Commonwealth of Pennsylvania

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:	CANDID	ATE 1.	COMMITTEE	LOBBYIST 3.
	ittee, Candidate or Lobbyist: 3 of Mary Elle	en Ko	OVA			*
Street Address: 523 N.	Carlisle St.					
City:			State:		Zip Code:	A
Ment	ν(ن:		INV	Name of the Owner, where the Owner, which is the Owner, where the Owner, which is t	1819	-2135
TYPE OF REPORT	PRE-PRIMARY 1. 2ND FRID PRE-PRIMARY PRE-PRIM	MARY	30 DAY POST PRIMAI	3. RY	AMENDMENT REPORT?	YES NO
(place X to	PRE-ELECTION 4. 2ND FRID	Committee of the Commit	30 DAY POST ELECTI	6, ON	TERMINATION REPORT?	YES X NO
the right of report type)	ANNUAL 7. YEAR 2010	7	FILING METH		PAPER	✓ DISKETTE
Name of Office Sough	t by Cendidate:	N-wi-	DATE OF	ELECTION	District Offi Number Cod	
			MO. DAY	YEAR	NUMBER COL	12 - 1 70
			1108	2016		INSTRUCTIONS FOR CODES
	MO: DAY	YEAR	MO. DAY	YEAR	FOR O	FFICE USE ONLY
Summary of Re and Expenditure	eceipts	193.0	o 1231	2019		
A Amount Brought	Forward From Last Report	\$	6583	3.03		
B. Total Monetary (Contributions and Receipts (From Sci	hedule I) \$		5.66		
C. Total Funds Ava	ilable (Sum of Lines A and B)	\$	658	8:69		
D. Total Expenditur	es (From Schedule III)	\$				
E. Ending Cash Bala	ance (Subtract Line D from Line C)	\$	·	7.68		
F. Value of In-Kind	d Contributions Received (From Sche	edule II) \$		0		
G. Unpaid Debts an	d Obligations (From Schedule IV)	\$		0		
PART 1 - If this is	a Committee report, freasurer sign	AFFIDAVIT				
	at this report, including the attached sche			The second secon	But of the Park of	
Sworn to and subscri					~	
28 day of		oao]	Tan	J.C	2	
XB		[Signature of	Person Submitt	ing Report
JIV. EXILIO	Commonwealth of Pennsylvania - Notary Se Kimberly At Heown, Notary Public	eal	- Tau		Cal QSC Printed Name	: K1
My commission expl	Lehigh County My commission expires December 5, 20	23	610		262	-9710
	Commission number 1151218 ".	,	Агва Сос	le	Daytime	Telephone Number
PART II - If this is	Member Pennsylvania Association of Notari s a report of a Candidate's Authori			reference and the	- STEED 17-11-10-31	-areas total consequent
	at to the best of my knowledge and belie					the Act of June 3, 1937
Sworn to and subser			~	,))	
2 The day of	Tarras	1 050	Me	10	vel_	Š
XP	Commonwealth of Pennsylvania - No		hi T.	1/	ture of Candidate	ė
N. Carlino	திநூர்வு A. Brown, Notary Pul	blic	M.E.	Kova	Printed Name	
My commission expi	Lehigh County My commission expires December MO Commission Number 11572	5,2023	Area Cod		432-	Telephona Number
	Mamber Pennsylvania Association of	CONTRACTOR OF THE PARTY OF THE		CONTRACTOR	Doythille	Jophone Humber

SCHEDULE I PAGE 2 OF 14

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page	ă.		
Name of Filing Committee or Candidate Friends of Mary Ellen Koval	Reporting Peri) 2 c	>197012/31/2019
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50,00 OR LESS	PER CONT	RIBU	TOR A SECOND
TOTAL for the Reporting Period	d (1)	\$	
	War and the contract		
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	B) .		
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
TOTAL for the Reporting Perio	d (2)	\$	0
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	d (3)	\$	0
			×
4. OTHER RECEIPTS REFUNDS, INTEREST EARNED, RETURNED C	HECKS, ETC) (FR	OM PART E)
TOTAL for the Reporting Perio	d (4)	\$	5,66
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.)		\$	5.66

