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				Repo	ort I		C : 4 10 10 4 3	1,	20101		2.			3.
Number: Name of Filing Comm	Itta Condidate or			Filed			CANDIDAT	E	COMM	ITTEE	λ_{i}	LOBI	BYIST	
Atta (111	HAW												
Street Address:		Α												
3039 -	lillerest	Ave.					State:		7:- 000					
Allentown							State: PA		Zip Cod	103	=	9		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1,	2ND FRIDA PRE-PRIMA		2.		DAY OST PRIMARY	3.	AMENDA REPORT?		YES		NO	
(place X to	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA PRE-ELECT		5. X		DAY DST ELECTION	6,	TERMINA REPORT?		YES		NO	
the right of report type)	ANNUAL REPORT	7.	YEAR		1	FILI	NG METHO	D	PAPER			DISK	ETTE	П
Name of Office Sough	it by Candidate:					-	DATE OF EL	_	District	Offic	9	Party	T Co	unty
A11	/\. /		· 1				O. DAY	YEAR	Number	Code		Code	Co	ode
Allentow.	1 City Co	unci				1	15,	2019		(SEE ()	VSTRUC	TIONS	FOR C	
22-5		MC	Tavly		1				F	OR OF				JUES,
Summary of Re	aceipts	MO		EAR 0 10	ł		O. DAY	YEAR						
and Expenditures from: \(\begin{array}{ c c c c c c c c c c c c c c c c c c c							019							
A. Amount Brought Forward From Last Report \$ 3,288,15 B. Total Monetary Contributions and Receipts (From Schedule I) \$ 1300.55												1		
C. Total Funds Available (Sum of Lines A and B)													ļ	
D. Total Expenditure					\$ 4	17	88.70							
E. Ending Cash Bala			om Line C)		+	1	99,58							
F. Value of In-Kind				dule ()	\$	1 0	19, 12	_						
G. Unpaid Debts and				GIG 1.,	\$?							
		TO NO.		AEEIDA	VIT S	ECTIO				10 May 2				
PART I - If this is	a Committee rep	port, tre	easurer sign l	here.	If this	is a	Candidate :	report, ca	ndidate s	sign her	0.			
I swear (or affirm) that correct and complete.	et this report, includi	ing the a	attached schedu	ules, on	paper	or con	nputer diskett	e, are to ti	ne best of	my kno	wledge	e and b	pelief tr	rue,
Sworn to and subscril	bed before me this				7	0		0	1					
day of	- OUTCOMMON	WEALT	H OF PENNE	LYAN	. [Att		en	10.	12	`				
1		NOTAI	RIAL SEAL	ELVEN	14	-	S	ignature of	Person S	ubmittin	g Repo	rt		
1	South W	hitehall	d, Notary Publ Twp., Lehigh	Count	tv P			F	Printed Na	me		-		
My commission expir	res July Comm	reission	Expires Dec.	8, 201	19		Arra Code				- L.	51		
	N	10 10 10 10 10 10 10 10 10 10 10 10 10 1	A ASSOCIATION S	Jr No.	KIES	-	Area Code		U	aytime *	Telepno	ne Nur	nber	
PART II - If this is	a report of a C	andidat	le's Authorize	ed Cor	nmitte	30, Ca	ndidate shall	sign her	е.				N. Life	Ne Pr
l swear (or affirm) tha (P.L. 1333, No. 320) as	et to the best of my	knowled	dge and belief	this pol	litical c	commit	ttee has not v	violated an	y provisio	ns of th	e Act	of June	e 3, 19:	37
Sworn to and subscri	bed before me this								-2-2					
day of	OUT COM	MONWE	EALTH OF PE	HINSYL	VAJIAN	3. 6	1 and +	he d	The	_				
1		NO	OTARIAL SEA	AL					ture of Ca	ndidate				
AAinalan avait	Sign 8out	h White	Kidd, Notary I ehall Twp., Lel sion Expires D	ehigh Co	ounty			F	Printed Na	me				
My commission expir	MO MEMBER	PENANT	LVANIA ASSAICIAT	ION OF	NO ARIE	52	Area Coda		D	aytime 1	Telepho	one Nur	mber	-

