

CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| | | | | |
|--|---|--|--|--|
| Filer Identification Number: ▶ | Report Filed By: ▶ | CANDIDATE ^{1.} | COMMITTEE ^{2.} <input checked="" type="checkbox"/> | LOBBYIST ^{3.} |
| Name of Filing Committee, Candidate or Lobbyist: Tino Babayan for City Council | | | | |
| Street Address: 24 South Filbert St. | | | | |
| City: Allentown | | State: PA | Zip Code: 18109 | |
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY ^{1.} | 2ND FRIDAY PRE-PRIMARY ^{4.} <input checked="" type="checkbox"/> | 30 DAY POST-PRIMARY ^{3.} | AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| | 6TH TUESDAY PRE-ELECTION ^{4.} | 2ND FRIDAY PRE-ELECTION ^{5.} | 30 DAY POST-ELECTION ^{6.} | TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| | ANNUAL REPORT ^{7.} | YEAR: <input type="text"/> | FILING METHOD () CHECK ONE ▶ | PAPER <input type="checkbox"/> DISKETTE <input type="checkbox"/> |

| | | | | | |
|--|------------------|-----------------|-------------|------------|-------------|
| Name of Office Sought by Candidate: Allentown City Council | DATE OF ELECTION | District Number | Office Code | Party Code | County Code |
| | MO. DAY YEAR | | | | |
| | | | | | |

(SEE INSTRUCTIONS FOR CODES)

| | | | | | |
|---|--------------|----|--------------|--|--|
| Summary of Receipts and Expenditures from: ▶ | MO. DAY YEAR | To | MO. DAY YEAR | | |
| | 01 01 23 | | 05 01 23 | | |
| A. Amount Brought Forward From Last Report | \$ 3,366.00 | | | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ 8,930.00 | | | | |
| C. Total Funds Available (Sum of Lines A and B) | \$ 8,696.00 | | | | |
| D. Total Expenditures (From Schedule III) | \$ 2,347.84 | | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ 6,348.16 | | | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ 100.00 | | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | 0 | | | | |

FOR OFFICE USE ONLY

ELECTION BOARD OF LEHIGH COUNTY

2023 MAY -4 PM 2:41

RECEIVED

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 5/4/23 day of May 2023

Commonwealth of Pennsylvania - Notary Seal
Rosangel Blanco, Notary Public
Lehigh County
My commission expires June 22, 2024
Commission number 1367826

George Haik
Signature of Person Submitting Report
George Haik
Printed Name
484 Area Code 350-1111 Daytime Telephone Number

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall 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 5/4/23 day of May 2023

Commonwealth of Pennsylvania - Notary Seal
Rosangel Blanco, Notary Public
Lehigh County
My commission expires June 22, 2024
Commission number 1367826

Tino Babayan
Signature of Candidate
Tino Babayan
Printed Name
484 Area Code 347-6504 Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| | |
|---|---|
| Name of Filing Committee or Candidate Tino Babayan for City Council | Reporting Period From _____ To _____ |
|---|---|

| | |
|---|-----------------|
| 1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR | |
| TOTAL for the Reporting Period (1) | \$ 20.00 |

| | |
|--|------------------|
| 2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B) | |
| Contributions Received from Political Committees (Part A) | \$ 0.00 |
| All Other Contributions (Part B) | \$ 980.00 |
| TOTAL for the Reporting Period (2) | \$ 980.00 |

| | |
|--|--------------------|
| 3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D) | |
| Contributions Received from Political Committees (Part C) | \$ 4,350.00 |
| All Other Contributions (Part D) | \$ 3,000.00 |
| TOTAL for the Reporting Period (3) | \$ 7,350.00 |

| | |
|---|----------------|
| 4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC (FROM PART E) | |
| TOTAL for the Reporting Period (4) | \$ 0.00 |

| | |
|---|-----------------|
| TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i> | \$ 8,330 |
|---|-----------------|

PAGE _____ OF _____

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.