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to Itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate Friends of Wary 8	11	en Kou	al		Reporting From		19 To 12/31 2019
Theres of the state of the			-		DATE		AMOUNT
Full Name of Contributing Committee	T-0			MO.	Wall committee on	YEAR	
Mailing Address			554	MO.	DAY	∰YEAR#	\$
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				-MU, ⊕	VAT	. reanas	\$
Gity	State	Zip Code (Plus	4)	Mo.⁻	DAY	EYEAR 4	•
			_		THUS NO -	- ME NO TO	\$
Full Name of Contributing Committee				₩U.	- DAY	**YEAN	\$
Mailing Address			31	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus	4)	MO.	#DAY	YEAR	4
on, y	Diate	- Lib 2000 (1703		≓MD.	THE LATER	AJEAN,	\$
Full Name of Contributing Committee				Mo.	DAY	YEAR	*
Mailing Address			- 10		l marer		\$
manny Audites			13.2	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus	4)	MO.	DAY	YEAR	_
				With the same of the		for the second	\$
Full Name of Contributing Committee				MO.	DAY	EYEAR	\$
Meiling Address				MO.	DAY	YEAR	
	1.6	W. A. 1 151					\$
City	State	Žip Code (Plus —	*	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	-			MO.	_DAY_	YEAR	\$
Mailing Address			172	MO.	- DAY -	YEAR	*
_			*	-JAI (), +	CDAT	- CAN	\$
City	State	Zip Code (Plus	4) 🗟	MO.	DAY	TYEAR TO	
Full Name of Corpolitation Constitution		- -	1/2	San Alexander		Cappage 2.	\$
Full Name of Contributing Committee			<u> </u>	MO.	= DAY	YEAR	\$
Mailing Address		· · · · · · · · · · · · · · · · · · ·	30	MO		YEAR 9	\$
City	State	Zip Code (Plus	4)	napor de	THE REAL PROPERTY.	SUPPARE A	
,			" En	MU.	DAY	- EAH	\$
Full Name of Contributing Committee				- MO."	DAY	YEAR	THE RESERVE OF THE PARTY OF THE
Mailing Address					31 2 33 3 2 2 2		\$
Internal Manuers			Ē	MO.	DAY.	YEAR	\$
City	State	Zip Code (Plus	4)	MO.	DAY	YEAR	
		_					\$
Full Name of Contributing Committee			-50	MO.	- DAY	YEAR	\$
Mailing Address			<u> 27.</u>	MO.	DAY	EYEAR 2	
City	l ctata	Zio Cada Ibi					\$
City	State	Zip Code (Plus	-1 1	≅MOÆ	DAYE	YEAR	\$
			PERSONAL PROPERTY.	-	-		PAGE TOTAL
Enter Grand Total of Part A on Schee	dule i	, Detailed Sun	nmary I	Page	, Section	on 2.	\$
DSEB-502 (7-99)							· · · · · · · · · · · · · · · · · · ·

ALL OTHER CONTRIBUTIONS

\$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		12		eporting \		10 - 101 - 1
Friends of Mary E	11er	Koval		From \	1 20	19 TO12/31/2019
,			100000000000000000000000000000000000000	DATE		AMOUNT
Full Name of Contributor			-MD.	-DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR?	\$
Full Name of Contributor	lands mark		≡мо. =	DAY =	YEAR	\$
Meiling Address			MO.	DAY	YEAR	\$
City	State.	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	l		MO.	DAY	YEAR	\$
Mailing Address		**************************************	∕€Мо.	DAY ;	YEAR	\$
City	State	Zip Code (Plus 4)	Mo. :	DAY	YEAR	\$
Full Name of Contributor			шмо. т	DAY	YEAR	\$
Mailing Address			∞мо:	■DAY	YEAR	\$
City	State	Zip Code (Plus 4)	•мо.::	DAY	YEAR	\$
Full Name of Contributor			М0. =	DAY	YEAR	\$
Mailing Address			MO.	DAY	⊕YEAR -	\$
City	State	Zip Code (Plus 4) —	MO.≡∉	DAY	YEAR	\$
Full Name of Contributor			∞-мо.	II DAY	YEAR -	\$
Mailing Address City			- Mo	DAY	YEAR #	\$
	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributor Mailing Address				DAY		\$
City	Part. 1	7. 0.1 /5/		DAY:		\$
	State	Zip Code (Plus 4)		⊯DAY.≐	·	\$
Full Name of Contributor Meiling Address				⊞DAY ∓		\$
City	Came 1			DAY	YEAR	\$
CALT	State	Zip Code (Plus 4)	MO.	DAY	YEAR :	\$
Enter Grand Total of Part B on Sched	ule I,	Detailed Summary	Page,	Section	1 2.	\$ O
SEB-502 (7-99)						

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.

