

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 ^{1.} <input type="checkbox"/>		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST ^{3.} <input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist: <u>Friends of Mary Ellen Koval</u>									
Street Address: <u>523 N. Carlisle St</u>									
City: <u>Allentown</u>				State: <u>PA</u>		Zip Code: <u>18109 -</u>			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	<input checked="" type="checkbox"/>	YEAR	<u>2015</u>	FILING METHOD () CHECK ONE	<input checked="" type="checkbox"/>	PAPER	<input checked="" type="checkbox"/>	DISKETTE

Name of Office Sought by Candidate: <u>Controller, City of Allentown</u>				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR	MO.	DAY	YEAR	NA	07A	Dem	39	
<u>11</u>	<u>3</u>	<u>2015</u>	<u>11</u>	<u>3</u>	<u>2015</u>	(SEE INSTRUCTIONS FOR CODES)				

Summary of Receipts and Expenditures from:	MO. DAY YEAR			To	MO. DAY YEAR				
	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)									
G. Unpaid Debts and Obligations (From Schedule IV)									

FOR OFFICE USE ONLY

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 1ST day of FEBRUARY 2016

[Signature]
 Signature of Person Submitting Report

Paul D. Balascki
 Printed Name

610 262-9710
 Area Code Daytime Telephone Number

NOTARIAL SEAL
 SARA A. SMITH-MENDSEN, Notary Public
 City of Bethlehem, Lehigh County
 My Commission Expires July 15, 2018

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 1ST day of FEBRUARY 2016

[Signature]
 Signature of Candidate

M E Koval
 Printed Name

610 432-7932
 Area Code Daytime Telephone Number

NOTARIAL SEAL
 SARA A. SMITH-MENDSEN, Notary Public
 City of Bethlehem, Lehigh County
 My Commission Expires July 15, 2018

**SCHEDULE I
CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <u>0</u>

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

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <u>0</u>
All Other Contributions (Part D)	\$ <u>500.00</u>
TOTAL for the Reporting Period	(3) \$ <u>500.00</u>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ <u>.02</u>

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 Cover Page, Item B.)	\$ <u>500.02</u>
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**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 Friends of Mary Ellen Koval	Reporting Period From 11/24/15 to 12/31/15
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Michael Sand Jr.	12	1	15	\$ 500.00
Mailing Address PO Box 841006	MO.	DAY	YEAR	\$
City Hollywood	MO.	DAY	YEAR	\$
State FL	Zip Code (Plus 4) 33024-			
Employer Name Retired / No Employer	Occupation Retired			
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
\$ 500.00

**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 <u>Friends of Mary Ellen Koval</u>	Reporting Period From <u>11/24/15</u> To <u>12/31/15</u>
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Full Name <u>Allentown Federal Credit Union</u>						
Mailing Address <u>1325 Oxford Dr.</u>						
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18103-</u>	MO. <u>11</u>	DAY <u>30</u>	YEAR <u>15</u>	Amount <u>\$.02</u>
Receipt Description <u>Dividend</u>						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount <u>\$</u>
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount <u>\$</u>
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount <u>\$</u>
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount <u>\$</u>
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount <u>\$</u>
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount <u>\$</u>
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$.02