### **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 :	on 2013	0271				port ed B	ort CANDIDATE COMMITTEE V LOBBYIST										
Name of Filing C	Committee, Candid	ate or L	obbyist:		CIT:	IZEN	IS FO	R URBAN	RENE	WAL							
Street Address:	645 W HAMIL	TON ST	, STE 600														
City:	ALLENTOWN							State:	PA			Zip Cod	<b>ie:</b> 18	3101			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		POST-	3.		AMENDMENT Yes REPORT?			No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	<b>!</b> -	5.	30 DA ELECT		POST-	6.		TERMINATION Yes REPORT?		No	~		
report type)	ANNUAL REPORT	7.	<b>Year</b> 2015					IG METHO				PAPER / D			DISKE	TTE	
Name of Office S	Sought by Candida	te:	-					DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code	
	,							МО	DAY	YE	AR	Number	code			Code	
								11		3	2015		(SEE IN	STRUCTI	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		1 2	2	015	T	0	3		30	2015						
A. Amount Bro	ught Forward Fror	n Last R	eport				\$			4,2	87.67						
B. Total Monetary Contributions And Receipts (From Schedule I							\$				0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$			4,2	87.67						
D. Total Expenditures (From Schedule III)							\$			2,4	26.00						
E. Ending Cash Balance (Subtract Line D From Line C)							\$			1,8	61.67						
F. Value Of In-	Kind Contributions	Receiv	ed (From Scl	hedu	le II	I)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)	١			\$				0.00			1			
				AFF	IDA	AVI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere. 1	If th	nis is	a Can	ndidate re	eport, o	andio	date sig	ın here.					
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	e attached sch	edules	s file	ed on p	paper (	or by elect	ronic m	edium,	, are to t	he best o	f my kno	wledge	and belie	ef , true	
Sworn to and subs	cribed before me this day of	<b>3</b>	20							s	ignature	of Perso	n Submit	ting Rep	ort		
	Signatu	re					-					Prin	ted Name	e			
My Commission Ex	cpires						_					Ema	il				
	мо	D	AY	YR					Arc	ea Cod	e	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a cand	didate's	authorized C	Comn	nitte	ee, Ca	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	f this	poli	itical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	1333,	
Sworn to and subscribed before me this										s	ignature o	of Candid	ate				
-	day of						-					Printe	d Name				
	Signature						-										
My Commission Exp	pires											Ema	II				
	МО	D	AY	YR			•		Area	Code		Da	aytime T	elephon	e Numbe	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period							
CITIZENS FOR URBAN RENEWAL	From:	<u>1/2/201</u>	<u>.5</u> <b>To</b> :	<u>3/30/2015</u>					
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 ar 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

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	•	•			•	•		PAGE 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 Filling Committee of Candidate			Reporting Period From: To:					
			l		DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						

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 Candidate	nme of Filing Committee or Candidate		Reporting	Reporting Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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.)

lame of Filing Committee or Candidate		Reporting Period								
				Froi	n:		To	То:		
					D	ATE		АМ	IOUNT	
Full Name of Contributor					МО	DAY	YEAR			
Mailing Address							\$	0.00		
City	State	Zi	p Code (Plus	s 4)						
Employer Name	•	•			Occupa	tion				
Employer Mailing Address/Principal P Business	lace of		City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sc	hedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P <i>A</i>	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 Car	ame of Filing Committee or Candidate		Report	ting Perio	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code (	Plus 4)				
Receipt Description							
Enter Grand Total of Part E on	Schedule I. Detailed	d Summary Page.	Section	4.			PAGE TOTAL
	2000 20 20 20 20 20 20 20 20 20 20 20 20		22300				\$ 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>1/2/2015</u> <b>To:</b>	3/30/2015					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Candidat	:e		Reporting Period						
			From:			То:			
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address						<b>\$</b>	0.00		
City	State	Zip Code (Plus 4)							
Description of Contribution:									
Enter Grand Total of Part E on Sch	ilad Sum	mary Pag			DACE TOTAL				
Section 2.	nter Grand Total of Part F on Schedule II, In-Kind Contributions Deta ection 2.				, je,	PAGE TOTAL			
						\$	0.00		

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	me of Filing Committee or Candidate				Reporting	Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address							\$	0.00	
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed								PAGE TOTAL
Summary Page, Section 3.									0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
CITIZENS FOR URBAN RENEWAL			From	<u>1/2</u>	2/2015	То:	3/30/2015
				DATE	AMOUNT		
o Whom Paid Buchanan Ingersoll & Rooney PC				DAY	YEAR		
Mailing Address One Oxford Centre,	2	18	2015	\$	409.00		
<b>City</b> Pittsburgh	Descrip	tion of Exp	enditure				
,	PA	15219	PAC ad	ministratio	ns fees		
<b>To Whom Paid</b> Buchanan Ingersoll & Rooney PC			мо	DAY	YEAR		
Mailing Address One Oxford Centre,	301 Grant Street, 20t	th Floor	3	12	2015	\$	17.00
<b>City</b> Pittsburgh	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
PA 15219				ministratio	n fees		
To Whom Paid Citizens for Browne				DAY	YEAR		

		PAGE TOTAL		
Enter Grand Total of Expenditures o	n Page 1, Report Co	over Page, Item D.		\$ 2,426.00

18810

Zip Code (Plus 4)

**Mailing Address** 

Whitehall

City

1111 N. 11th Street

State

PΑ

2,000.00

2015

**Description of Expenditure** 

Political contribution