

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. <input checked="" type="checkbox"/>	COMMITTEE	2. <input type="checkbox"/>	LOBBYIST	3. <input type="checkbox"/>																						
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Cynthia Mota																														
STREET ADDRESS 2604 Apple St																														
CITY Allentown			STATE PA	ZIP CODE 18103																										
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION																									
	6TH TUESDAY PRE-PRIMARY	1.	Allentown City Council			Dem	MO. 11	DAY 7	YEAR 2017																					
2ND FRIDAY PRE-PRIMARY	2.	<table border="1"> <tr> <th colspan="3">DATES OF REPORTING PERIOD</th> <th colspan="3">FOR OFFICE USE ONLY</th> </tr> <tr> <td>MO.</td> <td>DAY</td> <td>YEAR</td> <td>MO.</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td>1</td> <td>1</td> <td>2020</td> <td>12</td> <td>31</td> <td>2020</td> </tr> </table>		DATES OF REPORTING PERIOD			FOR OFFICE USE ONLY			MO.	DAY	YEAR	MO.	DAY	YEAR	1	1	2020	12	31	2020	<table border="1"> <tr> <td colspan="2">CASH BALANCE AT END OF REPORTING PERIOD: \$</td> <td>0</td> </tr> <tr> <td colspan="2">TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$</td> <td>0</td> </tr> </table>			CASH BALANCE AT END OF REPORTING PERIOD: \$		0	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$		0
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30 DAY POST-PRIMARY	3.																													
6TH TUESDAY PRE-ELECTION	4.																													
2ND FRIDAY PRE-ELECTION	5.																													
30 DAY POST-ELECTION	6.																													
ANNUAL REPORT	7. <input checked="" type="checkbox"/>																													
		AMENDMENT REPORT?	YES	NO																										
		TERMINATION REPORT?	YES	NO																										

**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.

WITNESS MY HAND AND SUBSCRIBED BEFORE ME THIS

DAY OF January 2021  
 SIGNATURE Jeffrey Dzikowski  
 MY COMMISSION EXPIRES 6 16 2024  
 MO. DAY YR.

SIGNATURE OF PERSON SUBMITTING REPORT  
 PRINTED NAME  
 AREA CODE DAYTIME TELEPHONE NUMBER

**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.

WITNESS MY HAND AND SUBSCRIBED BEFORE ME THIS

DAY OF January 2021  
 SIGNATURE Cynthia V. Mota  
 MY COMMISSION EXPIRES 6 16 2024  
 MO. DAY YR.

SIGNATURE OF CANDIDATE  
 PRINTED NAME  
 AREA CODE DAYTIME TELEPHONE NUMBER