Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF (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:	GANDIDATE 1.	COMMITTEE 2. LOBBYIST 3.
Name of Filing Committee, Candidate or Lobbyist:			THE TOPPEN Y CONTROL OF
Friends of Tim Kamas Street Address:			
1408 W. Linden St.			
Allentown.		State: PA	Zip Code:
TYPE OF STH. TUESDAY 1. 2ND FRIDAY PRE-PRIMARY PRE-PRIMARY	CONTRACTOR OF THE PARTY OF THE	30 DAY 3. POST PRIMARY	AMENOMENT YES NO
STRITLESDAY 4. ZNO FRIDAY PRE-ELECTION PRE-ELECTION	\$2.00 per 100	30 DAY B.	TERMINATION YES NO
(place X to the right of report type) ANNUAL 7. YEAR 2014		FILING METHOD	PAPER DISKETTE
Name of Office Sought by Candidate:	18	DATE OF ELECTION	District Office Party County
Mayor		The Speak	Number Code Code
1 (3.484		05 21 2019	SEE INSTRUCTIONS FOR CODESI
ENOUGHAL YEA			ZOR OFFICE USE ONE
Summary of Receipts and Expenditures from:	f? To	05 06 2019	2 019 EI OF
A. Amount Brought Forward From Last Report	\$	Ø	
B. Total Monetary Contributions and Receipts (From Sched	lule I) \$	980.00	
C. Total Funds Available (Sum of Lines A and B)	\$	080°00	No.
D. Total Expenditures (From Schedule III)	\$	439 43	PH S
E. Ending Cash Balance (Subtract Line D from Line C)	\$	630.31	PH 1: 06
F. Value of In-Kind Contributions Received (From Schedul	e II) S	105.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	370.00	
AF	FIDAVIT SE	CTION	
I swear (or affirm) that this report, including the attachid TARRAN	SIGN baper or	computer diskette, are to ti	ne best of my knowledge and belief true,
Sworn to and subscribed before me this City of Allentown I	r, Notary Public Lehigh Counts		2
My commission expires A	ecember 21, 2019	tak	· · · · ·
de la Charles		Stewer of	Person Submitting Report
Signature	- } -		rinted Name
My commission expires D 23 19	. .	484	274-4190
MO. DAY YR.	,	Area Code	Daytime Telephone Number
PART II - If this is a report of a Candidate's Authorized		candidate shall sign her	
I swear (or affirm) that to the best of my knowledge and belief thi (P.L. 1333, No. 320) as amended.	S O to	pmittee has not violated any	provisions of the Act of June 3, 1937
Sworn to and subscribed before me this	Jennifor L. City of All My commiss		
OTA day of LON 2019	NGTARIA Ife L. Berweit of Allentown, mmission expires	Timothe,	Mund
March Sterry	TAR TAR Der M entow on expi	Timothy R	ure of Candidate
Signature	IAL SEA IAL SEA citer, Note yn, Lehig les Decemb	484	226-8542
MO. DAY YR.	B CE A A	Area Code	Daytime Telephone Number

Department of State Burea Configurations, Elections and Legislation 210 North Office Building Harrisburg, PA 17120-0029 (717) 787-5280

SCHEDULE I

PAGE 2 OF _______

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Friends of Tim Ramos	From 1/1/19 To 5/6/19

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS \$50,00 OR LESS PER	CONT	RIBU	TOR	
TOTAL for the Reporting Period	(1)	\$	50.00	

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	Both of his series
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 430.00
TOTAL for the Reporting Period (2)	\$ 430

S. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 0
All Other Contributions (Part D)	\$ 500
TOTAL for the Reporting Period (3)	\$ 500

45. OTHER PRECEIP (S.C. REFUNDS INTEREST FEARNED, RETURNED CHECKS, ETC.	FROM PART E
TOTAL for the Reporting Period (4)	\$

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.)	\$ 980.00
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ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

