

# CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

<b>Filer Identification Number:</b>	<b>Report Filed By:</b>	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
<b>Name of Filing Committee, Candidate or Lobbyist:</b> Friends of Cynthia Mota				
<b>Street Address:</b> 12604 Appel Street				
<b>City:</b> Allentown	<b>State:</b> PA	<b>Zip Code:</b> 18103		

<b>TYPE OF REPORT</b>  (Place X to the right of report type)	1. 6TH TUESDAY PRE-PRIMARY	2. 2ND FRIDAY PRE-PRIMARY	3. 30 DAY POST-PRIMARY	AMENDMENT REPORT?	YES	NO
	4. 6TH TUESDAY PRE-ELECTION	5. 2ND FRIDAY PRE-ELECTION	6. 30 DAY POST-ELECTION	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT <input checked="" type="checkbox"/> YEAR 2015			FILING METHOD	PAPER <input type="checkbox"/> DISKETTE <input type="checkbox"/>	

<b>Name of Office Sought by Candidate:</b>	<b>DATE OF ELECTION</b>	<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
	MO: 11 DAY: 3 YEAR: 15				
(SEE INSTRUCTIONS FOR CODES)					

<b>Summary of Receipts and Expenditures from:</b>	MO: 1 DAY: 1 YEAR: 2015	To	MO: 12 DAY: 31 YEAR: 15	<b>FOR OFFICE USE ONLY</b>																			
	<table border="1"> <tr> <td>A. Amount Brought Forward From Last Report</td> <td>\$</td> <td>46.91</td> </tr> <tr> <td>B. Total Monetary Contributions and Receipts (From Schedule I)</td> <td>\$</td> <td>0</td> </tr> <tr> <td>C. Total Funds Available (Sum of Lines A and B)</td> <td>\$</td> <td>0</td> </tr> <tr> <td>D. Total Expenditures (From Schedule II)</td> <td>\$</td> <td>46.91</td> </tr> <tr> <td>E. Ending Cash Balance (Subtract Line D from Line C)</td> <td>\$</td> <td>0</td> </tr> <tr> <td>F. Value of In-Kind Contributions Received (From Schedule II)</td> <td>\$</td> <td>0</td> </tr> <tr> <td>G. Unpaid Debts and Obligations (From Schedule IV)</td> <td>\$</td> <td>0</td> </tr> </table>				A. Amount Brought Forward From Last Report	\$	46.91	B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	C. Total Funds Available (Sum of Lines A and B)	\$	0	D. Total Expenditures (From Schedule II)	\$	46.91	E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	G. Unpaid Debts and Obligations (From Schedule IV)
A. Amount Brought Forward From Last Report	\$	46.91																					
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0																					
C. Total Funds Available (Sum of Lines A and B)	\$	0																					
D. Total Expenditures (From Schedule II)	\$	46.91																					
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0																					
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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed: **COMMONWEALTH OF PENNSYLVANIA**

05 day of February 2016

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

Signature: *[Signature]*

Signature of Person Submitting Report: *[Signature]*

Printed Name: FRANCIS JIMENEZ

Area Code: 484 Daytime Telephone Number: 664-9461

My commission expires: May 01 2016

**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: **COMMONWEALTH OF PENNSYLVANIA**

05 day of February 2016

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

Signature: *[Signature]*

Signature of Candidate: *[Signature]*

Printed Name: Cynthia Mota

Area Code: 484 Daytime Telephone Number: 553-5830

My commission expires: May 01 2016

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



# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Cynthia Moke</i>	Reporting Period From <i>1/1/15</i> To <i>12/31/15</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <i>0</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)	\$	<i>0</i>
All Other Contributions (Part B)	\$	<i>0</i>
TOTAL for the Reporting Period	(2)	\$ <i>0</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)	\$	<i>0</i>
All Other Contributions (Part D)	\$	<i>0</i>
TOTAL for the Reporting Period	(3)	\$ <i>0</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
TOTAL for the Reporting Period	(4)	\$ <i>0</i>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (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>0</i>
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**PART A**

**CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

**\$50.01 TO \$250.00**

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$



# ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate	Reporting Period
	From _____ To _____

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

PAGE TOTAL
\$

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.



**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.

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				

PAGE TOTAL
\$

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.



**PART D**  
**ALL OTHER CONTRIBUTIONS**

**OVER \$250.00**

Use this Part to itemize all other contributions with an aggregate value of  
over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

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

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

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

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

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

**Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.**

**PAGE TOTAL**  
**\$**



# 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

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the Reporting Period	(1)	\$

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the Reporting Period	(2)	\$

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the Reporting Period	(3)	\$

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$
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PART F

**IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address:				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address:				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address:				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address:				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address:				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address:				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$



# IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

	DATE			AMOUNT
	MO.	DAY	YEAR	\$
Full Name of Contributor				\$
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				\$
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				\$
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				\$
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				\$
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				\$
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
\$



**PART E  
OTHER RECEIPTS**

**REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.**

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

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount \$
		-				

Receipt Description

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount \$
		-				

Receipt Description

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount \$
		-				

Receipt Description

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount \$
		-				

Receipt Description

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount \$
		-				

Receipt Description

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount \$
		-				

Receipt Description

<b>PAGE TOTAL</b> \$
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**Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.**



X

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Friends of Cynthia Mota</i>	Reporting Period From <i>1/1/15</i> To <i>12/31/15</i>
---	---

To Whom Paid <i>Wells Fargo</i>	MO <i>12</i>	DAY <i>31</i>	YEAR <i>15</i>	Amount \$ <i>46.91</i>
Mailing Address <i>702 N 7th Street</i>				
Description of Expenditure <i>Bank Fees</i>				
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18102</i>		

To Whom Paid	MO	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	PAGE TOTAL \$
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## 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.

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City		State	Zip Code (Plus 4)		
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City		State	Zip Code (Plus 4)		
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City		State	Zip Code (Plus 4)		
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City		State	Zip Code (Plus 4)		
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City		State	Zip Code (Plus 4)		
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City		State	Zip Code (Plus 4)		
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL \$
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