

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 ARA						
STREET ADDRESS 247 N. 12th St						
CITY Allentown		STATE PA		ZIP CODE 18102 -		
TYPE OF REPORT (CHECK ONE) 6TH TUESDAY PRE-PRIMARY 2ND FRIDAY PRE-PRIMARY 30 DAY POST-PRIMARY 6TH TUESDAY PRE-ELECTION 2ND FRIDAY PRE-ELECTION 30 DAY POST-ELECTION ANNUAL REPORT	1.	NAME OF OFFICE SOUGHT BY CANDIDATE City Council		DISTRICT NO.	PARTY Dem	DATE OF ELECTION MO. DAY YEAR 11 3 2015
	2.	DATES OF REPORTING PERIOD MO. DAY YEAR 11 24 15 TO 12 31 15		FOR OFFICE USE ONLY		
	3.	CASH BALANCE AT END OF REPORTING PERIOD: \$ Ø TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ Ø				
	4.					
	5.					
	6.					
	7.	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				

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 27th DAY OF JANUARY 2016		SIGNATURE OF PERSON SUBMITTING REPORT <i>Candida ARA</i>	
COMMONWEALTH OF PENNSYLVANIA		PRINTED NAME Candida ARA	
SIGNATURE <i>[Signature]</i> NOTARIAL SEAL PATRICIA SMITH-MENDSEN, Notary Public City of Bethlehem, Lehigh County My Commission Expires July 15, 2018		AREA CODE 610 DAYTIME TELEPHONE NUMBER 392-8875	
MY COMMISSION EXPIRES			

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 MO. DAY YR. ____		AREA CODE DAYTIME TELEPHONE NUMBER ____	