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.)

A				
Filer Identification Number:	Report Filed By:	GANDIDATE. 1.	COMMITTEE	LOBBYIST 3.
Name of Filing Committee, Candidate or Lobbyist:	nds of	Cofe Ger	lach	
Street Address: 1959 9th St	7,00	a a ou	un (1)	
Allentown		State: PA	Zip Code:   8	/JQ -
TYPE OF STH TUESDAY 1. 2ND FRI PRE-PRI STH TUESDAY 2ND FRI PRE-PRI PRE-PRI PRE-ELECTION PRE-ELEC	MARY 5.	30 DAY 3. POST PRIMARY  30 DAY 6. SPOST ELECTION	AMENDMENT REPORTS  SERVICES  REPORTS	YES NO X
the right of report type)  ANNUAL  7  YEAR	2023	SELLING MEATINGS	PAPER	DISKETTE
Name of Office Sought by Candidate:  Allentam City Counci		DATE OF ELECTION 100 PAGE 123.0	Number Cod	
EMOS EDAV.		MO- DAY	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	
Summary of Receipts	2033 To	1,981.63		
C. Total Funds Available (Sum of Lines A and B)	chedule I) \$	2 63 1 / 3	-	HECLEM BOYS
D. Total Expenditures (From Schedule III)	\$	24) 52		16.244H10:06RCVD
E. Ending Cash Balance (Subtract Line D from Line C)		1,699.11	1	
F. Value of In-Kind Contributions Received (From Sch	nedule (I) \$	0		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	1	
AFFIDAVIT SECTION  PARTE = 16 this (see Sconmitto stepois attensive essign between 15 this is a grant condicate sign nerve = 1				
				owledge of the true.
I sweet for affirm) that this report, including the attached schoorrect and complete.  Sworn to and subscribed before me this  day of Tanvary  Sa M D Ma John Commonwealth of Pe		1/// 4	of Person Submitti	
Signature Sohil P. Ghoda My commission expires 07 182275 Lehig	ennsylvarita - Pota isara, Notary Pholi is County Expires July 1, 20 Number 1317,00	026/0	Printed Name	Reperting Andrews Andrews July 1800 Actions 1317220 Telephonomer 1317220
PARTE IL STEENESS Exports of a Candidates Author	ized Committe	o, candidate shall sign i	ere.	
Signature Sohil P. Ghode	20 24 Pennsylvania Notasara, Notary Publigh County	ary Seal Cechia	Printed Name	Sohil P. Ghodasara A. Commission Exp (2) (Commission Exp (2) (Comm
Department of State • Bureau of Commissions, Elections and Legislation 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280  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 — From 1119	19/23 To 12/31/23				
I. UNITEMIZED CONTRIBUTIONS AND RECEIPTS \$50,000 OR LESS PER CONTRIBUTION					
TOTAL for the Reporting Period (1)	\$ 50				
2. CONTRIBUTIONS \$50.00 TO \$250.00 (EROME PARTE AWAND PARTES)					
Contributions Received from Political Committees (Part A)	<b>s</b> 0				
	- 0				
All Other Contributions (Part B)	<b>\$</b> 0				
TOTAL for the Reporting Period (2)	\$ ()				
SEEGONIURIBUILIONS ONES SEGONO SERONO PARTE OF AND PARTED					
Contributions Received from Political Committees (Part C)	<b>s</b> 0				
All Other Contributions (Part D)	<b>\$</b> O				
TOTAL for the Reporting Period (3)	\$ 0				
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC.	AFREM PARTED				
TOTAL for the Reporting Period (4)	\$ 0				
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B,)	\$ 50				

#### 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  FILLIA CE-(e GNa(h)	Reporting Per		To 14/31/23
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$			CONTRACTOR
TOTAL for the Reporting Period	MERCHANIC PROPERTY	s C	)
ZE INCKIND CONTRIBUTIONS RECEIVED A VALUE OF SECON CONSTRUCTIONS	io.90 (ERON		2
TOTAL for the Reporting Period	(2)	<b>\$</b> 0	
SE INSKIND CONTRIBUTION RECEIVED - VALUE OVER \$250,000 (FRO	M PART G		
TOTAL for the Reporting Period	(3)	<b>\$</b> ()	
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.)		<b>s</b> ()	

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### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate  Friends of Ce-(e Gerlach	From 11/28/2023 To 12/31/2023		
To Whom Paid Act Blue	MO YEAR Amount \$ 1.67		
Mailing Address 366 SUMMY State Zip Gode (Plus 4)  City Sylver City Ma 02144-	Description of Expenditure		
To Whom Paid Cecilia Gerlach	Mo. DAY YEAR Amount \$ 90.85  Description of Expenditure		
Mailing Address 109 8.919 State   Zip Code (Plus 4)  All 19 Jun Ph 1860 -	Website reimburserent		
Mailing Address (09 S, 9th St	Description of Expenditure  (IP 01+ (AM Republic Popular)		
City Allinfown Paid Zip Code (Plus 4)	CIPOIT CAND remburgerent		
Mailing Address	Description of Expenditure		
To Whom Paid	MO YEAR Amount		
Mailing Address  City State Zip Code (Plus 4)	Description of Expenditure		
To Whom Paid	MO. YEAR Amount		
Mailing Address  City State Zip Code (Plus 4)	Description of Expenditure		
To Whom Paid  Mailing Address	MO: DAY YEAR Amount \$ Description of Expenditure		
City State Zip Code (Plus 4)	Security of Experience		
To Whom Paid  Mailing Address	MODE DAY YEAR Amount \$ Description of Expenditure		
City State Zip Code (Plus 4)			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.  PAGE TOTAL \$ 342.52			