| | |
|---|---|
| Name of Filing Committee or Candidate <i>Tino Babayan for City Council</i> | Reporting Period From _____ To _____ |
|---|---|

| | | | | DATE | | | AMOUNT |
|-------------------------------------|-----|-----|------|------|--|--|--------|
| Full Name of Contributing Committee | MO. | DAY | YEAR | | | | |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| City | | | | | | | \$ |
| State | | | | | | | \$ |
| Zip Code (Plus 4) | | | | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| City | | | | | | | \$ |
| State | | | | | | | \$ |
| Zip Code (Plus 4) | | | | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| City | | | | | | | \$ |
| State | | | | | | | \$ |
| Zip Code (Plus 4) | | | | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| City | | | | | | | \$ |
| State | | | | | | | \$ |
| Zip Code (Plus 4) | | | | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| City | | | | | | | \$ |
| State | | | | | | | \$ |
| Zip Code (Plus 4) | | | | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| City | | | | | | | \$ |
| State | | | | | | | \$ |
| Zip Code (Plus 4) | | | | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| City | | | | | | | \$ |
| State | | | | | | | \$ |
| Zip Code (Plus 4) | | | | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| City | | | | | | | \$ |
| State | | | | | | | \$ |
| Zip Code (Plus 4) | | | | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| City | | | | | | | \$ |
| State | | | | | | | \$ |
| Zip Code (Plus 4) | | | | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | | | | \$ |
| City | | | | | | | \$ |
| State | | | | | | | \$ |
| Zip Code (Plus 4) | | | | | | | \$ |

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

| |
|-------------|
| PAGE TOTAL |
| \$ <i>0</i> |

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

| | |
|---|---|
| Name of Filing Committee or Candidate Tino Babayan for City Council | Reporting Period From _____ To _____ |
|---|---|

| | DATE | AMOUNT |
|---|------------------------|-----------|
| Full Name of Contributor Samuel Yoder | MO: 1 DAY: 18 YEAR: 23 | \$ 50.00 |
| Mailing Address | MO: DAY: YEAR: | \$ |
| City State Zip Code (Plus 4) | MO: DAY: YEAR: | \$ |
| Full Name of Contributor ENC Miller | MO: 1 DAY: 18 YEAR: 23 | \$ 50.00 |
| Mailing Address | MO: DAY: YEAR: | \$ |
| City State Zip Code (Plus 4) | MO: DAY: YEAR: | \$ |
| Full Name of Contributor Amer Kholi | MO: 1 DAY: 18 YEAR: 23 | \$ 60.00 |
| Mailing Address | MO: DAY: YEAR: | \$ |
| City State Zip Code (Plus 4) | MO: DAY: YEAR: | \$ |
| Full Name of Contributor B. Junior Henura | MO: 1 DAY: 18 YEAR: 23 | \$ 20.00 |
| Mailing Address | MO: DAY: YEAR: | \$ |
| City State Zip Code (Plus 4) | MO: DAY: YEAR: | \$ |
| Full Name of Contributor Ed Zucal | MO: 1 DAY: 18 YEAR: 23 | \$ 100.00 |
| Mailing Address | MO: DAY: YEAR: | \$ |
| City State Zip Code (Plus 4) | MO: DAY: YEAR: | \$ |
| Full Name of Contributor Hassan Ashi | MO: 1 DAY: 18 YEAR: 23 | \$ 200.00 |
| Mailing Address | MO: DAY: YEAR: | \$ |
| City State Zip Code (Plus 4) | MO: DAY: YEAR: | \$ |
| Full Name of Contributor Riod Dalloul | MO: 1 DAY: 18 YEAR: 23 | \$ 200.00 |
| Mailing Address | MO: DAY: YEAR: | \$ |
| City State Zip Code (Plus 4) | MO: DAY: YEAR: | \$ |
| Full Name of Contributor Nasser Salloum | MO: 1 DAY: 18 YEAR: 23 | \$ 100.00 |
| Mailing Address | MO: DAY: YEAR: | \$ |
| City State Zip Code (Plus 4) | MO: DAY: YEAR: | \$ |

PAGE TOTAL
\$ 780.00

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PART B
ALL OTHER CONTRIBUTIONS

PAGE _____ OF _____

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

| | |
|--|---|
| Name of Filing Committee or Candidate Tim Babayan for City Council | Reporting Period From _____ To _____ |
|--|---|

| | DATE | | | AMOUNT |
|--|------|-----|------|-----------|
| Full Name of Contributor Jeff Barber | MO. | DAY | YEAR | \$ 100.00 |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City State Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributor Mamwan Zaiter | MO. | DAY | YEAR | \$ 100.00 |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City State Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | MO. | DAY | YEAR | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City State Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | MO. | DAY | YEAR | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City State Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | MO. | DAY | YEAR | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City State Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | MO. | DAY | YEAR | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City State Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | MO. | DAY | YEAR | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City State Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |

