

## 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: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE <sup>1.</sup>		COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>		LOBBYIST <sup>3.</sup>	
Name of Filing Committee, Candidate or Lobbyist: Affa For Allentown									
Street Address: 3039 Hillcrest Ave									
City: Allentown, PA				State: PA		Zip Code: 18103			
TYPE OF REPORT  (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	8TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR		FILING METHOD ( ) CHECK ONE <input type="checkbox"/>		PAPER		DISKETTE
Name of Office Sought by Candidate: Allentown City Council					DATE OF ELECTION MO. DAY YEAR 5 21 2019		District Number	Office Code	Party Code D
									County Code 39
							(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from:					MO. DAY YEAR 5 7 2019		To		MO. DAY YEAR 6 10 2019
A. Amount Brought Forward From Last Report					\$		7,136.25		
B. Total Monetary Contributions and Receipts (From Schedule I)					\$		0		
C. Total Funds Available (Sum of Lines A and B)					\$		7,126.25		
D. Total Expenditures (From Schedule III)					\$		3,837.50		
E. Ending Cash Balance (Subtract Line D from Line C)					\$		3,288.75		
F. Value of In-Kind Contributions Received (From Schedule II)					\$		0		
G. Unpaid Debts and Obligations (From Schedule IV)					\$		0		

## 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 2019  
Cynthia S. Frisch

COMMONWEALTH OF PENNSYLVANIA

My commission expires NOTARIAL SEAL  
Cynthia S. Frisch, Notary Public YR.  
Hanover Twp. Lehigh County  
My Commission Expires April 29, 2020Terry Roth  
Signature of Person Submitting Report  
Terry Roth  
Printed Name  
610 791 2330  
Area Code Daytime Telephone Number

PART II - If this is a Candidate report, 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

20th day of June 2019  
Cynthia S. Frisch

COMMONWEALTH OF PENNSYLVANIA

My commission expires NOTARIAL SEAL  
Cynthia S. Frisch, Notary Public  
Hanover Twp. Lehigh County  
My Commission Expires April 29, 2020  
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIESCandida Affa  
Signature of Candidate  
Candida Affa  
Printed Name  
610 992-8875  
Area Code Daytime Telephone NumberDepartment 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>Affa For Allentown</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>
All Other Contributions (Part B)		\$ <i>0</i>
TOTAL for the Reporting Period	(2)	\$ <i>0</i>

**3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)**

Contributions Received from Political Committees (Part C)		\$ <i>0</i>
All Other Contributions (Part D)		\$ <i>0</i>
TOTAL for the Reporting Period	(3)	\$ <i>0</i>

**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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<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (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>0</i>
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**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 <u>Affz for Allentown</u>	Reporting Period From <u>5/7/19</u> To <u>6/10/19</u>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$ <u>0</u>

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

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

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <u>0</u>
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## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <u>Affa for Allentown</u>	Reporting Period From <u>5/7/19</u> To <u>6/10/19</u>
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To Whom Paid <u>LV Print Center</u>			MO. <u>05</u>	DAY <u>09</u>	YEAR <u>2019</u>	Amount <u>\$ 1824.50</u>
Mailing Address <u>1701 Union Blvd</u>			Description of Expenditure <u>Campaign Mail</u>			
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18109 -</u>				
To Whom Paid <u>Lafayette Ambassador Bank</u>			MO. <u>5</u>	DAY <u>10</u>	YEAR <u>2019</u>	Amount <u>\$ 13.00</u>
Mailing Address <u>PO Box 25091</u>			Description of Expenditure <u>Bank Fee</u>			
City <u>Lehigh Valley</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18002 -</u>				
To Whom Paid <u>Candidate Affa</u>			MO. <u>06</u>	DAY <u>10</u>	YEAR <u>2019</u>	Amount <u>\$ 2000.00</u>
Mailing Address <u>4160 Princeton Dr Apt 1</u>			Description of Expenditure <u>Loan Repayment</u>			
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18104 -</u>				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address						\$
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address						\$
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address						\$
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address						\$
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address						\$
City	State	Zip Code (Plus 4)				
		-				

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

PAGE TOTAL

\$3,837.50

# 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 <u>Aff for Allentown</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  
\$ 0

**REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.**

Name of Filing Committee or Candidate Affn for Allentown	Reporting Period From 5/7/19 To 6/10/19
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Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		—				\$	
Receipt Description							
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		—				\$	
Receipt Description							
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		—				\$	
Receipt Description							
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		—				\$	
Receipt Description							
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		—				\$	
Receipt Description							
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		—				\$	
Receipt Description							

**PAGE TOTAL**

\$ ~~0~~