

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

PAGE 1 OF

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(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 type="checkbox"/>		LOBBYIST <input type="checkbox"/>		
Name of Filing Committee, Candidate or Lobbyist: <i>Candide Affa</i>												
Street Address: <i>Parrise Lane</i>												
City: <i>Allentown</i>						State: <i>PA</i>		Zip Code: <i>18104</i>				
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. <input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION		4.		2ND FRIDAY PRE-ELECTION		5.		30 DAY POST ELECTION		6.	
	ANNUAL REPORT		7.		YEAR				FILING METHOD () CHECK ONE		PAPER	
										DISKETTE		
Name of Office Sought by Candidate: <i>Allentown City Council</i>						DATE OF ELECTION			District Number			
						MO. DAY YEAR			Office Code			
						<i>5 21 2019</i>			<i>D 39</i>			
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:						MO. DAY YEAR			MO. DAY YEAR			
						<i>5 7 2019</i>			<i>To 6 10 2019</i>			
A. Amount Brought Forward From Last Report						\$ <i>-2000.00</i>						
B. Total Monetary Contributions and Receipts (From Schedule I)						\$ <i>2000.00</i>						
C. Total Funds Available (Sum of Lines A and B)						\$ <i>0.00</i>						
D. Total Expenditures (From Schedule III)						\$ <i>0</i>						
E. Ending Cash Balance (Subtract Line D from Line C)						\$ <i>0</i>						
F. Value of In-Kind Contributions Received (From Schedule II)						\$ <i>0</i>						
G. Unpaid Debts and Obligations (From Schedule IV)						\$ <i>0</i>						
FOR OFFICE USE ONLY												

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* 20 *19*

Cynthia S. Frisch
COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Signature
Cynthia S. Frisch, Notary Public
Hanover Twp., Lehigh County
My Commission Expires April 29, 2020
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Candide Affa
Signature of Person Submitting Report

Candide Affa
Printed Name

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

_____ day of _____ 20 _____

Signature

My commission expires _____

MO. DAY YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

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

CONTRIBUTIONS AND RECEIPTS**Detailed Summary Page**

Name of Filing Committee or Candidate <i>Candid Affa</i>	Reporting Period From <i>5/7/19</i> To <i>6/10/19</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period	(1)	\$ <i>0</i>
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2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)

Contributions Received from Political Committees (Part A)	\$ <i>0</i>
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All Other Contributions (Part B)	\$ <i>0</i>
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TOTAL for the Reporting Period	(2)	\$ <i>0</i>
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3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)

Contributions Received from Political Committees (Part C)	\$ <i>2,000</i>
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All Other Contributions (Part D)	\$ <i>0</i>
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TOTAL for the Reporting Period	(3)	\$ <i>2,000</i>
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4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)

TOTAL for the Reporting Period	(4)	\$ <i>0</i>
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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.)

	\$ <i>2,000</i>
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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 <i>Candida AFF</i>	Reporting Period From <i>5/7/19</i> To <i>6/10/19</i>
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				DATE			AMOUNT
Full Name of Contributing Committee Offer for Allentown (Debt Repayment)				MO.	DAY	YEAR	\$ 2000.00
Mailing Address Hillcrest Ave				MO.	DAY	YEAR	\$
City Allentown		State PA	Zip Code (Plus 4) 18103 -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$

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

PAGE TOTAL

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IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVEDUSE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.**Detailed Summary Page**

Name of Filing Committee or Candidate <i>Candida Affa</i>	Reporting Period From <i>5/7/19</i> To <i>6/10/19</i>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <i>0</i>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ <i>0</i>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ <i>0</i>

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.)	\$ <i>0</i>
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SCHEDULE III
STATEMENT OF EXPENDITURES

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Name of Filing Committee or Candidate <div style="font-family: cursive; font-size: 1.2em; margin-top: 5px;">Candida Allen</div>	Reporting Period From <u>5/7/19</u> To <u>6/10/19</u>
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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)		
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)		

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

PAGE TOTAL
\$

SCHEDULE IV
STATEMENT OF UNPAID DEBTS

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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 <u>Candidate Asa</u>	Reporting Period From <u>5/7/19</u> To <u>6/10/19</u>
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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						

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

PAGE TOTAL
\$