

Commonwealth of Pennsylvania  
**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: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE <input checked="" type="checkbox"/> 1.		COMMITTEE <input type="checkbox"/> 2.		LOBBYIST <input type="checkbox"/> 3.		
Name of Filing Committee, Candidate or Lobbyist: David Nathan Melman										
Street Address: 1050 N. 14th St.										
City: Allentown					State: PA		Zip Code: 18104			
TYPE OF REPORT  (place X to the right of report type)	1. CITY TUESDAY PBE-PRIMARY	2. 2ND FRIDAY PBE-PRIMARY	3. 30 DAY POST-PRIMARY	4. CITY TUESDAY PBE-ELECTION	5. 2ND FRIDAY PBE-ELECTION	6. 30 DAY POST-ELECTION	AMENDMENT REPORT?	YES	NO	
	7. ANNUAL REPORT	YEAR	FILING METHOD	PAPER	DISKETTE	TERMINATION REPORT?	YES	NO		
Name of Office Sought by Candidate: Allentown City Council					DATE OF ELECTION		District Number	Office Code	Party Code	County Code
					MO: 5 DAY: 21 YEAR: 2013					
Summary of Receipts and Expenditures from: MO: 5 DAY: 7 YEAR: 2013 To MO: 6 DAY: 10 YEAR: 2013										
FOR OFFICE USE ONLY										
RECEIVED 2013 JUN 20 PM 3:34 ELECTION BOARD OF LEHIGH COUNTY										
A. Amount Brought Forward From Last Report	\$									
B. Total Monetary Contributions and Receipts (From Schedule I)	\$									
C. Total Funds Available (Sum of Lines A and B)	\$									
D. Total Expenditures (From Schedule III)	\$									
E. Ending Cash Balance (Subtract Line D from Line C)	\$									
F. Value of In-Kind Contributions Received (From Schedule II)	\$	415.96								
G. Unpaid Debts and Obligations (From Schedule IV)	\$									

**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

2013 day of JUNE 20 13

*David Nathan Melman*  
Signature of Person Submitting Report

David Melman  
Printed Name

610  
Area Code

732-6215  
Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA

My commission expires September 27, 2014  
 NOTARIAL SEAL  
 TIMOTHY ANDREW BENYO, Notary Public  
 City of Allentown, Lehigh County

DAY: 24 YR: 14

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

day of \_\_\_\_\_ 20\_\_\_\_

Signature of Candidate

Signature

Printed Name

My commission expires

MO: DAY: YR:

Area Code

Daytime Telephone Number

Board of Elections of Lehigh County  
 Lehigh County Government Center  
 17 S. 7<sup>th</sup> St.  
 Allentown, PA 18101-2400

PART G

**IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OVER \$250.00

Name of Filing Committee or Candidate <b>David Nathan Nelson</b>	Reporting Period From <b>5/7</b> To <b>6/10</b>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Friends of Nelson-Todd-Velez</b>				\$
Mailing Address <b>518 W. Pennsylvania St.</b>				\$
City <b>Allentown</b>				
State <b>PA</b>				
Zip Code (Plus 4) <b>18102</b>				\$ <b>415.96</b>
Employer of Contributor <b>DAC</b>				Occupation
Employer Mailing Address/Principal Place of Business				Description of Contribution <b>SIGNS and handouts</b>

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer of Contributor				Occupation
Employer Mailing Address/Principal Place of Business				Description of Contribution

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer of Contributor				Occupation
Employer Mailing Address/Principal Place of Business				Description of Contribution

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer of Contributor				Occupation
Employer Mailing Address/Principal Place of Business				Description of Contribution

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer of Contributor				Occupation
Employer Mailing Address/Principal Place of Business				Description of Contribution

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL  
**\$ 415.96**