

# 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 <sup>1.</sup> <input checked="" type="checkbox"/>		COMMITTEE <sup>2.</sup> <input type="checkbox"/>		LOBBYIST <sup>3.</sup> <input type="checkbox"/>			
Name of Filing Committee, Candidate or Lobbyist: <i>Kimberly D. Velcz</i>											
Street Address: <i>1030 N. Len St.</i>											
City: <i>Allentown</i>					State: <i>Pa</i>		Zip Code: <i>18104 -</i>				
TYPE OF REPORT  (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY	1.	2ND-FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO		
	8TH TUESDAY PRE-ELECTION	4.	2ND-FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO		
	ANNUAL REPORT	7.	YEAR	<input type="checkbox"/>	FILING METHOD ( ) CHECK ONE <input checked="" type="checkbox"/>		PAPER	<input checked="" type="checkbox"/>	DISKETTE		
Name of Office Sought by Candidate: <i>Allentown city Council</i>					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO.	DAY	YEAR				
					<i>5</i>	<i>21</i>	<i>2013</i>		<i>0TH</i>	<i>DEM</i>	<i>39</i>
(SEE INSTRUCTIONS FOR CODES)											
Summary of Receipts and Expenditures from:				MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY  RECEIVED 2013 MAY 10 PM 1:40 ELECTION BOARD OF LEHIGH COUNTY
				<i>4</i>	<i>5</i>	<i>2013</i>	To	<i>5</i>	<i>6</i>	<i>2013</i>	
A. Amount Brought Forward From Last Report				\$		<i>0</i>					
B. Total Monetary Contributions and Receipts (From Schedule I)				\$		<i>0</i>					
C. Total Funds Available (Sum of Lines A and B)				\$		<i>0</i>					
D. Total Expenditures (From Schedule III)				\$		<i>376.82</i>					
E. Ending Cash Balance (Subtract Line D from Line C)				\$		<i>-376.82</i>					
F. Value of In-Kind Contributions Received (From Schedule II)				\$							
G. Unpaid Debts and Obligations (From Schedule IV)				\$							

### 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, complete.

Sworn to and subscribed before me this \_\_\_\_\_ day of *May* 20 *13*

Signature: *[Signature]*

My commission expires *10* MO. *21* DAY 20 *13* YR.

Signature of Person Submitting Report: *[Signature]*

Printed Name: *Kimberly D. Velcz*

Area Code: *610*

Daytime Telephone Number: *417-4008*

**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 \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature: \_\_\_\_\_

My commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

Signature of Candidate: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Area Code: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

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

**SCHEDULE III  
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate <b>Kimberly D. Velcz</b>	Reporting Period From <b>4/5/13</b> To <b>5/6/13</b>
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To Whom Paid <b>Peter Gorniak</b>	MO. <b>4</b>	DAY <b>5</b>	YEAR <b>13</b>	Amount <b>\$ 150.00</b>
Mailing Address <b>PO Box 4394</b>	Description of Expenditure <b>Photos</b>			
City <b>Allentown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18105-</b>		

To Whom Paid <b>Lehigh county Democratic Committee</b>	MO. <b>4</b>	DAY <b>10</b>	YEAR <b>13</b>	Amount <b>\$ 226.82</b>
Mailing Address <b>PO Box 33</b>	Description of Expenditure <b>ink builder</b>			
City <b>Allentown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18105-</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) <b>-</b>		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL <b>\$</b>
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