

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: ▶		Report Filed By: ▶		CANDIDATE <input checked="" type="checkbox"/> 1		COMMITTEE <input type="checkbox"/> 2		LOBBYIST <input type="checkbox"/> 3	
Name of Filing Committee, Candidate or Lobbyist: Steven Ramos									
Street Address: 431 N 9th St									
City: Allentown					State: PA		Zip Code: 18102		
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR		FILING METHOD () CHECK ONE ▶		PAPER		DISKETTE

Name of Office Sought by Candidate: Allentown City Controller				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR		MO.	DAY	YEAR				
				11	3	2015				

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from: ▶		MO.	DAY	YEAR	To	MO.	DAY	YEAR
		6	8	2015	To	10	19	2015
A. Amount Brought Forward From Last Report		\$						
B. Total Monetary Contributions and Receipts (From Schedule I)		\$						
C. Total Funds Available (Sum of Lines A and B)		\$						
D. Total Expenditures (From Schedule III)		\$						
E. Ending Cash Balance (Subtract Line D from Line C)		\$						
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 4375.00						
G. Unpaid Debts and Obligations (From Schedule IV)		\$						

FOR OFFICE USE ONLY

RECEIVED
 2015 OCT 19 AM 9:41
 ELECTION BOARD
 OF LEHIGH COUNTY

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, and paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 19th day of OCTOBER, 2015

Signature: *[Signature]* Signature of Person Submitting Report: *[Signature]*
 Printed Name: **Steven Ramos**

My commission expires 27 18 MO. DAY YR.

Area Code: 610 Daytime Telephone Number: 274-4190

NOTARIAL SEAL
 NOTARY PUBLIC
 JIMOTHY ANDREW BENVO
 ALLENTOWN, LEHIGH COUNTY
 Commission Expires Sep 27, 2017

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: _____ Signature of Candidate: _____
 Printed Name: _____

My commission expires _____ MO. DAY YR.

Area Code: _____ Daytime Telephone Number: _____

Board of Elections of Lehigh County
 Lehigh County Government Center
 17 S. 7th St.
 Allentown, PA 18101-2400

SCHEDULE II
PART G

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate Steven Ramos	Reporting Period From 6/8/15 To 10/19/15
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				DATE			AMOUNT
Full Name of Contributor Common Sense Solutions				MO.	DAY	YEAR	\$ 2226.00
Mailing Address 987 Postal Rd.				MO.	DAY	YEAR	\$ 2149.00
City Allentown	State PA	Zip Code (Plus 4) 18109 -		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution Postage and literature			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 4375.00