PAGE TOTAL

\$ 200.00

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PART C

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES OVER \$250.00

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

| | |
|---|---|
| Name of Filing Committee or Candidate Tino Babayan for City Council | Reporting Period From _____ To _____ |
|---|---|

| | DATE | | | AMOUNT |
|---|------|-----|------|------------|
| Full Name of Contributing Committee JULIO GUNCLY for Mayor | MO. | DAY | YEAR | \$ 500.00 |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | MO. | DAY | YEAR | \$ |
| Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributing Committee F.U.P Lodge #10 | MO. | DAY | YEAR | \$ 1000.00 |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | MO. | DAY | YEAR | \$ |
| Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributing Committee A.F.D Lodge #302 | MO. | DAY | YEAR | \$ 350.00 |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | MO. | DAY | YEAR | \$ |
| Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributing Committee Electrical Union Local #315 | MO. | DAY | YEAR | \$ 2,500 |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | MO. | DAY | YEAR | \$ |
| Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributing Committee | MO. | DAY | YEAR | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | MO. | DAY | YEAR | \$ |
| Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributing Committee | MO. | DAY | YEAR | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | MO. | DAY | YEAR | \$ |
| Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributing Committee | MO. | DAY | YEAR | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | MO. | DAY | YEAR | \$ |
| Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributing Committee | MO. | DAY | YEAR | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | MO. | DAY | YEAR | \$ |
| Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 4,350

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

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

| | |
|---|---|
| Name of Filing Committee or Candidate Tino Babayan For City Council | Reporting Period From _____ To _____ |
|---|---|

| Full Name of Contributor | DATE | AMOUNT |
|--|------------------------|-----------|
| JUAN BLANCO | MO: 1 DAY: 18 YEAR: 23 | \$ 500.00 |
| Mailing Address | MO: DAY: YEAR: | \$ |
| City State Zip Code (Plus 4) | MO: DAY: YEAR: | \$ |
| Employer Name | Occupation | |
| Employer Mailing Address/Principal Place of Business | | |

| | | |
|--|------------------------|-----------|
| Ghassan Elias | MO: 1 DAY: 18 YEAR: 23 | \$ 250.00 |
| Mailing Address | MO: DAY: YEAR: | \$ |
| City State Zip Code (Plus 4) | MO: DAY: YEAR: | \$ |
| Employer Name | Occupation | |
| Employer Mailing Address/Principal Place of Business | | |

| | | |
|--|------------------------|-----------|
| Nat Hyman | MO: 3 DAY: 27 YEAR: 23 | \$ 250.00 |
| Mailing Address | MO: DAY: YEAR: | \$ |
| City State Zip Code (Plus 4) | MO: DAY: YEAR: | \$ |
| Employer Name | Occupation | |
| Employer Mailing Address/Principal Place of Business | | |

| | | |
|--|------------------------|------------|
| Tony Alkoury | MO: 2 DAY: 21 YEAR: 23 | \$ 1000.00 |
| Mailing Address | MO: DAY: YEAR: | \$ |
| City State Zip Code (Plus 4) | MO: DAY: YEAR: | \$ |
| Employer Name | Occupation | |
| Employer Mailing Address/Principal Place of Business | | |

| | | |
|--|------------------------|------------|
| Tony Boutros | MO: 2 DAY: 27 YEAR: 23 | \$ 1000.00 |
| Mailing Address | MO: DAY: YEAR: | \$ |
| City State Zip Code (Plus 4) | MO: DAY: YEAR: | \$ |
| Employer Name | Occupation | |
| Employer Mailing Address/Principal Place of Business | | |

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 3,000

**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.

| | |
|---------------------------------------|---|
| Name of Filing Committee or Candidate | Reporting Period From _____ To _____ |
|---------------------------------------|---|

| | | | | | | |
|---------------------|-------|-------------------|----|-----|------|--------------|
| Full Name | | | | | | |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | MO | DAY | YEAR | Amount \$ |
| Receipt Description | | | | | | |

| | | | | | | |
|---------------------|-------|-------------------|----|-----|------|--------------|
| Full Name | | | | | | |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | MO | DAY | YEAR | Amount \$ |
| Receipt Description | | | | | | |

| | | | | | | |
|---------------------|-------|-------------------|----|-----|------|--------------|
| Full Name | | | | | | |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | MO | DAY | YEAR | Amount \$ |
| Receipt Description | | | | | | |

| | | | | | | |
|---------------------|-------|-------------------|----|-----|------|--------------|
| Full Name | | | | | | |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | MO | DAY | YEAR | Amount \$ |
| Receipt Description | | | | | | |

| | | | | | | |
|---------------------|-------|-------------------|----|-----|------|--------------|
| Full Name | | | | | | |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | MO | DAY | YEAR | Amount \$ |
| Receipt Description | | | | | | |

| | | | | | | |
|---------------------|-------|-------------------|----|-----|------|--------------|
| Full Name | | | | | | |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | MO | DAY | YEAR | Amount \$ |
| Receipt Description | | | | | | |

| | |
|--|-------------------------|
| Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4. | PAGE TOTAL \$ |
|--|-------------------------|

