

(COVER PAGE)

File Identification Number:		Report Filed By:		CANDIDATE		COMMITTEE		LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: JOHN ROSARIO FOR City Council									
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.	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: 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:				FOR OFFICE USE ONLY			
MO. DAY YEAR 01 02 2019				To MO. DAY YEAR 05 06 2019			
A. Amount Brought Forward From Last Report				\$ 0.00			
B. Total Monetary Contributions and Receipts (From Schedule I)				\$ 2,175.00			
C. Total Funds Available (Sum of Lines A and B)				\$ 2,175.00			
D. Total Expenditures (From Schedule III)				\$ 1,589.95			
E. Ending Cash Balance (Subtract Line D from Line C)				\$ 585.05			
F. Value of In-Kind Contributions Received (From Schedule II)				\$ 0.00			
G. Unpaid Debts and Obligations (From Schedule IV)				\$ 0.00			

PART 1 - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

10th day of May 20 19
Signature

My commission expires _____
MO. DAY YR.

Brian K Bailey
Printed Name

484
Area Code

357.8559
Daytime Telephone Number

PART II — If this is a report of a Candidate's Authorized Committee, candidate shall sign here:

10TH day of MAY 20 19
Signature

My commission expires _____
MO. DAY YR.

JOHN ROSARIO
Printed Name

484
Area Code

735-2688
Daytime Telephone Number

D5EB-502 (7-99)

PART D
ALL OTHER CONTRIBUTIONS

PAGE 2 OF 12

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 JOHN ROSARIO for City Council	Reporting Period From 01-02-2019 To 05-06-2019
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				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				
ROSE CARAS	03	24	2019				\$ 250.00
Mailing Address 1552 HIDDEN VALLEY RD.				MO.	DAY	YEAR	\$
City ALLENTOWN	State PA	Zip Code (Plus 4) 18103 - 9784		MO.	DAY	YEAR	\$
Employer Name STORTZ + Associates				Occupation			
Employer Mailing Address/Principal Place of Business 3775 CHESTNUT STREET EMMANUS PA. 18049							
BRIAN R. BAILEY	04	30	2019				\$ 250.00
Mailing Address 4450 CREEK RD.				MO.	DAY	YEAR	\$
City ALLENTOWN	State PA	Zip Code (Plus 4) 18104 -		MO.	DAY	YEAR	\$
Employer Name HOMETOWN REALTY PARTNERS				Occupation REAL ESTATE			
Employer Mailing Address/Principal Place of Business 611 N. 7th STREET ALLENTOWN PA. 18102							
GREGG D. SCHUBACH	04	03	2019				\$ 500.00
Mailing Address 4166 FAWN TRAIL RD.				MO.	DAY	YEAR	\$
City ALLENTOWN	State PA	Zip Code (Plus 4) 18104 - 2024		MO.	DAY	YEAR	\$
Employer Name LEHIGH VALLEY HOSPITAL				Occupation DOCTOR			
Employer Mailing Address/Principal Place of Business CEDAR CREST BLVD. ALLENTOWN PA. 18104							
JENNIFER MILLER	03	21	2019				\$ 500.00
Mailing Address 162 SPRING WOOD DR.				MO.	DAY	YEAR	\$
City ALLENTOWN	State PA	Zip Code (Plus 4) 18104 -		MO.	DAY	YEAR	\$
Employer Name MACY'S				Occupation			
Employer Mailing Address/Principal Place of Business LEHIGH VALLEY MALL							
							\$
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
\$1,500.00

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	Reporting Period From <u>01-02-2019</u> To <u>05-06-2019</u>
---------------------------------------	---

				DATE			AMOUNT
Full Name of Contributor <u>Hussni YACOB</u>				MO.	DAY	YEAR	\$ 50.00
Mailing Address <u>1918 Bellview DR.</u>				MO.	DAY	YEAR	\$
City <u>WHITEHALL</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18052 -</u>		MO.	DAY	YEAR	\$
Full Name of Contributor <u>TOMAS J. ROSARIO</u>				MO.	DAY	YEAR	\$ 50.00
Mailing Address <u>1317 E. WOODLAWN ST.</u>				MO.	DAY	YEAR	\$
City <u>ALLENTOWN</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18109-3468</u>		MO.	DAY	YEAR	\$
Full Name of Contributor <u>Lewis EDWARDS</u>				MO.	DAY	YEAR	\$ 50.00
Mailing Address <u>142 Jeffrey Lane</u>				MO.	DAY	YEAR	\$
City <u>NORTHAMPTON</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18067-1057</u>		MO.	DAY	YEAR	\$
Full Name of Contributor <u>DAVID J. FIORILLO</u>				MO.	DAY	YEAR	\$ 75.00
Mailing Address <u>6805 Roberts RD.</u>				MO.	DAY	YEAR	\$
City <u>COOPERSBURG</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18036 -</u>		MO.	DAY	YEAR	\$
Full Name of Contributor <u>Daniel J. Roziel</u>				MO.	DAY	YEAR	\$ 100.00
Mailing Address <u>322 N. 5TH STREET</u>				MO.	DAY	YEAR	\$
City <u>EMMAUS</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18049 -</u>		MO.	DAY	YEAR	\$
Full Name of Contributor <u>ARCADIO FRANCISCO</u>				MO.	DAY	YEAR	\$ 100.00
Mailing Address <u>1535 W. FAIRMONT STREET</u>				MO.	DAY	YEAR	\$
City <u>ALLENTOWN</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18102 -</u>		MO.	DAY	YEAR	\$
Full Name of Contributor <u>RAYMUNDO ROSARIO</u>				MO.	DAY	YEAR	\$ 100.00
Mailing Address <u>2 MARYLAND CIRCLE</u>				MO.	DAY	YEAR	\$
City <u>WHITEHALL</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18052 -</u>		MO.	DAY	YEAR	\$
Full Name of Contributor <u>RADWAN SARROUS</u>				MO.	DAY	YEAR	\$ 50.00
Mailing Address <u>6483 KERNSVILLE RD.</u>				MO.	DAY	YEAR	\$
City <u>Orefield</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18069 -</u>		MO.	DAY	YEAR	\$