Friends of Mary	C 1	V V	\ ^B	eporting \	CONTRACTOR DATE:	19 TOLZ/31/2019
111212 3 04 heary		there leader			1. (a.	
Full Name of Contributing Committee	-] - MO.	DATE	YEAR :	AMOUNT
Massian Address						\$
Mailing Address			MO.	DAY	YEAR -	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR 🖫	\$
Full Name of Contributing Committee	_		MO.	DAY!	YEAR -	\$
Mailing Address			Mo.	DAY	YEAR	
City	6				1	\$
on,	State	Zip Code (Plus 4) —	. Мо.	DAY	EYEAR ≜	\$
Full Name of Contributing Committee			М0.	DAY	YEAR	\$
Mailing Address			. МО. ₩	MDAY =	≅YEAR ∷	\$
City	State	Zip Code (Plus 4)	MO.	DAÝ	YEAR	
Full Name of Contributing Committee		-	E PARIO S	THE STORY		\$
			MU.	- DAY	YEAR	\$
Mailing Address			MO.	DAY #	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	*YEAR	\$
Full Name of Contributing Committee	- trade	WIENE WHI SERVI	MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	
City	State	Zip Code (Plus 4)		and the second		\$
	State	ZIP Code (Files 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	⇒ DAY ≔	-YEAR	\$
Mailing Address			Mo.	DAY	YEAR =	\$
City	State	Zip Code (Plus 4)	EMO.	DAY	YEAR :	\$
Full Name of Contributing Committee			MO	DAV	YEAR	
-			ALL PROPER	DAT.	ELLAN-E	\$
Mailing Address				DAY -	YEAR	\$
City	State	Zip Code (Plus 4)	мо. 4	DAY	YEAR ⊪	\$
Full Name of Contributing Committee			■MO.ET	DAY	YEAR 1	
Mailing Address			Mo	DAY	- VCAD	\$
S.A.						\$
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR =	\$
				*. //		PAGE TOTAL
Enter Grand Total of Part C on Sched	ule i,	Detailed Summary	Page,	Section	n 3.	\$ O
SEB-502 (7-99)						

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ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	<i>~</i> .			From \	31	19 TO12/31/2019
triends of Mari	ا يح	len Koval			1120	
Full Name of Contributor			MO.	DATE	YEAR	AMOUNT
					-11-01-	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	.≆DAY.≅	YEAR	
						\$
Employer Name			Occupati	on		
Employer Mailing Address/Principal Place of Business						·····
Elibinasi Michilia Magressi Liliciber Libré or Basilless						
Full Name of Contributor			Mo.	DAY	YEAR	\$
Mailing Address			275410 cm	DAY	YEAR	
Maittiff Mooresa			MO.		- Sewender	\$
City	State	Zip Code (Plus 4)	MO.	- DAY	YEAR	
		-				\$
Employer Name			Occupati	ion		
Employer Mailing Address/Principal Place of Business		No. of the last of	1			
	-VE		T	(Green - Arrest	Marie	
Full Name of Contributor			MO.	DAY	EYEAR	\$
Mailing Address			- MO.	DAY	YEAR	è
City						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupati	ion		
Employer Mailing Address/Principal Place of Business			<u></u>			
Full Name of Contributor			MO.	DAY	YEAR	do
Mailing Address			Second 18		11077411	\$
Marring Address			azaMU.	DAY	-YEAR	\$
City	State	Zip Code (Plus 4)	мо.	DAY	SYEAR	\$
English and the second)
Employer Name			Occupat	ion		
Employer Mailing Address/Principal Place of Business	-		ia .			
Full Name of Contributor			MO	DAY	∀YEAR ♥	\$
Mailing Address			MO.	DAY	EYEAR	
						\$
City	State	Zip Code (Plus 4)	##MO#	DAY	FRASY	\$
Employer Name			Occupat	ion		
- In the state of						
Employer Mailing Address/Principal Place of Business						
					ONE WIFE	PAGE TOTAL
Enter Grand Total of Part D on Sched	Jule I,	Detailed Summary	Page,	Sectio	n 3.	