SCHEDULE I

PAGE 2 OF

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Per	lod
Atta for Allentown		11/2019 TO 10/21/2019
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBUTOR
TOTAL for the Reporting Period	d (1)	\$ 800,55
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	B)	
Contributions Received from Political Committees (Part A)		\$ O
All Other Contributions (Part B)		s 0
TOTAL for the Reporting Perio	d (2)	\$ 0
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ 500.00
All Other Contributions (Part D)		\$ 0
TOTAL for the Reporting Perio	d (3)	\$ 500,00
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED C	HECKS, ET	C. (FROM PART E)
TOTAL for the Reporting Perio	d (4)	s 0
		Statistics and a state of the s
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.)		\$ 1,300,55

PART A

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						/
Atta for Allenton	WN			From 6	/11/20	19 TO 10/21/2019
				DATE	300	AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address				DAY	WEAR	\$
Marring Canasa			MO.	DAY	YEAR	\$
Čīty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		22				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address			- MO	DAY	VEAR	\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		#:				\$
Full Name of Contributing Committee	-		MO.	DAY	YEAR	\$
Mailing Address			110	DAY	VEAR	*
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		=				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			***	DAY	YEAR	3
			MO.	UAT	TEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			100	DAY	VEAR	•
Control Control			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
				1		\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
					-	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		(=)	-	-		\$
Full Name of Contributing Committee			MQ.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Pius 4)	MO.	DAY	YEAR	
IN THE RESERVE OF THE PARTY OF						\$
Enter Grand Total of Part A on Sch	adula I	Detailed Summs	ry Page	Section	on 2	PAGE TOTAL
					444 4	1 \$ <i>(</i>)

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			Į R	leporting		g* x (2)
Affa for Allerhown				From 6	111/20	19 TO 10/21/2019
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	•
			IMO.	DAT	TEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		=======================================				\$
Full Name of Contributor			MO.	DAY	YEAR	*
						\$
Mailing Address			MO.	DAY	YEAR	\$
Cîty	State	Zip Code (Plus 4)	-			-
	State	Zip Cade (Flas 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	-		MD.	DAY	VEAD	
Territoria of suntributur				DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	A
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	1 1	:==				\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			140	DAY	WEAR	*
			MO.	DAY	YEAR	s
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	1	(+-			12701	\$
Full Name of Contributor	155		MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City						4
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contribute				-		J
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		(H)				\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			-		L	Ψ
			Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
			HU.	DAY	TEAR	\$
Full Name of Contributor	- E (AII)		MO.	DAY	YEAR	
				1	1	\$
Mailing Address			MO.	DAY	YEAR	
		HILA DE CONTROL DE CON				\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
					1	\$
						PAGE TOTAL
Enter Grand Total of Part B on Sche	dule i,	Detailed Summar	y Page	, Sectio	n 2.	s 0
			_			L

PART C

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				Reporting F		400 0A 9450
Atta for Allentown				From 6	11/20	19 TO 10/21/2019
				DATE		AMOUNT
Full Name of Contributing Committee Allentown Fire Lighters IAF Meiling Address	F 12	2/1/302	MO.	DAY	2019	\$ 500
Mailing Address		car occ	MO.	DAY	YEAR	\$
723 W. Chew St., Suite 302	State	Zip Code (Plus 4)	110	DAY	VEAR	•
Allentown	FA	18102 -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	ada (Aura	A STATE OF THE STA	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
		Annual Control of the				\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		V-11-52-41	MO.	DAY	YEAR	•
Mailing Address				Day	VEAR	\$
Manning Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Sall Marco d Control of Control			- 440	DAY	VEAR	3
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)			145.40	3
	State	Elp Code (rids sy	MO	DAY	YEAR	\$
Full Name of Contributing Committee	-		MO	DAY	YEAR	\$
Mailing Address			MO	DAY	YEAR	J.
				DAL	TEAN	\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
Full Name of Contributing Committee			Mo	. DAY	YEAR	
						\$
Mailing Address			MO	. DAY	YEAR	\$
Cîty	State	Zip Code (Plus 4)	MO	. DAY	YEAR	¢
					V 12-12-	\$
Full Name of Contributing Committee			MO	. DAY	YEAR	\$
Mailing Address			MO	. DAY	YEAR.	\$
City	State	Zip Code (Plus 4)	MO	. DAY	YEAR	
			INC	. UAT	TEAN	\$
		and the same of th	Sittle			PAGE TOTAL
Enter Grand Total of Part C on Sche	ry Pag	e, Sectio	n 3.	\$ 500.00		

