

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

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 COVER PAGE

(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 ¹	COMMITTEE ² <input checked="" type="checkbox"/>	LOBBYIST ³
Name of Filing Committee, Candidate or Lobbyist Friends of Mary Ellen Koval						
Street Address 523 N. Carlisle St.						
City Allentown		State PA		Zip Code 18109		
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 <input checked="" type="checkbox"/>	AMENDMENT REPORT?	YES	NO <input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION ⁴	2ND FRIDAY PRE-ELECTION ⁵	30 DAY POST ELECTION ⁶	TERMINATION REPORT?	YES	NO <input checked="" type="checkbox"/>
	ANNUAL REPORT ⁷	YEAR 2011	FILING METHOD () CHECK ONE	PAPER	DISKETTE	
Name of Office Sought by Candidate Controller, City of Allentown			DATE OF ELECTION		District Number	Office Code
			MO. DAY YEAR 11 08 2011			
					SEE INSTRUCTIONS FOR CODES	
Summary of Receipts and Expenditures from:			FOR OFFICE USE ONLY			
MO. DAY YEAR 5 3 2011			MO. DAY YEAR 6 6 2011			
A. Amount Brought Forward From Last Report			\$ 5389.00			
B. Total Monetary Contributions and Receipts (From Schedule I)			\$ -0-			
C. Total Funds Available (Sum of Lines A and B)			\$ 5389.00			
D. Total Expenditures (From Schedule II)			\$ -0-			
E. Ending Cash Balance (Subtract Line D from Line C)			\$ 5389.00			
F. Value of In-Kind Contributions Received (From Schedule III)			\$ -0-			
G. Unpaid Debts and Obligations (From Schedule IV)			\$ 2500.00			

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 _____ day of _____, 20____.

Signature: _____

My commission expires MO. DAY YR _____

Signature of Person Submitting Report: **Paul D. Balascki**

Printed Name: **Paul D. Balascki**

Area Code: **610** Daytime Telephone Number: **262-9710**

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 19, 1998 (P.L. 1333 No. 320) as amended.

Sworn to and subscribed before me this **16** day of **JUNE**, 20**11**.

Signature: **M.E. Koval**

Signature of Candidate: **Mary Ellen Koval**

Printed Name: **Mary Ellen Koval**

Area Code: **610** Daytime Telephone Number: **432-7930**

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 TIMOTHY A. DREW BENYO, Notary Public
 City of Allentown, Lehigh County
 My Commission Expires 06/27/2014

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

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS

PAGE 2 OF 12

Detailed Summary Page

Name of Filing Committee or Candidate <u>Friend of Mary Ellen Kowal</u>	Reporting Period From <u>5/3/2011</u> to <u>6/6/2011</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <u>0-</u>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <u>0-</u>
All Other Contributions (Part B)	\$ <u>0-</u>
TOTAL for the Reporting Period (2)	\$ <u>0-</u>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <u>0-</u>
All Other Contributions (Part D)	\$ <u>0-</u>
TOTAL for the Reporting Period (3)	\$ <u>0-</u>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ <u>0-</u>

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item E.)	\$ <u>0-</u>
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PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate Friedt For May Ellen Kosci				Reporting Period From 5/1/2011 to 6/30/2011			
				DATE			AMOUNT
1. Name of Contributing Committee				MO.	DAY	YEAR	\$
Filing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
2. Name of Contributing Committee				MO.	DAY	YEAR	\$
Filing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
3. Name of Contributing Committee				MO.	DAY	YEAR	\$
Filing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
4. Name of Contributing Committee				MO.	DAY	YEAR	\$
Filing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
5. Name of Contributing Committee				MO.	DAY	YEAR	\$
Filing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
6. Name of Contributing Committee				MO.	DAY	YEAR	\$
Filing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
7. Name of Contributing Committee				MO.	DAY	YEAR	\$
Filing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
8. Name of Contributing Committee				MO.	DAY	YEAR	\$
Filing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
9. Name of Contributing Committee				MO.	DAY	YEAR	\$
Filing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
				PAGE TOTAL			\$ - 0 -

