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.)

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Filer Identification			Report Filed B			CANDIDA	ATE X	СОММ	ITTEE	2.	LOBI	BYIST	3.
Name of Filing Committee, Candidate or Lobbyist:													
Street Address:	1												
	ose lare												
City: Allerto)U ~				S	PA		Zip Coc 18/	04	-	8		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. 2ND FRIDA PRE-PRIMA	ARY	2.	30 E POS	DAY ST PRIMAR	₹ 3.	AMENDA REPORT?		YES		NO	
(place X to	6TH TUESDAY PRE-ELECTION	4. 2ND FRIDA PRE-ELECT	- 1			DAY IT ELECTIO	6. DN	TERMINA REPORT		YES		NO	
the right of report type)	ANNUAL REPORT	7. YEAR		FILING METHOD () CHECK ONE		PAPI	PAPER		DISKETTE				
Name of Office Sough	it by Candidate:	estant.			DA	ATE OF E	ELECTION	District Number	Office		Party	Cou	
Allestown City Council					MO.	DAY	YEAR	Nautosi	Code	, I	Code	3	- 1
					15	21	2014	(SEE INSTRUCTIONS FOR CODES					
MO. DAY YEAR			EAD		MO.	Tary	100.00	F	OR OF	-		THE RESERVE OF	-
Summary of Receipts and Expenditures from: 5 7 2019				То	/		2019						
A. Amount Brought Forward From Last Report					200	10.00							
B. Total Monetary Contributions and Receipts (From Schedule I)				^	-	00.00							
C. Total Funds Ava				\$		\bigcirc . \circ \circ		1					
D. Total Expenditures (From Schedule III)			-+	\$		Ø. St		4					
E. Ending Cash Balance (Subtract Line D from Line C)				\$		Ø							
F. Value of In~Kind Contributions Received (From Schedule II)				\$.0							
G. Unpaid Debts an	d Obligations (Fron	n Schedule IV)		\$		Ø							
			AFFIDAVI	IT SE	CTION				A-30	MINOR S	All Alles		
PART I - If this is	a Committee rep	ort, treasurer sign h	here. If	this i	is a C	andidate	report, c.	endidate s	ign her	e.			
I swear (or affirm) the correct and complete.	at this report, including	ng the attached schedu	iles, on pa	aper or	r comp	uter diske	tte, are to	the best of	my kno	wledge	and be	ellef tru	Je,
Sworn to and subscri	bed before me this					36	×						
day of	, June	20	19	1	6-	and	Ele .	all.	~				
(Inthe	CA PROMINGHINGE	ALZOH OF PENNSYLV	ANIA		00	1:4.	Signature o	(CONTRACTOR -	ubmittin	g Repor	rt		-
7.7	Signature Cynthia S	ÖTARIAL SEAL S. Frisch, Notary Publi	lic	>-	Co	اهد		Printed Nar	me				-
My commission expl	res Hanover	r Twp., Lehigh County sion Expires April 29,	У										
		WANTA ASSOCIATION OF NO		,		Area Code	:	Da	aytime T	felepho	ne Num	iber	
PART II - If this is	s a report of a Ca	andidate's Authorize	ad Comn	nittee	, cano	lidate sha	all sign her	e.		-	-	-	
l swear (or affirm) tha (P.L. 1333, No. 320) as	it to the best of my amended.	knowledge and belief t	this politi	ical co	ommitte	e has not	violated ar	y provisio	ns of the	e Act o	of June	3, 193	7
Sworn to and subscri												-	
day of		20	7	1									1
				Signature of Candidate						-			
	Signature			-				Printed Nan	no.				
My commission expir	resMQ	DAY YR.		- 5				Julied 14en	lle				1
	191 Q1	DAY YR.		,	1	Area Code		Di	avtime T	alenho	an Alum		- 1

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

SCHEDULE I

PAGE 2 OF _____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Per	iod	
Condida Affer	From <u>5/</u>	1/19	To 6/10/19
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBUTO	R
TOTAL for the Reporting Period	d (1)	\$	Ø
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	B)		
Contributions Received from Political Committees (Part A)		\$	8
All Other Contributions (Part B)		\$,	d
TOTAL for the Reporting Period	d (2)	\$	Ø
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)			
Contributions Received from Political Committees (Part C)		\$ 2	,000
All Other Contributions (Part D)		\$	Ø
TOTAL for the Reporting Period	d (3)	\$ 2	,000
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CI	HECKS, ETC	. (FRON	PART E
TOTAL for the Reporting Period	(4)	\$	0
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.)		\$ 2	,000

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.

