Cynthia Biedenkopf Fax 610-997-5738

Reset Form | Print Form

# Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Filer Identification Number | 20130218 | Report Filed By (Mark X) | Candidate | | Committee | X | Lobbyist |
| Name of Filing Committee, Candidate or Lobbyist | Friends of Chris Morales | | | | | | |
| Street Address | 649 Alaska Street | | | | | | |
| City | Bethlehem | State | PA | Zip Code | 18015-2805 | | |

Type of Report (Place x under report type)

| 1- 6th Tuesday Pre-Primary | 2- 2nd Friday Pre-Primary | 3- 30 Day Post Primary | 4- 6th Tuesday Pre- Election | 5- 2nd Friday Pre- Election | 6- 30 Day Post Election | 7- Annual | Special 2nd Friday Pre-Election | Special 30 Day Post-Election |
|---|---|---|---|---|---|---|---|---|
| | | | | | X | | | |
| Date Of Election (MM/DD/YYYY) | 11/5/2013 | Year | 2013 | Amendment Report | | Termination Report | X | |

| Summary of Receipts and Expenditures | From Date 10/22/13 | To Date 11/25/13 | For Office Use Only |
|---|---|---|---|
| A. Amount Brought Forward From Last Report | $ | 664.24 | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | $ | 590.00 | |
| C. Total Funds Available (Sum of Lines A and B) | $ | 1254.24 | |
| D. Total Expenditures (From Schedule III) | $ | 1254.24 | |
| E. Ending Cash Balance (Subtract Line D from Line C) | $ | 0 | |
| F. Value of In-Kind Contributions Received (From Schedule II) | $ | 34.49 | |
| G. Unpaid Debts and Obligations (From Schedule IV) | $ | 0 | |

Affidavit Section

Commonwealth of Pennsylvania / County of Northampton } SS.

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete

Sworn [redacted]

My Com[redacted]

Part II- I[redacted]

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any [redacted]

amend[redacted]

Sworn [redacted]

My Co[redacted]

CITY OF BETHLEHEM
MY COMMISSION EXPIRES MAY 2, 2014

SCHEDULE I

# Contributions and Receipts

**Detailed Summary Page**

| Filer Identification Number | 20130218 |
|---|---|

| 1. Unitemized Contributions and Receipts $50.00 or Less per Contributor | | |
|---|---|---|
| Total for the reporting period (1) | $ | 90 |
| **2. Contributions of $50.01 to $250.00 (From Part A and Part B)** | | |
| Contributions Received from Political Committees (Part A) | $ | |
| All Other Contributions (Part B) | $ | |
| Total for the reporting period (2) | $ | |
| **3. Contributions Over $250.00 (From Part C and Part D)** | | |
| Contributions Received from Political Committees (Part C) | $ | 500 |
| All Other Contributions (Part D) | $ | |
| Total for the reporting period (3) | $ | |
| **4. Other Receipts: Refunds, Interest Earned, Returned Checks, Etc. (From Part E)** | | |
| Total for the reporting period (4) | $ | |
| Total Monetary Contributions and Receipts during this reporting period *(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)* | $ | 590 |

SCHEDULE II

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD**

**DETAILED SUMMARY PAGE**

| Filer Identification Number: | 20130218 |
|---|---|

| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF $50.00 OR LESS PER CONTRIBUTOR | | | |
|---|---|---|---|
| TOTAL for the reporting period | (1) | $ | 31.49 |

| 2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF $50.01 TO $250.00 (FROM PART F) | | | |
|---|---|---|---|
| TOTAL for the reporting period | (2) | $ | |

| 3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER $250.00 (FROM PART G) | | | |
|---|---|---|---|
| TOTAL for the reporting period | (3) | $ | |

| | | |
|---|---|---|
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F) | $ | 31.49 |

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.

| Filer Identification Number | 20130218 |
|---|---|

| | | | | | | | | | | Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| Full Name of Contributing Committee | | | | | | | | Date [MM/DD/YYYY] | $ | |
| House # | | Street Address | | | | | | Date [MM/DD/YYYY] | $ | |
| City | | | State | | Zip Code | | | Date [MM/DD/YYYY] | $ | |
| Full Name of Contributing Committee | | | | | | | | Date [MM/DD/YYYY] | $ | |
| House # | | Street Address | | | | | | Date [MM/DD/YYYY] | $ | |
| City | | | State | | Zip Code | | | Date [MM/DD/YYYY] | $ | |
| Full Name of Contributing Committee | | | | | | | | Date [MM/DD/YYYY] | $ | |
| House # | | Street Address | | | | | | Date [MM/DD/YYYY] | $ | |
| City | | | State | | Zip Code | | | Date [MM/DD/YYYY] | $ | |
| Full Name of Contributing Committee | | | | | | | | Date [MM/DD/YYYY] | $ | |
| House # | | Street Address | | | | | | Date [MM/DD/YYYY] | $ | |
| City | | | State | | Zip Code | | | Date [MM/DD/YYYY] | $ | |
| Full Name of Contributing Committee | | | | | | | | Date [MM/DD/YYYY] | $ | |
| House # | | Street Address | | | | | | Date [MM/DD/YYYY] | $ | |
| City | | | State | | Zip Code | | | Date [MM/DD/YYYY] | $ | |
| Full Name of Contributing Committee | | | | | | | | Date [MM/DD/YYYY] | $ | |
| House # | | Street Address | | | | | | Date [MM/DD/YYYY] | $ | |
| City | | | State | | Zip Code | | | Date [MM/DD/YYYY] | $ | |