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

| | |
|---|---|
| Name of Filing Committee or Candidate Tino Babayan for City Council | Reporting Period From _____ To _____ |
|---|---|

| | | |
|--|-----|----|
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | |
| TOTAL for the Reporting Period | (1) | \$ |

| | | |
|---|-----|------------------|
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | |
| TOTAL for the Reporting Period | (2) | \$ 100.00 |

| | | |
|---|-----|----|
| 3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G) | | |
| TOTAL for the Reporting Period | (3) | \$ |

| | |
|---|------------------|
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.) | \$ 100.00 |
|---|------------------|

SCHEDULE II
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| | |
|---|---|
| Name of Filing Committee or Candidate Tino Babayan for City Council | Reporting Period From _____ To _____ |
|---|---|

| Full Name of Contributor | DATE | | | AMOUNT |
|---|------|-----|------|-----------|
| | MO. | DAY | YEAR | \$ |
| Jessica Ortiz | | | | \$ 100.00 |
| Mailing Address: | | | | \$ |
| City: State Zip Code (Plus 4) | | | | \$ |
| Description of Contribution: FINERS on Facebook | | | | |
| Full Name of Contributor | | | | \$ |
| Mailing Address | | | | \$ |
| City: State Zip Code (Plus 4) | | | | \$ |
| Description of Contribution: | | | | |
| Full Name of Contributor | | | | \$ |
| Mailing Address | | | | \$ |
| City: State Zip Code (Plus 4) | | | | \$ |
| Description of Contribution: | | | | |
| Full Name of Contributor | | | | \$ |
| Mailing Address | | | | \$ |
| City: State Zip Code (Plus 4) | | | | \$ |
| Description of Contribution: | | | | |
| Full Name of Contributor | | | | \$ |
| Mailing Address | | | | \$ |
| City: State Zip Code (Plus 4) | | | | \$ |
| Description of Contribution: | | | | |
| Full Name of Contributor | | | | \$ |
| Mailing Address | | | | \$ |
| City: State Zip Code (Plus 4) | | | | \$ |
| Description of Contribution: | | | | |

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

| | |
|---------------------------------------|---|
| Name of Filing Committee or Candidate | Reporting Period From _____ To _____ |
|---------------------------------------|---|

| | | | | DATE | AMOUNT | | |
|--|-------|-------------------|--|-----------------------------|--------|-------|----|
| Full Name of Contributor | | | | MO. | DAY. | YEAR. | \$ |
| Mailing Address | | | | MO. | DAY. | YEAR. | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY. | YEAR. | \$ |
| Employer of Contributor | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | | Description of Contribution | | | |
| Full Name of Contributor | | | | MO. | DAY. | YEAR. | \$ |
| Mailing Address | | | | MO. | DAY. | YEAR. | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY. | YEAR. | \$ |
| Employer of Contributor | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | | Description of Contribution | | | |
| Full Name of Contributor | | | | MO. | DAY. | YEAR. | \$ |
| Mailing Address | | | | MO. | DAY. | YEAR. | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY. | YEAR. | \$ |
| Employer of Contributor | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | | Description of Contribution | | | |
| Full Name of Contributor | | | | MO. | DAY. | YEAR. | \$ |
| Mailing Address | | | | MO. | DAY. | YEAR. | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY. | YEAR. | \$ |
| Employer of Contributor | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | | Description of Contribution | | | |
| Full Name of Contributor | | | | MO. | DAY. | YEAR. | \$ |
| Mailing Address | | | | MO. | DAY. | YEAR. | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY. | YEAR. | \$ |
| Employer of Contributor | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | | Description of Contribution | | | |

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

| |
|------------|
| PAGE TOTAL |
| \$ |

SCHEDULE III
STATEMENT OF EXPENDITURES

| | |
|---|---|
| Name of Filing Committee or Candidate Tino Babayan for City Council | Reporting Period From _____ To _____ |
|---|---|

| | | | | |
|---|-----------------|-------------------|-------------------|---------------------------|
| To Whom Paid LV Printing | MO. 3 | DAY 29 | YEAR 23 | Amount \$ 1,235 |
| Mailing Address | | | | |
| Description of Expenditure Printing lit and signs | | | | |
| City | State | Zip Code (Plus 4) | | |

