CAMPAIGN FINANCE REPORT

PAGE 1 OF (COVER PAGE)

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

Filer Identification Number:	e: This report mus		Repor Filed	t	Sayer	ANDIC	-		2.		3. MST
Name of Filing Committee,	Candidate or Lobbyist Friends of Ce-Ce (<u>- P</u>	17.5		end de la company				
Street Address:	9th street		<u> </u>		<u> </u>				· · · · · · · · · · · · · · · · · · ·		
City: Allentown					Sta	PA	· .	zip c 1810	ode:)2	•	
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the right of	NNIE A T. EP/ORT	YEAR	2023			MET HECK		- To	PER x	Diski	
Name of Office Sought by	Candidate:	T	-	2,08	Str. American		ELECTIC	Altumbia		Party Code	County
Allentown City Cou	uncil				мо. 5	16	YEAR 2023	100 mm		dem	
	FELINA	West programme]			EOR OFFIC		FOR CODES)
Summary of Recei and Expenditures f				То	₃м о 6	DAY 5	YEAR 23		100 21 Cm	23	
A. Amount Brought For	ward From Last Rep	ort		\$	1,153	3.35				<u>C</u>	
B. Total Monetary Contr	flutions and Receip	ts (From Sched	dule ()	\$ 1,	180.6	3				<u>C</u>	\mathcal{C}
C. Total Funds Available	(Sum of Lines A a	nd B)		6 5	2	2,333.	98 -			1	Marine Act
D. Total Expenditures (F	From Schedule III)			\$ 1,8	398.89)				=	
E. Ending Cash Balance	(Subtract Line D fro	om Line C)		\$	435.	09	٠		1	PH 12: 4:2	
F. Value of In-Kind Co	ntributions Received	(From Schedu	ie II)	\$ 1	09.11					N	
G. Unpaid Debts and Ob	ligations (From Scho	edule IV)		\$	0		·				a symmetry
				IT SEC						National Control of the Control of t	
PART (-1) this is a 10 I swear (or affirm) that this											868rue ≅ 1
correct and complete.			. ,	•		10		$\overline{}$	ŧ-		P. Gl pamis
I swear (or affirm) that this correct and complete. Sworn to and subscribed to day of	June	20	23	7		4	~	F		>	Ghodas Lehigi mission
Soulo6	. 1.,			+	///		Signatur	<u>//</u>	Submitting Re		sara, Nora
	Signature			} -		וחת	01	Printed N	OGON ame	\sim	Notary unity ber 13
My commission expires _	07/18/20			-	(210	2	<u>_C</u>	14 1	194	77 6 7
	MG. DAY	YR.		<i>)</i>	At	ea Cod	e		Daytime Tele	phone Numi	pe 0 20
		The state of the s	44	A. Date, of Paragraph 2	A STATE OF THE PARTY OF THE PAR	1.191	COVERN DESIGNATION	THE SECTION AND ADDRESS OF THE PARTY.			
I swear (or affirm) that to (P.L. 1333, No. 320) as ame	the best of my knowle nded.	dge and belief t	his polit	lical con	mittee	has no	t violated	l any provis			3, 1937
Sworn to and subscribed t	before me this			•				2	N SO	Sonii P. G	
day of O	الاهد	20	23] -		0	2	griature of C	andidate of		
Sold & Chol	csurg	· · · · · · · · · · · · · · · · · · ·		} _	(je c	illa	Ge [in de p	
My commission expires	Signature ON DAY	025 YR.	***	<u> </u>	48	1- 5 es Cod	97-	Printed N	ame Daytime Tele	- V 0 0 2	Ser \
				····							E BE
	Department of S	tate 🛡 Bure	au of	Commi	ssions,	Elect	ions and	d Legislati	óμ	\8\g	ري ج

Department of State Bureau of Commissions, Elections and Legislation 210 North Office Building Harrisburg, PA 17120-0029 (717) 787-5280

SCHEDULE I

PAGE 2 OF

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Friends of Ce-Ce Gerlach	From <u>5/2/23</u> To 6/5/23
	The state of the s

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TOTAL for the Reporting Period	(1)	\$	530.63