PAGE TOTAL

\$ 575.00

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

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				Reporting Period			DATE			AMOUNT
				From 01-02-2019 To 05-06-2019			MO.	DAY	YEAR	
Full Name of Contributor HUSNI YACOUB				MO.	DAY	YEAR	03	24	2019	\$ 50.00
Mailing Address				MO.	DAY	YEAR				\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR				\$
				MO.	DAY	YEAR				\$
Full Name of Contributor MERUSAN ZAITER				MO.	DAY	YEAR				\$ 50.00
Mailing Address				MO.	DAY	YEAR				\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR				\$
				MO.	DAY	YEAR				\$
Full Name of Contributor				MO.	DAY	YEAR				\$
Mailing Address				MO.	DAY	YEAR				\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR				\$
				MO.	DAY	YEAR				\$
Full Name of Contributor				MO.	DAY	YEAR				\$
Mailing Address				MO.	DAY	YEAR				\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR				\$
				MO.	DAY	YEAR				\$
Full Name of Contributor				MO.	DAY	YEAR				\$
Mailing Address				MO.	DAY	YEAR				\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR				\$
				MO.	DAY	YEAR				\$
Full Name of Contributor				MO.	DAY	YEAR				\$
Mailing Address				MO.	DAY	YEAR				\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR				\$
				MO.	DAY	YEAR				\$
Full Name of Contributor				MO.	DAY	YEAR				\$
Mailing Address				MO.	DAY	YEAR				\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR				\$
				MO.	DAY	YEAR				\$
Full Name of Contributor				MO.	DAY	YEAR				\$
Mailing Address				MO.	DAY	YEAR				\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR				\$
				MO.	DAY	YEAR				\$

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

PAGE TOTAL

\$ 100.00

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	Reporting Period From 01-02-2019 To 05-06-2019
---------------------------------------	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$ 0.00
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)					\$
		-					

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

PAGE TOTAL
\$ 19.00

**PART E
OTHER RECEIPTS**

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REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate	Reporting Period From <u>01-02-2019</u> To <u>05-06-2019</u>
---------------------------------------	---

Full Name							Amount
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		\$ <u>0.00</u>
Receipt Description							
Full Name							Amount
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		\$ <u>0.00</u>
Receipt Description							
Full Name							Amount
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		\$ <u>0.00</u>
Receipt Description							
Full Name							Amount
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		\$ <u>0.00</u>
Receipt Description							
Full Name							Amount
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		\$ <u>0.00</u>
Receipt Description							
Full Name							Amount
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		\$ <u>0.00</u>
Receipt Description							

PAGE TOTAL
\$ 0.00

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

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>01-02-2019</u> To <u>05-06-2019</u>
---------------------------------------	---

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period	(1)	\$ <u>0.00</u>
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2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the Reporting Period	(2)	\$ <u>0.00</u>
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3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)

TOTAL for the Reporting Period	(3)	\$ <u>0.00</u>
--------------------------------	-----	----------------

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.)	\$ <u>0.00</u>
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**SCHEDULE II
PART F**

PAGE 8 OF 12

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From <u>04-01-2019</u> To <u>05-06-2019</u>
---------------------------------------	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$ <u>0.00</u>
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	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
\$ 0.00

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

PAGE 9 OF 12

Name of Filing Committee or Candidate	Reporting Period From <u>01-02-2019</u> To <u>05-06-2019</u>
---------------------------------------	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$ <u>0.00</u>
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
\$ 0.00

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 <u>JOHN ROSARIO for City Council</u>	Reporting Period From <u>01-02-2019</u> To <u>05-06-2019</u>
---	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$ 0.00
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee							\$
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

\$ 0.00

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate JOHN ROSARIO for City Council	Reporting Period From 0-02-2019 To 5/06/2019
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To Whom Paid	MO	DAY	YEAR	Amount
AllegRA PRINTING	04	02	2019	\$1,589.85
Mailing Address 709 Robble RD.	Description of Expenditure PRINTING Campaign Materials			
City Albentown	State PA	Zip Code (Plus 4) 18109 -		
To Whom Paid	MO	DAY	YEAR	Amount
				\$0.00
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO	DAY	YEAR	Amount
				\$0.00
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO	DAY	YEAR	Amount
				\$0.00
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO	DAY	YEAR	Amount
				\$0.00
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO	DAY	YEAR	Amount
				\$0.00
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO	DAY	YEAR	Amount
				\$0.00
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		
To Whom Paid	MO	DAY	YEAR	Amount
				\$0.00
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 \$1,589.85

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	Reporting Period From <u>01-02-2019</u> To <u>05-06-2019</u>
---------------------------------------	---

Name of Creditor					Outstanding Balance of Debt \$ <u>0.00</u>	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$ <u>0.00</u>	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$ <u>0.00</u>	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$ <u>0.00</u>	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$ <u>0.00</u>	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$ <u>0.00</u>	
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

\$ 0.00