Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :				port ed B		CAN	DIC	DATE		СОММ	1ITTEE	✓	LOB	BYIST					
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		CITI	IZEN	IS FO	R URB	ΑN	RENE	WAL								
Street Address:	645 W HAMIL	TON ST	, STE 600																
City:	ALLENTOWN							State:		PA			Zip Cod	le: 18	3101				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DA		P	OST-	3.			AMENDMENT Yes No REPORT?					
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pre	≣- !	5. X	30 DA		P	OST-	6.		TERMINA REPORT?	No	•	\			
report type)	ANNUAL REPORT	7.	Year 2014					NG MET CHECK					PAPER	DISKE	TTE				
Name of Office S	- Sought by Candida	te:						DATE	OF	ELEC	CTIO	N	District Number	Office Code	Par	ty Code	Coun		
								МО		DAY	YE	AR	Number	Touc		couc			
								1	11		4	2014		(SEE IN	STRUCTI	ONS FOR	ODES))	
	Receipts and	МО	DAY	YEAR	ł			МО		DAY	YE	AR	FO	R OFFI	CE USE	ONLY			
Expenditures	s trom:		9 16	2	014	Т	0		10	2	20	2014							
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				11,2	299.67							
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	ı)	\$					0.00							
C. Total Funds	Available (Sum Of	Lines A	and B)			\$ 11,299.67													
D. Total Expen	ditures (From Sch	edule II	I)				\$				6,2	56.00							
E. Ending Cash	Balance (Subtract	t Line D	From Line (C)			\$				5,0	43.67							
F. Value Of In-	Kind Contributions	Receiv	ed (From Se	hedu	le II	:)	\$					0.00							
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$					0.00							
				AFF	IDA	١٧٢	T SE	CTIO	N										
	s a Committee rep	-	_									_							
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached scl	nedule	s filed	d on	paper	or by ele	ectro	onic me	dium	, are to t	he best o	f my knov	wledge	and beli	ef , tru	ue.	
Sworn to and subs	cribed before me this day of	i	20						-		s	ignature	of Perso	1 Submit	ting Re _l	oort		-	
	Signatu	**					- -		-				Prin	ted Name	•			-	
My Commission Ex	•	ie							-				Ema	il				-	
	мо	D	AY	YR					_	Are	a Cod	e	Daytim	e Teleph	one Nu	mber			
Part II- If this is	a report of a cand	didate's	authorized	Comn	nitte	e, C	andid	ate sha	ıll s	ign he	re.								
I swear (or affirm) No 320) as amende		ny knowle	edge and beli	ef this	polit	tical	comm	ittee has	s no	t violat	ed an	y provisi	isions of the act of June 3,1937 (P.L. 1333						
Sworn to and subsc	ribed before me this											Si	Signature of Candidate						
	day of 						-						Printe	d Name				-	
	Signature						-		_									_ [
My Commission Exp	_												Ema	il					
	МО	D	AY	YR	1		•		•	Area	Code		Da	ytime T	elephor	ie Numb	er	⁻	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
CITIZENS FOR URBAN RENEWAL	From:	9/16/2014	<u>4</u> То:	10/20/2014
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL\$ 0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Fining Committee of Candidate				Reporting Period From: To:				
					DATE		Al	MOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$0.00

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

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

Name of Filing Committee or Candidate				Rep	orting Pe	riod				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	Code (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 0.00

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	0.00

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

Name of Filing Committee or Candidate	Reporting Peri	od	
CITIZENS FOR URBAN RENEWAL	From:	<u>9/16/2014</u> To:	10/20/2014
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR	र	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,	•	\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reporting	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period				
CITIZENS FOR URBAN RENEV	WAL		From	<u>9/1</u>	6/2014	То:	10/20/2014	
				DATE			AMOUNT	
To Whom Paid			мо	DAY	YEAR			
Tom Muller4exec								
Mailing Address 2600 Grad	ie Lane		9	22	2014	\$	4,000.00	
City Macungie	State	Zip Code (Plus 4)	Description of Expenditure					
-	PA	18062	Politica	l contribut	ion			
To Whom Paid Tom Wolf for Governor			мо	DAY	YEAR			
Mailing Address 53 E. Nort	h Street, Suite 3		9	23	2014	\$	1,000.00	
City York	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure)		
	PA	17401	Politica	l contribut	ion			
To Whom Paid Friends of Dan McNeill			МО	DAY	YEAR			
Mailing Address P.O. Box 8	326		10	7	2014	\$	500.00	
City Whitehall	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure	·		
	PA	18052	Politica	l contribut	ion			
To Whom Paid Buchanan Ingersoll & Rooney	PC		МО	DAY	YEAR			
Mailing Address One Oxfor	d Centre, 301 Grant Stre	eet, 20th Floor	10	10	2014	\$	256.00	
City Pittsburgh	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure	·		
J	PA	15219-1410	PAC ad	ministratio	n fees			
To Whom Paid Citizens for Mackenzie			мо	DAY	YEAR			
Mailing Address 3620 Linco	oln Avenue		10	17	2014	\$	500.00	
City Allentown	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure			
	PA	18103	1	l contribut				
Entor Grand Tatal of Fores	dituros en Daza 1, Da	mort Cover Page Thomas					PAGE TOTAL	
Enter Grand Total of Exper	iuitures on Page 1, Re	port Cover Page, Item I	<i>,</i> .			\$	6,256.00	