

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:	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST <input checked="" type="checkbox"/>																			
Name of Filing Committee, Candidate or Lobbyist: Friends of Tim Raus																								
Street Address: 1408 W Linden St																								
City: Allentown State: PA Zip Code: 18102																								
TYPE OF REPORT (place X to the right of report type)	<input type="checkbox"/> 8TH TUESDAY PRE-PRIMARY	1.	<input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY	2.	<input type="checkbox"/> 30 DAY POST PRIMARY	3.	<input checked="" type="checkbox"/> AMENDMENT REPORT	YES	NO															
	<input type="checkbox"/> 8TH TUESDAY PRE-ELECTION	4.	<input type="checkbox"/> 2ND FRIDAY PRE-ELECTION	5.	<input type="checkbox"/> 30 DAY POST ELECTION	6.	<input type="checkbox"/> TERMINATION REPORT	YES	NO															
	<input type="checkbox"/> ANNUAL REPORT	7.	YEAR		FILING METHOD <input checked="" type="checkbox"/> CHECK ONE		PAPER	DISKETTE	Office Code	Party Code	County Code													
Name of Office Sought by Candidate: Mayor						District Number	OTK	REP	39															
						DATE OF ELECTION MO. DAY YEAR	ISSEE INSTRUCTIONS FOR CODES																	
						5 21 2019	FOR OFFICE USE ONLY																	
Summary of Receipts and Expenditures from: 5 6 2019 To 6 10 2019						RECEIVED 2019 JUN 20 PM 1:36 ELECTION BOARD OF LEHIGH COUNTY																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>A. Amount Brought Forward From Last Report</td> <td>\$ 630.59</td> </tr> <tr> <td>B. Total Monetary Contributions and Receipts (From Schedule I)</td> <td>\$ 0</td> </tr> <tr> <td>C. Total Funds Available (Sum of Lines A and B)</td> <td>\$ 630.59</td> </tr> <tr> <td>D. Total Expenditures (From Schedule III)</td> <td>\$ 373.75</td> </tr> <tr> <td>E. Ending Cash Balance (Subtract Line D from Line C)</td> <td>\$ 356.64</td> </tr> <tr> <td>F. Value of In-Kind Contributions Received (From Schedule II)</td> <td>\$ 0</td> </tr> <tr> <td>G. Unpaid Debts and Obligations (From Schedule IV)</td> <td>\$ 310.00</td> </tr> </table>						A. Amount Brought Forward From Last Report	\$ 630.59	B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 0	C. Total Funds Available (Sum of Lines A and B)	\$ 630.59	D. Total Expenditures (From Schedule III)	\$ 373.75	E. Ending Cash Balance (Subtract Line D from Line C)	\$ 356.64	F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0	G. Unpaid Debts and Obligations (From Schedule IV)	\$ 310.00					
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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

2019 day of **JUNE** 2019
Signature
My commission expires **27 22**
MO. DAY YR.

State of Pennsylvania, County of Lehigh, Commission Number 20190727-0001, License Expires 07/27/2022, Commission Number 20190727-0001, Signature of Person Submitting Report **Stephen Raus**, Printed Name **484-274-4190**, Area Code **484**, Daytime Telephone Number **484-274-4190**

PART II — If this is a report of a Candidate's Authorized Committee, authorized committee 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

2019 day of **JULY** 2019
Signature
My commission expires **27 22**
MO. DAY YR.

State of Pennsylvania, County of Lehigh, Commission Number 20190727-0001, License Expires 07/27/2022, Commission Number 20190727-0001, Signature of Candidate **Stephen Raus**, Printed Name **226-8542**, Area Code **226**, Daytime Telephone Number **226-8542**

