

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 ²	LOBBYIST ³																			
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Mary Ellen Koval																								
STREET ADDRESS 523 N. Carlisle St.																								
CITY Allentown		STATE PA	ZIP CODE 18109																					
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE Controller, City of Allentown		DISTRICT NO. -	PARTY DEM	DATE OF ELECTION																			
	1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	DATES OF REPORTING PERIOD <table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>1</td> <td>1</td> <td>2011</td> </tr> </table> TO <table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>5</td> <td>2</td> <td>2011</td> </tr> </table>		MO.	DAY	YEAR	1	1	2011	MO.	DAY	YEAR	5	2	2011	<table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>5</td> <td>17</td> <td>2011</td> </tr> </table>		MO.	DAY	YEAR	5	17	2011	FOR OFFICE USE ONLY
MO.	DAY	YEAR																						
1	1	2011																						
MO.	DAY	YEAR																						
5	2	2011																						
MO.	DAY	YEAR																						
5	17	2011																						
<table border="1"> <tr> <td>CASH BALANCE AT END OF REPORTING PERIOD:</td> <td>\$ -0-</td> </tr> <tr> <td>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:</td> <td>\$ -0-</td> </tr> </table>						CASH BALANCE AT END OF REPORTING PERIOD:	\$ -0-	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	\$ -0-															
CASH BALANCE AT END OF REPORTING PERIOD:	\$ -0-																							
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	\$ -0-																							
<table border="1"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>						AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>											
AMENDMENT REPORT?	YES	NO	<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
 4th DAY OF MAY 2011
 [Signature]
 SIGNATURE
 MY COMMISSION EXPIRES 09 19 11
 MO. DAY YR.

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT
 PAUL D. BAURSCKI
 PRINTED NAME
 610 262-9710
 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
 4th DAY OF MAY 2011
 [Signature]
 SIGNATURE
 MY COMMISSION EXPIRES 09 19 11
 MO. DAY YR.

[Signature]
 SIGNATURE OF CANDIDATE
 Mary Ellen Koval
 PRINTED NAME
 610 432-7932
 AREA CODE DAYTIME TELEPHONE NUMBER