2: CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 350
TOTAL for the Reporting Period (2)	\$ 350

SEGONTRIBUTEIONS OVER \$25000 (FROM PARTED AND PARTED)		440	
Contributions Received from Political Committees (Part C)	1	\$	0
All Other Contributions (Part D)		\$	300
TOTAL for the Reporting Period	(3)	\$	300

4 OTHER REGEIRES O REGUNDS, INTERESTEE ARNED, REGURNED CHECK		. (Fi	(e)Merarheter (f
TOTAL for the Reporting Period	(4)	\$	0

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from	¢	4.400.50
Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	·———	1,180.53

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				Reporting	Period	
				From _		То
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	S
Mailing Address						\$
			= Wez	DAY	Berg 7A	* * * *
City	State	Zip Code (Plus 4)		DAY	YEAR	
		· —				\$
Full Name of Contributing Committee			MO	DAY	YEAR	## I
Mailing Address	,		Mo	DAY	O-VEAR	\$
·				, n		 \$
City	State	Zip Code (Plus 4)	_ MO.	DAY	YEAR	
Full Name of Contribution Contribution	<u> </u>					\$
Full Name of Contributing Committee			=M0.	DAY#	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
A:						1 \$
City	State	Zip Code (Plus 4)	Мо	#DAY	YEAR	
Full Name of Contributing Committee						\$
			See MODE	DAY	YEAR	\$
Mailing Address			MO.	DAY	₽¥EAR	
City	I Cana	7:] \$
01.9	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
Full Name of Contributing Committee		<u></u>		DAY:	. VEAR	<u> </u>
			2572.10125			\$
Mailing Address			_ MO.	DAY	YEAR	*
City	State	Zip Code (Plus 4)				\$
			MO.	DAY		\$
Fall Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address						\$
maning meaness			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	W G	DAY	F 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	· •
					2012 1 W 1 P. S.	\$
Full Name of Contributing Committee			MO	DAY	YEAR	
Mailing Address						\$
			-NO	DAY	_YEAR	\$
CIty	State	Zip Gode (Plus 4)	W O	DAY	5X1.575-383	
		****				\$
Full Name of Contributing Committee		· · · · · · · · · · · · · · · · · · ·	WO.	DE DAYAS	ZYZ AR	.
Mailing Address				OAY		\$
-			SENO CO	2.20	A AH	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		, ==			- Process	\$
Enter Grand Total of Part A on Salas	ule '	Details J. S.				PAGE TOTAL
Enter Grand Total of Part A on Sched	uie i,	Detailed Summar	y Page,	Section	n 2.	\$
SEB-502 (7-99)						

PAGE	OF:

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				Reporting	Period	
Friends of Ce-Ce G	erlach			From	5/2/23	то <u>6/5/23</u>
				DATE		AMOUNT
Full Name of Contributor Mary Tomlinson)		мо. 5	DAY	YEAR 23	\$ 100
Mailing Address 373 W liberty street				DAY		100
City 373 W liberty street	State	Zip Code (Plus 4)	Mo	ĐΑΥ	N. C. O. D.	
Allentown	PA	18102 -				\$
Full Name of Contributor Jon Irons			мо 5	DAY 2	YEAR	\$ 250
Mailing Address 1204 W Market St			MO			200
City	State:	Zip Code (Plus 4)	Mo	DAY	VEGR	\$
Bethlehem	PA	18018 _				\$
Full Name of Contributor			MID.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	
City	State	Zip Code (Flus 4)				
		——————————————————————————————————————	MO	E PDAY	YEAR	\$
Full Name of Contributor			EEMO	DAY	YEAR	
Mailing Address			S∰MO;	E DAY ∰	YEAR	
City	State	Zip Code (Plus 4)	F-10-7-1,W-1-7-17-17			\$
	S.e.	Tib one aline w		DAY	YEAG	\$
Full Name of Contributor			issaMio/sa	DAY	EYEAR	
Mailing Address				- Day	XEAR	\$
Pity] \$
ethy .	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
ull Name of Contributor	1			E DAY	YEAR	
Mailing Address				DAY	WENT SERVE	\$
						\$
Hty	State	Zip Code (Plus 4)	MO.	al DAY	YEAR	\$
ull Name of Contributor				DAY	YEAR	
Mailing Address						\$
			222V.O	E DAY	EYEAR	\$
lity	State	Zip Code (Plus 4)	WiÖ₁	ETO/VE		
ull Name of Contributor	<u> </u>	<u></u>		DAY.		\$
Mailing Address						\$
samily vantess			* NO.	DAY	Ŷſ≡ÂĴŢ	\$
ilty	State	Zip Code (Plus 4)	#/MOILS	T/D/AY	*YEAR	
						\$
Enter Grand Total of Part B on Sched	did- *	Datable 1 C	_			PAGE TOTAL
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PAGE	OF		