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

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

T T			l'	Reporting		10 -1 ln
Friends of Tim Raw	707			From	44	19 TO 5 6 19
				DATE		AMOUNT
Full Name of Contributor			MO.		YEAR	\$ 250.00
Dean Browning Mailing Address			4	3		\$ 250 -00
·			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	1 1	20 A				\$
Full Name of Contributor			MO.	DAY	YEAR	
Mark Hoffman			4	22	2019	\$ 100.00
Mailing Address			MQ.	DAY	YEAR	
City						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Full Name of Contributor Miriam Caraballo			MO.		YEAR	\$ 80.00
Mailing Address				20	5019	7 00
p 200 Aurol Daniel (1999) and Statement (1904 a 1904)			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-			(CAN)	\$
Full Name of Contributor		- Herrie - Willer	MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		#7.				\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	VEAR	<u> </u>
£			MIO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
			mo.		TEAN	\$
Full Name of Contributor	an and		1/10	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	•
City	6					\$
city	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
Full Name of Contribution	لحب		-	Contract of the Contract of th		\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
			mo.	- Long	LEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		10 500 CONTROL OF 1				\$
Full Name of Contributor			MO.	DAY	YEAR	
38-(1)					- Continue	\$
Mailing Address			MO.	DAY	YEAR	•
Figu	Back.					\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
				L		\$
						PAGE TOTAL
Enter Grand Total of Part B on Sched	ule I,	Detailed Summary	Page,	Section	1 2.	\$ 430
SEB-502 (7-99)		•	_			

PART D **ALL OTHER CONTRIBUTIONS**

PAGE 4 OF 7

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			T	Reporting	Period	
Friends of Tim Ran	273.44			From _	1/1/1	9 To 5/6/19
11(3,05 3,	70 20 2			The street	/	- Constitution Constitution
Full Name of Contributor	-TITLES		la dio.	DATE	三 公司	AMOUNT
John R Covett			4	5	2019	\$ 500.00
Mailing Address					YEAR	3391
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Employer Name			Occupat	ion		
Employer Mailing Address/Principal Place of Susiness						
Full Name of Contributor			MO.	DAY	YEAR	s
						•
Mailing Address			a No.	DAY	YEAR	\$
						*
City	State	Zip Code (Plus 4)	54MQ.	DAY	展。湯	
						\$
Employer Name			Occupat	ion		
Employer Mailing Address/Principal Place of Business						
			والمحالة		13	
Full Name of Contributor			海(10)至	DAY#	YEAR	s
						3
Mailing Address			MO.	DAY	YEAR	\$
City	4					4
City	State	Zip Code (Plus 4)	MO.	DAY	EVENTE:	\$
Name	$oxed{oxed}$					4
Employer Name			Occupati	ion		
Employer Mailing Address/Principal Place of Business						
Employer Marining Additional Files of Business						
	_,					
Full Name of Contributor			A		第 27.章	\$
Mailing Address			-	SAV	on the second	•
Mannia aggress			MO.	Self-Ten	三八八 章	\$
City	State	Zip Code (Plus 4)	140		Gen Street	
			MIMA	and the same	EST = / , 1 PM	\$
Employer Name	ليط		Occupati	ion		
				· Serve		
Employer Mailing Address/Principal Place of Business			1			
-						
Full Name of Contributor	 -23		ms**(0,r-:	PROPERTY.	VEAD	AND THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN
Full rading of volid botton			700		912 S . 1 Sec	\$
Mailing Address			MO.	THE PLAY AND	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO	PAY	YEAR	_
		-				\$
Employer Name			Occupati	on		
The state of the s						
Employer Mailing Address/Principal Place of Business						
=			NI ST			PAGE TOTAL
Enter Grand Total of Part D on Sched	iule I,	Detailed Summary	Page,	Section	n 3.	\$ 500.00
OSEB-502 (7-99)						3 200.

