

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 ☐ COMMITTEE ☐ LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist:					
Street Address:					
City:		State:		Zip Code:	
Julia A. Guridy		PA		18104	
3611 Aster St.		Allentown			

TYPE OF REPORT (place X to the right of report type)	1. 1ST TUESDAY PRE-PRIMARY	2. 1ST FRIDAY PRE-PRIMARY	3. 30 DAY POST-PRIMARY	AMENDMENT REPORT?	YES	NO
	4. 4TH TUESDAY PRE-ELECTION	5. 1ST FRIDAY PRE-ELECTION	6. 30 DAY POST-ELECTION	TERMINATION REPORT?	YES	NO
	7. ANNUAL REPORT	YEAR				
			FILING METHOD (CHECK ONE)		PAPER	
			☒		☐ DISKETTE	

Name of Office Sought by Candidate:			DATE OF ELECTION			District Number	Office Code	Party Code	County Code
			MO.	DAY	YEAR				
			5	16	2017				

Summary of Receipts and Expenditures from:			DATE			TO			RECEIVED 2017 AUG -2 AM 9:32 ELECTION BOARD OF LEHIGH COUNTY		
			MO.	DAY	YEAR	MO.	DAY	YEAR			
			5	2	2017	6	5	2017			
A. Amount Brought Forward From Last Report						\$ 0					
B. Total Monetary Contributions and Receipts (From Schedule I)						\$ 0					
C. Total Funds Available (Sum of Lines A and B)						\$ 0					
D. Total Expenditures (From Schedule III)						\$ 1000.00					
E. Ending Cash Balance (Subtract Line D from Line C)						\$ -1000.00					
F. Value of In-Kind Contributions Received (From Schedule II)						\$					
G. Unpaid Debts and Obligations (From Schedule IV)						\$					

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 2nd day of AUGUST, 2017.

[Signature]
Signature

My commission expires 9 27 18
MO. DAY YR.

NOTARIAL SEAL
TIMOTHY ANDREW BENNO
Notary Public
My Commission Expires Sep 27, 2018

[Signature]
Signature of Person Submitting Report

Julia A. Guridy
Printed Name

906 7955
Daytime Telephone Number

1810
Area Code

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

Board of Elections of Lehigh County
Lehigh County Government Center
17 S. 7th St.
Allentown, PA 18101-2400

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Julio A GURIDY</i>	Reporting Period From <i>5/2/12</i> To <i>4/5/2017</i>
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To Whom Paid <i>Friends of Julio Guridy</i>	MO	DAY	YEAR	Amount
Mailing Address <i>361 Adler St.</i>	<i>5</i>	<i>4</i>	<i>2017</i>	<i>\$1000.-</i>
City <i>Allentown</i>	Description of Expenditure <i>Loan to Committee</i>			
State <i>PA</i>	Zip Code (Plus 4) <i>18104</i>			
To Whom Paid	MO	DAY	YEAR	Amount
Mailing Address				\$
City	Description of Expenditure			
State	Zip Code (Plus 4)			
To Whom Paid	MO	DAY	YEAR	Amount
Mailing Address				\$
City	Description of Expenditure			
State	Zip Code (Plus 4)			
To Whom Paid	MO	DAY	YEAR	Amount
Mailing Address				\$
City	Description of Expenditure			
State	Zip Code (Plus 4)			
To Whom Paid	MO	DAY	YEAR	Amount
Mailing Address				\$
City	Description of Expenditure			
State	Zip Code (Plus 4)			
To Whom Paid	MO	DAY	YEAR	Amount
Mailing Address				\$
City	Description of Expenditure			
State	Zip Code (Plus 4)			
To Whom Paid	MO	DAY	YEAR	Amount
Mailing Address				\$
City	Description of Expenditure			
State	Zip Code (Plus 4)			
To Whom Paid	MO	DAY	YEAR	Amount
Mailing Address				\$
City	Description of Expenditure			
State	Zip Code (Plus 4)			

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

PAGE TOTAL

\$