CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

ILER IDENTIFICATION UMBER		CH BEHALF OF CANDIDAT	E COMMITTEE LOBBYIST
AME OF FILING COMMITTEE, CANDI	DATE OR LOBBYIST		
AGCY	Appel St.		
Allent)W()	STATE DA	18103 —
(CHECK ONE)	City Cancil	DISTRICT NO. PARTY	DATE OF ELECTION MO. DAY YEAR 05 21 2013
TH TUESDAY RE-PRIMARY	NO. DAY YEAR	MO. DAY YEAR	for office use only
ND FRIDAY RE-PRIMARY	DATES OF	10 12 31 12	
C DAY OST-PRIMARY	CASH BALANCE AT END	Ø	7
TH TUESDAY RE-ELECTION	OF REPORTING PERIOD: TOTAL AMOUNT OF FILER'S	\$	
2nd FRIDAY	OUTSTANDING DEBTS OR LIABII AT THE END OF REPORTING PE		
6. G.	AMENDMENT YES	NO X	
OST-ELECTION	REPORT?		
ANNUAL REPORT	TERMINATION YES REPORT?	NO X	
RTI- tatement is filed on tatement is filed on	TERMINATION YES REPORT?	FIDAVIT SECTION Candidates's Committee, to date must sign here.	
RTI- statement is filed on statement is file	TERMINATION REPORT? AFF behalf of a Political Committee or behalf of a Candidate, the Candidat	FIDAVIT SECTION Candidates's Committee, to date must sign here. The Lobbyist must sign here the Lobbyist must sign here.	C. PORTING PERIOD INDICATED ABOVE DID NOT
RT I - tatement is filed on tatement is filed on tatement is filed on tatement is filed and tatement is filed and tatement is filed and tatement is filed on tatement is filed on tatement is filed on tatement is filed on tatement is filed and tatement is filed on tatement is filed o	behalf of a Political Committee or behalf of a Candidate, the Candidbehalf of a Contributing Lobbyist, se aggregate receipts or disbursements of infinity dollars (\$250.00) and this report is, cribed before me this	Candidates's Committee, to date must sign here. The Lobbyist must sign here in the Lobbyist must sign here in the Best of the Rest of the Best of the Rest of the	C. PORTING PERIOD INDICATED ABOVE DID NOT
RTI- tatement is filed on tatement is filed on tatement is filed on tatement is filed and tatement is filed and swear (or affirm) that the swear (or affirm) that the swear to and subscript and subsc	behalf of a Political Committee or behalf of a Candidate, the Candidbehalf of a Contributing Lobbyist, se aggregate receipts or disbursements of infinity dollars (\$250.00) and this report is, cribed before me this	Candidates's Committee, to date must sign here. the Lobbyist must sign here. The Liabilities incurred during the Res., TO THE BEST OF THE MEDICE AND THE BEST OF THE BEST O	PERSON SUBMITTING REPORT PERSON SUBMITTING REPORT
RTI- tatement is filed on tatement is filed on tatement is filed on tatement is filed on swear (or affirm) that the xosed two hundred and files worn to and subscipled and for the commission expired to the commission expired the commission expired to the commission	behalf of a Political Committee or behalf of a Candidate, the Candidate behalf of a Contributing Lobbyist, se aggregate receipts or disbursements of lety dollars (\$250.00) and this report is, cribed before me this	Candidates's Committee, to date must sign here. the Lobbyist must sign here. The Liabilities incurred during the Res., TO THE BEST OF THE MEDICE AND THE BEST OF THE BEST O	PORTING PERIOD INDICATED ABOVE DID NOT BELLEP, TANE, CORRECT AND COMPLETE.
RTI- tatement is filed on tatement is filed on tatement is filed on swear (or affirm) that the xceed two hundred and filed on the sworn to and subscience to the commission expired the commission expired tatement is filed filed.	Dehalf of a Political Committee or behalf of a Candidate, the Candidate, the Candidate behalf of a Contributing Lobbyist, se aggregate receipts or disbursements of lety dollars (\$250.00) and this report is, cribed before me this 20/8 Signature ES May 20/8 NOTARIAL SEAL OS SALAS Notary Rublic's Authorize Allentown, Lehigh County	Candidates's Committee, to date must sign here. The Lobbyist must sign here. The Lobbyist must sign here. To the BEST OF TO TH	PERSON SUBMITTING REPORT PERSON SUBMITTING REPORT PRINTED NAME DAYTIME TELEPHONE NUMBER UST SIGN here.
RTI- statement is filed on swear (or affirm) that the exceed two hundred and files of the swear to and subscript day of 5.00 MM. MY COMMISSION EXPIRENT COMMONIANT II- statement is file CARL	Dehalf of a Political Committee or behalf of a Candidate, the Candidate, the Candidate behalf of a Contributing Lobbyist, se aggregate receipts or disbursements of lety dollars (\$250.00) and this report is, cribed before me this 20/8 20/8 20/8 20/8 20/8 20/8 20/8 20/8	Candidates's Committee, to date must sign here. The Lobbyist must sign here. The Lobbyist must sign here. To the BEST OF TO TH	PERSON SUBMITTING REPORT PERSON SUBMITTING REPORT PRINTED NAME DAYTIME TELEPHONE NUMBER UST SIGN here.
RTI- statement is filed on swear (or affirm) that the xosed two hundred and files of the sworn to and subscitct the sworn to an account the sworn the sworn to an account the sworn to an account the sworn the sworn to an account the sworn	Dehalf of a Political Committee or behalf of a Candidate, the Cand	Candidates's Committee, to date must sign here. The Lobbyist must sign here. The Lobbyist must sign here are the Lobbyist must sign here. The BEST OF THE REST OF	PERSON SUBMITTING REPORT PERSON SUBMITTING REPORT PRINTED NAME DAYTIME TELEPHONE NUMBER UST SIGN here.
RTI- Statement is filed on swear (or affirm) that the sworn to and subscience two hundred and files of the sworn to and subscience of the sworn to an arrangement is file cannot be supported by the sworn to an arrangement is file cannot be subscienced by the sworn to an arrangement is file cannot be subscienced by the sworn to an arrangement is file cannot be subscienced by the sworn to an arrangement is file cannot be subscienced by the sworn to an arrangement is file cannot be subscienced by the sworn to an arrangement is filed on statement is filed on statement is filed on statement is filed on statement is filed on sworn to an arrangement is filed on statement is filed on sworn to an arrangement is filed on statement is filed on sworn to an arrangement is filed on sworn to a sworn	Dehalf of a Political Committee or behalf of a Candidate, the Cand	Candidates's Committee, to date must sign here. The Lobbyist must sign here. The Lobbyist must sign here. The Lobbyist must sign here are the Lobbyist must sign here. The BEST OF THE BES	PERSON SURMITTING REPORT PERSON SURMITTING REPORT PERSON SURMITTING REPORT PRINTED NAME DAYTIME TELEPHONE NUMBER UST SIGN here.

