

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: **CANDIDATE** ^{1.} **COMMITTEE** ^{2.} **LOBBYIST** ^{3.}

Name of Filing Committee, Candidate or Lobbyist: **NAT L. HYMAN**

Street Address: **727 N. MEADOW STREET**

City: **ALLENTOWN** **State:** **PA** **Zip Code:** **18102**

TYPE OF REPORT <small>(place X to the right of report type)</small>	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR 2018		FILING METHOD () CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE

Name of Office Sought by Candidate: **MAYOR - CITY OF ALLENTOWN**

DATE OF ELECTION
 MO. DAY YEAR

District Number **Office Code** **Party Code** **County Code**

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:

	MO.	DAY	YEAR	To	MO.	DAY	YEAR	
	1	1	2018		12	31	2018	
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)					\$	596.32		
E. Ending Cash Balance (Subtract Line D from Line C)					\$	596.32		
F. Value of In-Kind Contributions Received (From Schedule II)					\$	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 15th day of JANUARY 2019

Suzanne J. Miller Signature

My commission expires 02 25 2021

NAT L. HYMAN Signature of Person Submitting Report

NAT L. HYMAN Printed Name

610 Code

433-4114 Daytime Telephone Number

NOTARIAL SEAL
 Suzanne J. Miller, Notary Public
 My Commission Expires Feb 25, 2021
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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 report 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

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate NAT L. HYMAN	Reporting Period From 1/1/18 To 12/31/18
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To Whom Paid HYMAN FOR MAYOR	MO. 12	DAY 30	YEAR 18	Amount \$ 596.32
Mailing Address 727 N. MEADOW STREET		Description of Expenditure CAMPAIGN CONTRIBUTION		
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 \$ 596.32
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