| | | | | |
|--|-----------------|-------------------|-------------------|----------------------------|
| To Whom Paid Cool Print | MO. 3 | DAY 29 | YEAR 23 | Amount \$ 722.84 |
| Mailing Address | | | | |
| Description of Expenditure Printing Shirts | | | | |
| City | State | Zip Code (Plus 4) | | |

| | | | | |
|---|-----------------|-------------------|-------------------|----------------------------|
| To Whom Paid Crime Watch | MO. 3 | DAY 29 | YEAR 23 | Amount \$ 190.00 |
| Mailing Address | | | | |
| Description of Expenditure Banquet Ad | | | | |
| City | State | Zip Code (Plus 4) | | |

| | | | | |
|--|-----------------|-------------------|-------------------|----------------------------|
| To Whom Paid Riverside Rest. | MO. 2 | DAY 27 | YEAR 23 | Amount \$ 200.00 |
| Mailing Address | | | | |
| Description of Expenditure Event | | | | |
| City | State | Zip Code (Plus 4) | | |

| | | | | |
|----------------------------|-------|-------------------|------|---------------------|
| To Whom Paid | MO. | DAY | YEAR | Amount \$ |
| Mailing Address | | | | |
| Description of Expenditure | | | | |
| City | State | Zip Code (Plus 4) | | |

| | | | | |
|----------------------------|-------|-------------------|------|---------------------|
| To Whom Paid | MO. | DAY | YEAR | Amount \$ |
| Mailing Address | | | | |
| Description of Expenditure | | | | |
| City | State | Zip Code (Plus 4) | | |

| | | | | |
|----------------------------|-------|-------------------|------|---------------------|
| To Whom Paid | MO. | DAY | YEAR | Amount \$ |
| Mailing Address | | | | |
| Description of Expenditure | | | | |
| City | State | Zip Code (Plus 4) | | |

| | | | | |
|----------------------------|-------|-------------------|------|---------------------|
| To Whom Paid | MO. | DAY | YEAR | Amount \$ |
| Mailing Address | | | | |
| Description of Expenditure | | | | |
| City | State | Zip Code (Plus 4) | | |

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

| |
|----------------------------------|
| PAGE TOTAL \$ 2,347.84 |
|----------------------------------|

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.

| | |
|---------------------------------------|---|
| Name of Filing Committee or Candidate | Reporting Period From _____ To _____ |
|---------------------------------------|---|

| | | | | | | | |
|---------------------|--|--|--------------------|--|-----------------------------------|-----|------|
| Name of Creditor | | | | | Outstanding Balance of Debt \$ | | |
| Mailing Address | | | DATE DEBT INCURRED | | MO. | DAY | YEAR |
| City | | | State | | Zip Code (Plus 4) | | |
| Description of Debt | | | | | | | |

| | | | | | | | |
|---------------------|--|--|--------------------|--|-----------------------------------|-----|------|
| Name of Creditor | | | | | Outstanding Balance of Debt \$ | | |
| Mailing Address | | | DATE DEBT INCURRED | | MO. | DAY | YEAR |
| City | | | State | | Zip Code (Plus 4) | | |
| Description of Debt | | | | | | | |

| | | | | | | | |
|---------------------|--|--|--------------------|--|-----------------------------------|-----|------|
| Name of Creditor | | | | | Outstanding Balance of Debt \$ | | |
| Mailing Address | | | DATE DEBT INCURRED | | MO. | DAY | YEAR |
| City | | | State | | Zip Code (Plus 4) | | |
| Description of Debt | | | | | | | |

| | | | | | | | |
|---------------------|--|--|--------------------|--|-----------------------------------|-----|------|
| Name of Creditor | | | | | Outstanding Balance of Debt \$ | | |
| Mailing Address | | | DATE DEBT INCURRED | | MO. | DAY | YEAR |
| City | | | State | | Zip Code (Plus 4) | | |
| Description of Debt | | | | | | | |

| | | | | | | | |
|---------------------|--|--|--------------------|--|-----------------------------------|-----|------|
| Name of Creditor | | | | | Outstanding Balance of Debt \$ | | |
| Mailing Address | | | DATE DEBT INCURRED | | MO. | DAY | YEAR |
| City | | | State | | Zip Code (Plus 4) | | |
| Description of Debt | | | | | | | |

| | | | | | | | |
|---------------------|--|--|--------------------|--|-----------------------------------|-----|------|
| Name of Creditor | | | | | Outstanding Balance of Debt \$ | | |
| Mailing Address | | | DATE DEBT INCURRED | | MO. | DAY | YEAR |
| City | | | State | | Zip Code (Plus 4) | | |
| Description of Debt | | | | | | | |

| | |
|---|---|
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. | PAGE TOTAL \$ 0 |
|---|---|