

CAMPAIGN FINANCE REPORT

PAGE 1 OF 13
(COVER PAGE)

(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:		1. CANDIDATE		2. COMMITTEE <input checked="" type="checkbox"/>		3. LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: Friends of Ce-Ce Gerlach									
Street Address: 307 S. 16th Street									
City: Allentown				State: PA		Zip Code: 18102			
TYPE OF REPORT (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO <input checked="" type="checkbox"/>
	8TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO <input checked="" type="checkbox"/>
	ANNUAL REPORT	7. <input checked="" type="checkbox"/>	YEAR 2019		FILING METHOD () CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE
Name of Office Sought by Candidate: Allentown City Council					DATE OF ELECTION		District Number	Office Code	Party Code
					MO. DAY YEAR 11 5 2019			oth	dem
									39
					(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:					FOR OFFICE USE ONLY				
MO. DAY YEAR 11 26 2019					MO. DAY YEAR 12 31 2019				
A. Amount Brought Forward From Last Report					\$ 8,213.18				
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ 0				
C. Total Funds Available (Sum of Lines A and B)					\$ 8,213.18				
D. Total Expenditures (From Schedule III)					\$ 1,156.29				
E. Ending Cash Balance (Subtract Line D from Line C)					\$ 7,056.89				
F. Value of In-Kind Contributions Received (From Schedule II)					\$ 0				
G. Unpaid Debts and Obligations (From Schedule IV)					\$ 0				

RECEIVED
2020 JAN 29 PM 1:24
ELECTION BOARD
OF LEHIGH COUNTY

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

29 day of January 20 20

Signature

My commission expires November 4, 2022
MO. DAY YR.

Signature of Person Submitting Report
Shelly D. Anderson
Printed Name
484 553 4494
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

29 day of January 20 20

Signature
My commission expires November 4, 2022
MO. DAY YR.

Signature of Candidate
Cecilla Gerlach
Printed Name
484 597 6354
Area Code Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS**Detailed Summary Page**

Name of Filing Committee or Candidate Friends of Ce-Ce Gerlach	Reporting Period From 11/26/2019 To 12/31/2019
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 0
TOTAL for the Reporting Period (2)	\$ 0

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 0
All Other Contributions (Part D)	\$ 0
TOTAL for the Reporting Period (3)	\$ 0

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ 0

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 0
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PART A

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CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate Friends of Ce-Ce Gerlach	Reporting Period From 11/26/2019 To 12/31/2019
---	---

			DATE			AMOUNT
			MO.	DAY	YEAR	
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
		-				
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
		-				
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
		-				
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
		-				
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
		-				
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
		-				
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
		-				
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
		-				
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
		-				

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL

\$ 0

0

AMOUNT

Reporting Period	From	To
	11/26/2019	12/31/2019

Name of Filing Committee or Candidate	Friends of Ce-Ce Gerlach

(\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

\$50.01 TO \$250.00

ALL OTHER CONTRIBUTIONS

PART 8

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PART C

PAGE 5 OF 13

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate Friends of Ce-Ce Gerlach				Reporting Period From 11/26/2019 To 12/31/2019			
---	--	--	--	---	--	--	--

			DATE			AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR			
Mailing Address	MO.	DAY	YEAR			
City	MO.	DAY	YEAR			
State						
Zip Code (Plus 4)						
Mailing Address	MO.	DAY	YEAR			
City	MO.	DAY	YEAR			
State						
Zip Code (Plus 4)						
Mailing Address	MO.	DAY	YEAR			
City	MO.	DAY	YEAR			
State						
Zip Code (Plus 4)						
Mailing Address	MO.	DAY	YEAR			
City	MO.	DAY	YEAR			
State						
Zip Code (Plus 4)						
Mailing Address	MO.	DAY	YEAR			
City	MO.	DAY	YEAR			
State						
Zip Code (Plus 4)						
Mailing Address	MO.	DAY	YEAR			
City	MO.	DAY	YEAR			
State						
Zip Code (Plus 4)						
Mailing Address	MO.	DAY	YEAR			
City	MO.	DAY	YEAR			
State						
Zip Code (Plus 4)						
Mailing Address	MO.	DAY	YEAR			
City	MO.	DAY	YEAR			
State						
Zip Code (Plus 4)						
Mailing Address	MO.	DAY	YEAR			
City	MO.	DAY	YEAR			
State						
Zip Code (Plus 4)						
Mailing Address	MO.	DAY	YEAR			
City	MO.	DAY	YEAR			
State						
Zip Code (Plus 4)						

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.	PAGE TOTAL \$ 0
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ALL OTHER CONTRIBUTIONS

PAGE 6 OF 13

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate Friends of Ce-Ce Gerlach	Reporting Period From 11/28/2019 To 12/31/2019
--	--