ALL OTHER CONTRIBUTIONS

PAGE 6 OF 12

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					Reporting Period				
Affa for Allemoun				From 6	11/201	9 TO 10/21/2019			
				DATE	- "	AMOUNT			
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			1						
Full Name of Contributor	=3X 113S		MO.	DAY	YEAR	\$			
Mailian Address					WEAR	J .			
Mailing Address			MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR				
Employer Name		-				\$			
			Occupation	on					
Employer Mailing Address/Principal Place of Business									
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address			MQ.	DAY	YEAR	>			
Manny Marian			INO.	961	. TEAN	\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
Employer Name			Occupati	on					
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			Occupati	on	A				
E-d-w Mall									
Employer Mailing Address/Principal Place of Business									
Full Name of Contributor	-115		Mo:	DAY	YEAR				
Mailing Address				8111	WEAR	\$			
			MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
Employer Name			Occupat	ion	1	1			
Employer Mailing Address/Principal Place of Business									
Enter Grand Total of Part D on Sche	dule l	, Detailed Summa	ry Page,	Section	on 3.	PAGE TOTAL			

DSEB-502 (7-99)

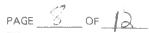
PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

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

			Reporting Po	u Laic	To 10/21/201
Atty for Allentown			From <u>0</u> /	11 /2019	10 10/4// 201
l Name	-			A T	
i vaine					
iling Address					
у	State	Zip Code (Plus 4)	MO. DAY		Amount
		-			\$
ceipt Description	9				
II Name					
ailing Address					
ty	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$
sceipt Description					
ull Name					
ni Name					
ailing Address					
ity	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount
	State	Zip 5006 (i 103 4)	mo.	1	\$
eceipt Description					
ułi Name				= = =	
failing Address					
	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount
ity	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount \$
ity	State		MO. DAY	YEAR	
failing Address ity eceipt Description ull Name	State		MO. DAY	YEAR	
eceipt Description	State		MO. DAY	YEAR	
eceipt Description	State		MO. DAY		\$
ity eceipt Description	State	Zip Code (Plus 4)	MO. DAY		\$ Amount
eceipt Description ull Name lailing Address		-			\$
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eceipt Description ull Name failing Address city eceipt Description		Zip Code (Plus 4)			\$ Amount
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eceipt Description ull Name Mailing Address ity eceipt Description full Name	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$ Amount \$
eceipt Description ull Name Mailing Address Lity Leceipt Description		Zip Code (Plus 4)			\$ Amount \$
aceipt Description ull Name failing Address ity eceipt Description ull Name	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$ Amount \$

SCHEDULE II



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 Peri		
Atta for Allentown	From <u>6/1</u>	1/2019	TO 10/21/d0/4
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S	\$50.00 OR L	ESS PE	R CONTRIBUTOR
TOTAL for the Reporting Perio	d (1)	\$	0
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2	50.00 (FROM	PART	F)
TOTAL for the Reporting Period	od (2)	\$	0
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FR	OM PART G)	
TOTAL for the Reporting Perio	d (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.)		\$	

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate		Reporting Period				
Atta for Allentown				From 6	Miao	14 TO 10/21/2014
To To To Test to the				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address						3
Maining Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		i==				3
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	0.010	=	MO.	DAI	TEAR	\$
Description of Contribution:						
Full Name of Pastellines	-					
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MD.	DAY	YEAR	\$
Description of Contribution:			1			,
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
			70.00		12701	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						4
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address						\$
			MO.	DAY-	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Drawinding of Contribution						\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	
				201	, serti	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	140	DAY	Vern	
	Julia	Zip Code (Flus 4)	MO.	DAY	YEAR	\$
Description of Contribution:			-			
	-		-01012			
Enter Grand Total of Part F on Sche	dule I	I, In-Kind Contribut	tions D	etailed		PAGE TOTAL
Summary Page, Section 2.						\$ ()