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report should be clear and legible. It should be typed)

Filer Identificat Number	ion		•			port Fil	ed B	у	Car	ndid	ate			Comi	nitte	2		X	Lobb	yist	
Name of Filing	Commi	ttee, Ca	ndidate	or			vnthi	ia Mo	ta ta						_						
Lobbyist Street Address						Friends of Cynthia Mota															
					РО	Box 805															
City		llentowr							Sta	te	PA		Zip C	ode	181	05					
Type of Report	(Place x	to the			/pe)																
6 th Tuesday Pre-Primary	Pre-	iesday	2 nd Fri Pre-Pr		Pre			30 D Prim	ay po ary	ost		Day I	Post	Annu	aĺ		ecial 2 e-Elec	2 nd Friday tion		ial 30 -Elect	-
le per	Electi	on		1	Ele	ction	4	-	-		-				1	╁	_	1	_		
Date Of Election	<u></u>				Va		-							×		-	<u> </u>	<u></u>			
(MM/DD/YYYY)				Year Amendment Termination Report Report				tion													
Summary of Re- Expenditures	ceipts a	ınd	From I	Date		То	Date	:							For	Offic	e Use	Only			
Expenditures			1/:	1/2012	\neg		12/	/31/20	012												
A. Amount Brou	ight Fo	rward F	rom Las	t Report		\$		\$0													
B. Total Moneta (From Schedule	-	tributio	ns and F	Receipts		\$		\$4750)												
	C. Total Funds Available \$					\$4750		-	1												
(Sum of Lines A																					
D. Total Expenditures \$ \$4678.2:					21																
E. Ending Cash E						\$	9	571.79	9	_	1										
(Subtract Line D F. Value of In-Ki	nd Con		ns Rece	ived		\$		\$0													
(From Schedule G. Unpaid Debts		hligatio	ns		-	\$															
(From Schedule						Ť		\$0													
Part 1- If this is a c	ommitte	e report	. treasure	er sign he	re. If	this is a	cano		Affida			o siør	here								
I swear (or affirm)	that this	report,	including	the atta	ched	schedul	es on	pape	r, is to	o the	best of	f my	knowle	dge and	oelief t	true, co	orrect	and comple	te. Swo	rn to a	ınd
subscribed before			Γ		7							+			_	_	`				
28 day of	Jano,	Ry.	20	13					/	X	-1	\Rightarrow		of Perso	n Cuby	mitting	-		_		
	Signatur				-		 	<		_				Chis	d Nar	In	NV	ie 3/	_		e:
My Commission ex	- F	MBV	01	2016		3	ľ			(010)		Time	(OF	53	-0	1668	6		
count	-	Mo.	Day PENNS	YR.	of.					-	Area Co	ode	_		Da	ytime	Telep	hone Numb	ier		
Part III in this is a re	eport	e Capallo	A Auth	norized C	omm								-		****						
			otary Pu	unty	andlo	elief thi	s poli	tical c	omm	ittee	has no	t viol	lated an	ıy provisi	ons of	the Ac	ct of Ju	ine 3, 1937	(P.L. 13	33, NO	.320) as
Sworn to and subs	eribed b	efore in	this	, 2016										A	1	1	-	2			
28 day of	SANOR	24/11	20] /	3		*	Ì			=			Silve	hature o	Cand	/g	7		-,		
	Signatur	e								_			0	Printed	1	YN	11	14 M	DIA		
My Commission ex			01 20	216			ı			ſ	4	84	1			ک کی	3	583	3.		
	Mo.	Day	YR.	6						Ar	ea Ćod	e/	_		Dayti	me Tel	ephor	ne Number			