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PART B
ALL OTHER CONTRIBUTIONS**

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\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate <u>Friends of May Sella 2021</u>				Reporting Period From <u>5/3/21</u> to <u>6/6/21</u>			
				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
				PAGE TOTAL			\$ <u>0</u>

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PART C
CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES
OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate Friends of May Ellen Lopez	Reporting Period From 6/1/2011 To 6/6/2011
--	---

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL	\$ 0-
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**PART D
ALL OTHER CONTRIBUTIONS**

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OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate <u>Friend of May Ellen Local</u>	Reporting Period From <u>8/1/2011</u> To <u>6/30/2011</u>
---	--

	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Employer Name	Occupation			
Employer Mailing Address Principal Place of Business				
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Employer Name	Occupation			
Employer Mailing Address Principal Place of Business				
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Employer Name	Occupation			
Employer Mailing Address Principal Place of Business				
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Employer Name	Occupation			
Employer Mailing Address Principal Place of Business				
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Employer Name	Occupation			
Employer Mailing Address Principal Place of Business				

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ <u>100</u>

DSEE 502 (7-99)

**PART E
OTHER RECEIPTS**

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REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate <u>Friends of Mary Elvickson</u>	Reporting Period From <u>5/2/21</u> to <u>6/30/21</u>
---	--

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.	PAGE TOTAL \$ <u>0-</u>
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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 <u>Friends of Meg Elroy 102011</u>	Reporting Period From <u>5/31/11</u> to <u>6/30/11</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)	\$ <u>-0-</u>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ <u>-0-</u>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ <u>-0-</u>

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.)	\$ <u>-0-</u>
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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 Friends of Mary Ellen Kossel				Reporting Period From 5/13/2011 To 6/6/2011			
				DATE			AMOUNT
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 \$ 0-

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

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Name of Filing Committee or Candidate <u>Friar of May Elizabeth</u>				Reporting Period From <u>5/2/21</u> to <u>6/6/21</u>			
				DATE			AMOUNT
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			
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	
						\$ <u>0</u>	

SCHEDULE III
STATEMENT OF EXPENDITURES

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Name of Filing Committee or Candidate Friedt of Mary Ellen Kowal				Reporting Period From <u>5/13/2011</u> To <u>6/6/2011</u>			
--	--	--	--	--	--	--	--

To Whom Paid	MO	DAY	YEAR	Amount
				\$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount
				\$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount
				\$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount
				\$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount
				\$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount
				\$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount
				\$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount
				\$
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
	\$ <u>0-</u>

SCHEDULE IV
STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate <u>Friends of May Ellen Kosci</u>	Reporting Period From <u>8/31/2011</u> to <u>6/30/2012</u>
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Name of Creditor <u>May Ellen Kosci</u>				Outstanding Balance of Debt <u>\$ 2500</u>		
Mailing Address <u>503 N. Cordale St.</u>		DATE DEBT INCURRED	MO.	DAY	YEAR	
			<u>3</u>	<u>1</u>	<u>2011</u>	
City <u>Allentown</u>		State <u>PA</u>		Zip Code Plus 4 <u>18105-</u>		
Description of Debt <u>Car at Flea</u>						

Name of Creditor				Outstanding Balance of Debt <u>\$</u>		
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State		Zip Code Plus 4		
Description of Debt						

Name of Creditor				Outstanding Balance of Debt <u>\$</u>		
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State		Zip Code Plus 4		
Description of Debt						

Name of Creditor				Outstanding Balance of Debt <u>\$</u>		
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State		Zip Code Plus 4		
Description of Debt						

Name of Creditor				Outstanding Balance of Debt <u>\$</u>		
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State		Zip Code Plus 4		
Description of Debt						

Name of Creditor				Outstanding Balance of Debt <u>\$</u>		
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State		Zip Code Plus 4		
Description of Debt						

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL <u>\$ 2500</u>
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