

CAMPAIGN FINANCE REPORT

(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 ^{1.}		COMMITTEE ^{2.} X		LOBBYIST ^{3.}		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF COURTNEY ROBINSON										
Street Address: PO Box 9232										
City: ALLENTOWN					State: PA		Zip Code: 18105			
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		PAPER	X	DISKETTE	
Name of Office Sought by Candidate: ALLENTOWN CITY COUNCIL - 2 YR TERM					DATE OF ELECTION MO. DAY YEAR 5 16 2017		District Number	Office Code OTH	Party Code DEM	County Code 39
							(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO. DAY YEAR 5 2 2017		To		MO. DAY YEAR 6 5 17		FOR OFFICE USE ONLY		
A. Amount Brought Forward From Last Report		\$		2802.38		RECEIVED 2017 JUN 15 PM 1:01 ELECTION BOARD OF LEHIGH COUNTY				
B. Total Monetary Contributions and Receipts (From Schedule I)		\$		1775.00						
C. Total Funds Available (Sum of Lines A and B)		\$		4577.38						
D. Total Expenditures (From Schedule III)		\$		2784.43						
E. Ending Cash Balance (Subtract Line D from Line C)		\$		1792.95						
F. Value of In-Kind Contributions Received (From Schedule II)		\$		0						
G. Unpaid Debts and Obligations (From Schedule IV)		\$		0						

AFFIDAVIT SECTION

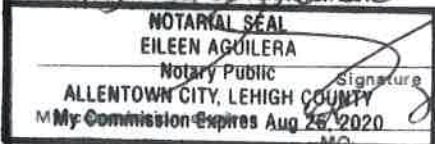
PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

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

20

17



DAY

YR.

Carmen A. Bell
Signature of Person Submitting Report
CARMEN A. BELL

Printed Name

610

Area Code

390-9357

Daytime Telephone Number

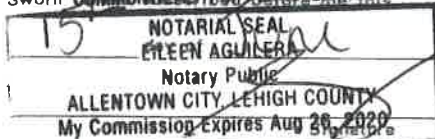
PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

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

20

17



My commission expires

MO.

DAY

YR.

Courtney A. Robinson
Signature of Candidate
Courtney A. Robinson

Printed Name

484

Area Code

451-7066

Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS**Detailed Summary Page**

Name of Filing Committee or Candidate FRIENDS OF COURTNEY ROBINSON	Reporting Period From 5/2/17 To 6/5/17
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period	(1)	\$ 75.00
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2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)

Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 200.00
TOTAL for the Reporting Period	(2) \$ 200.00

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

Contributions Received from Political Committees (Part C)	\$ 1500.00
All Other Contributions (Part D)	\$ 0
TOTAL for the Reporting Period	(3) \$ 1500.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)

TOTAL for the Reporting Period	(4)	\$ 0
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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.)	\$ 1775.00
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PART B
ALL OTHER CONTRIBUTIONS

PAGE 3 OF 5

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate <u>FRIENDS OF COURTNEY ROBINSON</u>	Reporting Period From <u>5/2/17</u> To <u>6/5/17</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor <u>JEFFREY BARBER</u>				<u>5</u>	<u>15</u>	<u>17</u>	\$ <u>100.00</u>
Mailing Address <u>1244 HAMILTON ST STE 200</u>				MO.	DAY	YEAR	\$
City <u>ALLENTOWN</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18102 -</u>		MO.	DAY	YEAR	\$
Full Name of Contributor <u>CLAYTON S. WILD</u>				<u>5</u>	<u>15</u>	<u>17</u>	\$ <u>100.00</u>
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.	PAGE TOTAL \$ <u>200.00</u>
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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.

Name of Filing Committee or Candidate <u>FRIENDS OF COURTNEY ROBINSON</u>	Reporting Period From <u>5/2/17</u> To <u>6/5/17</u>
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			DATE			AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR			
<u>INT'L UNION OF OPERATING ENGINEERS LOCAL 542</u>	<u>5</u>	<u>15</u>	<u>17</u>	<u>\$ 500.00</u>		
Mailing Address	MO.	DAY	YEAR			
<u>1375 VIRGINIA DR STE 100</u>						
City	MO.	DAY	YEAR			
<u>FORT WASHINGTON</u>						
State	Zip Code (Plus 4)					
<u>PA</u>	<u>19034 -3257</u>					
<u>ASBESTOS WORKERS PAC</u>	<u>6</u>	<u>1</u>	<u>17</u>	<u>\$ 1000.00</u>		
Mailing Address	MO.	DAY	YEAR			
<u>9602 M.L. KING HWY</u>						
City	MO.	DAY	YEAR			
<u>LANHAM</u>						
State	Zip Code (Plus 4)					
<u>MD</u>	<u>20706-</u>					
Full Name of Contributing Committee	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
State	Zip Code (Plus 4)			\$		
Full Name of Contributing Committee	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
State	Zip Code (Plus 4)			\$		
Full Name of Contributing Committee	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
State	Zip Code (Plus 4)			\$		
Full Name of Contributing Committee	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
State	Zip Code (Plus 4)			\$		
Full Name of Contributing Committee	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
State	Zip Code (Plus 4)			\$		
Full Name of Contributing Committee	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
State	Zip Code (Plus 4)			\$		

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

PAGE TOTAL

\$ 1500.00

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRIENDS OF COURTNEY ROBINSON	Reporting Period From 5/2/17 To 6/5/17
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To Whom Paid SHANNON BILGER	MO. 5	DAY 19	YEAR 17	Amount \$ 348.73
Mailing Address 4903 WYOMING AVE	Description of Expenditure ROBO CALLS			
City HARRISBURG	State PA	Zip Code (Plus 4) 17109 -		
To Whom Paid KENNEDY PRINTING	MO. 5	DAY 9	YEAR 17	Amount \$ 2435.70
Mailing Address 5534 BALTIMORE AVE	Description of Expenditure PRINTING MAIL PIECE			
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19143 -		
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

\$ 2784.43