Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification		Report Filed By Candidate Committee Lobbyist Lobbyist						
Name of Filing Committee, Ca Lobbyist		Friend	ds of Cynth	nia Mota				
Street Address		526 N	St. Cloud	Street Suite	4 PMB 253			
City Allentow	n			State	PA .	Zip Code	18104	
Type of Report (Place x under i	report type)	200	=					
1. 6 th Tuesday 2. 2 nd Friday Pre-Primary Pre-Primary	1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	1 S. Ch. N. S. 12 'E. 'E.		5- 2 nd Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
	X							
Date Of Election (MM/DD/YYYY)	05/18/2021	Year		2021	Amendment Report		Termination Report	
Summary of Receipts and Expenditures	From Date		To Date			For	Office Use Only	
	05/04/2021			07/2021				
A. Amount Brought Forward F			32	239.51				rs-3
B. Total Monetary Contribution (From Schedule I)	ns and Receipts		5	50.00			Superior Sup	
C. Total Funds Available (Sum of Lines A and B)		\$	32	289.51				The state of the s
D. Total Expenditures (From Schedule III)		\$	12	253.51			econolisas de repre-	
E. Ending Cash Balance (Subtract Line D from Line C)		,\$	20	036.00			Vidage West	
F. Value of In-Kind Contribution (From Schedule II)	ns Received	\$	44	463.62			average and a second	in the
G. Unpaid Debts and Obligation (From Schedule IV)	ins	\$	- FO	0.00 1				
		2.00.00	2 2	Affidavit Se				
Part 1- If this is a Committee report. I swear (or affirm) that this report,						lan and halinf tr	us correct and comple	+0
Sworn to and subscribed before m		elleu se	nnsylvania AM Notary h County	umber 139	2	of Person Subm	2	
Signature	i		onwealth of Pen DIANE L CORDIN Lethigh Commission Fyn	Commission N	rvin J Mease Car		rer	_
My Commission expires	1201		onwealth DIANE L	6	10	737-	-3375	
Мр	DAY YR.		ommonwealth of Pe DIANE L GORDL Lehigi		Area Code	Day	time Telephone Numbe	er
Part II- If this is a report of a Candi			ttee, candic					
I swear (or affirm) that to the best amended.	ot my knowledge		er this polit	ical committee	has not violated any	y provisions of t	he Act of June 3, 1937 ((P.L. 1333, NO.320) as
Sworn to and subscribed before median day of Signature My Commission expires MO.	e this 20 21 DAY YR.	Commonwealth of Pennsylvania - Notary Seal	JANE L GUKUJAN - NOTARY Public Lehigh County	-	- cy	Printed Name	S3-5830 Ime Telephone Number	
		Commor	S W					

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	and the state of t

Total for the reporting period	(1)	\$	0050.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0000.00
All Other Contributions (Part B)		\$	0000.00
Total for the reporting period	(2)	\$	0000.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)	c==\======	\$	0000.00
All Other Contributions (Part D)		\$	0000.00
		\$	2000 00
Total for the reporting period	(3)	Ψ.	0000.00
, 0.			0000.00
Total for the reporting period 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) Total for the reporting period		\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			

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.

Filer Identification Number				3
				Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Addres	S		Date [MM/DD/YYYY] 4.5	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	1	processor and a second	Date [MM/DD/YYYY] \$	
House # Street Addres	Ś		Date [MM/DD/YYYY] \$	
(City)	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	11000000		Date [MM/DD/YYYY] \$	
House # Street Address	S	37 = as-	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address	*		Date [MM/DD/YYYY] \$:	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYY] \$	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identificatio	n Number:	of a manager of the state of th	an in the same of	的人类似乎可以用的一点,其实的是"经"。 (4) 如何 (2) (2) 如何 (2) (4) 如何,他不可以有效的。 (3) (4) 如何,他们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	1.0120000	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor		10 °C	Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City	1241.070.5 375.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor		A STATE OF THE STA	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$:
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	Report Control of the Association of the Associatio
House #	Street Address			Date [MM/DD/YYYY] \$	
City	No. of South	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Addre	6.0		Date [MM/DD/YYYY] \$	
City	_State:	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee		Estate Securities Pro-	Date [MM/DD/YYYY] \$	
House # Street Addres	ss		Date [MM/DD/YYYY] \$	
City.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	220		Date [MM/DD/YYYY] \$	
House # Street Addre			Date [MM/DD/YYYY] \$	
City Full-Name of	State	Zip Code	Date [MM/DD/YYYY] \$	
Contributing Committee. House # Street Addres	Š		Date [MM/DD/YYYY] \$	
House # Street Address City	-State	. Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	State		Date [MM/DD/YYYY] \$	
House # Street/Addres	5		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	[44,447,00]		Date [MM/DD/YYYY] \$	
House # Street Address	S		/Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MIM/DD/YYYY] . \$	