Department of State • Bureau of Campaign Finance, Elections and Legislation
210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Friends of Tim Roma</i>			Reporting Period From <u>5/6/19</u> To <u>6/10/19</u>		
To Whom Paid <u>TD Bank</u> Mailing Address <u>1828 19th Tilghman St.</u> City <u>Allentown</u>			State <u>PA</u> Zip Code (Plus 4) <u>18102 -</u> Description of Expenditure <u>Fees</u> MO. <u>5</u> DAY <u>31</u> YEAR <u>19</u> Amount <u>\$ 12.00</u>		
To Whom Paid <u>Allentown Parking</u> Mailing Address <u></u> City <u>Allentown</u>			State <u>PA</u> Zip Code (Plus 4) <u>18102 -</u> Description of Expenditure <u>Parking - Campaign event</u> MO. <u>5</u> DAY <u>14</u> YEAR <u>19</u> Amount <u>\$ 4.60</u>		
To Whom Paid <u>Speedway</u> Mailing Address <u></u> City <u>Allentown</u>			State <u>PA</u> Zip Code (Plus 4) <u>18102 -</u> Description of Expenditure <u>Gas - Campaign meetings</u> MO. <u>5</u> DAY <u>16</u> YEAR <u>19</u> Amount <u>\$ 45.44</u>		
To Whom Paid <u>Staples</u> Mailing Address <u>3300 Lehigh St.</u> City <u>Whitehall Allentown</u>			State <u>PA</u> Zip Code (Plus 4) <u>18103 -</u> Description of Expenditure <u>Campaign Materials</u> MO. <u>5</u> DAY <u>21</u> YEAR <u>19</u> Amount <u>\$ 90.00</u>		
To Whom Paid <u>Choco</u> Mailing Address <u>5 N 6th St.</u> City <u>Allentown</u>			State <u>PA</u> Zip Code (Plus 4) <u>18101 -</u> Description of Expenditure <u>Campaign Event</u> MO. <u>5</u> DAY <u>22</u> YEAR <u>19</u> Amount <u>\$ 33.34</u>		
To Whom Paid <u>Gulf Oil</u> Mailing Address <u></u> City <u>Allentown</u>			State <u>PA</u> Zip Code (Plus 4) <u>-</u> Description of Expenditure <u>Gas - Campaign Related</u> MO. <u>5</u> DAY <u>25</u> YEAR <u>19</u> Amount <u>\$ 25.00</u>		
To Whom Paid <u>Dunkin Donuts</u> Mailing Address <u></u> City <u>Allentown</u>			State <u>PA</u> Zip Code (Plus 4) <u>-</u> Description of Expenditure <u>Food - Campaign Related</u> MO. <u>5</u> DAY <u>23</u> YEAR <u>19</u> Amount <u>\$ 6.49</u>		
To Whom Paid <u>Wal-Mart</u> Mailing Address <u>2601 MacArthur Rd</u> City <u>Whitehall</u>			State <u>PA</u> Zip Code (Plus 4) <u>18052 -</u> Description of Expenditure <u>Sponsor Lehigh Children's Festival</u> MO. <u>6</u> DAY <u>9</u> YEAR <u>19</u> Amount <u>\$ 82.68</u>		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. PAGE TOTAL <u>\$ 273.95</u>					

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 Friends of Tim Ramos	Reporting Period From <u>5/6/19</u> To <u>6/19/19</u>																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Name of Creditor Tim Ramos</td> <td>DATE DEBT INCURRED</td> <td>MO.</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td>Mailing Address 1408 W. Linden St.</td> <td></td> <td>Z</td> <td>22</td> <td>19</td> </tr> <tr> <td>City Allentown</td> <td>State</td> <td colspan="3">Zip Code Plus 4</td> </tr> <tr> <td colspan="5">Outstanding Balance of Debt \$ 370.00</td> </tr> </table>		Name of Creditor Tim Ramos	DATE DEBT INCURRED	MO.	DAY	YEAR	Mailing Address 1408 W. Linden St.		Z	22	19	City Allentown	State	Zip Code Plus 4			Outstanding Balance of Debt \$ 370.00				
Name of Creditor Tim Ramos	DATE DEBT INCURRED	MO.	DAY	YEAR																	
Mailing Address 1408 W. Linden St.		Z	22	19																	
City Allentown	State	Zip Code Plus 4																			
Outstanding Balance of Debt \$ 370.00																					
Description of Debt (loan for Gala, kickoff event	Outstanding Balance of Debt \$																				
Name of Creditor	DATE DEBT INCURRED	MO.	DAY	YEAR	Outstanding Balance of Debt \$																
Mailing Address		Z	Zip Code Plus 4																		
City	State																				
Description of Debt	Outstanding Balance of Debt \$																				
Name of Creditor	DATE DEBT INCURRED	MO.	DAY	YEAR	Outstanding Balance of Debt \$																
Mailing Address		Z	Zip Code Plus 4																		
City	State																				
Description of Debt	Outstanding Balance of Debt \$																				
Name of Creditor	DATE DEBT INCURRED	MO.	DAY	YEAR	Outstanding Balance of Debt \$																
Mailing Address		Z	Zip Code Plus 4																		
City	State																				
Description of Debt	Outstanding Balance of Debt \$																				
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Mailing Address		Z	Zip Code Plus 4																		
City	State																				
Description of Debt	PAGE TOTAL \$ 370.00																				

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