Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF 4 (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: CANDIDATE 1. | COMMITTEE 2. ✓ | LOBBYIST 3.

Name of Filing Committee, Candidate, or Lobbyist: Friends of Julio Guridy

Street Address: 3611 Astor St.

City: Allentown | State: PA | Zip Code: 18104 -

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 ✓
8TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT	YES		NO ✓
ANNUAL REPORT	7. X	YEAR 2018		FILING METHOD (CHECK ONE)		PAPER ✓		DISKETTE	

Name of Office Sought by Candidate: Allentown City Council

DATE OF ELECTION: MO. 11 DAY 06 YEAR 2017

District Number | Office Code | Party Code: Dem | County Code: 39

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from: MO. 01 DAY 01 YEAR 2018 To MO. 12 DAY 31 YEAR 2018

A.	Amount Brought Forward From Last Report	$ 4280.95
B.	Total Monetary Contributions and Receipts (From Schedule I)	$ 1250.
C.	Total Funds Available (Sum of Lines A and B)	$ 5530.95
D.	Total Expenditures (From Schedule III)	$ 1020. -
E.	Ending Cash Balance (Subtract Line D from Line C)	$ 3510.95
F.	Value of In-Kind Contributions Received (From Schedule II)	$ -0-
G.	Unpaid Debts and Obligations (From Schedule IV)	$ 1000 -

FOR OFFICE USE ONLY

RECEIVED
2019 JAN 31 AM 8:51
LEHIGH COUNTY
BOARD OF ELECTIONS

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 31 day of January 2019

Signature

My commission expires 9 MO. 27 DAY 22 YR.

Commonwealth of Pennsylvania - Notarial Seal
TIMOTHY ANDREW BENYO - Notary Public
Lehigh County
My Commission Expires Sep 27, 2022
Commission Number 1253142

Signature of Person Submitting Report: Mercedes Guridy

Printed Name: Mercedes GURIDY

Area Code: 610 | Daytime Telephone Number: 865-5651

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 31 day of JANUARY 2019

Signature

My commission expires 9 MO. 27 DAY 22 YR.

Commonwealth of Pennsylvania - Notarial Seal
TIMOTHY ANDREW BENYO - Notary Public
Lehigh County
My Commission Expires Sep 27, 2022
Commission Number 1253142

Signature of Candidate

Printed Name: Julio GURIDY

Area Code: 610 | Daytime Telephone Number: 906-7955

SEE-502 (7-99)

Board of Elections of Lehigh County
Lehigh County Government Center
17 S. 7th St.
Allentown, PA 18101-2400

PART B

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.)

Name of Filing Committee or Candidate	Reporting Period
Friends of Julio Guridy	From 01/01/18 To 12/30/18

Contributor	DATE (MO. / DAY / YEAR)	AMOUNT
Full Name of Contributor: Raymond G. Lahaud Mailing Address: 3711 Knollcroft St. City: Easton State: PA Zip Code (Plus 4): 18045-	03 / 05 / 2018	$ 250 —
		$
		$
Full Name of Contributor: Mailing Address: City: State: Zip Code (Plus 4): –		$
		$
		$
Full Name of Contributor: Mailing Address: City: State: Zip Code (Plus 4): –		$
		$
		$
Full Name of Contributor: Mailing Address: City: State: Zip Code (Plus 4): –		$
		$
		$
Full Name of Contributor: Mailing Address: City: State: Zip Code (Plus 4): –		$
		$
		$
Full Name of Contributor: Mailing Address: City: State: Zip Code (Plus 4): –		$
		$
		$
Full Name of Contributor: Mailing Address: City: State: Zip Code (Plus 4): –		$
		$
		$
Full Name of Contributor: Mailing Address: City: State: Zip Code (Plus 4): –		$
		$
		$

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

PAGE TOTAL $ 250

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Friends of Julio Guridy	From 1/1/18 To 12/30/18

To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	Description of Expenditure
Amigos Adriano Espaillat	62 Park Terrace West	NY, NY	NY	10034-	4	14	18	$250 -	Contribution/Donation
Cesar Liriano for Th 101	(PO BOX 1308) 536 N. 11th St	Lebanon	PA	17042	4	14	18	$ 150 -	Donation - Campaign
Danilo Burgos for 197th	635 W. Erie Ave	Philadelphia	PA	19140 -	4	14	18	$ 200 -	Donation - Campaign
Alex Mendes for Mayor	593 21st Ave	Paterson	NJ	07513	4	22	18	$ 200 -	Donation - Campaign
SAACA	Syrian Arab American Cult Charity Assoc. 606 N. 2nd St	Allentown	PA	18102 -	5	18	18	$ 220	Ad - & Donation
								$	
								$	
								$	

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL $ 1020 -

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	Reporting Period
Friends Of Julio Guridy	From ______ To ______

Field	Value
Name of Creditor	Julio Guridy
Mailing Address	3611 Astor St.
City	Allentown
State	PA
Zip Code (Plus 4)	18104-
Date Debt Incurred (Mo./Day/Year)	5 / 4 / 2017
Description of Debt	Loan to the Campaign
Outstanding Balance of Debt	$ 1000 –

Field	Value
Name of Creditor	
Mailing Address	
City	
State	
Zip Code (Plus 4)	–
Date Debt Incurred (Mo./Day/Year)	
Description of Debt	
Outstanding Balance of Debt	$

Field	Value
Name of Creditor	
Mailing Address	
City	
State	
Zip Code (Plus 4)	–
Date Debt Incurred (Mo./Day/Year)	
Description of Debt	
Outstanding Balance of Debt	$

Field	Value
Name of Creditor	
Mailing Address	
City	
State	
Zip Code (Plus 4)	–
Date Debt Incurred (Mo./Day/Year)	
Description of Debt	
Outstanding Balance of Debt	$

Field	Value
Name of Creditor	
Mailing Address	
City	
State	
Zip Code (Plus 4)	–
Date Debt Incurred (Mo./Day/Year)	
Description of Debt	
Outstanding Balance of Debt	$

Field	Value
Name of Creditor	
Mailing Address	
City	
State	
Zip Code (Plus 4)	–
Date Debt Incurred (Mo./Day/Year)	
Description of Debt	
Outstanding Balance of Debt	$

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

PAGE TOTAL $