# 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	nay be		1-12-0	11	10.		TA	The second second	
Name of Filing Committee, Candidate or Lobbyist:		Filed By:		CANDI	DATE	1	COM	NITTEE	X	LOBBY	IST 3.
Street Address: Affa For Allento	vn									•	
3039 Hillcrest	Ave										
City: Allertour PA				State: $\mathcal{P}$	Λ		Zip Co	de			
TYPE OF ATH TUESDAY 1.	2ND FRIDAY	12.			17	12		- TOTAL VALUE	03-	W	
REPORT PRE-PRIMARY 6TH TUESDAY 4.	PRE-PRIMAR	Υ		DAY	ARY	3.	REPORT		YES	N	10
(place X to PRE-ELECTION	PRE-ELECTIO			AY TELECT	ION	6.	TERMIN		YES	N	0
report type) REPORT	YEAR		FILIN	G METI CHECK	HOD		PAPE	ALC: Y			450 M
Name of Office Sought by Candidate:				TE OF			District	Office	-	DISKET	51106
Allertown Cilm Co	4 1		МО	100000000000000000000000000000000000000		AR	Number	Code		Code	County
MITOGOL CITY GO	Uncil		5	21	20	19		(SEE IN	STRUCT	TIONS FOI	39
Summary of Receipts Mo.	DAY YEAR	3	MO.	DAY	YE	AR	F			SE ONL	
and Expenditures from:	7 201	То	6	10	20	With the Park of t					
A. Amount Brought Forward From Last Repo		\$	7.1	21	25						
B. Total Monetary Contributions and Receipts     C. Total Funds Available (C.)	(From Schedu	le I) \$	t	20							
C. Total Funds Available (Sum of Lines A and	d B)	\$	7,10	26.0	25						
D. Total Expenditures (From Schedule III)  E. Ending Cash Balance (School III)		\$	38	37. 3							
E. Ending Cash Balance (Subtract Line D from		\$ 3	,28	8.7	5						
F. Value of In-Kind Contributions Received ( G. Unpaid Debts and Obligations (From Sched	From Schedule	II) \$	Æ	ケ							
and Obligations (From Sched	ule IV)	\$	0							18	
PART I - If this is a Committee report, treat	SIFER SIGN house	IDAVIT SE	1.00					ALTERNATION OF THE PARTY OF THE		*	
I swear (or affirm) that this report, including the atternet and complete.  Sworn to and subscribed by (	ached schedules,	on paper or	s a Ca	ndidate	repor	t, cano	didate sig	n here.		edul Carpa	1 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -
addactiond before me this				W GISKE	ico, are		4	ту клож	ledge a	nd bellef	true,
20th day of Just	20/9	1 7	(	01		15:	4				
Cyptia & Olive	5	_	T		Signato	re of P	erson Sub	mitting	Report		
My commission expires NOTARIAL SEAL	/LVANIA	- } -	10	my_	140	>+4	nted Name				
Cynthiang, Frisch, Notary P	ublic YR.	-		010		7	91	2	33	$\bigcirc$	
Hanover Two Lehigh Cou	STREET, STREET			ea Code	- 100	-	Day	time Tel	ephone	Number	
ART II - If this ENSER, REDUING LOWNE AS 2008 detection when the best of my knowledge	and hellef this	ommittee,	candid	ate sha	ll sign	here.					
swear (or affirm) that to the best of my knowledge P.L. 1333, No. 320) as amended. Sworn to and subscribed before me this	The second tills	bolitical con	mittee	has not	violate	d any p	rovisions	of the	Act of .	June 3, 19	37
20th day of Juse	20 19	1	1	~	. ,		ar oa s				į
Cently & Days at		-   -	~	inde	de	gnature	A Later	Оате			_
MY COMPLEXION		- } -	Can	dida	_A	ffer	-				
Cynthia 8, Frisch, No.	tary Public	1	/			LUIN	ted Name	2 400			
Manover Twpa kehig	h County	) –		a Code		_	39	2-8	875		

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	200 000		
Affa For Allentoun	Reporting Peri	7/19	то 6/10/19
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LES	S PER CONT	FRIBUT	ORS -
TOTAL for the Reporting Period			D
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	ГВ)		and a second superior
Contributions Received from Political Committees (Part A)		\$	Ø
All Other Contributions (Part B)		\$	d
TOTAL for the Reporting Period	od (2)	\$	8
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)  Contributions Received from Political Committees (Part C)  All Other Contributions (Part D)		\$	
TOTAL for the Reporting Perio	od (3)	\$	Ø
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED C		T	
TOTAL for the Reporting Perio	od (4)	\$	<i>Q</i>
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.)		\$	D

