

010-941-5738

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	20130218	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Chris Morales							
Street Address		649 Alaska Street							
City	Bethlehem	State	PA	Zip Code	18015-2805				

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"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)		11/05/2013		Year	2013		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
	6-10-13	10-21-13		
A. Amount Brought Forward From Last Report	\$	0		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1284.76		
C. Total Funds Available (Sum of Lines A and B)	\$	1284.76		
D. Total Expenditures (From Schedule III)	\$	620.52		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	664.24		
F. Value of in-Kind Contributions Received (From Schedule II)	\$	350.96		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	-		

My Commission Expires May 2, 2014

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 amended.

Sworn to and subscribed before me this _____ day of _____ 20____

Signature

Signature of Candidate

Printed Name

My Commission expires _____ MO. _____ DAY _____ YR.

Area Code

Daytime Telephone Number

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number	20130218
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							Amount	
Full Name of Contributing Committee		Charlie Dent For Congress			Date [MM/DD/YYYY]	9-8-2013	\$	200.00
House #	Street Address				Date [MM/DD/YYYY]		\$	
City			State		Zip Code		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City			State		Zip Code		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City			State		Zip Code		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City			State		Zip Code		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City			State		Zip Code		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City			State		Zip Code		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City			State		Zip Code		\$	

**PART B
All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	20130218
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Full Name of Contributor					Richard M. Jones		Date [MM/DD/YYYY]	\$	50.00
House #					1912		Date [MM/DD/YYYY]	\$	20.00
Street Address					Greenleaf Street		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Bethlehem		PA		18017				\$	
Full Name of Contributor					Michael Belgrave		Date [MM/DD/YYYY]	\$	150.00
House #					155		Date [MM/DD/YYYY]	\$	100.00
Street Address					Park Place		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Brooklyn		N.Y.		11213				\$	
Full Name of Contributor					Raymond + Mary Jane Berger		Date [MM/DD/YYYY]	\$	100.00
House #					801		Date [MM/DD/YYYY]	\$	
Street Address					Yorkshire Road		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Bethlehem		PA		18017				\$	
Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #							Date [MM/DD/YYYY]	\$	
Street Address							Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
								\$	
Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #							Date [MM/DD/YYYY]	\$	
Street Address							Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
								\$	
Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #							Date [MM/DD/YYYY]	\$	
Street Address							Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
								\$	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code	Date [MM/DD/YYYY]	\$

**PART D
All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	20130218
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #					Street Address	Date [MM/DD/YYYY]	\$
City				State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #					Street Address	Date [MM/DD/YYYY]	\$
City				State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #					Street Address	Date [MM/DD/YYYY]	\$
City				State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #					Street Address	Date [MM/DD/YYYY]	\$
City				State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:	20130218
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To Whom Paid		Primo Creatives Joel Kamensky			Date [MM/DD/YYYY]	\$	500.00
House #	Street Address	11036 Hunters Woods Lane			Description of Expenditure Website Development		
City	State	Zip Code	No. Huntingdon PA 15642				
To Whom Paid		TD Bank			Date [MM/DD/YYYY]	\$	16.00
House #	Street Address				Description of Expenditure Bank Charges		
City	State	Zip Code	Bethlehem PA 18017				
To Whom Paid		The UPS Store			Date [MM/DD/YYYY]	\$	104.52
House #	Street Address	1874 Catasauqua Rd.			Description of Expenditure COPIES		
City	State	Zip Code	Allentown PA 18109				
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City	State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City	State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City	State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City	State	Zip Code					

SCHEDULE IV Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	20130218
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Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
City		State	Zip Code				
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
City		State	Zip Code				
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
City		State	Zip Code				
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
City		State	Zip Code				
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
City		State	Zip Code				
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
City		State	Zip Code				
Description of Debt							

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:	20130218
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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							
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							
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							

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number:	20130218
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 33.46

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 317.50

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ 350.96
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