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:

Full Name of Co				Date [MM/DD/YYYY] \$
House #	Street Address	<u> </u>		Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		- M		Occupation
Employer Maili Principal Place				
Full Name of Co				Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	17.5 (5) (18.5)	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	e	(2000)		Occupation /
Employer Maili				Harakas V S. VII.
Principal Place Full Name of Co	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	e	·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Occupation
Employer Mail	ing Address / of Business			London account of the comment
Full Name of Co	The second secon			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MIM/DD/YYYY] \$
Employer Nam	e	[ASSENCE OF LONG	[18] 또 고막 및 역소세	Occupation
Employer Mail Principal Place	ing Address / of Business			

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.

Filer Identification Nu	mbers			
Full Name			9	
House #	Street Address			
City		State	Zip Gode	Date [MM/DD/YYYY] \$. 0
Receipt Description		CALL A CONTROL OF	2 62 80 500 Ca 13	1002
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$ 0
Receipt Description				Printered
Full Name				
House#	Street Address			
House #		State	Zip Code	Date [MM/DD/YYYY] \$ 0
Receipt Description		200	Section 1. Section 2.	[Picks]
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Pro Ave England System I	99-20-3
Full Name				
House#	Street Address			
City		State	Zíp Code	Date [MM/DD/YYYY] \$
Receipt Description			[1867. J. J. W. Ca]	
Full Name				
House#	Street Address			
City		State 3	Zip Code	Date [MM/DD/YYYY] \$ 0
Receipt Description		MI SANKED IN SANKED		1500071

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

Filer Identification Number:			
UNITEMIZED IN-KIND CONTRIBU	ITIONS RECEIVED-VAL	UE OF \$50.00 (OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0
2. IN-KIND CONTRIBUTIONS RECEIVE			FROM PART F)
TOTAL for the reporting period	(2)	\$	0250.00
3. IN-KIND CONTRIBUTION RECEIV	ED-VALUE OVER \$250	.00 (FROM PAF	RT G)
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTION			
PERIOD (Add and enter amount totals from on Page 1, Report Cover Page, Item F)	m boxes 1, 2, and 3; a	iso enter	0250.00

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Control of the Contro	
Filer Identification Number:	
mener identification number:	
THE PROPERTY OF THE WASSESSED FOR THE STREET, THE PROPERTY OF	
THE RESIDENCE OF THE PROPERTY	
HOMEST CONTRACTOR OF THE PROPERTY OF THE PROPE	
Management of the control of the con	

ROUTE AND ADDRESS OF THE PARTY.					7200g
Full Name of Contributor	.da.u.u			Date [MM/DD/YYYY]	\$
Michael Richar	dson			5/8/21	0250.00
House # Street Address		9		Date [MM/DD/YYYY]	\$
518 N 81	th Street				0
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Allentown	PA	1	18102		0
Description of Contribution	Campaign Tshirts				野村祖
Full Name of Contributor				Date [MM/DD/YYYY]	\$
Julio Guridy Ca	ımpaign			8	0213.62
House # Street Address				Date [MM/DD/YYYY]	\$
	5 Linden Street				0
City	State	Zip Code	0400	Date [MM/DD/YYYY]	\$
	PA	1	8102		0
Description of Contribution	Robo Calls				
Full Name of Contributor				Date [MM/DD/YYYY]	\$
				**	0
House # Street Address				Date [MM/DD/YYYY]	\$.
			Ī		0
City	State	Zip Code			<u> </u>
			3	A THE RESIDENCE OF THE PROPERTY OF THE PARTY	0
Description of Contribution	744	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			(at I)
Full Name of Contributor				Date [MM/DD/YYYY]	5
					0
House # Street Address			14	Date [MM/DD/YYYY]	\$
					0
*City***	State.	Zip Code	8		0
Description of Contribution					\$ 3
the late of the la					
Full Name of Contributor				Date [MM/DD/YYYY]	
				at the second	0
House # Street Address				Date [MM/DD/YYYY]	
			<u> </u>		0
Gity	State	Zip Code	1	Date [MM/DD/YYYY] \$	
					0
Description of Contribution				1 ***	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

