

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

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
 28th DAY OF January 2020
 Signature: *K. Brown*
 MY COMMISSION EXPIRES _____

SIGNATURE OF PERSON SUBMITTING REPORT
M.E. Koval
 PRINTED NAME: ME Koval
 AREA CODE: 610 DAYTIME TELEPHONE NUMBER: 432-7932

Kimberly A. Brown, Notary Public
 Lehigh County
 My commission expires December 5, 2023
 Commission number 1151216
 Member, Pennsylvania Association of Notaries

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
 _____ DAY OF _____ 20____
 SIGNATURE
 MY COMMISSION EXPIRES _____ MO. DAY YR.

SIGNATURE OF CANDIDATE
 PRINTED NAME
 AREA CODE DAYTIME TELEPHONE NUMBER