

COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**

File this in lieu of a full report *only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.*

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>CANDIDA AFFA</b>								
STREET ADDRESS <b>624 Primrose Lane</b>								
CITY <b>Allenstown</b>			STATE <b>PA</b>		ZIP CODE <b>18104</b>			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
6TH TUESDAY PRE-PRIMARY		City Council-Allenstown			DEM	MO.	DAY	YEAR
<input type="checkbox"/>						5	16	2023
2ND FRIDAY PRE-PRIMARY								
<input type="checkbox"/>								
30 DAY POST-PRIMARY								
<input checked="" type="checkbox"/>								
6TH TUESDAY PRE-ELECTION								
<input type="checkbox"/>								
2ND FRIDAY PRE-ELECTION								
<input type="checkbox"/>								
30 DAY POST-ELECTION								
<input type="checkbox"/>								
ANNUAL REPORT								
<input type="checkbox"/>								

  

DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	MO.	DAY	YEAR
		5	1	2023		6	5	2023

  

CASH BALANCE AT END OF REPORTING PERIOD:		\$ 0.00
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 0.00

  

AMENDMENT REPORT?	YES		NO	<input checked="" type="checkbox"/>
TERMINATION REPORT?	YES		NO	<input checked="" type="checkbox"/>

  

FOR OFFICE USE ONLY	
RECEIVED JUN 14 PM 1:51 OF LEHIGH COUNTY	

**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political Committee or Candidates' Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

13 DAY OF June 2023

[Signature]  
 SIGNATURE

MY COMMISSION EXPIRES 03 MO. 09 DAY 2024 YR.

[Signature]  
 SIGNATURE OF PERSON SUBMITTING REPORT

CANDIDA AFFA  
 PRINTED NAME

18104 AREA CODE 610-392-8825 DAYTIME TELEPHONE NUMBER

Notary Seal  
 Commonwealth of Pennsylvania - Notary Seal  
 Angela Dumbleton, Notary Public  
 Lehigh County  
 My commission expires March 9, 2024  
 Commission number 1366359  
 Member, Pennsylvania Association of Notaries

**PART II -**

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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

\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 SIGNATURE

MY COMMISSION EXPIRES \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

\_\_\_\_\_  
 SIGNATURE OF CANDIDATE

\_\_\_\_\_  
 PRINTED NAME

\_\_\_\_ AREA CODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER