

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
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>Cynthia Mota</b>				
STREET ADDRESS <b>2604 Appel St.</b>				
CITY <b>Allentown</b>	STATE <b>PA</b>	ZIP CODE <b>18103 -</b>		
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT <input checked="" type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE <b>City Council</b>	DISTRICT NO. <b>-</b>	PARTY <b>D</b>	DATE OF ELECTION
				MO. DAY YEAR <b>05 21 2013</b>
	DATES OF REPORTING PERIOD			FOR OFFICE USE ONLY
	MO. DAY YEAR TO MO. DAY YEAR <b>12 31 12</b>			
	CASH BALANCE AT END OF REPORTING PERIOD: \$ <b>0</b>			
	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <b>0</b>			
	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

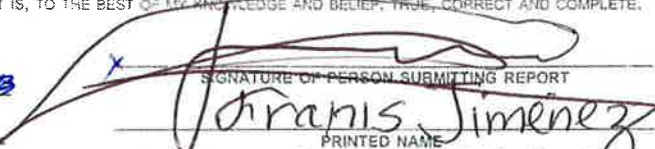
**AFFIDAVIT SECTION**

**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  
**28** DAY OF **JANUARY** 20**13**

SIGNATURE OF PERSON SUBMITTING REPORT  
  
**Jovanis Jimenez**  
 PRINTED NAME

MY COMMISSION EXPIRES **MAY 01 2016**  
 MO. DAY YR.

610 653-9666  
 AREA CODE DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA

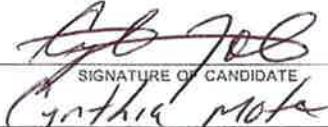
**PART II -**

If statement is filed on behalf of a Political Committee's Authorized Committee, Candidate must sign here.

**NOTARIAL SEAL**  
**CARLOS SALAS, Notary Public**  
**City of Allentown, Lehigh County**  
**My Commission Expires May 1, 2016**

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT VIOLATE ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
**28** DAY OF **JANUARY** 20**13**

SIGNATURE OF CANDIDATE  
  
**Cynthia Mota**  
 PRINTED NAME

MY COMMISSION EXPIRES **MAY 01 2016**  
 MO. DAY YR.

484 553-5830  
 AREA CODE DAYTIME TELEPHONE NUMBER

# Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report should be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)		Candidate		Committee	<input checked="" type="checkbox"/>	Lobbyist	
Name of Filing Committee, Candidate or Lobbyist		Friends of Cynthia Mota							
Street Address		PO Box 805							
City	Allentown	State	PA	Zip Code	18105				

Type of Report (Place x to the right of report type)

6 <sup>th</sup> Tuesday Pre-Primary	6 <sup>th</sup> Tuesday Pre-Election	2 <sup>nd</sup> Friday Pre-Primary	2 <sup>nd</sup> Friday Pre-Election	30 Day post Primary	30 Day Post Election	Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)			Year		Amendment Report		Termination Report	
					<input type="checkbox"/>		<input type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/2012	12/31/2012	
A. Amount Brought Forward From Last Report	\$	\$0	
B. Total Monetary Contributions and Receipts (From Schedule II)	\$	\$4750	
C. Total Funds Available (Sum of Lines A and B)	\$	\$4750	
D. Total Expenditures (From Schedule III)	\$	\$4678.21	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	\$71.79	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	\$0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	\$0	

### 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, is to the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this

28 day of JANUARY 2013

*[Signature]*  
Signature

*[Signature]*  
Signature of Person Submitting report  
Oranis Jimenez  
Printed Name

My Commission expires MAY 01 2016  
Mo. Day YR.

610 Area Code  
653-9666 Daytime Telephone Number

### COMMONWEALTH OF PENNSYLVANIA

Part II If this is a report of a candidate, an 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.

28 day of JANUARY 2013

*[Signature]*  
Signature

*[Signature]*  
Signature of Candidate  
Cynthia Mota  
Printed Name

My Commission expires MAY 01 2016  
Mo. Day YR.

484 Area Code  
553-5830 Daytime Telephone Number

**NOTARY SEAL**  
**CARLOS SALAS, Notary Public**  
**City of Allentown, Lehigh County**  
**My Commission Expires May 1, 2016**

SCHEDULE I  
**Contributions and Receipts**

Detailed Summary Page

Filer Identification Number	
-----------------------------	--

<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>	
---	--

Total for the reporting period (1)	\$	\$150
------------------------------------	----	-------

<b>2. Contributions Over \$250.00 (From A and Part B)</b>	
---	--

Contributions Received from Political Committees (Part A)	\$	\$300
---	----	-------

All Other Contributions (Part D)	\$	\$750
----------------------------------	----	-------

Total for the reporting period (2)	\$	
------------------------------------	----	--

<b>3. Contributions Over \$250.00 (From C and Part D)</b>	
---	--

Contributions Received from Political Committees (Part C)	\$	\$1000
---	----	--------

All Other Contributions (Part D)	\$	\$2500
----------------------------------	----	--------

Total for the reporting period (3)	\$	
------------------------------------	----	--

<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (from Part E)</b>	
--	--

Total for the reporting period (4)	\$	\$0
------------------------------------	----	-----

Total Monetary Contributions and Receipts during this reporting period <i>(add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on page 1, report cover page, item b)</i>	\$	\$4750
---	----	--------

PART A

## Contributions Received From Political Committees

**\$50.01 TO \$250.00**

Use Part A to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

<b>Filer Identification Number</b>	
------------------------------------	--

						Amount	
<b>Full Name of Contributing Committee</b>		Friends of Dan McNeill			<b>Date [MM/DD/YYYY]</b>	\$	\$100
					11/29/2012		
<b>Mailing Address</b>		3163 N. Front Street			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Whitehall	<b>State</b>	PA	<b>Zip Code</b>	18052	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>		Friends of Peter Schweyer			<b>Date [MM/DD/YYYY]</b>	\$	\$100
					11/29/2012		
<b>Mailing Address</b>		1529 Catalina Ave.			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Allentown	<b>State</b>	PA	<b>Zip Code</b>	18103	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>		Friends of Julio Guridy			<b>Date [MM/DD/YYYY]</b>	\$	\$100
					11/17/2012		
<b>Mailing Address</b>		1029 N 14th Street			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Allentown	<b>State</b>	PA	<b>Zip Code</b>	18102	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>Mailing Address</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>Mailing Address</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$

PART B

**All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contribution with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contribution from political committee reported in Part A.)

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>Name of contributor</b>		Michael Thevar		<b>Date [MM/DD/YYYY]</b>	\$	
				11/17/2012		\$200
<b>Mailing Address</b>		126 Newport Lane		<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	North Wales	<b>State</b>	PA	<b>Zip Code</b>	19454	<b>Date [MM/DD/YYYY]</b>
						\$
<b>Name of contributor</b>		Nelson A. Diaz		<b>Date [MM/DD/YYYY]</b>	\$	
				11/18/2012		\$250
<b>Mailing Address</b>		4413 Newton Circle		<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Emmaus	<b>State</b>	PA	<b>Zip Code</b>	18049	<b>Date [MM/DD/YYYY]</b>
						\$
<b>Name of contributor</b>		Cythia Mota		<b>Date [MM/DD/YYYY]</b>	\$	
				09/07/2012		\$300
<b>Mailing Address</b>		2604 Appel St.		<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Allentown	<b>State</b>	PA	<b>Zip Code</b>	18103	<b>Date [MM/DD/YYYY]</b>
						\$
<b>Name of contributor</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>Mailing Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>
						\$
<b>Name of contributor</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>Mailing Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>
						\$
<b>Name of contributor</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>Mailing Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>
						\$

PART C

## Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>Full Name of Contributing Committee</b>				Friends of Ed Pawlowski		<b>Date [MM/DD/YYYY]</b>	\$	
						11/17/2012		\$500
<b>Mailing Address</b>				43 N 11th Street		<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Allentown	<b>State</b>	PA	<b>Zip Code</b>	18101	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>				Steamfitters Local #420 PAC		<b>Date [MM/DD/YYYY]</b>	\$	
						11/29/2012		\$500
<b>Mailing Address</b>				14420 Townsend Road		<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Philadelphia	<b>State</b>	PA	<b>Zip Code</b>	19154	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>Mailing Address</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>Mailing Address</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>Mailing Address</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>Mailing Address</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	



**PART D**  
**All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>Name of contributor</b>		J.B. Reilly			<b>Date [MM/DD/YYYY]</b>	\$	
					11/12/2012		\$1000
<b>Mailing Address</b>		1577 Saucon Valley Road			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Bethlehem	<b>State</b>	PA	<b>Zip Code</b>	18018	<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>		City Center Lehigh Valley			<b>Occupation</b>	Owner	
<b>Employer Mailing Address / Principal Place of Business</b>		700 Hamilton Street, Allentown PA					

<b>Name of contributor</b>		Fox Rothschild, LLP			<b>Date [MM/DD/YYYY]</b>	\$	
					11/28/2012		\$1000
<b>Mailing Address</b>		2000 Market Street			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Philadelphia	<b>State</b>	PA	<b>Zip Code</b>	19103	<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>		See Above			<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>							

<b>Name of contributor</b>		Marlene Fowler			<b>Date [MM/DD/YYYY]</b>	\$	
					12/13/2012		\$500
<b>Mailing Address</b>		443 Center Street			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Bethlehem	<b>State</b>	PA	<b>Zip Code</b>	18018	<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>		Retired			<b>Occupation</b>	Retired	
<b>Employer Mailing Address / Principal Place of Business</b>							

<b>Name of contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>Mailing Address</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>							

PART E

# Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	
------------------------------	--

Full Name								
Mailing Address								
City		State		Zip Code		Date [MM/DD/YYYY]	\$	

Receipt Description								
---------------------	--	--	--	--	--	--	--	--

Full Name								
Mailing Address								
City		State		Zip Code		Date [MM/DD/YYYY]	\$	

Receipt Description								
---------------------	--	--	--	--	--	--	--	--

Full Name								
Mailing Address								
City		State		Zip Code		Date [MM/DD/YYYY]	\$	

Receipt Description								
---------------------	--	--	--	--	--	--	--	--

Full Name								
Mailing Address								
City		State		Zip Code		Date [MM/DD/YYYY]	\$	

Receipt Description								
---------------------	--	--	--	--	--	--	--	--

Full Name								
Mailing Address								
City		State		Zip Code		Date [MM/DD/YYYY]	\$	

Receipt Description								
---------------------	--	--	--	--	--	--	--	--

Full Name								
Mailing Address								
City		State		Zip Code		Date [MM/DD/YYYY]	\$	

Receipt Description								
---------------------	--	--	--	--	--	--	--	--



SCHEDULE II

# 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

Filer Identification Number:	
------------------------------	--

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period (1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the reporting period (2)	\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the reporting period (3)	\$

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)	\$
---	----

SCHEDULE II  
PART F

## In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>Full Name of the Contributor</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Mailing Address</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>
<b>Description of Contribution</b>						

<b>Full Name of the Contributor</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Mailing Address</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>
<b>Description of Contribution</b>						

<b>Full Name of the Contributor</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Mailing Address</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>
<b>Description of Contribution</b>						

<b>Full Name of the Contributor</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Mailing Address</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>
<b>Description of Contribution</b>						

<b>Full Name of the Contributor</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Mailing Address</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>
<b>Description of Contribution</b>						

SCHEDULE II

Part G

**In-Kind Contributions Received**

VALUE OVER \$250

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>Full Name of the Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>Mailing Address</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>			
<b>Full Name of the Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>Mailing Address</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>			
<b>Full Name of the Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>Mailing Address</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>			
<b>Full Name of the Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>Mailing Address</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>			

SCHEDULE III  
Statement of Expenditures

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>To Whom Paid</b>		Wells Fargo Bank			<b>Date [MM/DD/YYYY]</b>	\$	\$35.21
					09/10/2012		
<b>Mailing Address</b>		700 Hamilton Street			<b>Description of Expenditure</b>		
<b>City</b>	Allentown	<b>State</b>	PA	<b>Zip Code</b>	18101	Checks	
<b>To Whom Paid</b>		Richard Marzullo			<b>Date [MM/DD/YYYY]</b>	\$	\$43
					09/18/2012		
<b>Mailing Address</b>		PO Box 1865			<b>Description of Expenditure</b>		
<b>City</b>	Allentown	<b>State</b>	PA	<b>Zip Code</b>	18105	PO Box	
<b>To Whom Paid</b>		Fleck Consulting, Inc.			<b>Date [MM/DD/YYYY]</b>	\$	\$500
					11/13/2012		
<b>Mailing Address</b>		PO Box 1865			<b>Description of Expenditure</b>		
<b>City</b>	Allentown	<b>State</b>	PA	<b>Zip Code</b>	18105	Campaign Management + Fundraising	
<b>To Whom Paid</b>		Yamelissa Jiminez			<b>Date [MM/DD/YYYY]</b>	\$	\$100
					11/14/2012		
<b>Mailing Address</b>		2604 Appel St.			<b>Description of Expenditure</b>		
<b>City</b>	Allentown	<b>State</b>	PA	<b>Zip Code</b>	18101	Catering	
<b>To Whom Paid</b>		Fleck Consulting, Inc.			<b>Date [MM/DD/YYYY]</b>	\$	\$1000
					11/28/2012		
<b>Mailing Address</b>		PO Box 1865			<b>Description of Expenditure</b>		
<b>City</b>	Allentown	<b>State</b>	PA	<b>Zip Code</b>	18105	Campaign Management + Fundraising	
<b>To Whom Paid</b>		Cynthia Mota			<b>Date [MM/DD/YYYY]</b>	\$	\$1000
<b>Mailing Address</b>		2604 Appel St.			<b>Description of Expenditure</b>		
<b>City</b>	Allentown	<b>State</b>	PA	<b>Zip Code</b>	18101	Reimbursement for Travel + Campaign Costs	
<b>To Whom Paid</b>		Fleck Consulting, Inc.			<b>Date [MM/DD/YYYY]</b>	\$	\$1000
					12/13/2012		
<b>Mailing Address</b>		PO Box 1865			<b>Description of Expenditure</b>		
<b>City</b>	Allentown	<b>State</b>	PA	<b>Zip Code</b>	18105	Campaign Management + Fundraising	
<b>To Whom Paid</b>		Lehigh Valley Print Center			<b>Date [MM/DD/YYYY]</b>	\$	\$1000
					12/19/2012		
<b>Mailing Address</b>		1133 N Nelson St.			<b>Description of Expenditure</b>		
<b>City</b>	Allentown	<b>State</b>	PA	<b>Zip Code</b>	18109	Campaign Literature	

SCHEDULE IV

**Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
------------------------------	--

Name of Creditor					Outstanding Balance of Debt
Mailing Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$
City	State		Zip Code		
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
Mailing Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$
City	State		Zip Code		
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
Mailing Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$
City	State		Zip Code		
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
Mailing Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$
City	State		Zip Code		
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
Mailing Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$
City	State		Zip Code		
Description of Debt					

Name of Creditor					Outstanding Balance of Debt
Mailing Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$
City	State		Zip Code		
Description of Debt					