#### **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 :	Number:				Repo Filed		CANDIDATE			MITTEE	✓	LOB	BYIST					
Name of Filing C	Committee, Candid	ate or L	obbyist:	(	CITIZE	NS F	OF	RURBAN	RENE	WAL								
Street Address:	645 W HAMIL	TON ST	, STE 600															
City:	ALLENTOWN						:	State:	PA	'A		Zip Cod	<b>ie:</b> 18	3101				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.							ST- 3.		AMENDMENT REPORT?				Yes	No	)	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5.					TERMINATION Yes REPORT?			No	)	<b>√</b>			
report type)	ANNUAL REPORT	7.	<b>Year</b> 2015				FILING METHOD ( ) CHECK ONE				PAPER DISKET			TTE				
Name of Office S	Sought by Candida	te:	_			DATE OF ELECTION					District Number	Office Code	Pai	ty Code	Cour			
								мо	DAY	YE	AR		10000			10000	•	
							į	11		3	2015		(SEE IN	STRUCTI	ONS FOR	CODES	)	
	Receipts and	МО	DAY	YEAR				мо	DAY	YE	AR	FO	R OFFI	CE USE	ONLY			
Expenditures	5 Trom:		3 31	20	)15	ГО		5		4	2015							
A. Amount Bro	ught Forward Fror	n Last R	eport				\$			1,8	861.67							
B. Total Monetary Contributions And Receipts (From Schedule							\$			5,0	00.00							
C. Total Funds Available (Sum Of Lines A and B)							\$			6,8	861.67							
D. Total Expenditures (From Schedule III)							\$			6,5	34.00							
E. Ending Cash	Balance (Subtrac	t Line D	From Line C	:)			\$			3	27.67							
F. Value Of In-	Kind Contributions	Receiv	ed (From Sc	hedul	e II)		\$				0.00							
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$				0.00			'				
				AFF:	IDAV	IT S	SEC	CTION										
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere. I	f this i	s a C	an	didate re	eport, o	andi	date sig	ın here.						
I swear (or affirm) correct and comple	) that this report, incl ete.	luding the	attached sch	edules	filed o	1 раре	er o	r by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , tr	ue,	
Sworn to and subs	cribed before me this	5	20							S	ignature	of Perso	n Submit	ting Re	oort		_	
	Signatu					_						Prin	ted Name	e			-	
My Commission Ex	_											Emai	il				-	
	мо	D	AY	YR					Are	ea Cod	e	Daytim	e Teleph	one Nu	mber		_	
Part II- If this is	a report of a cand	didate's	authorized (	Comm	ittee,	Cand	ida	te 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	politica	l com	nmit	ttee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.I	133	3,	
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			-	
	day of					_						Printo	d Name				_	
	Signature					_											_	
My Commission Exp	<del>-</del>											Ema	il					
	МО	D	AY	YR		_			Area	Code		Da	aytime T	elephoi	ne Numb	er	-	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
CITIZENS FOR URBAN RENEWAL	From:	3/31/20	<u>15</u> To:	<u>5/4/2015</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)			\$	5,000.00
TOTAL for the Reporting	Period	(3)	\$	5,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	) Period	(4)	\$	0.00
			<u> </u>	
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			\$	5,000.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	Part to itemize on an aggregate val				•			
Name of Filing Committee	or Candidate		Re	porting	Period			
			Fr	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Co	mmittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	4)					
							$\overline{\Box}$	PAGE TOTAL

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

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					
			Fro	m:		To	):	
					DATE		АМ	OUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address	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.

ame of Filing Committee or Candidate		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 Co	ne of Filing Committee or Candidate				Reporting Period					
CITIZENS FOR U	RBAN RENEWAL				Fron	n:	3/31/2	<u>015</u> <b>To</b>	:	<u>5/4/2015</u>
						D/	ATE		Α	MOUNT
Full Name of Cont	ributor					мо	DAY	YEAR		
Joseph Topper						110		12/110		
Mailing Address	1762 Arden Lane								\$	2,500.00
City Bethlehen	n	State	Zip Code	(Plus 4	-)	5	1	2015		
		PA	18015							
Employer Name Lehigh Gas				Occupat	t <b>ion</b>	residen	t			
Employer Mailing A	Address/Principal Plac	e of	City			l	State		Zip Cod	le (Plus 4)
645 W. Hamilton	Street, Suite 500		Alle	ntown			PA		18101	L
								l	I	
Full Name of Cont John B. Reilly	ributor					МО	DAY	YEAR		
John B. Reilly	1577 Saucon Valley R	oad							<b>\$</b>	2,500.00
John B. Reilly	1577 Saucon Valley R	oad	Zip Code	(Plus 4	·)	<b>MO</b> 4	<b>DAY</b> 29	<b>YEAR</b> 2015	<u> </u>	2,500.00
John B. Reilly  Mailing Address	1577 Saucon Valley R	<u>-</u>	Zip Code 18015	(Plus 4	•)				\$	2,500.00
John B. Reilly  Mailing Address  City Bethlehen	1577 Saucon Valley R	State PA		(Plus 4	3)		29 <b>tion</b>			2,500.00
John B. Reilly  Mailing Address  City Bethlehen  Employer Name	1577 Saucon Valley R n	State PA ent Corporation			)	4	29 <b>tion</b>	2015	t	2,500.00 le (Plus 4)
John B. Reilly  Mailing Address  City Bethlehen  Employer Name	1577 Saucon Valley R  n  Cinty Center Investme	State PA ent Corporation	18015		•)	4	29	2015	t	le (Plus 4)
John B. Reilly  Mailing Address  City Bethlehen  Employer Name  Employer Mailing A Business 702 Hamilton Streen	1577 Saucon Valley R  n  Cinty Center Investme  Address/Principal Place eet, Suite 300	PA ent Corporation e of	18015  City Alle	ntown		4 Occupat	29 tion State	2015	<b>Zip Cod</b>	le (Plus 4)
John B. Reilly  Mailing Address  City Bethlehen  Employer Name  Employer Mailing A Business 702 Hamilton Streen	1577 Saucon Valley R  n  Cinty Center Investme	PA ent Corporation e of	18015  City Alle	ntown		4 Occupat	29 tion State	2015	<b>Zip Cod</b>	le (Plus 4)

