

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: ▶		1. CANDIDATE		2. COMMITTEE <input checked="" type="checkbox"/>		3. LOBBYIST															
Name of Filing Committee, Candidate or Lobbyist: Friends of Mary Ellen Koval																							
Street Address: 523 N. Carlisle St.																							
City: Allentown				State: PA		Zip Code: 18109 -2135																	
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRE-PRIMARY		2.	30 DAY POST PRIMARY		3.														
	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDAY PRE-ELECTION		5.	30 DAY POST ELECTION		6.														
	ANNUAL REPORT		7. <input checked="" type="checkbox"/>	YEAR 2019		FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/> DISKETTE															
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number															
					MO. DAY YEAR			Office Code															
					11 08 2016			NA															
								Party Code															
								OTH DEM															
								County Code															
								39															
								(SEE INSTRUCTIONS FOR CODES)															
FOR OFFICE USE ONLY																							
Summary of Receipts and Expenditures from: ▶																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>MO.</td><td>DAY</td><td>YEAR</td><td></td><td>MO.</td><td>DAY</td><td>YEAR</td> </tr> <tr> <td>01</td><td>01</td><td>2019</td><td>To</td><td>12</td><td>31</td><td>2019</td> </tr> </table>										MO.	DAY	YEAR		MO.	DAY	YEAR	01	01	2019	To	12	31	2019
MO.	DAY	YEAR		MO.	DAY	YEAR																	
01	01	2019	To	12	31	2019																	
A. Amount Brought Forward From Last Report				\$ 6583.03																			
B. Total Monetary Contributions and Receipts (From Schedule I)				\$ 5.66																			
C. Total Funds Available (Sum of Lines A and B)				\$ 6588.69																			
D. Total Expenditures (From Schedule III)				\$ 6581.01																			
E. Ending Cash Balance (Subtract Line D from Line C)				\$ 7.68																			
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

28th day of **January** 20**20****X. Brown**Commonwealth of Pennsylvania - Notary Seal
Kimberly A. Brown, Notary Public
Lehigh CountyMy commission expires **December 5, 2023**
Commission number **1151216**

Member, Pennsylvania Association of Notaries

Paul Balascki

Signature of Person Submitting Report

Paul Balascki

Printed Name

610

Area Code

262-9710

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 to and subscribed before me this

28th day of **January** 20**20****X. Brown**Commonwealth of Pennsylvania - Notary Seal
Kimberly A. Brown, Notary Public
Lehigh CountyMy commission expires **December 5, 2023**
Commission number **1151216**

Member, Pennsylvania Association of Notaries

M.E. Koval

Signature of Candidate

M.E. Koval

Printed Name

610

Area Code

432-7932

Daytime Telephone Number

Department 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 Friends of Mary Ellen Koval	Reporting Period From 1/1/2019 To 12/31/2019
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ 0

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 Period	(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 Period	(3) \$ 0

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(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
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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 <i>Friends of Mary Ellen Koval</i>	Reporting Period From <i>1/1/2019</i> To <i>12/31/2019</i>
---	---

			DATE			AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
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	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		-				
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
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	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		-				
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
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	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		-				
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
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	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		-				
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		-				

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL

\$

PART B
ALL OTHER CONTRIBUTIONS

PAGE 4 OF 14

\$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 Mary Ellen Koral</u>	Reporting Period From <u>1/1/2019</u> To <u>12/31/2019</u>
---	---

			DATE			AMOUNT
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	\$
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

\$ 0

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 Mary Ellen Koval</u>	Reporting Period From <u>1/1/2019</u> To <u>12/31/2019</u>
---	---

			DATE			AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
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	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		—				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
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	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		—				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
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	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		—				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
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	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		—				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		—				\$

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

PAGE TOTAL

\$

PART D
ALL OTHER CONTRIBUTIONS

PAGE 6 OF 14

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 Friends of Mary Ellen Kovel	Reporting Period From 1/1/2019 To 12/31/2019
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

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

PAGE TOTAL
\$ 0

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 Period
Friends of Mary Ellen Koval	From 1/1/2019 To 12/31/2019

Full Name Allentown Federal Credit Union						
Mailing Address 2115 Hanover Ave.						
City Allentown	State PA	Zip Code (Plus 4) 18109 -	MO. 12	DAY 31	YEAR 2019	Amount \$ 5.66

Receipt Description	Amount
Interest Income 2012	

Full Name	
-----------	--

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
						\$

[illegible]Full Name _____Mailing Address _____

City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
		-				\$

[illegible]Full NameMailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$

[illegible]Full Name _____Mailing Address _____

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$

	Date	Description	Amount	Total
		Receipt Description		

Full Name _____Mailing Address _____

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$

[illegible]

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL

\$ 5.66

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVEDUSE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Mary Ellen Koval</i>	Reporting Period From <i>1/1/2019</i> To <i>12/31/2019</i>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <i>0</i>

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

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

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Friends of Mary Ellen Koval	Reporting Period From 1/1/2019 To 12/31/2019
---	---

			DATE			AMOUNT
			MO.	DAY	YEAR	
Full Name of Contributor						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
Description of Contribution:						
Full Name of Contributor						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
Description of Contribution:						
Full Name of Contributor						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
Description of Contribution:						
Full Name of Contributor						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
Description of Contribution:						
Full Name of Contributor						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
Description of Contribution:						
Full Name of Contributor						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
Description of Contribution:						

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL

\$ 

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

PAGE 10 OF 14

Name of Filing Committee or Candidate <u>Friends of Mary Ellen Koval</u>	Reporting Period From <u>1/1/2019</u> To <u>12/31/2019</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
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 Contributions Detailed Summary Page, Section 3.

PAGE TOTAL

\$

SCHEDULE III
STATEMENT OF EXPENDITURES

PAGE 11 OF 14

Name of Filing Committee or Candidate Friends of Mary Ellen Koval	Reporting Period From 12/1/2019 to 12/31/2019
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To Whom Paid Sisters of Charity	MO. 12	DAY 26	YEAR 2019	Amount \$ 400.00
Mailing Address 54 W. Main St		Description of Expenditure Donation		
City Baltic	State CT	Zip Code (Plus 4) 06330-1300		
<hr/>				
To Whom Paid Alzheimer's Association	MO. 12	DAY 26	YEAR 2019	Amount \$ 400.00
Mailing Address P.O. Box 96011		Description of Expenditure Donation		
City Washington	State DC	Zip Code (Plus 4) 20090-6011		
<hr/>				
To Whom Paid Boys Town	MO. 12	DAY 26	YEAR 2019	Amount \$ 300.00
Mailing Address 200 Flanagan Blvd P.O. Box 6000		Description of Expenditure Donation		
City Boys Town	State NE	Zip Code (Plus 4) 68010-4988		
<hr/>				
To Whom Paid Salesian Missions	MO. 12	DAY 26	YEAR 2019	Amount \$ 300.00
Mailing Address 2 Lefevre Lane		Description of Expenditure Donation		
City New Rochelle	State NY	Zip Code (Plus 4) 10801-		
<hr/>				
To Whom Paid National Audubon Society	MO. 12	DAY 26	YEAR 2019	Amount \$ 300.00
Mailing Address P.O. Box 97188		Description of Expenditure Donation		
City Washington	State DC	Zip Code (Plus 4) 20077-7124		
<hr/>				
To Whom Paid National Wildlife Federation	MO. 12	DAY 26	YEAR 2019	Amount \$ 300.00
Mailing Address P.O. Box 1691		Description of Expenditure Donation		
City Merrifield	State VA	Zip Code (Plus 4) 22116-1691		
<hr/>				
To Whom Paid Maryknoll	MO. 12	DAY 26	YEAR 2019	Amount \$ 300.00
Mailing Address P.O. Box 302		Description of Expenditure Donation		
City Maryknoll	State NY	Zip Code (Plus 4) 10545-0302		
<hr/>				
To Whom Paid St. Joseph's Indian School	MO. 12	DAY 26	YEAR 2019	Amount \$ 300.00
Mailing Address P.O. Box 300		Description of Expenditure Donation		
City Chamberlain	State SD	Zip Code (Plus 4) 57325-9919		

