

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE	1. <input checked="" type="checkbox"/>	COMMITTEE	2. <input type="checkbox"/>	LOBBYIST	3. <input type="checkbox"/>		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST CHARLES INIEL											
STREET ADDRESS 22 S 10th St.											
CITY Allentown				STATE PA		ZIP CODE 18102					
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.		PARTY		DATE OF ELECTION		
6TH TUESDAY PRE-PRIMARY		MAYOR - ALLENTOWN					D		MO. DAY YEAR 11 7 2017		
2ND FRIDAY PRE-PRIMARY											
30 DAY POST-PRIMARY											
6TH TUESDAY PRE-ELECTION											
2ND FRIDAY PRE-ELECTION											
30 DAY POST-ELECTION											
ANNUAL REPORT											
		DATES OF REPORTING PERIOD			MO. DAY YEAR 10 23 17		TO		MO. DAY YEAR 10 23 17		
		CASH BALANCE AT END OF REPORTING PERIOD:			\$		0				
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:			\$		0				
		AMENDMENT REPORT?			YES		NO		<input checked="" type="checkbox"/>		
		TERMINATION REPORT?			YES		NO		<input checked="" type="checkbox"/>		
FOR OFFICE USE ONLY										COPY	

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OF THE FILER EXCEEDED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS NOT TRUE, CORRECT AND COMPLETE.		I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OF THE FILER EXCEEDED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS NOT TRUE, CORRECT AND COMPLETE.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS		SIGNATURE OF PERSON SUBMITTING REPORT	
20th DAY OF OCTOBER 2017		Charles F. Iniel	
SIGNATURE		PRINTED NAME	
My Commission Expires June 7, 2019		737 1490	
MO. DAY YR.		AREA CODE DAYTIME TELEPHONE NUMBER	

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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.		SIGNATURE OF CANDIDATE	
SWORN TO AND SUBSCRIBED BEFORE ME THIS		PRINTED NAME	
DAY OF 20			
SIGNATURE			
MY COMMISSION EXPIRES		AREA CODE DAYTIME TELEPHONE NUMBER	
MO. DAY YR.			