

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	<input type="checkbox"/>			
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Friends of Carol Ritter										
STREET ADDRESS 419 Dawberry Ave										
CITY Bethlehem			STATE PA		ZIP CODE 18017-					
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY		DATE OF ELECTION			
	Bethlehem City Council				D		MO.	DAY	YEAR	
6TH TUESDAY PRE-PRIMARY							05	21	2019	
2ND FRIDAY PRE-PRIMARY							FOR OFFICE USE ONLY			
30 DAY POST-PRIMARY										
6TH TUESDAY PRE-ELECTION										
2ND FRIDAY PRE-ELECTION										
30 DAY POST-ELECTION										
ANNUAL REPORT	<input checked="" type="checkbox"/>									
DATES OF REPORTING PERIOD		MO.	DAY	YEAR	MO.	DAY	YEAR			
		06	21	19	TO	12	31	19		
CASH BALANCE AT END OF REPORTING PERIOD:				\$ 00.00						
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:				\$ 00.00						
AMENDMENT REPORT?		YES		NO						
TERMINATION REPORT?		YES		NO						

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidate's Committee, the Treasurer must sign here.

