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 GANOIDATE COMMITTEE 2. LOBEYST).
NAME-OF FILING COMMITTEE, CANDIDATE OR LÖBBYIST	
STREET ADDRESS	
26 S. Filher S	STATE ZIP CODE
Allenteur	PA 181 - 68
TYPE OF REPORT NAME OF OFFICE SOUGHT BY CANDIDATE (CHECK ONE)	DISTRICT NO. PARTY DATE OF ELECTION.
GTH TUESDAY 1. FREERIMARY	FOR OFFICE USE ONLY
2ND FRIDAY 2. DATES OF REPORTING PERIOD 5 2 33 TO	6 5 23
30 DAY POST PRIMARY CASH BALANCE AT END OF REPORTING PERIOD: PRE-ELECTION	\$ 23 24 7
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILIT AT THE END OF REPORTING PERIO	DD: \$
30-bay, 6. AMENDMENT YES REPORT?	TNO O
ANNUAL TERMINATION: YES (No
S ^{CC} AFFII	DAVIT SECTION
PART I - If statement is filed on behalf of a <u>Political Committee or Candidates's Committee,</u> the Treasurer must sign here. If statement is filed on behalf of a <u>Candidate,</u> the Candidate must sign here. If statement is filed on behalf of a <u>Contributing Lobbyist</u> , the Lobbyist must sign here.	
I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR L EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO	IABILITIES INCURRED DURING THE REPORTING PERIOD: INDICATED ABOVE DID NOT THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.
SWORN TO AND SUBSCRIBED BEFORE ME THIS	2
CommonWealtRot Pennsylvania - Notary Seal 2000	SIGNATURE OF PERSON SUBMITTING REPORT
Rosangel Blanco, Notary Public	Tino Babayan
Lehigh CouglyATURE	PRINTED NAME
My M	AREA CODE DAYTIME TELEPHONE NUMBER
2 Plans	
f statement is filed on behalf of a <u>Candidate's Authorized</u> (Committee, Candidate must sign here.
I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEP T JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.	HIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF
SWORN TO AND SUBSCRIBED BEFORE ME THIS	· AAAM NAME A
DAY OF	SIGNATURE OF CANDIDATE
	PRINTED NAME
SIGNATURE	
MY COMMISSION EXPIRES	AREA CODE DAYTIME TELEPHONE NUMBER
MO. DAY YR.	