

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	<input type="checkbox"/> LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Robert F. Toth Jr.					
STREET ADDRESS 1101 South Howard Street					
CITY Allentown		STATE PA	ZIP CODE 18103 — 3918		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE Allentown City Council		DISTRICT NO.	PARTY REP	DATE OF ELECTION
6TH TUESDAY PRE-PRIMARY					MO. DAY YEAR
2ND FRIDAY PRE-PRIMARY					5 17 2011
30 DAY POST-PRIMARY					
6TH TUESDAY PRE-ELECTION					
2ND FRIDAY PRE-ELECTION					
30 DAY POST-ELECTION					
ANNUAL REPORT					
DATES OF REPORTING PERIOD		NO. DAY YEAR		NO. DAY YEAR	
		5 03 2011		TO 6 6 2011	
CASH BALANCE AT END OF REPORTING PERIOD:		\$ 0.00			
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 0.00			
AMENDMENT REPORT?		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
TERMINATION REPORT?		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
FOR OFFICE USE ONLY					
RECEIVED 2011 JUN 10 P 12:10 ALLENTOWN BOARD OF ELECTIONS COUNTY					

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

9 DAY OF June 2011

Kimberly A. Smith
SIGNATURE

MY COMMISSION EXPIRES 10 15 13
MO. DAY YR.

Robert F. Toth Jr.
SIGNATURE OF PERSON SUBMITTING REPORT

Robert F. Toth Jr.
PRINTED NAME

610 841-7644
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

____ DAY OF _____ 20____

SIGNATURE

MY COMMISSION EXPIRES _____
MO. DAY YR.

SIGNATURE OF CANDIDATE

PRINTED NAME

AREA CODE DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Kimberly A. Smith, Notary Public
 City of Allentown, Lehigh County
 My Commission Expires Oct. 15, 2013
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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 <input type="checkbox"/>		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST <input type="checkbox"/>		
Name of Filing Committee, Candidate or Lobbyist: Citizens for Toth										
Street Address: PO Box 8523										
City: Allentown					State: PA		Zip Code: 18105 - 8523			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	<input type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	<input type="checkbox"/>	30 DAY POST PRIMARY	<input checked="" type="checkbox"/>	AMENDMENT REPORT?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	<input type="checkbox"/>	2ND FRIDAY PRE-ELECTION	<input type="checkbox"/>	30 DAY POST ELECTION	<input type="checkbox"/>	TERMINATION REPORT?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
	ANNUAL REPORT	<input type="checkbox"/>	YEAR	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE <input type="checkbox"/>		
Name of Office Sought by Candidate: Allentown City Council					DATE OF ELECTION MO. DAY YEAR 5 17 2011		District Number	Office Code OTH	Party Code REP	County Code 39
Summary of Receipts and Expenditures from:					MO. DAY YEAR 5 3 2011		To		MO. DAY YEAR 6 6 2011	
A. Amount Brought Forward From Last Report					\$ 1,822.84		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED 2011 JUN 10 P 12: 10 ELECTION BOARD OF LEHIGH COUNTY </div>			
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ 225.00					
C. Total Funds Available (Sum of Lines A and B)					\$ 2,047.84					
D. Total Expenditures (From Schedule III)					\$ 295.03					
E. Ending Cash Balance (Subtract Line D from Line C)					\$ 1,752.81					
F. Value of In-Kind Contributions Received (From Schedule II)					\$ 0.00					
G. Unpaid Debts and Obligations (From Schedule IV)					\$ 0.00					

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.

In to and subscribed before me this
 9 day of June 20 11
 Signature: *Kimberly A. Smith*
 My Commission Expires Oct 15 2013
 MO. DAY YR.
 10 15 13

Signature of Person Submitting Report: *Robert F. Toth SR.*
 Printed Name: ROBERT F. TOTH SR
 Area Code: 610
 Daytime Telephone Number: 437-9467

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.

In to and subscribed before me this
 9 day of June 20 11
 Signature: *Kimberly A. Smith*
 My Commission Expires Oct 15 2013
 MO. DAY YR.
 10 15 13

Signature of Candidate: *Robert F. Toth, Jr.*
 Printed Name: Robert F. Toth, Jr.
 Area Code: 610
 Daytime Telephone Number: 841-7644

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

COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Kimberly A. Smith, Notary Public
 City of Allentown, Lehigh County
 My Commission Expires Oct 15 2013
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Kimberly A. Smith, Notary Public
 City of Allentown, Lehigh County
 My Commission Expires Oct 15 2013
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Citizens for Toth	Reporting Period From <u>5/3/2011</u> To <u>6/6/2011</u>
--	---

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period	(1)	\$ 125.00
--------------------------------	-----	-----------

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)

Contributions Received from Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 100.00
TOTAL for the Reporting Period	(2) \$ 100.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)

Contributions Received from Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period	(3) \$ 0.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)

TOTAL for the Reporting Period	(4)	\$ 0.00
--------------------------------	-----	---------

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 B.)	\$ 225.00
--	-----------

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 Citizens for Toth	Reporting Period From <u>5/3/2011</u> To <u>6/6/2011</u>
---	---

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

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

PAGE TOTAL \$

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 Citizens for Toth	Reporting Period From <u>5/3/2011</u> To <u>6/6/2011</u>
---	---

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

PAGE TOTAL
\$

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

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Citizens for Toth	Reporting Period From 5/3/2011 To 6/6/2011
---	---

To Whom Paid Tom's Auto TAG	MO. 5 DAY 5 YEAR 2011	Amount \$ 15.00
---------------------------------------	--	---------------------------

Mailing Address 729 E Susquehanna St	Description of Expenditure Notarize Finance Reports
City Allentown	State PA Zip Code (Plus 4) 18103 -

To Whom Paid Bestway Instant Print	MO. DAY YEAR	Amount \$ 80.03
--	--------------	---------------------------

Mailing Address 703 Hawsman Road	Description of Expenditure Handout cards
City Allentown	State PA Zip Code (Plus 4) 18104-300

To Whom Paid Kyle S. Smith	MO. DAY YEAR	Amount \$ 150.00
--------------------------------------	--------------	----------------------------

Mailing Address 329 Spring Street	Description of Expenditure Design and take photos
City Bethlehem	State PA Zip Code (Plus 4) 18018-

To Whom Paid Robert F. Toth Jr.	MO. 6 DAY 6 YEAR 2011	Amount \$ 50.00
---	--	---------------------------

Mailing Address 1101 S Howard St	Description of Expenditure Reimbursement for Google Ad
City Allentown	State PA Zip Code (Plus 4) 18103-3418

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
\$ 295.03