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0

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Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		—				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		—				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		—				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		—				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		—				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		—				\$
Receipt Description						

\$ 0

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 Friends of Ce-Ce Gerlach	Reporting Period From <u>11/26/2019</u> To <u>12/31/2019</u>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0

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.)	\$ 0
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PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Friends of Ce-Ce Gerlach	Reporting Period From <u>11/26/2019</u> To <u>12/31/2019</u>
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL

\$ 0

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OVER \$250.00

Name of Filing Committee or Candidate
Friends of Ce-Ce Gerlach

Reporting Period From 11/26/2019 To 12/31/2019

DATE AMOUNT

Full Name of Contributor		Mailing Address		City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor		Mailing Address		City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Mailing Address/Principal Place of Business		Mailing Address		City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution		Mailing Address		City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$

Full Name of Contributor		Mailing Address		City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor		Mailing Address		City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Mailing Address/Principal Place of Business		Mailing Address		City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution		Mailing Address		City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$

Full Name of Contributor		Mailing Address		City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor		Mailing Address		City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Mailing Address/Principal Place of Business		Mailing Address		City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution		Mailing Address		City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$

Full Name of Contributor		Mailing Address		City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor		Mailing Address		City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Mailing Address/Principal Place of Business		Mailing Address		City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution		Mailing Address		City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$

Full Name of Contributor		Mailing Address		City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor		Mailing Address		City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Mailing Address/Principal Place of Business		Mailing Address		City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution		Mailing Address		City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$

PAGE TOTAL \$ 0

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

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Ce-Ce Gerlach				Reporting Period From 11/26/2019 To 12/31/2019			
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To Whom Paid Union Baptist Church			MO. 12	DAY 27	YEAR 19	Amount \$ 30.00
Mailing Address 302 n 6th street			Description of Expenditure Youth Awards Ceremony			
City Allentown	State PA	Zip Code (Plus 4) 18102 -				

To Whom Paid Wegmans			MO. 2	DAY 16	YEAR 19	Amount \$ 219.87
Mailing Address 3900 Tilghman Street			Description of Expenditure Food, plates and other items for Thank You Appreciation			
City Allentown	State pa	Zip Code (Plus 4) 18104 -	Party			

To Whom Paid Yahaira Washington			MO. 12	DAY 12	YEAR 2019	Amount \$ 50.00
Mailing Address 713 n nelson street			Description of Expenditure Washington Elves Fundraiser			
City Allentown	State pa	Zip Code (Plus 4) 18109 -				

To Whom Paid County of Lehigh			MO. 12	DAY 6	YEAR 2019	Amount \$ 5.00
Mailing Address 17 S. 7th Street			Description of Expenditure notary fee			
City allentown	State pa	Zip Code (Plus 4) 18102 -				

To Whom Paid LV Print			MO. 12	DAY 5	YEAR 2019	Amount \$ 555.06
Mailing Address 1701 Union Blvd			Description of Expenditure postcard invitation to party			
City allentown	State pa	Zip Code (Plus 4) 18109 -				

To Whom Paid Lehigh Valley Active Live			MO. 11	DAY 27	YEAR 19	Amount \$ 40.00
Mailing Address 1633 Elm Street			Description of Expenditure room rental			
City Allentown	State pa	Zip Code (Plus 4) 18102 -				

To Whom Paid Cecilia Gerlach			MO. 11	DAY 26	YEAR 19	Amount \$ 15.00
Mailing Address 109 S. 9th Street			Description of Expenditure notary fee reimbursement			
City allentown	State pa	Zip Code (Plus 4) 18102 -				

