

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.}		LOBBYIST ^{3.}	
Name of Filing Committee, Candidate or Lobbyist: <u>APPA for Allentown</u>									
Street Address: <u>247 N. 12th St</u>									
City: <u>Allentown P</u>				State: <u>PA</u>		Zip Code: <u>18102</u>			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR		FILING METHOD () CHECK ONE		PAPER	DISKETTE	
Name of Office Sought by Candidate: <u>Allentown City Council</u>					DATE OF ELECTION MO. DAY YEAR <u>11 3 2015</u>		District Number <u>-</u>	Office Code <u>-</u>	Party Code <u>Dem</u>
							County Code <u>039</u> (SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from:									
					MO. DAY YEAR <u>10 20 2015</u>		To MO. DAY YEAR <u>11 23 2015</u>		
A. Amount Brought Forward From Last Report					\$ <u>901.90</u>				
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ <u>1,000.00</u>				
C. Total Funds Available (Sum of Lines A and B)					\$ <u>1,901.90</u>				
D. Total Expenditures (From Schedule III)					\$ <u>1,901.90</u>				
E. Ending Cash Balance (Subtract Line D from Line C)					\$ <u>0</u>				
F. Value of In-Kind Contributions Received (From Schedule II)					\$ <u>-</u>				
G. Unpaid Debts and Obligations (From Schedule IV)					\$ <u>1,098.10</u>				

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

3RD day of DECEMBER 20 15

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

PATRICIA SMITH-MENSEN, Notary Public

City of Bethlehem, Lehigh County

My commission expires

My Commission Expires July 15, 2018

Celeste L Dec

Signature of Person Submitting Report

Celeste L Dec

Printed Name

610

Area Code

871-1416

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

3RD day of DECEMBER 20 15

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

PATRICIA SMITH-MENSEN, Notary Public

City of Bethlehem, Lehigh County

My commission expires

My Commission Expires July 15, 2018

Candidate APPA

Signature of Candidate

Candida APPA

Printed Name

610

Area Code

392-8875

Daytime Telephone Number

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

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 Candida Affra						
STREET ADDRESS 247 N. 12th St						
CITY Allentown		STATE PA		ZIP CODE 18102		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE City Council		DISTRICT NO. -	PARTY Dem	
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY <input type="checkbox"/> 30 DAY POST-PRIMARY <input type="checkbox"/> 6TH TUESDAY PRE-ELECTION <input type="checkbox"/> 2ND FRIDAY PRE-ELECTION <input type="checkbox"/> 30 DAY POST-ELECTION <input checked="" type="checkbox"/> ANNUAL REPORT <input type="checkbox"/>		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 10 20 15 TO 11 23 15		DATE OF ELECTION MO. DAY YEAR 11 23 15		
		CASH BALANCE AT END OF REPORTING PERIOD: \$ 0		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0		
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		TERMINATION REPORT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
FOR OFFICE USE ONLY						

ATTESTATION 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
3RD DAY OF **DECEMBER**, 20 **15**
PA COMMONWEALTH OF PENNSYLVANIA

Patricia Smith-McDosen NOTARIAL SEAL
 SIGNATURE: **PATRICIA SMITH-MCDENSEN, Notary Public**
 City of Bethlehem, Lehigh County
 My Commission Expires **July 15, 2018**

Candida Affra SIGNATURE OF PERSON SUBMITTING REPORT
Candida Affra PRINTED NAME
610 AREA CODE **392-8875** 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

 PRINTED NAME

MY COMMISSION EXPIRES _____
 MO. DAY YEAR

 AREA CODE

 DAYTIME TELEPHONE NUMBER

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