

Commonwealth of Pennsylvania
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 ^{1.} <input checked="" type="checkbox"/>		COMMITTEE ^{2.} <input type="checkbox"/>		LOBBYIST ^{3.} <input type="checkbox"/>	
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.}	<input type="checkbox"/>	2ND FRIDAY PRE-PRIMARY ^{2.}	<input type="checkbox"/>	30 DAY POST-PRIMARY ^{3.}	<input type="checkbox"/>	AMENDMENT REPORT?	YES	NO
	8TH TUESDAY PRE-ELECTION ^{4.}	<input type="checkbox"/>	2ND FRIDAY PRE-ELECTION ^{5.}	<input type="checkbox"/>	30 DAY POST-ELECTION ^{6.}	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT ^{7.}	<input type="checkbox"/>	YEAR	<input type="checkbox"/>	FILING METHOD (CHECK ONE)		PAPER	<input type="checkbox"/>	DISKETTE

Name of Office Sought by Candidate: Allentown City Controller				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR					OTH	REP	39	
11	3	2015								
(SEE INSTRUCTIONS FOR CODES)										

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR
	10	20	2015		11	23	2015
A. Amount Brought Forward From Last Report				\$	0		
B. Total Monetary Contributions and Receipts (From Schedule I)				\$	75.00		
C. Total Funds Available (Sum of Lines A and B)				\$	0		
D. Total Expenditures (From Schedule III)				\$	75.00		
E. Ending Cash Balance (Subtract Line D from Line C)				\$	0		
F. Value of In-Kind Contributions Received (From Schedule II)				\$	1,617.90		
G. Unpaid Debts and Obligations (From Schedule IV)				\$	0		

FOR OFFICE USE ONLY

RECEIVED
 2015 DEC - 8 AM 11:08
 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, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 8th day of December 2015

COMMONWEALTH OF PENNSYLVANIA	
NOTARIAL SEAL	
Jennifer L. Detweiler, Notary Public	
City of Allentown, Lehigh County	
My Commission Expires December 23, 2015	

Signature: [Signature] Signature of Person Submitting Report: Steven Ramos

My commission expires 12 23 15 Printed Name: Steven Ramos

MO. DAY YR. Area Code: 484 Daytime Telephone Number: 274-4190

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: _____

My commission expires _____ MO. DAY YR. Printed Name: _____

Area Code: _____ Daytime Telephone Number: _____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Steven Ramos	Reporting Period From <u>10/20/2015</u> To <u>11/23/2015</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ 75.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
TOTAL for the Reporting Period	(2)	\$

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
TOTAL for the Reporting Period	(3)	\$

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
TOTAL for the Reporting Period	(4)	\$

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ 75.00
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IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate Steven Ramos	Reporting Period From <u>10/20/2015</u> To <u>11/23/2015</u>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period	(2) \$ 224.00

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period	(3) \$ 1,393.90

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ 1,617.90
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SCHEDULE II
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Steven Ramos	Reporting Period From <u>10/20/2015</u> To <u>11/23/2015</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor Common Sense Solutions				10	29	2015	\$ 224.00
Mailing Address 987 Postal Rd				MO.	DAY	YEAR	\$
City Allentown	State PA	Zip Code (Plus 4) 18109 -		MO.	DAY	YEAR	\$
Description of Contribution: Towards Radio Ads							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 224.00

SCHEDULE II
PART G

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate Steven Ramos	Reporting Period From <u>10/20/2015</u> To <u>11/23/2015</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor Common Sense Solutions, PAC				11	9	2015	\$ 1,393.90
Mailing Address 987 Postal Rd				MO.	DAY	YEAR	\$
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 Mailer			
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
\$ 1,393.90

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Steven Ramos	Reporting Period From <u>10/20/2015</u> To <u>11/23/2015</u>
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To Whom Paid	MO.	DAY	YEAR	Amount
Common Sense Solutions, PAC	10	29	2015	\$ 75.00
Mailing Address 987 Postal Rd				
Description of Expenditure Towards Radio Ad				
City Allentown	State PA	Zip Code (Plus 4) 18109		
To Whom Paid				
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
To Whom Paid				
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
To Whom Paid				
Mailing Address				
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Description of Expenditure				
City	State	Zip Code (Plus 4)		
To Whom Paid				
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
To Whom Paid				
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 75.00