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

PAGE TOTAL
\$ 2600.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Mary Ellen Koval	Reporting Period From 11/1/19 To 12/31/19
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To Whom Paid Lehigh Valley Active Life	MO. 12	DAY 26	YEAR 2019	Amount \$ 481.91
Mailing Address 1633 W. Elm St		Description of Expenditure Donation		
City Allentown	State PA	Zip Code (Plus 4) 18102-		
<hr/>				
To Whom Paid Foundation for Sarcoidosis Research	MO. 12	DAY 26	YEAR 2019	Amount \$ 500.00
Mailing Address 1820 W. Webster Ave Suite 304		Description of Expenditure Donation		
City Chicago	State IL	Zip Code (Plus 4) 60614-		
<hr/>				
To Whom Paid Meals on Wheels	MO. 12	DAY 26	YEAR 2019	Amount \$ 400.00
Mailing Address 4234 Dorney Park Rd		Description of Expenditure Donation		
City Allentown	State PA	Zip Code (Plus 4) 18104-		
<hr/>				
To Whom Paid Humane Society of U.S.	MO. 12	DAY 26	YEAR 2019	Amount \$ 300.00
Mailing Address P.O. Box 96930		Description of Expenditure Donation		
City Washington	State DC	Zip Code (Plus 4) 20077-7299		
<hr/>				
To Whom Paid World Wildlife Fund	MO. 12	DAY 26	YEAR 2019	Amount \$ 300.00
Mailing Address P.O. Box 96555		Description of Expenditure Donation		
City Washington	State DC	Zip Code (Plus 4) 20077-7760		
<hr/>				
To Whom Paid Habitat for Humanity	MO. 12	DAY 26	YEAR 2019	Amount \$ 300.00
Mailing Address 322 W. Lamar St.		Description of Expenditure Donation		
City Americus	State GA	Zip Code (Plus 4) 31709-9906		
<hr/>				
To Whom Paid The Nature Conservancy	MO. 12	DAY 26	YEAR 2019	Amount \$ 300.00
Mailing Address P.O. Box 1556		Description of Expenditure Donation		
City Merrifield	State VA	Zip Code (Plus 4) 22116-9590		
<hr/>				
To Whom Paid Alley Cat Allies	MO. 12	DAY 26	YEAR 2019	Amount \$ 500.00
Mailing Address P.O. Box 98179		Description of Expenditure Donation		
City Washington	State DC	Zip Code (Plus 4) 20027-7140		

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

PAGE TOTAL

\$3081.91

SCHEDULE III
STATEMENT OF EXPENDITURES

PAGE 13 OF 14

Name of Filing Committee or Candidate <u>Friends of Mary Ellen Roual</u>	Reporting Period From <u>1/1/19</u> To <u>12/31/2019</u>
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To Whom Paid <u>LVCIL</u>			MO. <u>12</u> DAY <u>26</u> YEAR <u>2019</u>	Amount <u>\$ 300.00</u>		
Mailing Address <u>713 N 13th Street</u>			Description of Expenditure <u>Donation</u>			
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18102-</u>				
To Whom Paid <u>Second Harvest Food Bank</u>			MO. <u>12</u> DAY <u>26</u> YEAR <u>2019</u>	Amount <u>\$ 300.00</u>		
Mailing Address <u>6969 Silver Crest Rd</u>			Description of Expenditure <u>Donation</u>			
City <u>Nazareth</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18064-</u>				
To Whom Paid <u>Animal Food Bank of the L.V.</u>			MO. <u>12</u> DAY <u>26</u> YEAR <u>2019</u>	Amount <u>\$ 300.00</u>		
Mailing Address <u>860 Broad St #115</u>			Description of Expenditure <u>Donation</u>			
City <u>Emmaus</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18049-</u>				
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
\$ 900.00

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 <i>Friends of Mary Ellen Koval</i>	Reporting Period From <i>1/1/2019</i> To <i>12/31/2019</i>
---	---

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						
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

\$