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				Reporting	Period	· · · · · · · · · · · · · · · · · · ·
				From _		To
				DATE	_	AMOUNT
Full Name of Contributing Committee		TANKET AND	MO.	DAY	YEAR	
Mailing Address		<u></u>	- Mo.	DAY	YEAR	
						5
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR I	\$
Full Name of Contributing Committee			× NO	evi era vyvyte	YEAR	\$
Mailing Address			Avio.	DAY	-YEAR	\$
City	State	Zip Code (Plus 4) —	Me	E FOXY	YEAR	\$
Full Name of Contributing Committee			Make 1	DAY	YEAR	\$
Mailing Address	THE TAXABLE PARTY OF THE PARTY		MO.	DAY.	YEAR	
City						\$
City	State	Zíp Code (Flus 4) —	e Mo.w	S S CAY	YEAR	\$
Full Name of Contributing Committee			Mic.	DAY.	YEAR	\$
Mailing Address			- Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			Mo	DAY		
						\$
Malling Address			MO.	ĐAY	YEAR	\$
City	State	Zip Code (Plus 4) —	- Mo	DAY		\$
Full Name of Contributing Committee				DAY	УЕАН	\$
Mailing Address	W	·	Mē.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	- WC.	# ≥Dy. Y	YEAU	\$
Full Name of Contributing Committee						\$
Mailing Address				DAY		\$
Maring Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	-Mo.	E DAY	Y-AR	\$
Full Name of Contributing Committee			i-MO.	DAY	YEAR	
Mailing Address						\$
			Men	DAV	YEAR	\$
City	State	Zip Code (Plus 4)	≘ Mio	DAY	ZYEAR	\$
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Enter Grand Total of Part C on Sched	ule I,	Detailed Summar	y Page,	Section	1 3.	\$ 350
SEB-502 (7-99)						

ALL OTHER CONTRIBUTIONS

PAGE	 OF	

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				Reporting	Period	
Friends of Ce-Ce Gerlach		-	ľ	From		00 To 0/5/00
			<u> </u>		5/2/:	
Full Name of Contributor				DATE	50 met vien - 70	AMOUNT
Rodney Bushe			<u>мо.</u> 5	13	YEAR 23	\$ 300
Mailing Address 1817 W. Greenleaf S	3t		- Viora	DAY	YEAR	\$
City Allentown	State PA	Zip Code (Plus 4) 18104 —	-Mo-	DAY	EN FAR	s
Employer Name Keller Williams	<u></u>		Occupati	ion altor		
Employer Mailing Address/Principal Place of Susiness			,	×	×	
2901 Emrick Blvd, Beth	<u>ilehem</u>	<u>ı, PA 18020</u>				
Full Name of Contributor			жмо.	DAY	YEAR	\$
Mailing Address			= 0M0	DAY	YEAR	\$
Gity	State	Zip Code (Plus 4)	MO.	DAY	A SYLEAR	4
Employer Name			Occupati	QN .		\$
Employer Mailing Address/Principal Place of Business						···
and the second s						
Full Name of Contributor			EMD.	DAY	YEAR	
Mailing Address						\$
·			E=(1)(0)		YEAR	\$
Сну	State	Zip Code (Plus 4)	EMO.	ĐAY	YEAR	\$
Employer Name			Occupation	on.		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			M.O.	DAY	EXEAR:	s
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (P(us. 4)	Mier	DAY	NEAN:	.:
Employer Name		_	Occupatio			\$
			Overpa	114-		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			· Proprietorio de la composição de la co			
			S MD	DAY	YEAR	\$
Mailing Address	*		Mo	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mora	±aō∕ A Y.	YEAR	\$
Employer Name			Occupation	n		3
Employer Mailing Address/Principal Place of Business						
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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	Name of Filing Committee or Candidate				Reporting Period			
					From _	W/O ^A TE-ATELOT ET/F ATELOT	To	
Full Name						•		
Mailing Address								
City	State	Zip Code	(Plus 4)	F-17.5	TOAY	-VEXD-4	Amount	···
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Receipt Description	1					·		
Full Name					· · ·			···
Mailing Address			A1	···				
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Full Name			,,,					
Mailing Address								
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SCHEDULE II

