

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
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Santo Napoli					
STREET ADDRESS 202 N Broad Street					
CITY Allentown			STATE PA	ZIP CODE 18104 -5348	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
6TH TUESDAY PRE-PRIMARY	Allentown City Council			DEM	MO. DAY YEAR 05 16 2023
2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/>	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
30 DAY POST-PRIMARY	MO. DAY YEAR TO MO. DAY YEAR 03 01 2023 TO 05 01 2023		<p>2023 MAY -5 PM 3:55 RECEIVED ELECTION BOARD OF LEHIGH COUNTY</p>		
6TH TUESDAY PRE-ELECTION	CASH BALANCE AT END OF REPORTING PERIOD: \$ 0				
2ND FRIDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0				
30 DAY POST-ELECTION	AMENDMENT REPORT? YES NO				
ANNUAL REPORT	TERMINATION REPORT? YES NO				

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 TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 5th DAY OF May 2023

Signature of Notary Public: *[Signature]*
 Signature of Person Submitting Report: *[Signature]*
 Printed Name: **Santo Napoli**
 My Commission Expires March 29, 2024
 My Commission Number 139468
 Area Code: **484**
 Daytime Telephone Number: **955-1194**

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 of Candidate: _____
 Printed Name: _____
 My Commission Expires _____ MO. DAY YR. _____
 Area Code: _____ Daytime Telephone Number: _____