

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:		Report Filed By:		CANDIDATE ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}		
Name of Filing Committee, Candidate or Lobbyist: Friends of Mary Ellen Koval										
Street Address: 523 N. Carlisle St.										
City: Allentown				State: PA		Zip Code: 18109 -				
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	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	YEAR 2015		FILING METHOD () CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE	

Name of Office Sought by Candidate: Controller, City of Allentown				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR		MO.	DAY	YEAR	NA	OTH	DEM	39
11	03	2015								

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
	10	20	2015		11	23	2015	
A. Amount Brought Forward From Last Report	\$ 8354.47							
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 1550.00							
C. Total Funds Available (Sum of Lines A and B)	\$ 10,904.47							
D. Total Expenditures (From Schedule III)	\$ 3,048.71							
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 7,855.76							
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0							
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0							

AUTHORITY 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 any attached schedules on paper or computer diskette, are to the best of my knowledge and belief correct and complete.

Sworn to and subscribed before me this 24th day of November, 2015

Jean G. Brossman Signature
My commission expires 12 15 2016
MO. DAY YR.

Paul D. Balascki Signature of Person Submitting Report
Printed Name
610 Area Code
432-7932 Daytime Telephone Number

PART II - If this is a report of a Candidate's Authorized Campaign Fund, the 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, 1940 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this 24th day of November, 2015

Jean G. Brossman Signature
My commission expires 12 15 2016
MO. DAY YR.

M.E. Koval Signature of Candidate
Printed Name
610 Area Code
432-7932 Daytime Telephone Number

Department of State • Bureau of Commissions, Elections and Legislation
210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Jean G. Brossman, Notary Public
 City of Allentown, Lehigh County
 My Commission Expires Dec. 15, 2016
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Friends of Mary Ellen Koval	Reporting Period From 10/20/15 To 11/23/15
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ Ø

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ Ø
All Other Contributions (Part B)	\$ 550.00
TOTAL for the Reporting Period	(2) \$ 550.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 1000.00
All Other Contributions (Part D)	\$ Ø
TOTAL for the Reporting Period	(3) \$ 1000.00

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

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.)	\$ 1550.00
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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 <i>Friends of Mary Ellen Koval</i>	Reporting Period From <i>10/20/15</i> To <i>11/23/15</i>
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				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)					\$

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

PAGE TOTAL \$ <i>Ø</i>

**PART B
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 Friends of Mary Ellen Koval	Reporting Period From 10/20/15 To 11/23/15
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Denise + Alan Jennings	10	22	15	\$ 50.00
Mailing Address 2130 W. Gordon St.	MO.	DAY	YEAR	\$
City Allentown	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18104 -	MO.	DAY	YEAR	\$
Elizabeth M. Smith	10	21	15	\$ 100.00
Mailing Address 2475 Virginia Ave. N.W.	MO.	DAY	YEAR	\$
City Washington	MO.	DAY	YEAR	\$
State DC	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 20037 -	MO.	DAY	YEAR	\$
Dalila Martinez	10	26	15	\$ 100.00
Mailing Address 2042 Westfield Ter.	MO.	DAY	YEAR	\$
City Bethlehem	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18017 -	MO.	DAY	YEAR	\$
Edgar Tanner Jr.	10	29	15	\$ 200.00
Mailing Address 1013 Cleveland St.	MO.	DAY	YEAR	\$
City Allentown	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18103 -	MO.	DAY	YEAR	\$
Robin L. Kellar	11	09	15	\$ 100.00
Mailing Address 622 E. Susquehanna St.	MO.	DAY	YEAR	\$
City Allentown	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18103 -	MO.	DAY	YEAR	\$
	MO.	DAY	YEAR	\$
	MO.	DAY	YEAR	\$
	MO.	DAY	YEAR	\$
	MO.	DAY	YEAR	\$
	MO.	DAY	YEAR	\$
	MO.	DAY	YEAR	\$
	MO.	DAY	YEAR	\$
	MO.	DAY	YEAR	\$
	MO.	DAY	YEAR	\$