PAGE OF

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 Friends of Ce-Ce Gerlach		Reporting			3 то	6/5/2023	
THE UNITEMINED PRECIND ACONTRIBU	DIELONS REGELVED - VARUETOF	\$\frac{1}{2}(0.00) \(\)	ĐR J		#### UP ### #13: M \$18	Lieralia e	
	TOTAL for the Reporting Period		(1)	\$			
Z-1NGKIND GCONTRIBUTIONS REGEI	WEDE YALDE OF \$50.01 (0 \$2	50,000 (F)	āŌN	/EPA			
	TOTAL for the Reporting Period	d	(2)	\$	109.11	25.07.00	Paris Property Commence
S. IN-KIND CONTRIBUTION RECEIV	'ED - VALUE OVER \$250.00 (FR)	JIVL BAR	r e				
	TOTAL for the Reporting Period	d .	(3)	\$		77. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	
TOTAL VALUE OF IN-KIND CONTRIL REPORTING PERIOD (Add and enter and 3; also enter on Page 1, Report	amount totals from Rovee 1 0			\$	109.11		

PAGE	OF

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Friends of Ce-Ce Gerlach		Reporting Period	
Thomas of the Co Carlash		From <u>5/2/23</u>	To <u>6/5/23</u>
Full Name of Contributor		DATE	AMOUNT
PA Stands Up		5 16 23	\$ 109.11
Mailing Address 15 N Lime St		MO DAY DYEAR	
City	State Zip Code (Plus 4)		\$
Lancaster	PA 17602 -	MO TO DAY TO YEAR	\$
Description of Contribution: staff time and G			
Full Name of Contributor	OT V texting		
		ENANGES SENDAYAN BEA-XIB	\$
Mailing Address	ž	HEMORE IS DIVINE BY EXCER	-
City			\$
	State Zip Code (Plus 4)	MOVER WEST OF THE SEAL SEAL SEAL SEAL SEAL SEAL SEAL SEA	\$
Description of Contribution:			
Full Name of Contributor		MO: DAY YEAR	\$
Malling Address			
-	VIII.		\$
City	State Zip Code (Plus 4)	MOS DAY YEAR	\$
Description of Contribution:			*
Full Name of Contributor		E MOZE BOAVE YEAR	\$
Mailing Address			.
		BBS 0.095-10 EXE 9.25.6 EXE 9.25.6 EXE	\$
City	State Zip Code (Plus 4)	Morn K-978 - YEAR	<u> </u>
Description of Contribution:			\$
ull Name of Contributor			
Mailing Address			\$
		MOZE	\$
City	State Zip Code (Plus 4)	MO L DAY YEAR	· · · · · · · · · · · · · · · · · · ·
Déscription of Contribution:			\$
ull Name of Contributor		MOSSI SEDA:	
failing Address			\$
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ity	State Zip Code (Plus 4)		*
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age, oscilli Z.		1	\$ 109.11
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SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or C	andidate		Reporting P	eriod		
			From	Tó		
Cort Name of Cornell of			DATE	AMOUNT		
Full Name of Contributor		ison N	AG. DAY	**************************************		
Mailing Address		THE STATE OF THE S	lo- PDAY	S S		
City	State Zip C	ode (Plus 4)	16 DAY	į		
			(C. ATER (2003) D. 15 (2004) AN	\$		
Employer of Contributor		Occ	upation			
Employer Mailing Address/Principal Place of Business			Description of Contribution			
			,			
Full Name of Contributor			O. S. P. PAY	MEARE:		
Mailing Address		XXXIII	Out of State	YEAR #		
City	State Zip C			\$		
	State Zip C	ode (Plus 4)	O DAY	\$		
Employer of Contributor	· · · · · · · · · · · · · · · · · · ·	Dec	upation			
Employer Mailing Address/Principal F	lace of Business	Desi	cription of Contril	Diffica		
			- ip it en eeu to			
full Name of Contributor		<u> </u>	O. PAY	M⊇ARI\$		
Mailing Address			O DAY			
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mployer of Contributor		Osci	upation	T		
mployer Mailing Address/Principal P	sca of Businese		Description of Contribution			
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ull Name of Contributor		es m i	ila edavije	7的類		
failing Address				\$		
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ity	State Zip Co	de (Plus 4)	ENDAYAR ES	₽Ãî \$		
mplayer of Contributor	<u> </u>		pation			
nployer Mailing Address/Principal Pl						
whichet mening widdiez216Liucibal bi	ace of Business	Desc	ription of Contrib	ution		
III Name of Contributor		Z WC) DAY	EA;		
ailing Address				\$		
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ty	State Zip Co	de (Plus 4) Mic		EAIL®		
nplayer of Contributor		Occur	pation	\$		
nployer Mailing Address/Principal Pl	ace of Business	Desci	iption of Contrib	rtion		
				PAGE TOTAL		
nter Grand Total of Part ummary Page, Section 3.	G on Schedule II, In-Kind	Contributions	Detailed	\$		
B-502 (7-99)				and the second s		