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
The Identification Hamper		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	\$150
	_	Y 233
2. Contributions Over \$250.00 (From A and Part B)		
	_	
Contributions Received from Political Committees (Part A)	\$	\$300
All Other Contributions (Part D)	Ċ	
The sales contributions (Full E)	\$	\$750
Total for the reporting period (2)	\$	
3. Contributions Over \$250.00 (From C and Part D)	_	
Contributions Received from Political Committees (Part C)	\$	\$1000
All Other Contribution (S. 1. D.)	L.	\$1000
All Other Contributions (Part D)	\$	\$2500
Total for the reporting period (3)	\$	
(5)	~	
4. Other Receipts-Refunds, Interested Earned, Returned Checks, ETC. (from Part E)		
the same of the sa		
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		¢47E0
cover page, item b)		\$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.

Filer IQ	entification Number								
									Amount
	me of Contributing						Date [MM/DD/YYYY]	\$	
Comm		Friends of Da	ın McNe	îll			11/29/2012		\$100
Mailin	g Address	3163 N. Front	t Street				Date [MM/DD/YYYY]	\$	
City	Whitehall		State	PA	Zip Code	18052	Date [MM/DD/YYYY]	\$	
Full No	me of Contributing	T	_				D . Franking hoged		1.
Comm	_	Friends of Pet	ter Schw	eyer .			Date [MM/DD/YYYY] 11/29/2012	\$	\$100
Mailin	g Address	<u> </u>					Date [MM/DD/YYYY]	\$	
	,	1529 Catalina	Ave.				Date [WINI/DD/1111]	,	
City			State		Zip Code	T	Date [MM/DD/YYYY]	\$	
	Allentown			PA		18103			
	me of Contributing						Date [MM/DD/YYYY]	\$	
Commi		Friends of Juli	io Guridy	/			11/17/2012		\$100
Mailing	g Address						Date [MM/DD/YYYY]	\$	f
	1	1029 N 14th S	Street						
City	Allentown		State	PA	Zip Code	18102	Date [MM/DD/YYYY]	\$	
	me of Contributing						Date [MM/DD/YYYY]	\$	
Commi									
Mailing	Address						Date [MM/DD/YYYY]	\$	
	,								
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Na	me of Contributing	T					Date [MM/DD/YYYY]	\$	
Commi								_	
Mailing	Address						Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Tull et-	no of Countries.								
Commit	ne of Contributing tee						Date [MM/DD/YYYY]	\$	
Mailing	Address						Date [MM/DD/YYYY]	\$	
								ŕ	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	

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.)