DSEB-502 (7-99)

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			Reporting		
Friends of Many &	llen K	oval	From 1	1 2010	7 To 12 31 2019
Allentown Federal (Mailing Address	Credit U	lnion			
2115 HOLMOURY AVE					
city	State Zip (Code (Plus 4)	#MO. DAY.	2019 \$	5.66
Receipt Description	110111011	M	12 31	2019	
Interest Income	Diela				
Mailing Address			R		
initial virginity		6			
City	State Zip	Code (Plus 4)	AMOL SADAY	S Am	ount
Receipt Description					
Full Name		300			
Mailing Address		A			
City	State Zip	Code (Plus 4)	MO. DAY	EVEAR AM	ount
Receipt Description	4				
Full Name	*********				*
Meiling Address	·			:	:
City	State Zip	Code (Plus 4)	MO. DAY	SYEAR AM	ount
Receipt Description	4				
Full Name					
Mailing Address					
City	State Zip	Code (Plus 4)	EMO, EDAYO	YEAR AT	iounl
Receipt Description	1_1			3	
Full Name					
Mailing Address				*	
City	State Zip	Code (Plus 4)	MO. A PDAY	SYEAR AN	nount
Receipt Description	1l				
					OF TOTAL
Enter Grand Total of Part E on Scho	dule I, Detail	led Summar	y Page, Section		S.66
DSEB-502 (7-99)				, le	

SCHEDULE II

PAGE 8 OF 4

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	Reporting Peri	oʻq	
Friends of Mary Ellen Koval	From <u>1 \1</u>	1201	9 To 12/31 2019
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S	50.00 OR L	ESS PE	R CONTRIBUTOR
TOTAL for the Reporting Period	d (1)	\$	Ó
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$20	50.00 (FROM	PART	
TOTAL for the Reporting Period	d (2)	\$	0
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART G		
TOTAL for the Reporting Perio	d (3)	\$	0
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.)		\$	0

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

		360 OF		S. 19	Period	T A
Friends of Mary E	lle	en Koval		From 1	1,13	019 TO 12/31/2019
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	: YEAR :	\$
Mailing Address			⊚ MO.	DAY	YEAR	•
City						\$
3	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:			<u> </u>			·
Full Name of Contributor	_	milerak affajalas (Ma	4	-	(New York Control	
rui Name of Contributor			MO. /	DAY	YEAR	\$
Mailing Address			MO.	DAY:	YEAR	•
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:			1			
		**************************************				Y CONTRACTOR OF THE CONTRACTOR
Full Name of Contributor			MO.	DAY :	-YEAR	\$
Mailing Address			.MO.:	DAY:	YEAR	
9 10 9						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	\$
						· ·
Mailing Address			Ministra	DAV	VEAD	
Mailing Address			∴MO.÷	DAY	YEAR	\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR YEAR	
City	State	Zip Code (Plus 4)				\$
	State	Zip Code (Plus 4) —				
City	State	Zip Code (Plus 4)				\$
City S Description of Contribution: Full Name of Contributor	State	Zip Code (Plus 4)	28MO. //	DAY	YEAR	
City S Description of Contribution:	State	Zip Code (Plus 4)	∴мо. ∕∕	DAY	YEAR	\$
City S Description of Contribution: Full Name of Contributor Mailing Address	State State	Zip Code (Plus 4) Zip Code (Plus 4)	28MO. //	DAY	YEAR	\$ \$
City S Description of Contribution: Full Name of Contributor Mailing Address City S			MODEL	DAY	YEAR :	\$
City S Description of Contribution: Full Name of Contributor Mailing Address		Zip Code (Plus 4)	MODEL	DAY	YEAR -	\$ \$
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City Description of Contribution: Full Name of Contributor Mailing Address City Description of Contribution: Full Name of Contributor		Zip Code (Plus 4)	MO. MO.	DAY	YEAR YEAR	\$ \$
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SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	From 1 1 2019 To 12 31 2019				
Friends of Mary Ellen Koval	DATE AMOUNT				
Full Name of Contributor	-MO				
	\$				
Mailing Address	MO. TEAR \$				
City State Zip Code (Plus 4)	MO. YEAR \$				
Employer of Contributor	Occupation				
Employer Mailing Address/Principal Place of Business	Description of Contribution				
Full Name of Contributor	MO; W MDAY: TYEAR :				
Mailing Address	MO- DAY YEAR \$				
City State Zip Code (Plus 4)	MO. DAY EVER S				
Employer of Contributor	Occupation				
Employer Malling Address/Principal Place of Business	Description of Contribution				
Full Name of Contributor	*MO. ** DAY ** YEAR **				
Mailing Address	MO. YEAR \$				
City State Zip Code (Plus 4)	THORIGINAL TOTAL S				
Employer of Contributor	Occupation				
Employer Mailing Address/Principal Place of Business	Description of Cantribution				
Full Name of Contributor #	SAMUAR ADAYS: SYEARS				
Mailing Address	MO DAY YEAR \$				
City State Zip Code (Plus 4)	MO. DAY FEAR \$				
Employer of Contributor	Occupation				
Employer Mailing Address/Principal Place of Business	Description of Contribution				
Full Name of Contributor	MO DAY TEAR \$				
Mailing Address	S S				
City State Zip Code (Plus 4)	SMO SDAY SYFAR \$				
Employer of Contributor	Occupation				
Employer Mailing Address/Principal Place of Business	Description of Contribution				
Enter Grand Total of Part G on Schedule II, In-Kind Contribu Summary Page, Section 3.	tions Detailed \$				