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SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period			
Friends of Ce-Ce Gerlach	-			From 5/2/23	_{То6/5/23}		
· · · · · · · · · · · · · · · · · · ·							
To Whom Paid. LV Print			мо. 5	11 23	Amount \$ 1,587.97		
Mailing Address 1701 Union Blvd	<u></u>		Description of Expenditure				
City	State PA	Zip Code (Plus 4) 18109 _	'	Mailer and e day	/ IK		
Allentown	PA	18109 _					
To Whom Peid Acevedo Event Multiservice		<u>мо.</u> 5	DAYER YEAR 9 23	Amount \$ 300			
Mailing Address 720 N. 8th Street			Descrip	otion of Expenditure catering			
City	State	Zip Code (Plus 4)	1	- Jakoning			
To Whom Paid	1	_					
Act Blue			мо <u>г</u> 5	DAY YEAR 9 23	Amount \$ 8.33		
Mailing Address 366 Sumner St				tion of Expanditure			
City Somerville	State	Zip Code (Plus 4)		iees			
To Whom Paid	Ivia	02144 –	National and a second		Amount		
Act Blue			5		\$ 2.59		
Mailing Address 366 Sumner St		· · · ·		ition of Expenditure fees			
Somerville	State	Zip Code (Plus 4)		1000			
To Whom Paid	IVIA	02144 -	i in a	Z STOAY STATE	Amount		
Mailing Address					\$		
			Describ	tion of Expenditure			
City	State	Zip Code (Plus 4)					
To Whom Paid			MO.	DAY	Amount		
Mailing Address		· · · · · · · · · · · · · · · · · · ·	Descrip	tion of Expenditure	\$		
City							
Oit,	State	Zip Code (Plus 4) —					
To Whom Paid	r		MO.	PIONY PYDAIR	Amount		
Mailing Address	···		Descrip	tion of Expenditure	\$		
City	State	Zip Code (Plus 4)					
	State	- Lip Code (Figs 4)					
To Whom Paid			MO.				
Mailing Address			Descript	tion of Expenditure	\$		
City	State	Zip Code (Plus 4)					
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					PAGE TOTAL		
Enter Grand Total of Expenditures on Pa	ge 1, 1	Report Cover Pa	ge, It	em D.	\$ 1,898.89		

AGE	OF	

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

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