DSEB-502 (7-99)

SCHEDULE II

PAGE 5 OF 1

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		
	Reporting Per	
Friends of Tim Ramos	From 1	1/19 TO 5/6/19
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$	50.00 OR 1	ESS PER CONTRIBUTION
TOTAL for the Reporting Period		
		35
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	0.00 (FRON	A PART (P)
TOTAL for the Reporting Period	(2)	\$
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250,00 (FROM	M PART G)
TOTAL for the Reporting Period	(3)	\$
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.)		\$ 105.00

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period
Friends of Tim Ramos			From 1 /1/19 To 5/6/19
To Whom Paid Yard Sign whole soule Mailing Address	·		MO. DAY YEAR Amount \$ 2 70.00
Mailing Address			Description of Expenditure
City	State	Zip Code (Plus 4)	Yourd Signs
		-	
To Whom Paid Lehigh County Mailing Address			MO. DAY YEAR Amount \$ 25 - 20
City		Y	Petition Fising
	State	Zip Code (Plus 4)	
To Whom Paid Muchar Pub Resteura	nt		S C Zo/9 \$ 30. Z) Description of Expenditure
Mailing Address			Compaign Meeting
City	State	Zip Code (Plus 4)	
To Whom Paid			4 24 2019 \$ 44.73
Mailing Address			Description of Expenditure
City	State	Zip Code (Plus 4)	
To Whom Paid			
Mailing Address			3 11 2019 \$ 24.00
			Description of Expenditure
City	State	Zip Code (Plus 4)	6
To Whom Paid To livet Piner			MO DAY - VEAR - Amount 4 12 7019 \$ 45.00
Mailing Address			Description of Expenditure
City	State	Zip Code (Plus 4)	
To Whom Paid		A STATE OF THE STA	MO. DAY YEAR Amount
Mailing Address			Description of Expenditure
City	State	Zip Code (Plus 4)	
To Whom Paid			MO. PAY YEAR Amount
Mailing Address			Description of Expenditure
City	State	Zip Code (Plus 4)	7
		. 	0
Enter Grand Total of Expenditures on Pag	e 1, F	Report Cover Pa	PAGE TOTAL s 439 49

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			Reporting	Period	
Friends of Tim Romas			From	1/1/	19 TO 5/6/19
		THE RIGHT IN S	170 - 11		
Name of Creditor			E		Outstanding Balance of Deb
Tim Romos Mailing Address					\$ 370.00
1408 (12-1) Ans 8+	DATE DEBT	MO.		YEAR	
City	INCURRED	5tate	122	20/9 (Plus 4)	
Allentown PA		10.1	8102		
1408 W. Linden 8t. City Allentown PA Description of Debt		113	000		
Loan for Gala & Kichoff Even	+				
Name of Creditor					Outstanding Balance of Debt
Mailing Address	15.55	THE TANK SOME			\$
2000 ± 2000 ± 1	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
		1 1	·	2	
Description of Debt					
No. 200					
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	Translation (T	ii birii waxay a sa	Property Common	\$
5.341-346.0502	DEBT	MO.	DAY	YEAR	
City	INCOMED	State	Zip Code	(Plus 4)	
S				e	
Description of Debt		***			
Name of Creditor	NAME OF THE OWNER.				2000 V V V V V V V V V V V V V V V V V V
					Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY	YEAR	\$
	DEBT			30 12 A Z B	
City		State	Zip Code	(Plus 4)	
Description of Debt		1. 1			
Name of Creditor					Outstanding Balance of Debt
Vertical Control of the Control of t					\$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	T	<u> </u>		
		State	Zip Code	(PIUS 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address	In. v				\$
- "%	DATE	MO.	DAY	ne die	
Dity	INCURRED	State	Zip Code	Plus 41	
101 M. V. Santana and T. C.			=======================================	. 143 4/	
Description of Debt					CHAPTER STREET, STREET
					PAGE TOTAL
inter Grand Total of Unpaid Debts on Page 1, Re	port Cover	Page, It	em G.		\$ 376.00
				1	. 3 (0