

CAMPAIGN FINANCE REPORT

PAGE 1 OF 12
(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: ▶		CANDIDATE ¹		COMMITTEE ² <input checked="" type="checkbox"/>		LOBBYIST ³		
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:					DATE OF ELECTION		District Number	Office Code	Party Code	
ALLENTOWN City Council					MO. DAY YEAR 5 21 2019					
Summary of Receipts and Expenditures from: ▶					MO. DAY YEAR 05 06 2019		MO. DAY YEAR 06 20 2019		FOR OFFICE USE ONLY	
A. Amount Brought Forward From Last Report					\$ 585.05		<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED JUN 25 PM 12:53 ELECTION BOARD LEHIGH COUNTY </div>			
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ 1,000.00					
C. Total Funds Available (Sum of Lines A and B)					\$ 1,585.05					
D. Total Expenditures (From Schedule III)					\$ 1,202.18					
E. Ending Cash Balance (Subtract Line D from Line C)					\$ 382.87					
F. Value of In-Kind Contributions Received (From Schedule II)					\$ 0.00					
G. Unpaid Debts and Obligations (From Schedule IV)					\$ 0.00					

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

20th day of June 2019

Commonwealth of Pennsylvania - Notary Seal
Nancy G. Moreno, Notary Public
Lehigh County
My commission expires July 23, 2022
My commission number 1804768
Member, Pennsylvania Association of Notaries

Brian K. Bailey
Signature of Person Submitting Report
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.

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

Commonwealth of Pennsylvania - Notary Seal
Nancy G. Moreno, Notary Public
Lehigh County
My commission expires July 23, 2022
My commission number 1804768
Member, Pennsylvania Association of Notaries

JOHN ROSARIO
Signature of Candidate
Printed Name
484 Area Code
735-2688 Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS**Detailed Summary Page**

Name of Filing Committee or Candidate JOHN ROSARIO for City Council	Reporting Period From 05-06-2019 To 06-20-2019
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ 0.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$
TOTAL for the Reporting Period	(2) \$ 0.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$
TOTAL for the Reporting Period	(3) \$ 0.00

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

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.)	\$ 0.00
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PART B
ALL OTHER CONTRIBUTIONS

PAGE 4 OF 12

\$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 JOHN ROSARIO FOR CITY COUNCIL	Reporting Period From 05-06-2015 To 06-30-2019
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			DATE			AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
						\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
						\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
						\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
						\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
						\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
						\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
						\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
						\$

PAGE TOTAL

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

\$ 0.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

DSEB-502 (7-99)

PART D
ALL OTHER CONTRIBUTIONS

PAGE 6 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 05-06-2019 To 06-30-2019
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				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				
ROBERT Lebus	05	13	2019				\$ 1,000.00
Mailing Address 4420 KATHYN DR.	MO.	DAY	YEAR				\$
City WALNUT PORT	MO.	DAY	YEAR				\$
State PA	Zip Code (Plus 4) 18088-0000						\$
Employer Name Unishippers Inc.	Occupation						
Employer Mailing Address/Principal Place of Business 65 E. Elizabeth Ave. Bethlehem PA 18018							
Full Name of Contributor	MO.	DAY	YEAR				\$ 0.00
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$ 0.00
State	Zip Code (Plus 4)						\$
Employer Name	Occupation						
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor	MO.	DAY	YEAR				\$ 0.00
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$ 0.00
State	Zip Code (Plus 4)						\$
Employer Name	Occupation						
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor	MO.	DAY	YEAR				\$ 0.00
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$ 0.00
State	Zip Code (Plus 4)						\$
Employer Name	Occupation						
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor	MO.	DAY	YEAR				\$ 0.00
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$ 0.00
State	Zip Code (Plus 4)						\$
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
\$ 1,000.00

**PART E
OTHER RECEIPTS**

PAGE 7 OF 12

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 <u>JOHN ROSARIO for City Council</u>	Reporting Period From <u>05-06-2015</u> To <u>06-20-2015</u>
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Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
						\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
						\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
						\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
						\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
						\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
						\$
Receipt Description						

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

PAGE TOTAL

\$ 0.00

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 JOHN ROSARIO for City Council	Reporting Period From 05-06-2019 To 06-20-2019
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00

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

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

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.)	\$ 0.00
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SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED

PAGE 9 OF 12

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <u>JOHN ROSARIO for City Council</u>	Reporting Period From <u>05-06-2019</u> To <u>06-30-2019</u>
---	---

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
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 10 OF 12

Name of Filing Committee or Candidate <u>JOHN ROSARIO for City Council</u>	Reporting Period From <u>05-06-2019</u> To <u>06-20-2019</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
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			
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

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 John Rosario for City Council	Reporting Period From 05-06-2019 To 06-20-2019
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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						
---------------------	--	--	--	--	--	--

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

Description of Debt						
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Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL

\$ 0.00