

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: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE ^{1.} <input checked="" type="checkbox"/>		COMMITTEE ^{2.} <input type="checkbox"/>		LOBBYIST ^{3.} <input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist: NAT HYMAN									
Street Address: 610 727 N. MEADOW STREET									
City: ALLENTOWN					State: PA		Zip Code: 18102		
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY ^{1.}	<input type="checkbox"/>	2ND FRIDAY PRE-PRIMARY ^{2.}	<input checked="" type="checkbox"/>	30 DAY POST PRIMARY ^{3.}	<input type="checkbox"/>	AMENDMENT REPORT?	YES	NO
	6TH TUESDAY PRE-ELECTION ^{4.}	<input type="checkbox"/>	2ND FRIDAY PRE-ELECTION ^{5.}	<input type="checkbox"/>	30 DAY POST ELECTION ^{6.}	<input type="checkbox"/>	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT ^{7.}	<input type="checkbox"/>	YEAR	<input type="checkbox"/>	FILING METHOD () CHECK ONE <input type="checkbox"/>		PAPER	<input checked="" type="checkbox"/>	DISKETTE

Name of Office Sought by Candidate: MAYOR-CITY OF ALLENTOWN				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR		MO.	DAY	YEAR		00H	R	39
				5	16	17		(SEE INSTRUCTIONS FOR CODES)		

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR
		1	1	2017		5	1
A. Amount Brought Forward From Last Report				\$	0.00		
B. Total Monetary Contributions and Receipts (From Schedule I)				\$	0.00		
C. Total Funds Available (Sum of Lines A and B)				\$	0.00		
D. Total Expenditures (From Schedule III)				\$	25,000.00		
E. Ending Cash Balance (Subtract Line D from Line C)				\$	< 25,000.00		
F. Value of In-Kind Contributions Received (From Schedule III)				\$	0.00		
G. Unpaid Debts and Obligations (From Schedule IV)				\$	0.00		

FOR OFFICE USE ONLY	

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 3rd day of MAY 2017

Signature: [Signature]
 My commission expires 02 25 2021

Signature of Person Submitting Report: [Signature]
 Printed Name: NAT L HYMAN
 Area Code: 610
 Daytime Telephone Number: 433-4114

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 _____ day of _____ 20____

Signature: _____

My commission expires _____ MO. _____ DAY _____ YR.

Signature of Candidate: _____

Printed Name: _____

Area Code: _____ Daytime Telephone Number: _____

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEPARATE STATE
 Suzanne T. Miller, Notary Public
 City of Allentown, Lehigh County
 My Commission Expires Feb. 25, 2021
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

State • Bureau of Commissions, Elections and Legislation
 Building • Harrisburg, PA 17120-0029 • (717) 787-5280

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate NAT HYMAN	Reporting Period From 1/1/17 To 5/1/17
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To Whom Paid	MO.	DAY	YEAR	Amount
HYMAN FOR MAYOR	2	17	17	\$ 25,000.00
Mailing Address C/O 727 N. MEADOW STREET	Description of Expenditure CAMPAIGN LOAN			
City ALLENTOWN	State PA	Zip Code (Plus 4) 18102-		
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
\$ 25,000.00