	VALUE OVER \$230	
Filer Identification Number:		
5.5.5% 5% 10% 10% 10% 5		-SA
Full Name of Contributor VP Broad	dcasting	Date [MM/DD/YYYY] \$ 2500.00
House # Street Addre	Colorado St	Date [MM/DD/YYYY] \$ 0
City Alientown	State Zip Code	Date [MM/DD/YYYY] \$ 0
Employer Name	Constant Reserved Served	Occupation
Employer Mailing Address / Princip Place of Business	al	Description of Contribution Commercials at La Mega Radio
Full Name of Contributor La Razon	n Newspaper	Date [MM/DD/YYYY] \$ 500.00
House # Street Address	PO Box 1303	Date [MM/DD/YYYY] \$ 0
City Allentown	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Princip Place of Business	al	Description of 2-Newspaper ADs Contribution
Full Name of Contributor 8th St Fo	ood Market	Date [MM/DD/YYYY] \$ 1000.00
House # Street Addres	N 8th Street	Date [MM/DD/YYYY] \$ 0
City Allentown	State Zip Code	Date [MM/DD/YYYY] \$ 0
Employer Name		Occupation
Employer Mailing Address / Princip Place of Business	al	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Addre	SS	Date [MM/DD/YYYY] \$ 0-
City	State Zip Code	Date [MM/DD/YYYY] \$

Employer Name

Place of Business

Employer Mailing Address / Principal

Occupation

Description

Contribution

Statement of Expenditures

BUTTO AND ADDRESS OF THE PARTY	
Filer Identification Number:	
CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	
The state of the s	

Fees - PayPal	To Whom Paid			Date [MM/DD/YYYY] \$	-
Street Address Street Address State Code Code State Code Cod	10 willow raid	-Fees -PayPal		05/08/21 0001.75	
To Whom Paid Sick Images - Face Masks Date [MM/DD/YYY] S 05/14/21 0101.76 Dott [MM/DD/YYY] S 05/14/21 0101.76 Date [MM/DD/YYY] S 05/14/21 0115.00 Date [MM/DD/YYY] S 05/18/21 0115.00 Dott [MM/DD/YYY] S 0115.00	House #		<u></u>	Description of Expenditure	
Sick Images - Face Masks O5/14/21	City	· 一种 · · · · · · · · · · · · · · · · · ·	52076-P655-076151		
House # Street Address Description of Expenditure	To Whom Paid	Sick Images - Face Masks		0101.76	
City Alburtis State PA Zip Code 18109 Marketing Expenses				05/14/21	
Alburtis PA Code 18109 Marketing Expenses	6 (B) S1	Street Address			
Belkis Pion O5/18/21 O115.00 Pouse # Street Address 2599 halleck dr City Whitehall State PA Code 18052 Campaign Worker To Whom Paid Street Address 2599 halleck dr City Whitehall State PA Code 18052 Campaign Worker O5/18/21 O115.00 Omar Carasquillo Omar Ca	City	State PA Co	p ode 18109	Marketing Expenses	
Pouse # Street Address 2599 halleck dr Description of Expenditure	To Whom Paid			Date [MM/DD/YYYY] \$	
House # Street Address 2599 halleck dr Description of Expenditure		Belkis Pion		05/18/21	
City Whitehall State PA Zip Code 18052 Campaign Worker		Street Address 2599 halleck dr			
Emelie Perez Moya Street Address 2599 halleck dr Description of Expenditure	City Whitehall	State PA Zi	18052		
Street Address 2599 halleck dr Description of Expenditure	To Whom Paid		40,790	Date [MM/DD/YYYY] \$	
City Whitehall Street Address State PA Zip Code 18052 Campaign Worker		Emelie Perez Moya		05/18/21	
City Whitehall State PA Zip Code 18052 Campaign Worker	House #	Street Address 2599 halleck dr		Description of Expenditure	
Emny Reynoso Street Address 2599 Halleck Dr	City Whitehall	State PA Co			
House # Street Address 2599 Halleck Dr Description of Expenditure	To Whom Paid			Date [MM/DD/YYYY] \$	
City Whitehall State PA Zip 18052 Campaign Worker				05/18/21	
Whitehall	House #	Street Address 2599 Halleck Dr			Us.
Omar Carasquillo Obj. 18/21 Onumar Carasquillo Obj. 18/21 Onumar Carasquillo Obj. 18/21 Onumar Carasquillo Obj. 18/21 Description of Expenditure Campaign Worker To Whom Paid Nathalie Capellan Nathalie Capellan Onumar Carasquillo Obj. 18/21 Date [MM/DD/YYYY] Outline Onumar Carasquillo Obj. 18/21 Outline Onumar Carasquillo Obj. 18/21 Outline Onumar Carasquillo Obj. 18/21 Outline Ou	Whitehall	State PA Zi	18052	Campaign Worker	
House # Street Address 1836 Belleview circle Gity Whitehall To Whom Paid Nathalie Capellan House # Street Address Description of Expenditure Campaign Worker Date [MM/DD/YYYY] \$ 0115,00 Date [MM/DD/YYYY] \$ 0115,00	To Whom Paid	Omer Cereequille			
Gity Whitehall State PA Zip Code 18052 Campaign Worker To Whom Paid Nathalie Capellan Nathalie Capellan Date [MM/DD/YYYY] \$ 05/18/21 Description of Expenditure				05/18/21	
To Whom Paid Nathalie Capellan Date [MM/DD/YYYY] \$ 05/18/21 House # Street Address Description of Expenditure				Description of Expenditure	
Nathalie Capellan 05/18/21 House # Description of Expenditure	e. Whitehall	State PA Zij		Campaign Worker	
House # Street Address Description of Expenditure	To Whom Paid	Nathalia Capallan			
House # Street Address OZ7 - # 6 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15				U3/16/21	
217 South Halikiyii St		217 south franklyn st		「株式できますのだけをおいるのははあるのないはははないない。	
Allentown State PA Code 18102 Campaign Worker		State PA Co	18102	Campaign Worker	
60**C**ANACOMES**C**ANACOM	To Whom Paid	Yordy Guzman		Date [MM/DD/YYYY] \$ 0115.00	
Yordy Guzman O115 00		Sycot Address		05/16/21	
Yordy Guzman 05/18/21 0115.00		123 north 14th street		Description of Expenditure	
Yordy Guzman 05/18/21 O115.00 House # Description of Expenditure	City	State PA Co	de 18102	Campaign Worker	

