	Zip Code (Plus 4) <u>18102</u>		
To Whom Paid <u>LARAZEN NEWSPAPER</u>	MO.	DAY	YEAR	Amount \$ <u>300.00</u>
Mailing Address <u>P.O. Box 1303</u>		Description of Expenditure		
City <u>ALLENTOWN PA.</u>	State <u>PA.</u>	Zip Code (Plus 4) <u>18105</u>		
To Whom Paid <u>BEAVER NYAMUKORA</u>	MO.	DAY	YEAR	Amount \$ <u>2760.00</u>
Mailing Address <u>37 SEABURY ST #1</u>		Description of Expenditure <u>DESIGN YARD SIGNS,</u>		
City <u>NEWARK NJ 07104</u>	State <u>NJ</u>	Zip Code (Plus 4) <u>07104</u>		<u>BUSINESS CARDS, FLYERS, BANNER</u>
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)		

Permalink

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

PAGE TOTAL
\$ 3310.00