

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 <i>Mary Ellen Kaval</i> | | | | | |
| STREET ADDRESS <i>523 N Cardisle St</i> | | | | | |
| CITY <i>Allentown</i> | | STATE <i>PA</i> | ZIP CODE <i>18109</i> | | |
| TYPE OF REPORT (CHECK ONE) | NAME OF OFFICE SOUGHT BY CANDIDATE | | | DISTRICT NO. | PARTY |
| | <i>Controller City of Allentown</i> | | | <i>NA</i> | <i>Dem</i> |
| DATE OF ELECTION | | FOR OFFICE USE ONLY | | | |
| MO. DAY YEAR | | MO. DAY YEAR | | | |
| <i>11 03 15</i> | | | | | |
| 6TH TUESDAY PRE-PRIMARY | 1 | DATES OF REPORTING PERIOD | | | |
| 2ND FRIDAY PRE-PRIMARY | 2 | MO. DAY YEAR | TO | MO. DAY YEAR | |
| 30 DAY POST-PRIMARY | 3 | <i>11 24 15</i> | | <i>12 31 15</i> | |
| 6TH TUESDAY PRE-ELECTION | 4 | CASH BALANCE AT END OF REPORTING PERIOD: | | \$ <i>0</i> | |
| 2ND FRIDAY PRE-ELECTION | 5 | TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: | | \$ <i>0</i> | |
| 30 DAY POST-ELECTION | 6 | AMENDMENT REPORT? | | YES | NO <input checked="" type="checkbox"/> |
| ANNUAL REPORT | 7 <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.

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
1st DAY OF *FEBRUARY* 20*16*

[Signature]
 COMMONWEALTH OF PENNSYLVANIA

M.E. Koval
 SIGNATURE OF PERSON SUBMITTING REPORT

M.E. Koval
 PRINTED NAME

MY COMMISSION EXPIRES _____

[Notary Seal]
 SIGNATURE: PATRICIA SMITH-MENDSEN, Notary Public
 City of Bethlehem, Lehigh County
 mo. My Commission Expires July 15, 2018

610 *432-7932*
 AREA CODE DAYTIME TELEPHONE NUMBER

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

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