

COMMONWEALTH OF PENNSYLVANIA
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 Friends of Mary Ellen Koval					
STREET ADDRESS 523 N. Carlisle St.					
CITY Allentown		STATE PA	ZIP CODE 18109 -		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY		DATE OF ELECTION
	6TH TUESDAY PRE-PRIMARY	Controller, City of Allentown	NA	DEM	MO. DAY YEAR 11 08 2011
	2ND FRIDAY PRE-PRIMARY	DATES OF REPORTING PERIOD			
	30 DAY POST-PRIMARY	MO. DAY YEAR TO MO. DAY YEAR 01 01 2014 TO 12 31 2014			
	6TH TUESDAY PRE-ELECTION	CASH BALANCE AT END OF REPORTING PERIOD: \$ 0			
	2ND FRIDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0			
	30 DAY POST-ELECTION	AMENDMENT REPORT? YES NO <input checked="" type="checkbox"/>			
ANNUAL REPORT <input checked="" type="checkbox"/>	TERMINATION REPORT? YES NO <input checked="" 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.

COMMONWEALTH OF PENNSYLVANIA
 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 21st DAY OF January 2015
 Signature: Jean G. Grossman
 My Commission Expires December 15 2014

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

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 _____ DAY OF _____ 20____
 Signature: _____
 My Commission Expires _____ MO. DAY YR.

Signature of Candidate: _____
 Printed Name: _____
 Area Code: _____ Daytime Telephone Number: _____