

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	<input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Cristian Pungo										
STREET ADDRESS 1838 Chew Street										
CITY Allentown				STATE PA		ZIP CODE 18104				
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	
2ND FRIDAY PRE-PRIMARY									05 20 2025	
30 DAY POST-PRIMARY										
6TH TUESDAY PRE-ELECTION										
2ND FRIDAY PRE-ELECTION										
30 DAY POST-ELECTION										
ANNUAL REPORT										
		DATES OF REPORTING PERIOD			MO. DAY YEAR		MO. DAY YEAR		FOR OFFICE USE ONLY	
					05 06 25		TO 06 09 25			
		CASH BALANCE AT END OF REPORTING PERIOD:			\$		0.00			
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:			\$		0.00			
		AMENDMENT REPORT?			YES		NO			
		TERMINATION REPORT?			YES		NO			

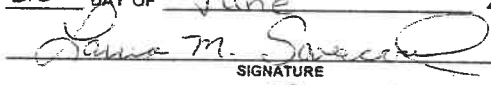
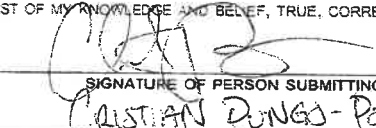
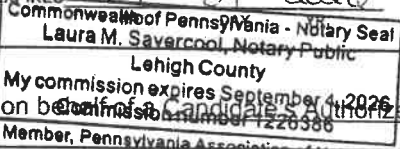
AFFIDAVIT SECTION

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, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS	
20 th DAY OF June 2025	
	
SIGNATURE	SIGNATURE OF PERSON SUBMITTING REPORT
MY COMMISSION EXPIRES 09 04 2026	PRINTED NAME
	484 350-9510
	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 OF CANDIDATE
SIGNATURE	PRINTED NAME
MY COMMISSION EXPIRES	AREA CODE DAYTIME TELEPHONE NUMBER
MO. DAY YR.	