

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 <input checked="" type="checkbox"/>		COMMITTEE <input type="checkbox"/>		LOBBYIST <input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist NAT HYMAN									
Street Address 910 727 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 type="checkbox"/>	30 DAY POST PRIMARY ^{3.}	<input checked="" 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	DISKETTE	
Name of Office Sought by Candidate MAYOR - CITY OF ALLENTOWN					DATE OF ELECTION		District Number	Office Code	Party Code
					MO. DAY YEAR 5 16 2017			OTH	R
									County Code 39
(SEE INSTRUCTIONS FOR CODES)									
Summary of Receipts and Expenditures from: <input type="checkbox"/>			MO. DAY YEAR 5 2 2017	To	MO. DAY YEAR 6 5 2017	FOR OFFICE USE ONLY			
A. Amount Brought Forward From Last Report					\$ <25,000.00>				
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ 0.00				
C. Total Funds Available (Sum of Lines A and B)					\$ <25,000.00>				
D. Total Expenditures (From Schedule III)					\$ 15,931.20				
E. Ending Cash Balance (Subtract Line D from Line C)					\$ <40,931.20>				
F. Value of In-Kind Contributions Received (From Schedule II)					\$ 2,190.00				
G. Unpaid Debts and Obligations (From Schedule IV)					\$ 0.00				

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

13th day of JUNE 2017

Suzanne T. Miller
 Signature

My commission expires 02 25 2021
 MO. DAY YR.

NAT L. HYMAN
 Signature of Person Submitting Report
 Printed Name
610 433-4114
 Area Code 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

_____ day of _____ 20____

Signature

Signature of Candidate

Printed Name

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL

Suzanne T. Miller, Notary Public
 City of Allentown, Lehigh County
 My Commission Expires Feb 26 2021
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Area Code

Daytime Telephone Number

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 NAT HYMAN	Reporting Period From 6/2/17 To 6/30/17
---	--

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 2,190.00

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.)	\$ 2,190.00
---	--------------------

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250

Name of Filing Committee or Candidate Nat Hyman	Reporting Period From <u>5/2/17</u> To <u>6/5/17</u>
---	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Lawrence M. Otter	5	26	17	\$ 2,190.00
Mailing Address P.O. Box 575	MO.	DAY	YEAR	
City Silverdale State PA Zip Code (Plus 4) 18962 -	MO.	DAY	YEAR	
Employer of Contributor Self - Employed	Occupation Lawyer			
Employer Mailing Address/Principal Place of Business P.O. Box 575, Silverdale, PA 18962				
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				
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				
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				
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				

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 2,190.00

Statement of Expenditures

Name of Filing Committee or Candidate Nat Hyman	Reporting Period From <u>5/2/17</u> To <u>6/5/17</u>
---	---

	DATE			AMOUNT
	MO.	DAY	YEAR	
To Whom Paid Lawrence M. Otter	5	6	17	\$ 6,570.00
Mailing Address P.O. Box 575	Description of Expenditure Legal Services			
City Silverdale	State PA	Zip Code (Plus 4) 18962 -		
To Whom Paid Gross McGinley	5	20	17	\$ 9,361.20
Mailing Address 33 South Seventh Street	Description of Expenditure Legal Services			
City Allentown	State PA	Zip Code (Plus 4) 18105 -4060		
To Whom Paid	MO.	DAY	YEAR	
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 15,931.20