Campaign Finance Report

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

Filer Identificat Number :	ion 2013	0271			Repo Filed			CANDI	DATE		СОМ	MITTEE	✓	LOB	BYIST		
	Committee, Candid	ate or L	obbyist:			-		URBAN	I RENE	WAL							
Street Address:	645 W HAMIL	TON ST	, STE 600														
City:	ALLENTOWN						s	tate:	PA			Zip Co	de: 18	101			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		DAY MAR		POST-	3.		AMENDN REPORT		Yes	N	0	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	E- 5. X		DAY CTI		POST-	6.		TERMIN REPORT		Yes	N	0	\checkmark
report type)	ANNUAL REPORT	7.	Year 2015					METHO				PAPER		\checkmark	DISK	ETTE	
Name of Office	L Sought by Candida	te:					C	ΟΑΤΕ Ο	F ELEC	CTIC	N	District Number		Par	ty Code	Cou	
							Μ	10	DAY	YI	AR			I		1000	-
								11		3	2015		(SEE INS	TRUCTI	ONS FOR	CODES	5)
	Receipts and	мо	DAY	YEAR	2		N	10	DAY	Y	EAR	FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:		9 15	2	015	го		10	1	.9	2015						
A. Amount Brought Forward From Last Report \$ 2,511.67																	
B. Total Monetary Contributions And Receipts (From Schedule							\$				0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$			2,5	511.67						
D. Total Expen	ditures (From Sch	edule II	I)				\$			2	272.00]					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$			2,2	39.67						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)		\$				0.00						
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)			\$				0.00						
				AFF	IDAV	IT S	SEC	TION									
PART I - If this i	s a Committee rep	ort, trea	surer sign	here.	If this i	s a C	and	idate re	eport, c	andi	date sig	gn here.					
I swear (or affirm correct and compl) that this report, inclete.	luding the	e attached sc	hedule	s filed or	n pape	er or	by elect	ronic me	edium	, are to t	the best o	of my knov	vledge	and be	ief , tr	ue.
Sworn to and subs	scribed before me this day of	5	20							5	Signature	e of Perso	on Submitt	ing Rej	oort		-
	Signatu	re				_						Prin	ited Name				-
My Commission E	-											Ema	il				_
	мо	D	AY	YR					Are	ea Coo	le	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comm	nittee,	Cand	idat	e shall	sign he	ere.							
I swear (or affirm) No 320) as amend) that to the best of r ed.	ny knowle	edge and beli	ief this	s politica	l com	nmitt	ee has n	ot violat	ed an	ıy provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subse	cribed before me this day of		20								s	ignature	of Candida	ite			-
						_						Printe	ed Name				-
My Commission Exp	Signature											Ema	nil				_
						_											_
	мо	D	AY	YR	Ł				Area	Code		D	aytime Te	elephor	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
CITIZENS FOR URBAN RENEWAL	From:	<u>9/15/201</u>	<u>5</u> To:	<u>10/19/2015</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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00
۱ <u>ــــــــــــــــــــــــــــــــــــ</u>			I	

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.

Name of Filing Committee or Candidat	te		Re					
			Fro	om:		:		
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

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

0.00

\$

Use this Part to ite	emize all other 0.01 to \$250.0	1 TO \$250.00 r contribution 00 in the repo	s w ortir	ith an 1g peri	aggreg iod.			rom
Name of Filing Committee or Candidat	e		Rep	orting P	eriod			
From: To):		
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL
Enter Grand Total of Part A on S	Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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 Can	didate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	0.00

PART D 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	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

PART E **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 C	andidate		Report	ting Perio	bd				
			From:			То:			
			I	D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	I				1				
Enter Grand Total of Part E o	- Schodulo I. Dotailoc	l Summary Page	Section	4				PAGE TOT	AL
	i Schedule 1, Detailet	summary raye,	Section				\$		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 Period		
CITIZENS FOR URBAN RENEWAL	From:	<u>9/15/2015</u> то:	<u>10/19/2015</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ΓF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, I		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period				
			From:			То:		
				DATE		АМО	UNT	
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 Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL		
					4	6	0.00	

0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Rep	oorting P	Period			
					Fro	m:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(P	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descri	otion o	of Contribution
Enter Grand Total of Part G on Sch	edule II, 1	In-Kind	Contributio	ons De	taile	d				PAGE TOTAL

Summary Page, Section 3.

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	didate		Reporti	ng Period			
CITIZENS FOR URBAN RENEWAL	-		From	<u>9/1</u>	5/2015	То:	<u>10/19/2015</u>
				AMOUNT			
To Whom Paid Buchanan Ingersoll & Rooney PC	мо	DAY	YEAR				
Mailing Address One Oxford C	entre, 301 Grant Stre	eet, 20th Floor	10	15	2015	\$	272.00
City Pittsburgh	State PA	Zip Code (Plus 4) 15219-1410	-	otion of Exp ministratio			
							PAGE TOTAL
Enter Grand Total of Expendit	ures on Page 1, Re	port Cover Page, Item D).			\$	272.00