## 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	me of Filing Committee or Candidate			Reporting Period						
			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. Detaile	d Summary Page	Section	4			PAG	E TOTAL		
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Perio	od							
CITIZENS FOR URBAN RENEWAL	From:	3/31/2015 <b>To:</b>	<u>5/4/2015</u>						
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 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	me of Filing Committee or Candidate				Reporting Period				
			From:			To:			
				DATE			AMOUNT		
Full Name of Contributor			МО	DAY	YEAR				
Mailing Address						<b>\$</b>	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	ле Г		PAGE TOTAL		
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL		
						\$	0.00		

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	ame of Filing Committee or Candidate			Reporting Period						
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								<b>\$</b>	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 Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00				

### STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti				
CITIZENS FOR URBAN RENEWAL			From	<u>3/3:</u>	1/2015	То:	<u>5/4/2015</u>
				DATE			AMOUNT
<b>To Whom Paid</b> Friends of Matt Smith			мо	DAY	YEAR		
Mailing Address P. O. Box	13445		4	1	2015	\$	1,000.00
City Pittsburgh State Zip Code (Plus 4			Descrip	tion of Exp	enditure	• •	
_	PA 15243				ion		

Buchan	uchanan Ingersoll & Rooney PC					YEAR	
Mailing	Address One Oxford Centre,	h Floor	4	15	2015	\$ 34.00	
City	Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15219-1410	l -	otion of Exp ministratio		
	To Whom Paid			мо	DAY	YEAR	

To Whom Paid Friends of Jeff Glazier				DAY	YEAR			
Friends of Jeff Glazier			МО					
Mailing Address 159 Hamilton Street	:		4	29	2015	\$	500.00	
City Allentown	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
PA 18101				Political contribution				

<b>To Whom Paid</b> Browning for Commissioner	МО	DAY	YEAR			
Mailing Address Unknown			4	29	2015	\$ 2,000.00
City Unknown	Descrip	tion of Exp	enditure			

	PA 18101 Political contribution					
To Whom Paid Friends of Jerry Palagonia				DAY	YEAR	
Mailing Address 170 Gallagher Road		5	1	2015	\$ 500.00	

Mailing Address 170	Mailing Address 170 Gallagher Road			1	2015	\$	500.00	
City Whitehall	State Zip Code (Plus 4)			Description of Expenditure				
	PA 18052		Political	contributi	on			

<b>To Whom Paid</b> Candida Affa					мо	DAY	YEAR			
Mailing Address c/o H Street Strategies, 840 Hamilton St Ste 321					5	1	2015	\$	1,000.00	
<b>City</b> Allentow	NN State Zip Code (Plus 4) PA 18101				Description of Expenditure Political contribution					
To Whom Paid Audrey Mathison						DAY	YEAR			
Mailing Address	c/o H Stre	eet Strategies, 840 H	lamilton St S	te 321	5	1	2015	\$	500.00	
<b>City</b> Allentow	State Zip Code (Plus 4) PA 18101				Description of Expenditure Political contribution					
To Whom Paid Marc Telesha					МО	DAY	YEAR			
Mailing Address	c/o H Stre	eet Strategies, 840 H	lamilton St S	te 321	5	1	2015	\$	500.00	
<b>City</b> Allentow	State Zip Code (Plus 4) PA 18101				Description of Expenditure Political contribution					
To Whom Paid Elizabeth Martin	ez	•			МО	DAY	YEAR			
Mailing Address c/o H Street Strategies, 840 Hamilton St Ste 321					5	1	2015	\$	500.00	
<b>City</b> Allentow	NO PA Zip Code (Plus 4) 18101				Description of Expenditure Political contribution					
Enter Grand T	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL		
Linter Grand 10	tines draing rotal of Expenditures on rage 1, Report Cover rage, Item D.							\$	6,534.00	