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			Rep File			CAN	DIE	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candida	ate or Lo	obbyist:		CITI	ZEN	IS FO	R URB	AN	RENE	WAL							
Street Address:	645 W HAMIL	TON ST	, STE 600															
City:	ALLENTOWN		_					State:		PA			Zip Cod	ie: 18	3101			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY									AMENDMENT Yes N REPORT?			•	/		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	Ē- [5.	30 DA		P	OST-	6.		TERMINA REPORT		Yes	No	•	/
report type)	ANNUAL REPORT	7. X	Year 2015					NG MET					PAPER		DISKETTE			
Name of Office S	Sought by Candidat	te:	•		-			DATE	OF	FELEC	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
	,							МО		DAY	YE	AR	Number	code			coue	
									11		3	2015		(SEE IN	ISTRUCTI	ONS FOR O	CODES)	,
	Receipts and	МО	DAY	YEAR	ł			МО		DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:	1	11 24	2	015	Т	0		12	3	31	2015						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				2,0	69.67						
B. Total Moneta	ary Contributions /	And Rec	eipts (From	Sche	dule	I)	\$					0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				2,0	69.67						
D. Total Expend	ditures (From Sch	edule II	I)				\$					0.00						
E. Ending Cash	Balance (Subtract	Line D	From Line (C)			\$				2,0	69.67						
F. Value Of In-	Kind Contributions	Receive	ed (From So	hedu	le II)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$					0.00			•			
				AFF	IDA	١٧٧	T SE	CTIO	N									
PART I - If this is	s a Committee repo	ort, trea	surer sign l	nere.	If thi	is is	a Car	ndidate	re	port, c	andid	late sig	ın here.					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	edule	s filed	d on	paper	or by ele	ectr	onic me	dium,	are to t	he best o	f my kno	wledge	and belie	ef , tru	1 e
Sworn to and subs	cribed before me this day of	•	20						-		s	ignature	of Perso	n Submit	ting Rep	oort		
							- -		-				Prin	ted Nam	e			-
My Commission Ex	Signatuı opires	re							-				Ema	il				-
	мо	D/	AY	YR			_		-	Are	a Cod	e	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate sha	ıll s	ign he	re.							
I swear (or affirm) No 320) as amende	that to the best of med.	ny knowle	edge and belie	ef this	polit	ical	comm	ittee ha	s no	t violat	ed an	y provisi	ions of the	e act of J	une 3,1	937 (P.L	. 1333	s,
Sworn to and subsc	ribed before me this											Si	ignature o	of Candid	ate			-
	day of						_						Printa	d Name				-
	Signature						-		_									_
My Commission Exp	-								_				Ema	il				
	МО	DA	AY	YR	l		-		•	Area (Code		Da	aytime T	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
CITIZENS FOR URBAN RENEWAL	From:	11/24/201	<u>5</u> To:	12/31/2015
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

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	R	Reporting Period							
		F	rom:		То	:			
		1		DATE			AMOUNT		
Full Name of Contributing Co	ommittee		мо	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							

PAGE TOTAL
0.00

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

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 Filing Committee or Can	Name of Filing Committee or Candidate						Reporting Period						
				Fro	m:		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 Schedule I, Detailed Summary Page, Section 2.

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	me of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		A	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR			0.00	
Mailing Address							- \$		0.00	
City	State	Zip Cod	e (Plus 4)							
								PAGE TOT	AL	
Enter Grand Total of Part C on School	dule 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.)

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate				orting Pe	riod					
					From:				То:		
					D	ATE			AMOUNT		
Full Name of Contributor					мо	DAY	YEAR	\$	0.00		
Mailing Address								7			
City	State	Zi	p Code (Plus	s 4)							
Employer Name	•				Occupa	tion	-	-			
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)		
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary Page,	Section	on 3.				PAGE TOTAL		
								\$	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	ing Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	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 Per	iod	
CITIZENS FOR URBAN RENEWAL	From:	11/24/2015 To :	<u>12/31/2015</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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 Candi	idate		Reporting Period					
						То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•	•			
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL	
Section 2.						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	orting	Period				
					From:			То:		
						DATE			AMOUNT	
Full Name of Contributor					МО	DAY	YEAR			
Mailing Address] \$	\$ 0.0	0
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	State	e Zij	p Code(Plus 4)	Descr	iptio	on of Contribution	
Enter Grand Total of Part G on Sch	edule II. In-Kir	nd (Contributions D	etaile	ed				PAGE TOTAL	
Summary Page, Section 3.									0.0	0

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate					Reporting Period					
	From			То:							
				DATE			AMOUNT				
To Whom Paid			мо	DAY	YEAR						
Mailing Address						\$	0.00				
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure						
Enter Crand Total of Evnanditures	on Dogg 1 Donowh (Cover Dage Item F					PAGE TOTAL				
Enter Grand Total of Expenditures	on Page 1, Report C	Lover Faye, Item L	, .			\$	0.00				