riiei it	lentification Number							
Name	of contributor						Date [MM/DD/YYYY]	\$ lr
		Michael Thevar					11/17/2012	\$200
Mailir	ng Address	126 Newport Lane					Date [MM/DD/YYYY]	\$
City	North Wales	St	ate	PA	Zip Code	19454	Date [MM/DD/YYYY]	\$
Name	of contributor						Date [MM/DD/YYYY]	\$
		Nelson A. Diaz					11/18/2012	\$250
Mailin	g Address	4413 Newton Circle					Date [MM/DD/YYYY]	\$
City	Emmaus	St	ate	PA	Zip Code	18049	Date [MM/DD/YYYY]	\$
Name	of contributor						Date [MM/DD/YYYY]	\$
		Cythia Mota					09/07/2012	\$300
Mailin	g Address	2604 Appel St.					Date [MM/DD/YYYY]	\$
City	Allentown	Sta	ate	PA	Zip Code	18103	Date [MM/DD/YYYY]	\$
Name	of contributor						Date [MM/DD/YYYY]	\$
Mailin	g Address						Date [MM/DD/YYYY]	\$
City		Sta	ete		Zip Code		Date [MM/DD/YYYY]	\$
Name	of contributor						Date [MM/DD/YYYY]	\$
Mailin	g Address						Date [MM/DD/YYYY]	\$
City		Sta	ate		Zip Code		Date [MM/DD/YYYY]	\$
Name	of contributor						Date [MM/DD/YYYY]	\$
Mailin	g Address						Date [MM/DD/YYYY]	\$
City		Sta	ite		Zip Code		Date [MM/DD/YYYY]	\$

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.

Filer Id	lentification Number:						
Full N	ame of				Date [MM/DD/YYYY]	\$	
	ibuting Committee	Friends of Ed Pawlowski			11/17/2012		\$500
Mailir	ng Address	43 N 11th Street			Date [MM/DD/YYYY]	\$	
City	Allentown	State	PA Zip Cod	18101	Date [MM/DD/YYYY]	\$	1
	ame of				Date [MM/DD/YYYY]	\$	
Contri	ibuting Committee	Steamfitters Local #420 P	AC		11/29/2012		\$500
Mailir	ng Address	14420 Townsend Road			Date [MM/DD/YYYY]	\$	
City	Philadelphia	State	PA Zip Cod	e 19154	Date [MM/DD/YYYY]	\$	
	ame of ibuting Committee				Date [MM/DD/YYYY]	\$	
Mailin	ng Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Cod	е	Date [MM/DD/YYYY]	\$	
	ame of ibuting Committee				Date [MM/DD/YYYY]	\$	
Mailin	ng Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Cod	е	Date [MM/DD/YYYY]	\$	
	ame of ibuting Committee				Date [MM/DD/YYYY]	\$	
Mailin	ng Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Cod	e	Date [MM/DD/YYYY]	\$	
	ame of buting Committee				Date [MM/DD/YYYY]	\$	
	ng Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Cod	e	Date [MM/DD/YYYY]	\$	
			1 1 =		I	100	

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)

Filer Identification Number:

	of contributor						Date [MM/D	D/YYYY]	\$	
		J.B. Reilly					11/12,	/2012		\$1000
Mailin	g Address						Date [MM/D	D/YYYY]	\$	
		1577 Sauc	con Valley Roa	d						
City	1		Stat		Zip Code		Date [MM/D	D/YYYY]	\$	
	Bethlehem			PA	100	18018				
Employer Name			City Cente	Lehigh V	alley		Occupation	Owner		
Employer Mailing Address / Principal Place of Business 700 Hamilton Street, Aller			, Allentown PA							
_	of contributor						Date [MM/D	D/YYYY]	\$	
		Fox Roths	child, LLP				11/28,	/2012		\$1000
Mailing Address							Date [MM/D	D/YYYY]	\$	
		2000 Mar	ket Street							
City			Stat	2	Zip Code		Date [MM/D	D/YYYY]	\$	
	Philadelphia			PA	24 - 4	19103				
mplo	yer Name		See Above				Occupation			
mpio	yer Mailing Addres	s/								
	al Place of Busine		si.							
Name of contributor		-				Date [MM/D	D/YYYY]	\$		
		Marlene F	owler				12/13/	/2012	1 8	\$500
/lailin	g Address						Date [MM/D	D/YYYY]	\$	
		443 Cente	r Street							
ity			Stat		Zip Code		Date [MM/D	D/YYYY]	\$	
	Bethlehem			PA		18018			1.5	
mplo	yer Name		Retired				Occupation	Retired		-
	yer Mailing Addres									
rincin		THE STATE OF THE S					Date [MM/D	D/YYYY]	\$	
	of contributor								-1	
	of contributor									
lame							Date [MM/D	D/YYYY1	S	
lame	of contributor g Address						Date [MM/D	D/YYYY]	\$	
lame Vlailin			State		Zip Code					
Vame			State		Zip Code		Date [MM/D		\$	
lame Vailing			State		Zip Code					

