

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filed By (Mark X)	<input checked="" type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Olga Negron							
Street Address		1306 E 5th Street							
City	Bethlehem	State	PA	Zip Code	18015				

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/19/2015	Year	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	06/18/2015	10/19/2015	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	-0-	
D. Total Expenditures (From Schedule III)	\$	-0-	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-0-	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	-0-	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	-0-	

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

Sworn to and subscribed before me this

_____ day of _____ 20_____

→ _____
Signature

My Commission expires _____ MO. DAY YR.

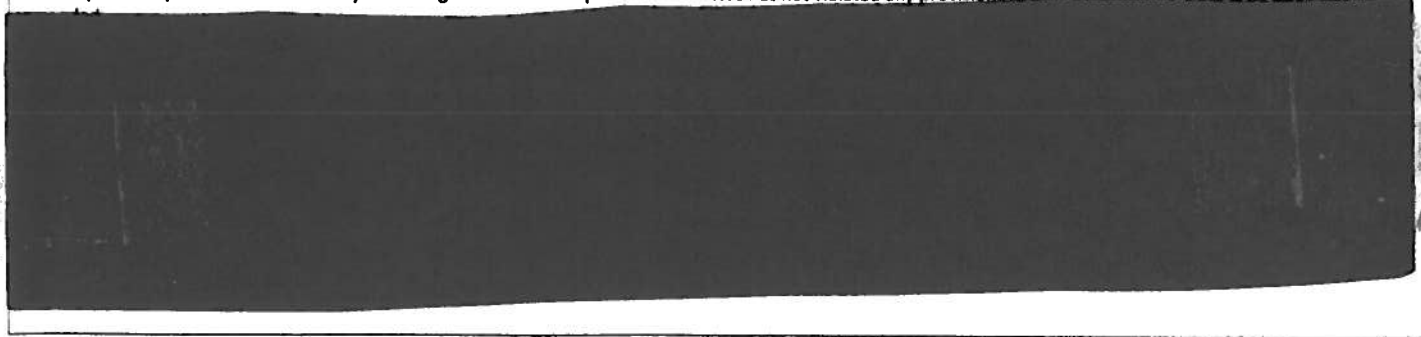
_____ / _____
Signature of Person Submitting report

Printed Name

_____ Area Code _____ Daytime Telephone Number

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



COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
ARIEL REYES
Notary Public
CITY OF 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)

Filer Identification Number	47-2914676	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		FRIENDS OF OLGA NEGRON						
Street Address		1306 E. 5TH STRET						
City	BETHLEHEM	State	PA	Zip Code	18015			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		5/19/2015	Year	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	06/18/2015	10/19/2015	
A. Amount Brought Forward From Last Report	\$	104.18	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	50.00	
C. Total Funds Available (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-Kind Contributions Received (From Schedule II)	\$	-0-	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	-0-	

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 best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

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
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
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Total for the reporting period	(1)	\$	50.00
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
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Contributions Received from Political Committees (Part A)	\$	
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All Other Contributions (Part B)	\$	
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Total for the reporting period	(2)	\$	0
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3. Contributions Over \$250.00 (From Part C and Part D)	
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Contributions Received from Political Committees (Part C)	\$	0
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All Other Contributions (Part D)	\$	
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Total for the reporting period	(3)	\$	0
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4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
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Total for the reporting period	(4)	\$	135.53
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Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	
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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 Number:	47-2914676
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Full Name		Staple							
House #		Street Address		Union St					
City		Bethlehem	State	PA	Zip Code		Date [MM/DD/YYYY]	\$	40.53
Receipt Description		Copies							
Full Name		Wawa							
House #		Street Address		Broad St					
City		Bethlehem	State	PA	Zip Code		Date [MM/DD/YYYY]	\$	32.00
Receipt Description		Gasoline							
Full Name		PNC Bank							
House #		Street Address		Evan St					
City		Bethlehem	State	PA	Zip Code		Date [MM/DD/YYYY]	\$	48.00
Receipt Description		Monthly Service Charges for: June, July, Aug & Sept							
Full Name		Ariel Notary Services							
House #		Street Address		4th St					
City		Bethlehem	State		Zip Code		Date [MM/DD/YYYY]	\$	15.00
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									