#### SCHEDULE II

PAGE 3 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** 

Affe for Albertoun	Reporting Per From 5/	iod 7/19	то 6/10/19
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF STATE OF S			PER CONTRIBUTOR
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25		PAR	TF)
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRC			
TOTAL for the Reporting Period	d (3)	\$	<i>D</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.)		\$	Ø

#### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting	Period	
Affa for Allerton				From 6	77/19	To 6/10/19
THE TOT THE TOTAL				1.11.35 - 127.11		
To Whom Paid	-7		MO.	Low	liver product	Amount
LV Print Center			05	09	2014	\$ 1824,50
Mailing Address			Descrip	tion of Exp	enditure	Indiana in the land of the lan
1701 Union Bluz	I Canan	77-0-1-79-0	C	companya	Mai	V
Allertour	State P/	Zip Code (Plus 4) 18/09 -				
The state of the s	<i>y- /</i>	10101	Charles and		Tiel David State of the	Amount
Lafagette Anbussed Bak Mailing Address PO Box 25091			мо. 5	10	ZOT9	Amount \$ 13.00
Mailing Address			Descrip	tion of Exp	enditure	
PO Box 25091	Lease	Zip Code (Pius 4)	13.	ank 1	ee	
Lehish Velley	State	18002-				
To Whom Paid			Mo.	DAY	YEAR	Amount
Candid Affa Mailing Address			06	10	2019	\$ 2000,00
4160 Princise Dr Apt	i			otion of Exp		ÿ.
City	State	Zip Code (Plus 4)	100	an Re	pryre	'A +
Allentora	PA	18104 -				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			D			\$
			Descrip	tion of Exp	enciture	
City	State	Zip Code (Plus 4)				
To Whom Paid						
10 Whom Paid			MO.	DAT	YEAR	Amount
Mailing Address			Desorip	tion of Exp	enditure	\$
City				ASSECTABLE OF TOO BE	210-112-40-A	
City	State	Zip Code (Plus 4)				
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Discontinues de la constantina del constantina del constantina de la constantina de la constantina del constantina			MO.	DAY	YEAR	Amount
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To Whom Paid	M = X - =		Mo.	DAY	YEAR	Amount
Mailing Address						\$
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		-				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address						\$
			Descrip	tion of Exp	enditure	
City	State	Zip Code (Plus 4)				
		:51				
				47-140		PAGE TOTAL
Enter Grand Total of Expenditures on Pag	ge 1, I	Report Cover Pa	age, it	em D.		\$3,837.50
						70,007.00

# STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Affa For Allertour		Reportin	g Period	9 то <i>6/10/19</i>
Mile 101 MILEMAN		From	5///	7 To <u>6/70/19</u>
ame of Creditor				Outstanding Salman / Sa
				Outstanding Balance of De
Mailing Address	DATE DEBT M	O. DAY	YEAR	
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	State	Zip Code	e (Plus 4)	
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,	State	Zip Code	(Plus 4)	
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illing Address				Outstanding Balance of De
Audiess /	DATE MO	. DAY	YEAR	9
v /	INCURRED	1 7		
entindan at Data	State	Zip Code	(Plus 4) -	
scription of Debt				
				A common of the
			1 - 3 - 4	PAGE TOTAL
ter Grand Total of Uses of Balance	An D. 4 E :		1	FAGE TOTAL
ter Grand Total of Unpaid Debts	on Page 1, Report Cover Page,	Itam G.		\$ 8

#### PART E OTHER RECEIPTS

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

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate  Affa for Allerton	The second		Reporting	Period	11.1
Atta tor Allerton	·~		From 5	77/19	To 6/10/19
Full Name					/
Mailing Address					
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount
Receipt Description		_			\$
The state of the s	Et			/	
Full Name				/	
Mailing Address				2.	
City	State	Zip Code (Plus 4) M	MO. DAY	YEAR	Amount
Receipt Description		<del></del>			\$
Full Name					
Mailing Address					
City	State	Zip Co'de (Plus 4) M	MO.   DAY		
Receipt Description			MO. DAY	YEAR	Amount \$
Full Name	1				
Mailing Address	-/-				
City	/				-
City	State	Zip Code (Plus 4) Mi	O. DAY	YEAR	Amount
Receipt Description					\$
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4) MC	IO. DAY	THE PARTY	
Receipt Description		(=)	J. DAT	YEAR	Amount \$
Full Name					
Mailing Addyess					
City					
	State	Zip Code (Plus 4) MC	O. DAY	YEAR	Amount
Receipt Description					\$
Enter Grand Total of Beat P on Oil					PAGE TOTAL
Enter Grand Total of Part E on Sche	adule i,	Detailed Summary Pag	ge, Section	4.	\$ 8
EB-502 (7-99)				IV.	

DSEB-502 (7-99)