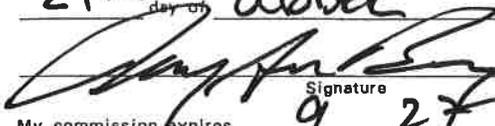
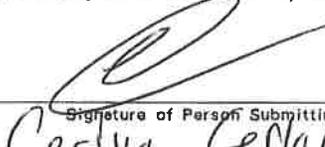


# CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

|   |                          |                                       |                         |   |   |                                   |                     |            |  |  |
|---|--------------------------|---------------------------------------|-------------------------|---|---|-----------------------------------|---------------------|------------|--|--|
| Filer Identification Number: <input type="text"/>                       |                          | Report Filed By: <input type="text"/> |                         | CANDIDATE <input checked="" type="checkbox"/> | COMMITTEE <input type="checkbox"/>  | LOBBYIST <input type="checkbox"/> |                     |            |  |  |
| Name of Filing Committee, Candidate or Lobbyist: <u>Cecilia Genlach</u> |                          |                                       |                         |   |   |                                   |                     |            |  |  |
| Street Address: <u>109 S. 9th St</u>                                    |                          |                                       |                         |   |   |                                   |                     |            |  |  |
| City: <u>Allentown</u>  |                          | State: <u>PA</u>                      |                         | Zip Code: <u>18102</u>                        |   |                                   |                     |            |  |  |
| TYPE OF REPORT<br><small>(place X to the right of report type)</small>  | 8TH 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. <input checked="" type="checkbox"/>        | 30 DAY POST-ELECTION  | 6.                                | TERMINATION REPORT? | YES        | NO   |  |
|   | ANNUAL REPORT            | 7.                                    | YEAR                    | <u>2019</u>                                   | FILING METHOD <input type="checkbox"/> CHECK ONE <input type="checkbox"/> |                                   | PAPER               | DISKETTE   |  |  |
| Name of Office Sought by Candidate:                                     |                          |                                       |                         | DATE OF ELECTION                              |   | District Number                   | Office Code         | Party Code | County Code  |  |
|   |                          |                                       |                         | MO.   | DAY   | YEAR                              |                     |            |  |  |
|   |                          |                                       |                         | <u>11</u>                                     | <u>5</u>  | <u>19</u>                         |                     |            |  |  |
|   |                          |                                       |                         | (SEE INSTRUCTIONS FOR CODES)                  |   |                                   |                     |            |  |  |
| Summary of Receipts and Expenditures from:                              |                          |                                       | MO.                     | DAY   | YEAR  | To                                | FOR OFFICE USE ONLY |            |  |  |
|   |                          |                                       | <u>6</u>                | <u>11</u>                                     | <u>2019</u>   | <u>10</u>                         | <u>21</u>           | <u>19</u>  | RECEIVED<br>OCT 24 AM 11:53<br>ELECTION BOARD<br>LEHIGH COUNTY |  |
| A. Amount Brought Forward From Last Report                              |                          |                                       | \$                      |   | <u>0</u>  |                                   |                     |            |  |  |
| B. Total Monetary Contributions and Receipts (From Schedule I)          |                          |                                       | \$                      |   | <u>0</u>  |                                   |                     |            |  |  |
| C. Total Funds Available (Sum of Lines A and B)                         |                          |                                       | \$                      |   | <u>0</u>  |                                   |                     |            |  |  |
| D. Total Expenditures (From Schedule III)                               |                          |                                       | \$                      |   | <u>63.48</u>  |                                   |                     |            |  |  |
| E. Ending Cash Balance (Subtract Line D from Line C)                    |                          |                                       | \$                      |   | <u>-63.48</u>   |                                   |                     |            |  |  |
| F. Value of In-Kind Contributions Received (From Schedule II)           |                          |                                       | \$                      |   | <u>0</u>  |                                   |                     |            |  |  |
| G. Unpaid Debts and Obligations (From Schedule IV)                      |                          |                                       | \$                      |   | <u>0</u>  |                                   |                     |            |  |  |

