

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number				Report Filed By Cand Mark X)		ate	$\left \right\rangle$	Commit	tee		Lobbyist	U.		
Name of Filing Committee, Candidate or Lobbyist				Olga Negron										
Street Address	24			1306	E 5th Stre	eet								
City Bethlehe					State	PA		Zip Code	18015	18015				
Type of Report ((Place x	under r	eport type)											
1- 6 th Tuesday 2- 2 nd Friday Pre-Primary Pre-Primary			Contract of the second s	4- 6 th Tuesday Pre- Election		5- 2 nd Friday Pre- Election	6-30 Day Post Election		7- Annua	the second se	Special 2 nd Friday Pre-Election		Special 30 Day Post-Election	
]						
Date Of Election (MM/DD/YYYY)		05/19/2015	Year	2015		Amend Report			Termi Repor	nation t				
Summary of Receipts and		From Date	To Date					F.	or Office U	se Only				
expenditures	Expenditures		12/02/2015	12/31/		/31/2015		· · · · · · · · · · · · · · · · · · ·						
A. Amount Brou	ight Fo	rward F	rom Last Report	\$		0					rn c:			
B. Total Monetary Contribution (From Schedule I)			ns and Receipts	\$	0					-				
C. Total Funds Available (Sum of Lines A and B)				\$		0								
D. Total Expenditures (From Schedule III)			\$		6.35				1	- -				
E. Ending Cash Balance (Subtract Line D from Line C)			\$		0				-	1				
F. Value of In-Kind Contributions Received (From Schedule II)			\$		-0-									
G. Unpaid Debts and Obligations (From Schedule IV)			\$	-0-										
				10 - 10 -	Wa 152	Affidavit See	tion							

Part 1- 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, is to the best of my knowledge and belief true, correct and complete.

PART E **Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC. Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identifica	ation Number:	47-2914676					
					_		
Full Name		Reyes Notary					
House #	Str	eet Address 4th St		· · · · · ·			
City		Bethlehem	State	PA	Zip Code	18015	Date [MM/DD/YYYY] \$ 12/01/15 10.00
Receipt Desc	cription	Notarize reports. TI	ne balance of \$6	.35 cand	lidate paid	from own poo	sket.
Full Name							
House #	Stre	eet Address					
City			State		Zip Code		Date [MM/DD/YYYY] \$
Receipt Desc	ription						I I I
Full Name	· · · · · · · · · · · · · · · · · · ·						
House #	Stre	eet Address					
City			State		Zip Code		Date [MM/DD/YYYY] \$
Receipt Desc	ription				111111111111	l	
Full Name	nig Bigging						
House #	Stre	et Address					
City			State		Zip Code		Date [MM/DD/YYYY] \$
Receipt Descr	ription	·····				L	17/1 [
Full Name	himitik						
House #	Stre	et Address				·	
City			State		Zip Code		Date [MM/DD/YYYY] \$
Receipt Descr	iption		100				
Full Name	No. To this						
House #	Stree	et Address					91
City		1990) - 1994 (ST 197	State		Zip Code		Date [MM/DD/YYYY] \$
Receipt Descri	iption						



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Filer Identification 47		-2914676	Report Filed B (Mark X)		By Candida	ate	Committee		Lobbyist				
Name of Filing Committee, Candidate or Lobbyist				Friends of Olga Negron									
Street Address				1306 E 5th Street									
City Bethleh		em			State	PA	Zip Code	18015	5				
Type of Report (Plac	ce x under r	eport type)							100 C 100				
1- 6 th Tuesday 2- Pre-Primary Pre	2 nd Friday e-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election		5- 2 nd Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election				
Date Of Election (MM/DD/YYYY)		05/19/2015	Year		2015	Amendment Report		Termination Report					
Summary of Receipts and Expenditures		From Date 12/02/2015		To Date 12/31/2015			For	Office Use Only					
A. Amount Brought	om Last Report	\$	3.65				: 1 : 1						
B. Total Monetary C (From Schedule I)	ns and Receipts	\$	0										
C. Total Funds Available (Sum of Lines A and B)			\$		3.65				6 				
D. Total Expenditures (From Schedule III)			\$		10.00				· • · · · · · · · · · · · · · · · · · ·				
E. Ending Cash Balance (Subtract Line D from Line C)			\$		-6.35								
F. Value of In-Kind Contributions Received (From Schedule II)			\$		-0-	e I		(-	1				
G. Unpaid Debts and Obligations (From Schedule IV)			\$	\$ -0-				ر					

Affidavit Section

Part 1- 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 is to the bost of an including the

1117

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

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

Filer Identificatio	on Number:	47-2914676					
		· · · · · · · · · · · · · · · · · · ·					
Full Name		Reyes Notary					
House #	Stre	et Address 4th St					
City		Bethlehem	State	РА	Zip Code	18015	Date [MM/DD/YYYY] \$ 12/01/15 10.00
Receipt Descri	ption	Notarize reports. T	he balance of \$	6.35 cand	idate paid	from own poc	
Full Name	- Andrews						
House #	Stre	et Address					
City			State		Zip Code		Date [MM/DD/YYYY] \$
Receipt Descrij	ption			<u> </u>	10141,785		
Full Name	the second			200			
House #	Stre	et Address				·	· · · · · · · · · · · · · · · · · · ·
City			State		Zip Code		Date [MM/DD/YYYY] \$
Receipt Descrip	otion				1 million sa	<u> </u>	
ull Name	Versiere						
iouse #	Stree	et Address					
ity		200900-0212	State		Zip Code		Date [MM/DD/YYYY] \$
eceipt Descrip	tion		100000000000000000000000000000000000000			I	
ull Name							
ouse #	Stree	t Address					
ity			State		Zip Code		Date (MM/DD/YYYY) \$
eceipt Descrip	tion		4753,24				
Ill Name							
ouse #	Stree	t Address					
ity	The second second		State		Zip Code		Date [MM/DD/YYYY] \$
eceipt Descript	tion	· · · · · · · · · · · · · · · · · · ·					