Candid AFFR				From _	5/7/19	To 6/20/19
				DATE		AMOUNT
A FF For Allenton	(Del	of Repropert)	MO. MO.	/O	201 9	\$ 2000.00
Hillcrest Ave Allertan	State	Zip Code (Plus 4)		DAY	YEAR	\$
	PA	18103 -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
E-W N		216 care (1103 4)	Mo.	DAY	YEAR	\$
Full Name of Contributing Committee Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
	State	Zip Code (Fids 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee Mailing Address			Mo/.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
	State	Zip Code (Plus d	MO.	DAY	YEAR	\$
Full Name of Contributing Committee Mailing Address			MQ.	DAY	YEAR	\$
City			MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee Mailing Address			MO.	DAY	YEAR	\$
City			MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Full Name of Contributing Committee Mailing Address			MO.	DAY	YEAR	\$
City	I Gaine T		MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee Mailing Address			MO.	DAY	YEAR	\$
City			MQ.	DAY	YEAR	\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Enter Grand Total of Part C on Sched	lule I,	Detailed Summary	Page	Section	3.3	PAGE TOTAL \$
DSEB-502 (7-99)	•	warring y	. 236,	2501101	· v.	

SCHEDULE II

PAGE 4 OF 6

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 Condida Affa	Reporting Per From 5/2	1/19	то 6/10/19
	1 - m - m - 1 - 1 - 1 - 1 - 1		
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S	50.00 OR L	ESS I	PER CONTRIBUTOR
TOTAL for the Reporting Perio	d (1)	\$	Ø
2. IN-KIND CONTRIBUTIONS RECEIVED - WALLIE OF SECOND TO SEC	and the same of		
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$20	50.00 (FROM	PAR	T F to the second second
TOTAL for the Reporting Period	d (2)	\$	Ø
3 IN-KIND CONTRIBUTION RECEIVED - VALUE OVER CORD OF		_	
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART G) 14	
TOTAL for the Reporting Period	d (3)	\$	Ø
	A THE RESIDENCE OF THE PARTY OF		
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.)		\$	8

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	-				The street	
A 1			1	Reporting	Perioa	To 6/10/19
Cardida Africa				From	5/7/19	To 6/10/19
	31/15	And the Assessment of				
To Whom Paid	The state of		Lwo	DAY	LVEAR	Amount
			MQ,	DAY	YEAR	\$
Mailing Address			Descript	ion of Exp	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
				7111	1	\$
Mailing Address			Descript	ion of Exp	enditure	7
					/	
City	State	Zip Code (Plus 4)			1	
		37TL				
To Whom Paid			MO,	DAY	YEAR	Amount
				1	1.55.00	\$
Mailing Address			Descript	ion of Exp	enditure	
City	State	Zip Code (Plus 4)		/		
		_				
To Whom Paid	-		MO.	DAY	YEAR	Amount
						\$
Mailing Address			Descript	ion of Exp	enditure	AND AND ADDRESS OF THE PARTY OF
City						
City	State	Zip Code (Plys 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
MEDIA (CRV.)						s
Mailing Address			Descript	on of Exp	enditure	
City						
	State	Zip Code (Plus 4)				
		_				
To Whom Paid	/		MO.	DAY	YEAR	Amount
Mailing Address						s
Maining Address			Descript	on of Exp	enditure	
City						
	State	Zip Code (Plus 4)				
To Whom Paid		***				
/ Wildin Pald			MO.	DAY	YEAR	Amount
Mailing Address						\$
			Descripti	on of Exp	enditure	
City	State	Zip Code (Plus 4)				
	State	Zip Code (Plus 4)				
To Whom Paid			W-10-2	/		
			MO.	DAY	YEAR	Amount
Mailing Address						\$
			Descripti	on of Exp	anditura	
City	State	Zio Codo (Direct)				
	21214	Zip Code (Plus 4)				
						PAGE TOTAL
Enter Grand Total of Expenditures on Page	ge 1, 1	Report Cover Pa	age, Ite	m D		\$
			J			- P

PAGE 6 OF 6

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	Peripd .	10 to
Condida Afra			From _	5/7/1	9 To 6/10/19
Name of Creditor		and the same of th			Outstanding Balance of Debt
Mailing Address	DATE	MQ.	DAY	YEAR	\$
City	DEBT INCURRED				
		State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor				/	
Mailing Address					Outstanding Balance of Debt \$
Mottlig Address	DATE DEBT	Mo.	DAY	YEAR	
City	INCURRED	State	Lip Code	(Plus 4)	
Description of Debt		1	-	ē.	
Seast 1911on of Deat		1			
Name of Creditor					Outstanding Balance of Debt
Mailing Address					\$
- 07/4000	DATE	MO.	DAY	YEAR	
City	INCUMRED	State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor	THE RESERVE AND REAL PROPERTY.		JIII		Outstanding Balance of Debt
Mailing Address	DATE		1		\$
City	DEBT	Mo.	DAY	YEAR	
		State	Zip Code	(Plus 4)	
Description of Debt		L			
Name of Creditor					
					Outstanding Balance of Debt
Mailing Address	DATE DEBT	MO.	DAY	YEAR	\$
City	INCURRED	aris I			
		State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor				No. of the last	
Malling Address					Outstanding Balance of Debt \$
marting Addises					Ψ
	DATE DEBT	Mo.	DAY	YEAR	
City					
City Description of Debt	DEBT	MQ.	Zip Code		
	DEBT				
Description of Debt	DEBT INCURRED	State	Zip Code		
	DEBT INCURRED	State	Zip Code		PAGE TOTAL