### AFFIDAVIT SECTION

|   |  |   |  |
|---|--|---|--|
| PART I - If this is a Committee report, treasurer sign here.  |  | PART II - 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. |  | 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 <u>24th</u> day of <u>October</u> 20 <u>19</u>   |  | Sworn to and subscribed before me this _____ day of _____ 20____  |  |
| <br>Signature<br>My commission expires <u>9</u> <u>27</u> <u>22</u><br>MO. DAY YR.          |  | <br>Signature of Person Submitting Report<br>Printed Name <u>Cecilia Genlach</u><br>Area Code <u>610</u> Daytime Telephone Number <u>897 0354</u> |  |
| Notary Public<br>THY ANDREW BENYO - Notary Public<br>Lehigh County<br>Commission Expires Sep 27, 2021<br>Commission Number 1258142  |  |   |  |

|  |  |
|--|--|
| 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<br>Printed Name<br>Area Code<br>Daytime Telephone Number   |  |

**SCHEDULE III  
STATEMENT OF EXPENDITURES**

|   |   |
|---|---|
| Name of Filing Committee or Candidate<br><span style="font-size: 1.5em; font-family: cursive;">Cecilia Gentlarch</span> | Reporting Period<br>From <u>6/1/19</u> To <u>10/31/19</u> |
|---|---|

| To Whom Paid   | MO.   | DAY  | YEAR | Amount              |
|--|---|--|------|---------------------|
| <span style="font-size: 1.5em; font-family: cursive;">Target</span>                                      | 7   | 2  | 19   | <b>\$ 63.48</b>     |
| Mailing Address<br><span style="font-size: 1.2em; font-family: cursive;">1600 N. Cedar Crest Blvd</span> | Description of Expenditure<br><span style="font-size: 1.2em; font-family: cursive;">freeze pops for 4th July</span> |  |      |                     |
| City<br><span style="font-size: 1.5em; font-family: cursive;">Allentown</span>                           | State<br><span style="font-size: 1.5em; font-family: cursive;">PA</span>  | Zip Code (Plus 4)<br><span style="font-size: 1.5em; font-family: cursive;">18104-</span> |      |                     |
| To Whom Paid   | MO.   | DAY  | YEAR | Amount<br><b>\$</b> |
| Mailing Address  | Description of Expenditure  |  |      |                     |
| City   | State   | Zip Code (Plus 4)  |      |                     |
| To Whom Paid   | MO.   | DAY  | YEAR | Amount<br><b>\$</b> |
| Mailing Address  | Description of Expenditure  |  |      |                     |
| City   | State   | Zip Code (Plus 4)  |      |                     |
| To Whom Paid   | MO.   | DAY  | YEAR | Amount<br><b>\$</b> |
| Mailing Address  | Description of Expenditure  |  |      |                     |
| City   | State   | Zip Code (Plus 4)  |      |                     |
| To Whom Paid   | MO.   | DAY  | YEAR | Amount<br><b>\$</b> |
| Mailing Address  | Description of Expenditure  |  |      |                     |
| City   | State   | Zip Code (Plus 4)  |      |                     |
| To Whom Paid   | MO.   | DAY  | YEAR | Amount<br><b>\$</b> |
| Mailing Address  | Description of Expenditure  |  |      |                     |
| City   | State   | Zip Code (Plus 4)  |      |                     |
| To Whom Paid   | MO.   | DAY  | YEAR | Amount<br><b>\$</b> |
| Mailing Address  | Description of Expenditure  |  |      |                     |
| City   | State   | Zip Code (Plus 4)  |      |                     |
| To Whom Paid   | MO.   | DAY  | YEAR | Amount<br><b>\$</b> |
| Mailing Address  | Description of Expenditure  |  |      |                     |
| City   | State   | Zip Code (Plus 4)  |      |                     |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| <b>\$</b>         |