

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: <u>Robert F Toth Jr.</u>													
Street Address: <u>1101 S Howard St</u>													
City: <u>Allentown</u>				State: <u>PA</u>		Zip Code: <u>18103-3918</u>							
TYPE OF REPORT (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?		YES	NO			
	8TH 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 <input type="checkbox"/>		PAPER		DISKETTE				
Name of Office Sought by Candidate: <u>Allentown City Council</u>					DATE OF ELECTION			District Number	Office Code	Party Code	County Code		
					MO.	DAY	YEAR		OTH	REP	39		
					5	17	2011	(SEE INSTRUCTIONS FOR CODES)					
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	To		MO.		DAY	YEAR	FOR OFFICE USE ONLY	
			1	1	2011			5	2	2011			
A. Amount Brought Forward From Last Report				\$				0					
B. Total Monetary Contributions and Receipts (From Schedule I)				\$				0					
C. Total Funds Available (Sum of Lines A and B)				\$				0					
D. Total Expenditures (From Schedule III)				\$				94.27					
E. Ending Cash Balance (Subtract Line D from Line C)				\$				0					
F. Value of In-Kind Contributions Received (From Schedule II)				\$				0					
G. Unpaid Debts and Obligations (From Schedule IV)				\$				0					

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 5th day of May, 2011 at Allentown, Lehigh County
 Notary Seal
 Kimberly A. Smith, Notary Public
 City of Allentown, Lehigh County
 My Commission Expires Oct. 15, 2013
 MEMBER PENNSYLVANIA ASSOCIATION OF NOTARIES
 Signature: Kimberly A. Smith
 My commission expires 10 MO. 15 DAY 13 YR.

Signature of Person Submitting Report: Robert F Toth Jr.
 Printed Name: Robert F Toth Jr.
 Area Code: 610
 Daytime Telephone Number: 841-7644

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

Signature of Candidate: _____
 Printed Name: _____
 Area Code: _____
 Daytime Telephone Number: _____

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

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate Robert F. Toth Jr	Reporting Period From <u>1/1/2011</u> To <u>5/2/2011</u>
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To Whom Paid	MO.	DAY	YEAR	Amount
Go Daddy.com	1	1	2011	\$ 48.27
Mailing Address 14455 N. Hayden Rd. Suite 219	Description of Expenditure Purchase URL for			
City Scottsdale AZ	State AZ	Zip Code (Plus 4) 85260		
US Postal Service	1	1	2011	\$ 46.00
Mailing Address 442 W Hamilton St	Description of Expenditure Purchase PO Box			
City Allentown	State PA	Zip Code (Plus 4) 18101-9998		
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
\$ 94.27