

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
Name:		<i>Citizens for a Better Lehigh County</i>		
Address:		<i>840 Hamilton St, Suite 321</i>		
City, State, Zip:		<i>Allentown PA 18101</i>		
Report Filed By				
Candidate		Committee		
Type of Report		Election Date	Amended	Termination
2015 – 30 Day Post Primary		05/19/2015		
Termination Report?				
Office Sought By Candidate		Party	County	
<i>PAC</i>			<i>Lehigh</i>	
Summary of Receipts & Expenditures				
From:	<i>05/04/2015</i>	To:	<i>06/08/2015</i>	
A. Amount Brought Forward From Last Report				<i>361.26</i>
B. Total Monetary Contributions & Receipts (from Schedule I)				<i>50.00</i>
C. Total Funds Available (Sum of Lines A & B)				<i>411.26</i>
D. Total Expenditures (from Schedule III)				<i>0.00</i>
E. Ending Cash Balance (Subtract Line D from Line C)				<i>411.26</i>
F. Value of In-Kind Contributions Received (from Schedule II)				<i>0.00</i>
G. Unpaid Debts & Obligations (from Schedule IV)				<i>0.00</i>

*Complete reports including signatures are on file in the Office of Voter Registration.

CONTRIBUTIONS AND RECEIPTS**Detailed Summary Page**

Name of Filing Committee or Candidate

Citizens for a Better Lehigh County

Reporting Period

From 5/5/2015 To 6/8/2015

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period

(1)

\$

50

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)

Contributions Received from Political Committees (Part A)

\$

0

All Other Contributions (Part B)

\$

0

TOTAL for the Reporting Period

(2)

\$

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)

\$

0

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)

\$

0

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.)

\$

0

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVEDUSE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate <u>Citizens for a Better City</u>	Reporting Period From <u>5/1/2014</u> To <u>6/30/2015</u>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <u>Ø</u>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ <u>Ø</u>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ <u>Ø</u>

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.)	\$ <u>Ø</u>
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SCHEDULE III
STATEMENT OF EXPENDITURES

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Name of Filing Committee or Candidate <u>Citizen for a Better Cook County</u>	Reporting Period From <u>5/15/15</u> To <u>6/8/15</u>
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To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 7

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.

Name of Filing Committee or Candidate <i>Citral G A Bell- Celys Cus</i>	Reporting Period From <i>6/5/15</i> To <i>6/14/15</i>
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Name of Creditor					Outstanding Balance of Debt	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	\$
City			State	Zip Code (Plus 4)		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	\$
City			State	Zip Code (Plus 4)		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	\$
City			State	Zip Code (Plus 4)		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	\$
City			State	Zip Code (Plus 4)		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	\$
City			State	Zip Code (Plus 4)		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	\$
City			State	Zip Code (Plus 4)		
Description of Debt						

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL
\$