To Whom Paid Office Depot			MO. 11	DAY 26	YEAR 2019	Amount \$ 16.36
Mailing Address 480 S Cedar Crest Blvd			Description of Expenditure cardstock paper			
City Allentown	State pa	Zip Code (Plus 4) 18104 -				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 931.29
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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Ce-Ce Gerlach	Reporting Period From 11/26/2019 To 12/31/2019
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To Whom Paid Saint Lukes Luthern Church			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">MO.</th> <th style="width: 20%;">DAY</th> <th style="width: 20%;">YEAR</th> <th style="width: 40%;">Amount</th> </tr> <tr> <td style="text-align: center;">11</td> <td style="text-align: center;">26</td> <td style="text-align: center;">2019</td> <td style="text-align: right;">\$ 25.00</td> </tr> </table>	MO.	DAY	YEAR	Amount	11	26	2019	\$ 25.00
MO.	DAY	YEAR	Amount								
11	26	2019	\$ 25.00								
Mailing Address 417 n 7th street			Description of Expenditure advertisement								
City Allentown	State pa	Zip Code (Plus 4) 18102 -									
To Whom Paid Dollar Tree			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">MO.</th> <th style="width: 20%;">DAY</th> <th style="width: 20%;">YEAR</th> <th style="width: 40%;">Amount</th> </tr> <tr> <td style="text-align: center;">12</td> <td style="text-align: center;">11</td> <td style="text-align: center;">2019</td> <td style="text-align: right;">\$ 39.10</td> </tr> </table>	MO.	DAY	YEAR	Amount	12	11	2019	\$ 39.10
MO.	DAY	YEAR	Amount								
12	11	2019	\$ 39.10								
Mailing Address 2180 MacArthur Rd			Description of Expenditure Appreciation Party								
City Whitehall	State pa	Zip Code (Plus 4) 18052 -									
To Whom Paid Casa Dollar			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">MO.</th> <th style="width: 20%;">DAY</th> <th style="width: 20%;">YEAR</th> <th style="width: 40%;">Amount</th> </tr> <tr> <td style="text-align: center;">12</td> <td style="text-align: center;">12</td> <td style="text-align: center;">2019</td> <td style="text-align: right;">\$ 10.60</td> </tr> </table>	MO.	DAY	YEAR	Amount	12	12	2019	\$ 10.60
MO.	DAY	YEAR	Amount								
12	12	2019	\$ 10.60								
Mailing Address 230 n 7th Street			Description of Expenditure balloons for appreciation party								
City Allentown	State pa	Zip Code (Plus 4) 18102 -									
To Whom Paid Parma Pizza			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">MO.</th> <th style="width: 20%;">DAY</th> <th style="width: 20%;">YEAR</th> <th style="width: 40%;">Amount</th> </tr> <tr> <td style="text-align: center;">12</td> <td style="text-align: center;">12</td> <td style="text-align: center;">2019</td> <td style="text-align: right;">\$ 90.00</td> </tr> </table>	MO.	DAY	YEAR	Amount	12	12	2019	\$ 90.00
MO.	DAY	YEAR	Amount								
12	12	2019	\$ 90.00								
Mailing Address 3110 Tilghman Street			Description of Expenditure Food for Appreciation Party								
City Allentown	State pa	Zip Code (Plus 4) 18104 -									
To Whom Paid Cathy Martinez			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">MO.</th> <th style="width: 20%;">DAY</th> <th style="width: 20%;">YEAR</th> <th style="width: 40%;">Amount</th> </tr> <tr> <td style="text-align: center;">12</td> <td style="text-align: center;">12</td> <td style="text-align: center;">2019</td> <td style="text-align: right;">\$ 60.30</td> </tr> </table>	MO.	DAY	YEAR	Amount	12	12	2019	\$ 60.30
MO.	DAY	YEAR	Amount								
12	12	2019	\$ 60.30								
Mailing Address 1154 W. Allen Street			Description of Expenditure Food, gas for appreciation party								
City Allentown	State pa	Zip Code (Plus 4) 18102 -									
To Whom Paid			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">MO.</th> <th style="width: 20%;">DAY</th> <th style="width: 20%;">YEAR</th> <th style="width: 40%;">Amount</th> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	MO.	DAY	YEAR	Amount				\$
MO.	DAY	YEAR	Amount								
			\$								
Mailing Address			Description of Expenditure								
City	State	Zip Code (Plus 4) -									
To Whom Paid			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">MO.</th> <th style="width: 20%;">DAY</th> <th style="width: 20%;">YEAR</th> <th style="width: 40%;">Amount</th> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	MO.	DAY	YEAR	Amount				\$
MO.	DAY	YEAR	Amount								
			\$								
Mailing Address			Description of Expenditure								
City	State	Zip Code (Plus 4) -									
To Whom Paid			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">MO.</th> <th style="width: 20%;">DAY</th> <th style="width: 20%;">YEAR</th> <th style="width: 40%;">Amount</th> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	MO.	DAY	YEAR	Amount				\$
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
 \$ 225

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate Friends of Ce-Ce Gerlach	Reporting Period From <u>11/26/2019</u> To <u>12/31/2019</u>
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Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
DATE DEBT INCURRED						
MO. DAY YEAR						
City					State Zip Code (Plus 4)	
					-	
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
DATE DEBT INCURRED						
MO. DAY YEAR						
City					State Zip Code (Plus 4)	
					-	
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
DATE DEBT INCURRED						
MO. DAY YEAR						
City					State Zip Code (Plus 4)	
					-	
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
DATE DEBT INCURRED						
MO. DAY YEAR						
City					State Zip Code (Plus 4)	
					-	
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
DATE DEBT INCURRED						
MO. DAY YEAR						
City					State Zip Code (Plus 4)	
					-	
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
DATE DEBT INCURRED						
MO. DAY YEAR						
City					State Zip Code (Plus 4)	
					-	
Description of Debt						

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL

\$ 0