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			Reporting Period					
Alfa for Allentown				From <u>6</u>	111/201	14 TO 10/21/2019		
				DATE	NI THE RESIDENCE	AMOUNT		
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	S		
City	State	Zip Code (Plus 4)	Мо	DAY	VEAD	<u> </u>		
	State		MO.	DAY	YEAR	\$		
Employer of Contributor			Occupat	Occupation				
Employer Mailing Address/Principal Place of Business			Descrip	Description of Contribution				
amproys. Morning Address A Morpor France of Business			DE30(1)					
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR			
						\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
nployer of Contributor				tion				
Employer Mailing Address/Principal Place of Business			Descrip	Description of Contribution				
Full Name of Contributor	X-7-1		MO.	DAY	YEAR	<u> </u>		
						\$		
Mailing Address			MO.	DAY	YEAR	\$		
Cîty	State	Zip Code (Plus 4)	MO.	DAY	YEAR			
		-				\$		
Employer of Contributor			Occupa	tion				
Employer Mailing Address/Principal Place of Business	s		Descrip	Description of Contribution				
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	140	DAY	VEAR	•		
city	2(8(6	21p Code (Flos 4)	MO.	DAY	YEAR	\$		
Employer of Contributor			Occupa	ition				
Employer Mailing Address/Principal Place of Busines			Donori	ption of Ca	ntribution			
Employer Marring Address:	3		Descri	ption of ca	nti ibution			
Full Name of Contributor			MO.	DAY	YEAR	s		
Mailing Address			NO.	DAV	VEAD	-		
			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor			Occup	ation	1			
Employer Mailing Address/Principal Place of Busines	s		Descri	Description of Contribution				
						PAGE TOTAL		
Enter Grand Total of Part G on School	edule I	I, In-Kind Contril	butions	Detailed	I	\$ 0		
Summary Page Section 3						= W / /		

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				porting P		
Alfa for Allentown				rom	1/1/2	10/9 TO 10/21/2019
		- 200	_		-	
To Whom Paid			MO.	DAY		Amount
Advantage PEP Mailing Address			G	n of Expe	2019	\$ 1,500
647 W. Union St.		ľ	CIM	DALAN	Serv	1605
	State Zip Code			Total State of the		
Whilehall	PA 13052	-				
To Whom Paid			MO.	DAY	YEAR	Amount \$ 70
Armstong + Exec			Descriptio	n of Expe	2019	3 / 0
2154 Grynwood Dr.				tribu		
City	State Zip Code			7		
Whitehall	PA 18052				and the same	
To Whom Paid	11+01	-	MO.	DAY	YEAR	\$ 2,214,56
	11161	-	Description	15 in of Expe	nditure	
1701 Union Blvd,			Mai	ling-	5	
Allentown	State Zip Code					
To Whom Paid, /	11/11/10/01/		MO.	DAY	YEAR	Amount
John Ynrienic Agency Mailing Address			6	20	2010	\$ 10
			Description 1	on of Expe	inditure	
101 N. Ceder Crest Blud.	State Zip Code	(Plus 4)	Nota	7		
Allentown	State Zip Code PA 18104					
To Whom Paid			MO.	DAY	YEAR	Amount
John MICONIC Agency Mailing Address			Description	on of Expe	2019	\$ 5
101 N. Cedar Crest Blid.		1	Oesci iptii	JII OI EXPE	inor ture	
City	State Zip Code					
Allentown	PA 18/04	_				
To Whom Paid		-	MO.	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Exp	l enditure	
- AG						
City	State Zip Code	(Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
				GPI I	- mentre	\$
Mailing Address			Descripti	on of Exp	enditure	
City	State Zip Code	(Plus 4)				
	Zip oode	2				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Danie		l andian	\$
Mailing Address			Descripti	on of Exp	enuriona	
City	State Zip Code	(Plus 4)				
		-				
						PAGE TOTAL
Enter Grand Total of Expenditures on F	Page 1, Report (Cover Pa	age, Ito	em D.		\$ 3799.58

STATEMENT OF UNPAID DEBTS

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

A-4a (at Allentown			Reporting From 6	Period /// /a0	19 TO 10/21/2019
1777 OF ATRIADWA					- TANTARE IS
lame of Creditor					Outstanding Balance of Deb
Mailing Address	DATE	MO.	DAY	YEAR	
îty	INCURRED	State	Zip Code	(Plus 4)	
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