

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 <sup>2</sup>	<input type="checkbox"/> LOBBYIST <sup>3</sup>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Caminda AFA</i>					
STREET ADDRESS <i>247 N 12th St</i>					
CITY <i>Allentown</i>		STATE <i>PA</i>	ZIP CODE <i>18102 - 3839</i>		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT		<i>City Council, Allentown</i>			<i>Dem</i>
		DATE OF ELECTION			
		MO. DAY YEAR		<i>5 19 2015</i>	
		FOR OFFICE USE ONLY			
		DATES OF REPORTING PERIOD			
		MO. DAY YEAR		<i>1 1 15 TO 5 4 15</i>	
		CASH BALANCE AT END OF REPORTING PERIOD:		\$ <i>0</i>	
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <i>0</i>	
		AMENDMENT REPORT?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		TERMINATION REPORT?		YES <input type="checkbox"/> NO <input checked="" 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  
*6<sup>TH</sup>* DAY OF *MAY* 20*15*

*Caminda AFA*  
 SIGNATURE OF PERSON SUBMITTING REPORT

*Caminda AFA*  
 PRINTED NAME

*Patricia Smith-Mendesen*  
 SIGNATURE

NOTARIAL SEAL  
 PATRICIA SMITH-MENSEN, Notary Public  
 City of Bethlehem, Lehigh County

MY COMMISSION EXPIRES \_\_\_\_\_

MO. DAY YR. *18102* AREA CODE *610-392-8875* 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

MY COMMISSION EXPIRES \_\_\_\_\_

MO. DAY YR. \_\_\_\_\_ AREA CODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF CANDIDATE

\_\_\_\_\_  
 PRINTED NAME

\_\_\_\_\_  
 AREA CODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER \_\_\_\_\_