

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 <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>FR. of Cynthia Mota</i>					
STREET ADDRESS <i>2604 Apple Street</i>					
CITY <i>Allentown</i>		STATE <i>PA</i>	ZIP CODE <i>18103</i>		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	
	<i>Allentown City Council</i>			<i>Dem</i>	
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		DATE OF ELECTION	
2ND FRIDAY PRE-PRIMARY	2.	MO. DAY YEAR TO MO. DAY YEAR <i>01 01 15 TO 12 31 15</i>		MO.	DAY
30 DAY POST-PRIMARY	3.			YEAR	
6TH TUESDAY PRE-ELECTION	4.	CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>0</i>		FOR OFFICE USE ONLY	
2ND FRIDAY PRE-ELECTION	5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0</i>			
30 DAY POST-ELECTION	6.	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>			
ANNUAL REPORT	7. <input checked="" type="checkbox"/>	TERMINATION REPORT? YES <input type="checkbox"/> NO <input 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 05 DAY OF February 2016

COMMONWEALTH OF PENNSYLVANIA
 CARLOS SALAS, Notary Public
 City of Allentown, Lehigh County
 My Commission Expires May 1, 2016

MY COMMISSION EXPIRES May 01 2016

SIGNATURE OF PERSON SUBMITTING REPORT
FRANKS Jimenez
 PRINTED NAME
 484 664-9461
 AREA CODE 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 05 DAY OF FEBRUARY 2016

COMMONWEALTH OF PENNSYLVANIA
 City of Allentown
 My Commission Expires May 01 2016

SIGNATURE OF CANDIDATE
Cynthia Mota
 PRINTED NAME
 (484) 553-5830
 AREA CODE DAYTIME TELEPHONE NUMBER

LEHIGH COUNTY • BOARD OF ELECTIONS
 17 S 7TH STREET • ALLENTOWN, PA 18101-2401 • (610) 782-3197