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Friends of Mary Ellen Koval	From : 1 . 2019To 12 31 2019
NO SECURE ASSESSMENT OF CONTRACTOR CONTRACTOR OF CONTRACTO	
To Whom Paid	MO. DAY YEAR AMOUNT 12 24 2019 5 400.00
Sisters of Charity Meiling Address	Description of Expenditure
54 W. Wain 5t	Donation
Baltic State Zip Code (Plus 4)	
The state of the s	MO. DAY YEAR Amount
Alzheimer's Association	MO. DAY YEAR Amount 13 26 2019 \$ -1.00.00 Description of Expenditure
Mailing Address P. O. Box 96011	
City Tie Code (City A)	Donation
Washington Dc 20090-6011	
Bous Town Mailing Address	MO. DAY YEAR AMOUNT 12 26 2019 \$ 300.00
Mailing Address 2	Concription of Expenditure
200 Flanagan Blv & PO BOX 6000 City State Zip Code (Plus 4)	Donation
12 00 2 1000 NE 18010 - 1884	
Salesian Missions Mailing Address O	MO. DAY YEAR Amount
Mailing Address	Pescription of Expenditure
2 Leteure Lane	Donation
NEW ROCHELLE NY 10801 -	
National Andubon Society	MO. DAY YEAR Amount
Mailing Address	12 26 2019 \$ 300.00 Description of Expenditure
P. O. Box 97188	Donation
Washington Do 20077-7124	
National Wildlife Federation	MO. DAY YEAR Amount
Mailing Address	12 26 2019 \$300.00
P.O.Box 1691 City State Zip Code (Plus 4)	Donation
Merrifield VA 22116-1691	
Wary Knoll	MO. DAY YEAR Amount 12 26 2019 \$300 00
Mailing Address -	Description of Expenditure
P.O.Box 302	Donation
Mary Know NY 10545 -0302	
5t. Joseph's Indian School	MO. DAY YEAR AMOUNT 12 26 2019 \$ 30000
Mailing Address	Description of Expenditura
P.O. Box 300 City State Zip Code (Plus 4)	Donation
Chamberlain 3D 57325-9919	
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover P	age, Item D. \$2600,50
	120001

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Friends of Mary Eller Koval	From 1 119 To12 181 19
To Whom Paid	MO. DAY YEAR ATTOUNT 8 L. Q. I
Lehigh Valley Active Life Mailing Address	12 26 2019 5 7 5 1. 41
	Description of Expenditure
1633 W. Elm St City State Zip Code (Plus 4)	Donation
Allentown PA 18102-	
To Whom Raid	MO. DAY YEAR Amount
Foundation for Sarcoidosis Research	12 26 2019 \$ 500.00
	Description of Expenditure
1820 W. Webster Ave Suite 304	Donation
Chicago IL 60614-	
Meals on Wheels Mailing Address,	MO. DAY YEAR Amount
Meals on wheels	12 24 2019 \$ 400.00
Mailing Address Dorney Park Rd	Description of Expenditure
CITY DOTNEY KOTE IED	Donation
Allentour PA 18104	
To Marin Palet	
Humane Socialu of 11 5	17 26 2019 \$ 300 00
Humane Society of U.S. Mailing Address	Description of Expenditure
PO Box 96930	Donation
City State Zip Code (Plus 4)	Doraction
Washington DC 20077 -728	4
To Whom Paid	
World Wildlife Fund	12 26 2019 \$ 300.00
Mailing Address	Description of Expenditure
P. U. 13 6x. 96555	Donation
Washington DC 20077-7761	
To Whom Paid	
I dala i hat flas interess it.	MO: DAY YEAR Amount
Habitat for Humanity	Description of Expenditure
322 W. Lamar 4	Donation
Americus GA31709-99X	
To Whom Paid	MO. DAY YEAR Amount
The Nature Conservancy	12 24 2014 \$300.00
Mailing Address	Description of Expenditure
P.O. BOX 1556	Donation
Merrifield State Zip Code (Plus 4)	
Alley Cat Allies	MO. DAY: YEAR Amount
Malling Address \	Description of Expenditura
PO. Box 98179	Donation
City State Zip Code (P)us 4)	- Conception
Washington DC 20027 - 714	0
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover I	
	- 300

