

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:	Report Filed By:	CANDIDATE ^{1.}	COMMITTEE ^{2.} <input checked="" type="checkbox"/>	LOBBYIST ^{3.}
Name of Filing Committee, Candidate or Lobbyist: HYMAN FOR MAYOR				
Street Address: 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.}	2ND FRIDAY PRE-PRIMARY ^{2.}	30 DAY POST PRIMARY ^{3.}	AMENDMENT REPORT? YES	NO
	6TH 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: 2018	FILING METHOD () CHECK ONE	PAPER <input checked="" type="checkbox"/>	DISKETTE

Name of Office Sought by Candidate: MAYOR - CITY OF ALLENTOWN	DATE OF ELECTION MO. DAY YEAR	District Number	Office Code	Party Code	County Code

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR
		1	1	2018		12	31
A. Amount Brought Forward From Last Report				\$	3,703.38		
B. Total Monetary Contributions and Receipts (From Schedule I)				\$	596.62		
C. Total Funds Available (Sum of Lines A and B)				\$	4,300.00		
D. Total Expenditures (From Schedule III)				\$	4,300.00		
E. Ending Cash Balance (Subtract Line D from Line C)				\$	0.00		
F. Value of In-Kind Contributions Received (From Schedule II)				\$	0.00		
G. Unpaid Debts and Obligations (From Schedule IV)				\$	25,000.00		

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 15th day of JANUARY 2019

Suzanne J. Miller
Signature

My commission expires 02 25 2021
MO. DAY YR.

Michael P. Schware
Signature of Person Submitting Report

MICHAEL P. SCHWARE
Printed Name

610 776-1377
Area Code Daytime Telephone Number

NOTARIAL SEAL

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 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 15th day of JANUARY 2019

Suzanne J. Miller
Signature

My commission expires 02 25 2021
MO. DAY YR.

Nat L. Hyman
Signature of Candidate

NAT L. HYMAN
Printed Name

610 433-4114
Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 Department of State • Bureau of Commissions, Elections and Legislation
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280
 My Commission Expires Feb. 25, 2021
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <p style="text-align: center; font-size: 1.2em;">HYMAN FOR MAYOR</p>	Reporting Period From <u>1/1/18</u> To <u>12/31/18</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$

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

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$ 596.62
TOTAL for the Reporting Period	(3)	\$ 596.62

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

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ 596.62
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ALL OTHER CONTRIBUTIONS

OVER \$250

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 Hyman for Mayor	Reporting Period From <u>1/1/18</u> To <u>12/31/18</u>
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				DATE			AMOUNT
Full Name of Contributor Nat L. Hyman				MO.	DAY	YEAR	\$ 596.62
Mailing Address c/o 727 N. Meadow Street				12	30	18	
City Allentown	State PA	Zip Code (Plus 4) 18102 -		MO.	DAY	YEAR	
Employer Name The Hyman Group				Occupation President			
Employer Mailing Address/Principal Place of Business 727 N. Meadow Street, Allentown, PA 18102							
Full Name of Contributor				MO.	DAY	YEAR	
Mailing Address				MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	
Employer Name				Occupation Retired			
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 Name				Occupation Business Owner			
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) 18104		MO.	DAY	YEAR	
Employer Name				Occupation President			
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 Name				Occupation Insurance agent			
Employer Mailing Address/Principal Place of Business							

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

PAGE TOTAL
\$ 596.62

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Hyman for Mayor	Reporting Period From <u>1/1/18</u> To <u>12/31/18</u>
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			DATE	AMOUNT
To Whom Paid	MO.	DAY	YEAR	
Communication Concepts	12	31	18	\$ 4,300.00
Mailing Address 2906 William Penn Hwy, Suite 401			Description of Expenditure Campaign services	
City Easton	State PA	Zip Code (Plus 4) 18045		
To Whom Paid			MO.	DAY
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO.	DAY
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO.	DAY
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO.	DAY
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO.	DAY
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO.	DAY
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO.	DAY
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MO.	DAY
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
\$ 4,300.00

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 Hyman for Mayor	Reporting Period From <u>1/1/18</u> To <u>12/31/18</u>
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Name of Creditor Nat Hyman				Outstanding Balance of Debt \$ 25,000.00	
Mailing Address c/o 727 N. Meadow Street	DATE DEBT	MO.	DAY	YEAR	
	INCURRED	2	17	17	
City Allentown		State PA	Zip Code (Plus 4) 18102		

Description of Debt
Campaign Loan - Forgiven

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

Description of Debt

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

Description of Debt

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

Description of Debt

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

Description of Debt

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

Description of Debt

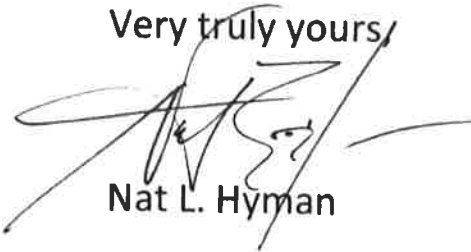
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ 25,000.00
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NAT L. HYMAN

To Whom It May Concern:

This letter shall serve to confirm that I, Nat L. Hyman, forgive the entire twenty five thousand dollar (\$25,000) loan I made to Hyman For Mayor.

Very truly yours,

A handwritten signature in black ink, appearing to be 'Nat L. Hyman', written over a horizontal line. The signature is stylized and cursive.

Nat L. Hyman

2844 CHEW STREET ALLENTOWN, PA 18104