

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 <input checked="" type="checkbox"/>	COMMITTEE ¹ <input type="checkbox"/>	LOBBYIST ² <input type="checkbox"/>		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Mary Ellen Koval</i>							
STREET ADDRESS <i>523 N. Carlisle St.</i>							
CITY <i>Allentown</i>			STATE <i>PA</i>	ZIP CODE <i>18109-2135</i>			
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT <input checked="" type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO. <i>NA</i>	PARTY <i>Dem</i>	DATE OF ELECTION		
					MO.	DAY	YEAR
					<i>11</i>	<i>08</i>	<i>2016</i>
	DATES OF REPORTING PERIOD		MO.	DAY	YEAR	FOR OFFICE USE ONLY	
			<i>01</i>	<i>01</i>	<i>2018</i>		
			<i>12</i>	<i>31</i>	<i>2018</i>		
CASH BALANCE AT END OF REPORTING PERIOD:				\$	<i>0</i>		
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:				\$	<i>0</i>		
AMENDMENT REPORT?		YES		NO	<input checked="" type="checkbox"/>		
TERMINATION REPORT?		YES		NO	<input checked="" type="checkbox"/>		

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 OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
24th DAY OF *January* 20*19*

M.E. Koval
 SIGNATURE OF PERSON SUBMITTING REPORT

M E Koval
 PRINTED NAME

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Cynthia S. Frisch, Notary Public
 Hanover Twp., Lehigh County
 My Commission Expires April 29, 2026

610
 AREA CODE

610-432-7932
 DAYTIME TELEPHONE NUMBER

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 _____ DAY OF _____ 20____

 SIGNATURE OF CANDIDATE

 PRINTED NAME

MY COMMISSION EXPIRES _____
 MO. DAY YR.

 AREA CODE

 DAYTIME TELEPHONE NUMBER