PAGE TOTAL
\$550.00

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 Friends of Mary Ellen Koval	Reporting Period From 10/20/15 To 11/23/15
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Insulators + Asbestos Workers PAC #23	10	21	15	\$ 500.00
Mailing Address 3263 Schodhouse Rd.	MO.	DAY	YEAR	\$
City Middletown	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 17057-	MO.	DAY	YEAR	\$
Laborers Local 1174 PAC	10	26	15	\$ 500.00
Mailing Address 465 Allentown Drive	MO.	DAY	YEAR	\$
City Allentown	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 18109-	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$

PAGE TOTAL
\$ 1000.00

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 Friends of Mary Ellen Roual	Reporting Period From 10/20/15 To 11/23/15
---	---

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

\$

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 <i>Friends of Mary Ellen Koval</i>	Reporting Period From <u>10/20/15</u> To <u>11/23/15</u>
---	---

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						

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

PAGE TOTAL \$ <u>0</u>

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 <i>Friends of Mary Ellen Koval</i>	Reporting Period From <i>10/20/15</i> To <i>11/23/15</i>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 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 PART G)		
TOTAL for the Reporting Period	(3)	\$

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

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>Friends of Mary Ellen Koval</i>	Reporting Period From <u>10/20/15</u> To <u>11/23/15</u>
---	---

				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
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
\$ 0

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate <i>Friends of Mary Ellen Koval</i>	Reporting Period From <i>10/20/15</i> to <i>11/23/15</i>
---	---

				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			

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

PAGE TOTAL
\$ 0

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Mary Ellen Koval	Reporting Period From 10/20/15 To 11/23/15
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				Amount
To Whom Paid	MO.	DAY	YEAR	
L.V. Print Center	10	21	15	\$ 1243.22
Mailing Address	Description of Expenditure			
306 Bradhead Ave Rear	Mailer			
City	State	Zip Code (Plus 4)		
Bethlehem	PA	18015-		
To Whom Paid	MO.	DAY	YEAR	Amount
Affa for Allentown	10	23	15	\$ 500.00
Mailing Address	Description of Expenditure			
247 N. 12th St.	Contribution			
City	State	Zip Code (Plus 4)		
Allentown	PA	18102-		
To Whom Paid	MO.	DAY	YEAR	Amount
Celeste Dee	10	23	15	\$ 65.00
Mailing Address	Description of Expenditure			
1547 W. Highland St.	Reimbursement for			
City	State	Zip Code (Plus 4)		
Allentown	PA	18104-		
				additional Palm Cards
To Whom Paid	MO.	DAY	YEAR	Amount
L.C. Democratic Committee	10	23	15	\$ 50.00
Mailing Address	Description of Expenditure			
P.O. Box 3142	Door Hangers			
City	State	Zip Code (Plus 4)		
Wescosville	PA	18106-		
To Whom Paid	MO.	DAY	YEAR	Amount
L.V. Print Center	10	23	15	\$ 50.00
Mailing Address	Description of Expenditure			
306 Bradhead Ave Rear	Poll Cards			
City	State	Zip Code (Plus 4)		
Bethlehem	PA	18015-		
To Whom Paid	MO.	DAY	YEAR	Amount
Advantage PEP	11	14	15	\$ 1,125.00
Mailing Address	Description of Expenditure			
2285 Schoenersville Rd.	Campaign Management			
City	State	Zip Code (Plus 4)		
Bethlehem	PA	18017-		
To Whom Paid	MO.	DAY	YEAR	Amount
Allentown Federal Credit Union	11	10	15	\$ 15.49
Mailing Address	Description of Expenditure			
1325 Oxford Drive.	Checks			
City	State	Zip Code (Plus 4)		
Allentown	PA	18103-		
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
\$ 3048.71

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 Friends of Mary Ellen Koval	Reporting Period From 10/20/15 To 11/23/15
---	---

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
\$ 0