

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 <i>Mary Ellen Koval</i>										
STREET ADDRESS <i>523 N. Carlisle 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	DATE OF ELECTION						
				MO.	DAY	YEAR				
6TH TUESDAY PRE-PRIMARY	<i>Controller, City of Allentown</i>	<i>NA</i>	<i>DEM</i>	<i>11</i>	<i>03</i>	<i>2015</i>				
2ND FRIDAY PRE-PRIMARY				FOR OFFICE USE ONLY						
30 DAY POST-PRIMARY				DATES OF REPORTING PERIOD						
6TH TUESDAY PRE-ELECTION				MO.	DAY	YEAR	MO.	DAY	YEAR	
2ND FRIDAY PRE-ELECTION				<i>10</i>	<i>20</i>	<i>2015</i>	TO	<i>11</i>	<i>23</i>	<i>2015</i>
30 DAY POST-ELECTION				CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>Ø</i>		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>Ø</i>				
ANNUAL REPORT				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.

Commonwealth of Pennsylvania  
 County of *Lehigh*

SWORN TO AND SUBSCRIBED BEFORE ME THIS 24<sup>th</sup> DAY OF November 2015

*Jean G. Prossman*  
 SIGNATURE  
 MY COMMISSION EXPIRES 12 15 2014  
 MO. DAY YR.

*M. E. Koval*  
 SIGNATURE OF PERSON SUBMITTING REPORT  
M. E. Koval  
 PRINTED NAME  
610 432-7932  
 AREA CODE DAYTIME TELEPHONE NUMBER

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

**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

\_\_\_\_\_  
 SIGNATURE OF CANDIDATE

\_\_\_\_\_  
 PRINTED NAME

MY COMMISSION EXPIRES \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_ AREA CODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER \_\_\_\_\_