Print Form

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Number	Report Filed 6 (Mark X)	By Candida	tte X	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Sw	wh	Mar.	tell		
Street Address	1417	Sten	_			
Betheli	1 · · · · · · ·	State	PA	Zip Code	18018	
NAME OF OFFICE SOUGHT BY CANDIDATE	lours	Le un Cu	y Cour	e il		
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary					Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
			N			
Date Of Election (MM/DD/YYYY) 11/3/15	. Year	2015	Amendment Report		Termination Report	
Summary of Receipts and From Date	To Date	100 S	1961 ST 76	For	Office Use Only	
Expenditures 10 20/15		3115				ALT.
A. Amount Brought'Forward From Last Repor	\$ \$ 7					
3. Total Monetary Contributions and Receipt From Schedule I)	\$ 0				•	
Total Funds Available	3 🔨		1			
Sum of Lines A and B) D. Total Expenditures	5 _					
From Schedule III)			1			
E. Ending Cash Balance	\$ ^					
Subtract Line D from Line C) F. Value of In-Kind Contributions Received From Schedule II)	\$					
G. Unpaid Debts and Obligations From Schedule IV)	\$0					
		Affidavit Se		·•··		
	nere. If this is a Car	n paper, is to the	best of my knowled	ge and belief tr	ue, correct and comple	te.
art 1- If this is a committee report, freasurer sign is swear (or affirm) that this report, including the att	scried scriedules di					
art 1- II this is a Committee report, treasurer sign swear (or affirm) that this report, including the att	sched schedules of					
Part 1- If this is a Committee report, treasurer sign is swear (or affirm) that this report, including the atta	chea scheaules o					
swear (or affirm) that this report, including the atta	chea scheaules of					
swear (or affirm) that this report, including the atta	sched schedules of					, and a second s
swear (or affirm) that this report, including the atta	* N					
swear (or affirm) that this report, including the atta mended.	- ·		Sign	nature of Candid	date	······································
swear (or affirm) that this report, including the atta smended. Sworn to and subscribed before me this	- ·			nature of Candid Printed Name	late	, and a supplied to the suppli
swear (or affirm) that this report, including the atta iworn to and subscribed before me this day of20	- ,				date	

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Commonwealth of Pennsylvania - Campaign Finance Report

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Filer Identifiation Number			Report Filed By (Mark X)		By Candi	late		Committee		X	Lobbyist	
Name of Filing Comn Lobbyist	nittee, Ca	indidate or	1	Erie	md<	2	. <	Shaw		۸۸۵.	rtell	la les
Street Address 1417 Stews St												
City Bethlehem					State	PA	·	Zip Code	180	18		
NAME OF OFFICE SOUGHT BY CANDIDATE Between City Council												
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Post 4- 0 Pre-Primary Pre-Primary Primary Pre-Primary Pre				th Tuesday - Election	5- 2 nd Friday Pre- Election		-	7- Annual	Special 2 th	-	Special 30 t Post-Election	
	7111121.4	Fillialy	PIG	- Election	PIG- EIGCUU	Licedon			PTE-EIECUI	<i>н</i> і	Post-Electric	Nn
Date Of Election			Ye			LX						
(MM/DD/YYYY)		11/3/15	. Te	ar	2015	Amendr Report	nent		Termination Report	on .		
Summary of Receipts	and	From Date		To Date				For	Office Use O	nly		
Expenditures		10/20	15	11/2	13/15	1						
A. Amount Brought F	orward F	rom Last Repor	ŧ	<u> </u>	194.50						Ministra	
B. Total Monetary Co (From Schedule I)	ntributio	ns and Receipt	寸	\$		1						
C. Total Funds Availal				\$ ~ ~	294.50	1						
(Sum of Lines A and B D. Total Expenditures	(Sum of Lines A and B)					-						
(From Schedule III)				\perp \sim								
E. Ending Cash Balanc (Subtract Line D from				\$ 6,2	9450							
F. Value of in-Kind Co (From Schedule II)	ntributio	ns Received		\$		1						- 1
G. Unpaid Debts and	Obligatio	ns	+	\$		1						
(From Schedule IV)				10	Affidavit Se	ection		***************************************			n####	
Part 1- if this is a Commit I swear (or affirm) that th	ttee report	t, treasurer sign h	ere. If	f this is a Can schedules on	didate report, o	andidate sign	n here.	se and helief to	us correct an	d complete		
						hair L			#1/		NO.32	O) as
- 19FD OFNNSYLVANIA												