Statement of Expenditures

To Whom Paid	oul Dahlas Is				Date [MM/DD/YYYY] \$	2445.00
	Raul Robles Jr				5/18/21	0115.00
House #	Street Address 229 north 9th street				Description of Expenditure	
City	State		Zip Code	18102	Campaign Worker	
To Whom Paid Jo	se Tavera				Date [MM/DD/YYYY] \$ 5/18/21	0115.00
House # S	treet Address				Description of Expenditure	
	55 south m	adison st				
City Allentown	State	Pa	Zip Code	18102	Campaign Worker	
To Whom Paid	net Valerio				Date [MM/DD/YYYY] \$	0115.00
					5/18/21	
House # SI	123 N 14th	Street			Description of Expenditure	
City Allentown	State	PA	Zip Code	18102	Campaign Worker	
To Whom Paid	CARCAL SPECIAL MARK SPECIAL SP				Date [MM/DD/YYYY] \$	0115.00
Ev	relyn Garcias				5/18/21	
House #	treet Address 1310 w che	w st			Description of Expenditure	
City	State	PA	Zip Code	18102	Campaign Worker	
To Whom Paid					Date [MM/DD/YYYY] \$	
House # S	treet Address				Description of Expenditure	
City	State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY] \$	
House # S	treet Address				Description of Expenditure	
City	State		Zip Code			
To Whom Paid		'			Date [MM/DD/YYYY] \$	
House #	Street Address				Description of Expenditure	
City	State	15	Zip. Code			
To Whom Paid					Date [MM/DD/YYYY] \$	*
House #	treet Address				Description of Expenditure	
City	State		Zip Code			

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.

Filer Identification Numbers		
Name of Creditor House # Stree City Description of Debt	DATE DEBT INCURRED [MM/DD/YYYY] State Code	Outstanding Balance of Debt \$
Name of Creditor	DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code	Outstanding Balance of Debt •
Name of Creditor PHOUSE # Stree City Description of Debt	DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code	Outstanding Balance of Debt \$ 0
Name of Creditor House # Stree City Description of Debt	DATE DEBT INCURRED [MM/DD/YYYY] State Code	Outstanding Balance of Debt \$ 0
Name of Greditor. House # Street	Et Address DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code:	Outstanding Balance of Debt \$ 0
Name of Greditor House # Stree City Description of Debt	DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code	Outstanding Balance of Debt \$ 0