

Commonwealth of Pennsylvania  
**CAMPAIGN FINANCE REPORT**

PAGE 1 OF 7  
(COVER PAGE)

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

<b>Filer Identification Number:</b>		<b>Report Filed By:</b>		<b>CANDIDATE</b> 1.		<b>COMMITTEE</b> 2. <input checked="" type="checkbox"/>		<b>LOBBYIST</b> 3.	
Name of Filing Committee, Candidate or Lobbyist: <u>Friends of Tim Ramos</u>									
Street Address: <u>1408 W. Linden St.</u>									
City: <u>Allentown</u>					State: <u>PA</u>		Zip Code: <u>18102 -</u>		

TYPE OF REPORT  (place X to the right of report type)	5TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>	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
	ANNUAL REPORT	7.	YEAR <u>2019</u>		FILING METHOD ( ) CHECK ONE		PAPER	DISKETTE	

Name of Office Sought by Candidate: <u>Mayor</u>				DATE OF ELECTION MO. DAY YEAR <u>05 21 2019</u>			District Number	Office Code <u>OTH</u>	Party Code <u>Rep</u>	County Code <u>39</u>
							(SEE INSTRUCTIONS FOR CODES)			

Summary of Receipts and Expenditures from:	MO. DAY YEAR <u>01 01 2019</u>	To	MO. DAY YEAR <u>05 06 2019</u>	
A. Amount Brought Forward From Last Report	\$ <u>0</u>			
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ <u>980.00</u>			
C. Total Funds Available (Sum of Lines A and B)	\$ <u>980.00</u>			
D. Total Expenditures (From Schedule III)	\$ <u>439.43</u>			
E. Ending Cash Balance (Subtract Line D from Line C)	\$ <u>630.57</u>			
F. Value of In-Kind Contributions Received (From Schedule II)	\$ <u>105.00</u>			
G. Unpaid Debts and Obligations (From Schedule IV)	\$ <u>370.00</u>			

RECEIVED  
2019 MAY 10 PM 1:06  
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 schedule, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 10th day of May 2019

Signature: [Signature]  
My commission expires 12 23 19 MO. DAY YR.

NOTARIAL SEAL  
Jennifer L. Detweiler, Notary Public  
City of Allentown, Lehigh County  
My commission expires December 23, 2019

Signature of Person Submitting Report: [Signature]  
Printed Name: Steven Ramos  
Area Code: 484 Daytime Telephone Number: 274-4190

**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 10th day of May 2019

Signature: [Signature]  
My commission expires 12 23 19 MO. DAY YR.

NOTARIAL SEAL  
Jennifer L. Detweiler, Notary Public  
City of Allentown, Lehigh County  
My commission expires December 23, 2019

Signature of Candidate: [Signature]  
Printed Name: Timothy Ramos  
Area Code: 484 Daytime Telephone Number: 226-8542

**CONTRIBUTIONS AND RECEIPTS****Detailed Summary Page**

Name of Filing Committee or Candidate <i>Friends of Tim Ramos</i>	Reporting Period From <i>1/1/19</i> To <i>5/6/19</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <i>50.00</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <i>0</i>
All Other Contributions (Part B)	\$ <i>430.00</i>
TOTAL for the Reporting Period (2)	\$ <i>430</i>

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

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

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (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>980.00</i>
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**PART B**  
**ALL OTHER CONTRIBUTIONS**

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**\$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.)

Name of Filing Committee or Candidate <u>Friends of Tim Ramos</u>	Reporting Period From <u>1/1/19</u> To <u>5/6/19</u>
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	
<u>Dean Browning</u>				<u>4</u>	<u>3</u>	<u>2019</u>	\$ <u>250.00</u>
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
<u>Mark Hoffman</u>				<u>4</u>	<u>22</u>	<u>2019</u>	\$ <u>100.00</u>
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
<u>Miriam Caraballo</u>				<u>2</u>	<u>20</u>	<u>2019</u>	\$ <u>80.00</u>
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					

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

PAGE TOTAL  
\$ 430.00

**PART D**  
**ALL OTHER CONTRIBUTIONS**

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**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 <u>Friends of Tim Ramos</u>	Reporting Period From <u>1/1/19</u> To <u>5/6/19</u>
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	
<u>John R Lovett</u>				<u>4</u>	<u>15</u>	<u>2019</u>	\$ <u>500.00</u>
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
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			
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			
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			
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			
Employer Mailing Address/Principal Place of Business							

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

**PAGE TOTAL**  
\$ 500.00

**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 <u>Friends of Tim Ramos</u>	Reporting Period From <u>1/1/19</u> To <u>5/6/19</u>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$ <u>105.00</u>

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

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

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <u>105.00</u>
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## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Friends of Tim Ramos</b>		Reporting Period From <b>1/1/19</b> To <b>5/6/19</b>			
To Whom Paid <b>Yard Sign Wholesale</b>		MO.	DAY	YEAR	Amount <b>\$ 270.00</b>
Mailing Address		Description of Expenditure <b>Yard Signs</b>			
City	State	Zip Code (Plus 4)			
To Whom Paid <b>Lehigh County</b>		MO.	DAY	YEAR	Amount <b>\$ 25.00</b>
Mailing Address		Description of Expenditure <b>Petition Filing</b>			
City	State	Zip Code (Plus 4)			
To Whom Paid <b>Machar Pub Restaurant</b>		MO.	DAY	YEAR	Amount <b>\$ 30.71</b>
Mailing Address		Description of Expenditure <b>Campaign Meeting</b>			
City	State	Zip Code (Plus 4)			
To Whom Paid <b>Armando Pizzeria</b>		MO.	DAY	YEAR	Amount <b>\$ 44.72</b>
Mailing Address		Description of Expenditure			
City	State	Zip Code (Plus 4)			
To Whom Paid <b>Armando Pizzeria</b>		MO.	DAY	YEAR	Amount <b>\$ 24.00</b>
Mailing Address		Description of Expenditure			
City	State	Zip Code (Plus 4)			
To Whom Paid <b>Talvett Piner</b>		MO.	DAY	YEAR	Amount <b>\$ 45.00</b>
Mailing Address		Description of Expenditure			
City	State	Zip Code (Plus 4)			
To Whom Paid		MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address		Description of Expenditure			
City	State	Zip Code (Plus 4)			
To Whom Paid		MO.	DAY	YEAR	Amount <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.

PAGE TOTAL

**\$ 439.43**

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## 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 <u>Friends of Tim Ramos</u>	Reporting Period From <u>1/1/19</u> To <u>5/6/19</u>
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Name of Creditor <u>Tim Ramos</u>					Outstanding Balance of Debt \$ <u>370.00</u>	
Mailing Address <u>1408 W. Linden St.</u>		DATE DEBT INCURRED	MO. <u>02</u>	DAY <u>22</u>	YEAR <u>2019</u>	
City <u>Allentown, PA</u>			State <u>PA</u>	Zip Code (Plus 4) <u>18102-</u>		
Description of Debt <u>Loan for Gala Kickoff Event</u>						

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 \$ <u>370.00</u>
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