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	151		
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	2111		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	-		
Full Name			
Mailing Address	1010-1-10		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	×		,

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50	0.00 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	/I 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

Filer Identification Number:				
Full Name of			The state of the s	
Full Name of the Contributor			Date [MM/DD/YYYY]	\$
Mailing Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution			I	
Full Name of			Date [MM/DD/YYYY]	\$
the Contributor				11
Mailing Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of			Date [MM/DD/YYYY]	\$
the Contributor			Date (MINI/DD/1111)	
Mailing Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
Full Name of the Contributor			Date [MM/DD/YYYY]	\$
Mailing Address		u u	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution			(IX	
Full Name of			Date [MM/DD/YYYY]	\$
the Contributor				
Mailing Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:		A THE RESERVE TO THE PARTY OF T	- OTTO COLOR DE CONTRACTOR DE COLOR DE	
E-UN-				
Full Name of the Contributor			Date [MM/DD/YYYY]	\$
Mailing Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business			Description of Contribution	
Full Name of the Contributor			Date [MM/DD/YYYY]	\$
Mailing Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	7,4-1
Employer Mailing Address / Principal Place of Business		,	Description of Contribution	
Full Name of			Date [MM/DD/YYYY]	\$
the Contributor				
Mailing Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business			Description of Contribution	
Full Name of the Contributor			Date [MM/DD/YYYY]	\$
Mailing Address		-1	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business		3-31	Description of Contribution	

Statement of Expenditures

as the last person of the last p	
Filer Identification Number:	

City	Allentown		State	PA	Zip Code	18109	Campaign Literature		
Mailing Address		1133 N Nelson St.					Description of Expenditure		
To Whom Paid		Lehigh Valley Print Center					Date [MM/DD/YYYY] 12/19/2012	\$	\$1000
Allentown		PA Code 18105					Campaign Management + F	-	
City		PO Box 1865 State Zip							
Mailing Address		rices consulting, inc.					12/13/2012 Description of Expendit	иге	
To Whom Paid		Fleck Consulting, Inc.					Date [MM/DD/YYYY]	\$	\$1000
ity	Allentown	I	State	PA	Zip Code	18101	Reimbusement for Travel + Campaign Costs		
/laili	ng Address	2604 Appel St.					Description of Expenditure		
To Whom Paid		Cynthia Mota					Date [MM/DD/YYYY]	\$	\$1000
City	Allentown		State	PA	Zip Code	18105	Campaign Management + Fundraising		
	ng Address	PO Box 1865				Description of Expenditure			
Mailing Address		Fleck Consulting, Inc.					11/28/2012 \$1000 Description of Expenditure		
To Whom Paid					Date [MM/DD/YYYY]	\$			
ity	Allentown	l	State	PA	Zip Code	18101	Catering		
Mailing Address		2604 Appel St.					Description of Expendit	ure	
To Whom Paid		Yamelissa Jiminez				11/14/2012		\$100	
'o W		Allentown PA Code 18105		18105	Date [MM/DD/YYYY] \$				
City	Allanta	LO DOX TODO	State	1,04	Zip	10405	Campaign Management + F	und	raising
Mailing Address		PO Box 1865					Description of Expenditure		
To Whom Paid		Fleck Consulting, Inc.					Date [MM/DD/YYYY] 11/13/2012	\$	\$500
ity	Allentown		State	PA	Zip Code	18105	РО Вох		
Mailing Address		PO Box 1865					Description of Expenditure		
		Richard Marzullo					09/18/2012		\$43
To Whom Paid					Code		Date [MM/DD/YYYY]	\$	
City	Allentown		State	PA	Zip	18101	Checks	_	
Vlaili	ing Address	700 Hamilton Street					Description of Expenditure		
To Whom Paid		Wells Fargo Bank					09/10/2012	\$	\$35.21

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	11		
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	- N
Description of Debt	31		
Name of Creditor			Outstanding Balance of Debt
Mailing Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zip Code	
Description of Debt	- 1	11	