Reset	Form
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Print Form

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

Filer Identificat Number			1	ort Filed E ark X)	y Candid	ate	X	Commi	ttee		Lobbyist	$\prod$	
Name of Filing Committee, Candidate or Lobbyist				Olga Negron									
Street Address	16.0		1306	E 5th Stre	eet								
City	Bethlehe	1		State	PA		Zip Cod	le 18015					
Type of Report	(Place x under i	report type)											
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Day Post				Tuesday	5- 2 <sup>nd</sup> Friday	6- 30 D	ay Post	7- Ann	ial Special	Special 2 <sup>nd</sup> Friday		Special 30 Day	
Pre-Primary	Pre-Primary		1	Election	Pre- Election	Election	Election		Pre-Elec	Pre-Election		tion	
				4									
Date Of Election (MM/DD/YYYY)	Pate Of Election MM/DD/YYYY) 05/19/2015		Yea	7	2015	1	Amendment Report		Termina Report	Termination Report		]	
Summary of Re	ceipts and	From Date		To Date		1	-		For Office Use	e Only			
Expenditures		06/18/2015	$\neg$	10	/19/2015	1							
A. Amount Bro	ught Forward F	rom Last Repor	t !	\$	0								
B. Total Monet (From Schedule	•	ons and Receipts		\$	0	1							
C. Total Funds A			1	\$	-0-								
D. Total Expend (From Schedule	litures		1	\$	-0-	1							
E. Ending Cash (Subtract Line I	Balance			\$	-0-	1							
F. Value of In-K (From Schedule		ons Received	1	\$	-0-								
G. Unpaid Debt (From Schedule		ons		\$	-0-					ACE NO. OF			
					Affidavit S								
I swear (or affirm Sworn to and sub	) that this report,							ge and be	lief true, correct	and comple	te.		
				L	•	<u> </u>	ignature	of Person	Submitting repo	rt			
<del></del>	Signature		<del></del>		-	Printed Name							
My Commission expires MO. DAY YR.						Area Code	_	-	Daytime Telep	hone Numbe	<del></del>		
		date's Authorized											

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL ARIEL REYES ANIEL BLIEG Notary Public CITY GF BETHLEHEM, NORTHAMPTON COUNTY My Commission Expires Dec 9, 2018



## Commonwealth of Pennsylvania - Campaign Finance Report

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

Number	nber 47-2914676				ort Filed I ark X)	ite			-	mittee		X	Lobb	yist			
Name of Filing Committee, Candidate or Lobbyist			FRIENDS OF OLGA NEGRON														
Street Address				11.0-0-0	1306	E. 5TH S	TRET										
City BETHLEHEM								State	PA			Zip Code		18015			
Type of Report (	Place x u	nder r	eport typ	oe)					diam'r.						-	-1000-	
1- 6 <sup>th</sup> Tuesday   2- 2 <sup>nd</sup> Friday   3- 30 Day Post Pre-Primary   Pre-Primary   Primary				Tuesday Election		Friday Election	6- 30 Day Post Election		ost	7- Annual		Special 2 <sup>nd</sup> Friday Pre-Election		Special 30 Day Post-Election			
	W11. 27 1174					2 Hylbiasi	7 🕅							Laver			
Date Of Election (MM/DD/YYYY)	Charles Co. S.		5/19/2	2015	Year			015	Amendment Report			Ē		Termination Report			
Summary of Rec	eipts an	d	From D	ate		To Date	 		de .				For	Office Use	Only		
Expenditures		* 588		8/2015	10/19/2015					to ida				77,044	TO SECTION	area a	
A. Amount Brou	ght Forw	ard Fi	rom Last	Report	\$		104.18										
B. Total Moneta (From Schedule	1)	ibutio	ns and Re	eceipts	\$	\$ 50.00											
C. Total Funds A (Sum of Lines A	and B)				\$	\$ 154.18											
D. Total Expenditures (From Schedule III)					\$	135.53											
E. Ending Cash Balance (Subtract Line D from Line C)				\$	18.65												
F. Value of In-Ki (From Schedule		ibutio	ns Receiv	/ed	\$	-0-											
G. Unpaid Debts (From Schedule		igatio	ns	HALL OF	\$	\$ -0-											
		St. 810					Aff	idavit Sed	tion	14.5			-				
Part 1- If this is a C swear (or affirm) Sworn to and subs	that this r	eport, i	including t	he attac	hed so	chedules or	paper,	is to the	best of r	ny knov	viedg	e and	belief tr	ие, солтем	and comple	te.	
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Sw m					ophed Rec. at		- 200	200	9.05		- CA	inustr	त्न्यहरू.		J TECE ,E am	.L. 1555	, NO.320)
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COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
ARIEL REYES
Notary Public
CITY OF BETHLEHEM, NORTHAMPTON COUNTY

### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number	47-2914676

	Marie S	
1. Uniternized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (3	L) :	\$ 50.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	1	\$
All Other Contributions (Part B)	- -	\$
Total for the reporting period (2	3)	\$ 0
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	\$ 0
All Other Contributions (Part D)	\$	\$
Total for the reporting period (3	) \$	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4	)   \$	\$ 135.53
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)		\$

#### 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 Identification I	Number:	47-2914676	III III N								
Full Name	w was a second	T									
		Staple									
House #	Str	reet Address Union St									
City		Bethlehem	State	PA	Zip Code	Date [MM/DD/YYYY] \$ 40.53					
Receipt Descripti	on	Copies									
Full Name		Wawa									
House #	Stre	eet Address Broad St									
City		Bethlehem	State	PA	Zip Code	Date [MM/DD/YYYY] \$ 32.00					
Receipt Descripti	on	Gasoline	Elebraria								
Full Name		PNC Bank									
House #	Stre	eet Address Evan St									
City			State		Zip	Date [MM/DD/YYYY] \$					
	Bethlehem			PA	Code	09/30/2015 48.00					
Receipt Descripti	on	Monthly Service Cha	rges for: June	, July, A	ug & Sept						
Full Name		Ariel Notary Services									
House #	Stre	et Address 4th St									
City		Bethlehem	State		Zip Code	Date [MM/DD/YYYY] \$ 15.00					
Receipt Description	on		13,650,613		KRASERKS						
Full Name											
House #	Stre	eet Address									
City			State		Zip Code	Date [MM/DD/YYYY] \$					
Receipt Description	on	4			(8) -400AEE						
Full Name			- 10 Te 10								
House #	Stre	et Address			100						
City			State	52 2:U	Zip Code	Date [MM/DD/YYYY] \$					
Receipt Description	on				ASSESSED TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS						