

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	COMMITTEE ²	LOBBYIST ³	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Rodney Bushe for Allentown City Council						
STREET ADDRESS 777 West Walnut St						
CITY Allentown		STATE PA	ZIP CODE 18101			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE Allentown City Council	DISTRICT NO.	PARTY D	DATE OF ELECTION		
				MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1.			05	16	2023
2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>					
30 DAY POST-PRIMARY	3.					
6TH TUESDAY PRE-ELECTION	4.					
2ND FRIDAY PRE-ELECTION	5.					
30 DAY POST-ELECTION	6.					
ANNUAL REPORT	7.					

DATES OF REPORTING PERIOD		MO.		DAY		YEAR		TO		MO.		DAY		YEAR	
		4		1		23				5		1		23	

CASH BALANCE AT END OF REPORTING PERIOD:		\$	0
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$	0

AMENDMENT REPORT?	YES		NO	
TERMINATION REPORT?	YES		NO	

FOR OFFICE USE ONLY	
ELECTION BOARD OF LEHIGH COUNTY	
2023 MAY 11 AM 9:48	

RECEIVED

AFFIDAVIT SECTION

PART I -
 If statement is filed on behalf of a Political Committee or Candidates's 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 11 DAY OF May 2023

[Signature]
 SIGNATURE

MY COMMISSION EXPIRES 3/20/2025
 MO. DAY YR.

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT

Rodney Bushe
 PRINTED NAME

484 725 8906
 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.

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