

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 <u>Julio GURIDY</u>						
STREET ADDRESS <u>3611 ASTER ST.</u>						
CITY <u>Allentown</u>		STATE <u>PA</u>		ZIP CODE <u>18104</u>		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT <input checked="" type="checkbox"/>		<u>City Council</u>			<u>DEM</u>	
		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR <u>01 01 15</u> TO <u>12 31 15</u>		DATE OF ELECTION MO. DAY YEAR <u>11 03 2015</u>		
		CASH BALANCE AT END OF REPORTING PERIOD: \$ _____ TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>		FOR OFFICE USE ONLY		
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> 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.

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 _____ DAY OF _____ 20____

SIGNATURE

MY COMMISSION EXPIRES _____ MO. DAY YR.

SIGNATURE OF PERSON SUBMITTING REPORT
Julio A. GURIDY
PRINTED NAME

AREA CODE
(610)

DAYTIME TELEPHONE NUMBER
906-7955

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
Julio A. GURIDY
PRINTED NAME

AREA CODE
(610)

DAYTIME TELEPHONE NUMBER
906-7955

LEHIGH COUNTY • BOARD OF ELECTIONS

17 S 7TH STREET • ALLENTOWN, PA 18101-2401 • (610) 782-3197