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			R	eporting		7 7	
Friends of Mary Ell	en	Royal	1	From 1	11/1	9 1012/31/2019	
mentande de la companya del la companya de la compa	evanue in		-				
To Whom Paid			MQ.	DAY	YEAR	s 300.00	
D 0			Description	n of Expe		\$ 500,00	
713 N 13 - Street		Danation					
State Zip Code (Plus 4)							
Mlentown To Whom Paid	1 H	18107-	-	and the same of th	OHEOTOMAC STREET	Amount	
Second Harvest Fo	200	Bunk	MO.	DAY	PICE PICE	Amount s 300.00	
Mailing Address			Description	on of Expe	enditure	A SAN THE PARTY OF	
6969 Silver Crest	State	Zip Code (Plus 4)	100	JY-0.	+140	<u> </u>	
Nazareth	PA	18064-					
To Whom Paid	ne rechessió	s /·	MO.	DAY	YEAR	Amount	
Animal Food Bank of the L.V.			Descripti	on of Expe	2019	\$300,00	
860 Broad St #115			Daration				
Emmaus	State	Zip Code [Plus 4]					
To Wnom Paid	1014	16047	MO.	DAY	YEAR	Amount	
			MO.	UAT	TENN	\$	
Mailing Address			Descripti	on of Expe	enditure		
City	State	Zip Code (Plus 4)					
		=					
To Whom Paid			MO.	DAY	YEAR	Amount	
Mailing Address			Descripti	on of Exp	enditure	\$	
City	State	Zip Code (Plus 4)				(in	
To Whom Paid			100	DAY	YEAR	Amount	
			MO.	DAT	TEAN	\$	
Mailing Address			Description of Expanditure				
City	State	Zip Code (Plus 4)					
			1				
To Whom Paid			MO.	DAY.	YEAR	Amount	
Mailing Address		The state of the s	Descripti	on of Exp	enditure	\$	

City	State	Zip Code (Plus 4)					
To Whom Paid	ALL PRINCIPAL DE		NO.	PAV.	T VE AR	Amount	
19			MO.	DAY	YEAR	\$	
Mailing Address			Descripti	on of Exp	enditura		
City	State	Zip Code (Plus 4)	 				
			1				
			Post III	was to plant		PAGE TOTAL	
Enter Grand Total of Expenditures on Pa	ge 1,	Report Cover F	Page, Ito	em D.		\$ 900.00	
						CHARLES AND	

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.

	3	1,	Reporting		
Friends of Man Ellen K	Pual		From <u>v</u>	11/3	019 TOID 31/2019
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	-				TANK TATIONAL WALLSTON AS A STATE
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	. Мо. Ч	ADAY .	YEAR	
City		State	Zip Code	(Plus 4)	
		-			
Description of Debt					-
Name of Creditor					Outstanding Balance of Debt
Name of Creditor Mailing Address	DATE DEBT INCURRED	MQ.	√ S-DAY-2	YEAR	Outstanding Balance of Debt
Name of Creditor	DEBT	MO:	Zip Code		
Name of Creditor Mailing Address	DEBT				
Name of Creditor Mailing Address City Description of Debt Name of Creditor	DEBT				
Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DEBT	State		(Plus 4)	\$ Outstanding Balance of Debt
Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DEBT INCURRED	State	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt
Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DEBT INCURRED	State	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt
Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DATE DEBT INCURRED	State	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt \$ Outstanding Balance of Debt
Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DATE DEBT INCURRED DATE DEBT INCURRED DATE DEBT	State State	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt \$
Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DATE DEBT INCURRED	State State	Zip Code	YEAR	\$ Outstanding Balance of Debt \$ Outstanding Balance of Debt
Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DATE DEBT INCURRED DATE DEBT INCURRED DATE DEBT	State MO.	Zip Code	YEAR	\$ Outstanding Balance of Debt \$ Outstanding Balance of Debt
Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City City City City	DATE DEBT INCURRED DATE DEBT INCURRED DATE DEBT	State MO.	Zip Code	YEAR	\$ Outstanding Balance of Debt \$ Outstanding Balance of Debt

Compared the Compared States of the Compared