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 1. X	COMMITTEE 2.	LOBBYIST 3.

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST: Cecilia Gerlach

STREET ADDRESS: 109 S. 9th St

CITY	STATE	ZIP CODE
Allentown	PA	18107 —

TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION
	Allentown City Council		Dem	MO. 5 / DAY 16 / YEAR 2003

1. 6TH TUESDAY PRE-PRIMARY		
2. 2ND FRIDAY PRE-PRIMARY X		FOR OFFICE USE ONLY
3. 30 DAY POST-PRIMARY	DATES OF REPORTING PERIOD: 1 / 1 / 23 TO 5 / 1 / 23	
4. 6TH TUESDAY PRE-ELECTION	CASH BALANCE AT END OF REPORTING PERIOD: $ 0	
5. 2ND FRIDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: $ 0	
6. 30 DAY POST-ELECTION		
7. ANNUAL REPORT	AMENDMENT REPORT? YES ___ NO X	
	TERMINATION REPORT? YES ___ NO X	

AFFIDAVIT SECTION

PART I -
If statement is filed on behalf of a <u>Political Committee or Candidates's Committee</u>, the Treasurer must sign here.
If statement is filed on behalf of a <u>Candidate</u>, the Candidate must sign here.
If statement is filed on behalf of a <u>Contributing Lobbyist</u>, 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

5th DAY OF May 20___

SIGNATURE _____

MY COMMISSION EXPIRES 3/29/2025
MO. DAY YR.

Commonwealth of Pennsylvania - Notary Public
DIANE L GORDIAN - Notary Public
Lehigh County
My Commission Expires March 29, 2025
Commission Number 1394734

SIGNATURE OF PERSON SUBMITTING REPORT
Cecilia Gerlach

PRINTED NAME

484 / 897 0354
AREA CODE / DAYTIME TELEPHONE NUMBER

PART II -
If statement is filed on behalf of a <u>Candidate's Authorized Committee</u>, 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
Cecilia Gerlach

PRINTED NAME

484 / 897-0354
AREA CODE / DAYTIME TELEPHONE NUMBER

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

DSEB-503 (12-99)