PART B

# All Other Contributions

**$50.01 TO $250**

**Use this Part to itemize all other contributions with an aggregate value from $50.01 TO $250 in the reporting period.**

**(Exclude contributions from political committees reported in Part A.)**

| | |
|---|---|
| Transaction Control Number | 20130218 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Full Name of Contributor | | | | | | | Date (MM/DD/CCYY) | $ | |
| House # | | Street Address | | | | | Date (MM/DD/CCYY) | $ | |
| City | | | State | | Zip Code | | Date (MM/DD/CCYY) | $ | |
| Full Name of Contributor | | | | | | | Date (MM/DD/CCYY) | $ | |
| House # | | Street Address | | | | | Date (MM/DD/CCYY) | $ | |
| City | | | State | | Zip Code | | Date (MM/DD/CCYY) | $ | |
| Full Name of Contributor | | | | | | | Date (MM/DD/CCYY) | $ | |
| House # | | Street Address | | | | | Date (MM/DD/CCYY) | $ | |
| City | | | State | | Zip Code | | Date (MM/DD/CCYY) | $ | |
| Full Name of Contributor | | | | | | | Date (MM/DD/CCYY) | $ | |
| House # | | Street Address | | | | | Date (MM/DD/CCYY) | $ | |
| City | | | State | | Zip Code | | Date (MM/DD/CCYY) | $ | |
| Full Name of Contributor | | | | | | | Date (MM/DD/CCYY) | $ | |
| House # | | Street Address | | | | | Date (MM/DD/CCYY) | $ | |
| City | | | State | | Zip Code | | Date (MM/DD/CCYY) | $ | |
| Full Name of Contributor | | | | | | | Date (MM/DD/CCYY) | $ | |
| House # | | Street Address | | | | | Date (MM/DD/CCYY) | $ | |
| City | | | State | | Zip Code | | Date (MM/DD/CCYY) | $ | |

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 over $250.00 in the reporting period.

| Filer Identification Number: | 20130218 |
|---|---|

| Full Name of Contributing Committee | Citizens Alliance of PA PAC | Date [MM/DD/YYYY] | $ | 500 |
|---|---|---|---|---|
| House # | Street Address: BOX 6726 | Date [MM/DD/YYYY] | $ | |
| City: Harrisburg | State: PA | Zip Code: 17112 | Date [MM/DD/YYYY] | $ |
| Full Name of Contributing Committee | | Date [MM/DD/YYYY] | $ | |
| House # | Street Address | Date [MM/DD/YYYY] | $ | |
| City | State | Zip Code | Date [MM/DD/YYYY] | $ |
| Full Name of Contributing Committee | | Date [MM/DD/YYYY] | $ | |
| House # | Street Address | Date [MM/DD/YYYY] | $ | |
| City | State | Zip Code | Date [MM/DD/YYYY] | $ |
| Full Name of Contributing Committee | | Date [MM/DD/YYYY] | $ | |
| House # | Street Address | Date [MM/DD/YYYY] | $ | |
| City | State | Zip Code | Date [MM/DD/YYYY] | $ |
| Full Name of Contributing Committee | | Date [MM/DD/YYYY] | $ | |
| House # | Street Address | Date [MM/DD/YYYY] | $ | |
| City | State | Zip Code | Date [MM/DD/YYYY] | $ |
| Full Name of Contributing Committee | | Date [MM/DD/YYYY] | $ | |
| House # | Street Address | Date [MM/DD/YYYY] | $ | |
| City | State | Zip Code | Date [MM/DD/YYYY] | $ |

PART D

# All Other Contributions

*Over $250.00*

**Use this Part to itemize all other contributions with an aggregate value over $250.00 in the reporting period.**
**(Exclude contributions from political committees reported in Part C)**

| | |
|---|---|
| Filer's Identification No. | 20130218 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Full Name of Contributor | | | | | Date (MM/DD/CCYY) | $ | |
| House # | | Street Address | | | Date (MM/DD/CCYY) | $ | |
| City | | State | | Zip Code | Date (MM/DD/CCYY) | $ | |
| Employer Name | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |
| Full Name of Contributor | | | | | Date (MM/DD/CCYY) | $ | |
| House # | | Street Address | | | Date (MM/DD/CCYY) | $ | |
| City | | State | | Zip Code | Date (MM/DD/CCYY) | $ | |
| Employer Name | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |
| Full Name of Contributor | | | | | Date (MM/DD/CCYY) | $ | |
| House # | | Street Address | | | Date (MM/DD/CCYY) | $ | |
| City | | State | | Zip Code | Date (MM/DD/CCYY) | $ | |
| Employer Name | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |
| Full Name of Contributor | | | | | Date (MM/DD/CCYY) | $ | |
| House # | | Street Address | | | Date (MM/DD/CCYY) | $ | |
| City | | State | | Zip Code | Date (MM/DD/CCYY) | $ | |
| Employer Name | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |

PART E

# Other Receipts

## REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

**Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.**

| | |
|---|---|
| Filer Identification Number | 20130218 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Full Name | | | | | | | |
| House # | Street Address | | | | | | |
| City | | State | | Zip Code | | Date (MM/DD/YYYY) | $ |
| Receipt Description | | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Full Name | | | | | | | |
| House # | Street Address | | | | | | |
| City | | State | | Zip Code | | Date (MM/DD/YYYY) | $ |
| Receipt Description | | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Full Name | | | | | | | |
| House # | Street Address | | | | | | |
| City | | State | | Zip Code | | Date (MM/DD/YYYY) | $ |
| Receipt Description | | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Full Name | | | | | | | |
| House # | Street Address | | | | | | |
| City | | State | | Zip Code | | Date (MM/DD/YYYY) | $ |
| Receipt Description | | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Full Name | | | | | | | |
| House # | Street Address | | | | | | |
| City | | State | | Zip Code | | Date (MM/DD/YYYY) | $ |
| Receipt Description | | | | | | | |

SCHEDULE II

PART F

# In-Kind Contributions Received

VALUE OF $50.01 TO $250

| | |
|---|---|
| File Identification Number | 20130218 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Full Name of Contributor | | | | | | Date (MM/DD/YYYY) | $ |
| House # | | Street Address | | | | Date (MM/DD/YYYY) | $ |
| City | | State | | Zip Code | | Date (MM/DD/YYYY) | $ |
| Description of Contribution | | | | | | | |
| Full Name of Contributor | | | | | | Date (MM/DD/YYYY) | $ |
| House # | | Street Address | | | | Date (MM/DD/YYYY) | $ |
| City | | State | | Zip Code | | Date (MM/DD/YYYY) | $ |
| Description of Contribution | | | | | | | |
| Full Name of Contributor | | | | | | Date (MM/DD/YYYY) | $ |
| House # | | Street Address | | | | Date (MM/DD/YYYY) | $ |
| City | | State | | Zip Code | | Date (MM/DD/YYYY) | $ |
| Description of Contribution | | | | | | | |
| Full Name of Contributor | | | | | | Date (MM/DD/YYYY) | $ |
| House # | | Street Address | | | | Date (MM/DD/YYYY) | $ |
| City | | State | | Zip Code | | Date (MM/DD/YYYY) | $ |
| Description of Contribution | | | | | | | |
| Full Name of Contributor | | | | | | Date (MM/DD/YYYY) | $ |
| House # | | Street Address | | | | Date (MM/DD/YYYY) | $ |
| City | | State | | Zip Code | | Date (MM/DD/YYYY) | $ |
| Description of Contribution | | | | | | | |

SCHEDULE III

# Statement of Expenditures

| Filer Identification Number: | 201 30 218 |
|---|---|

| To Whom Paid | Street Address | City | State | Zip Code | Date [MM/DD/YYYY] | $ | Description of Expenditure |
|---|---|---|---|---|---|---|---|
| UPS Store | 1874 Catasauqua Road | Allentown | PA | 18109 | 11/04/2013 | 105.74 | Copies |
| UPS Store | 1874 Catasauqua Road | Allentown | PA | 18104 | 11/5/2013 | 100.70 | Copies |
| US Post Office | | Bethlehem | PA | 18015 | 10/24/2013 | .86 | Postage |
| Facebook | 1 Hacker Way | Menlo Park | CA | 94025 | 11/14/2013 | 100.00 | Facebook Ads |
| Daniel Wagoner | 7740 Harmony Grove Road | Wellsville | PA | 17365 | 11/24/2013 | 946.94 | Graphic Design |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SCHEDULE IV

# Statement of Unpaid Debts

**Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.**

| Filer Identification Number: | |
|---|---|

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Name of Creditor | | | | | | | Outstanding Balance of Debt | |
| House # | | Street Address | | DATE DEBT INCURRED [MM/DD/YYYY] | | | $ | |
| City | | | State | | Zip Code | | | |
| Description of Debt | | | | | | | | |
| Name of Creditor | | | | | | | Outstanding Balance of Debt | |
| House # | | Street Address | | DATE DEBT INCURRED [MM/DD/YYYY] | | | $ | |
| City | | | State | | Zip Code | | | |
| Description of Debt | | | | | | | | |
| Name of Creditor | | | | | | | Outstanding Balance of Debt | |
| House # | | Street Address | | DATE DEBT INCURRED [MM/DD/YYYY] | | | $ | |
| City | | | State | | Zip Code | | | |
| Description of Debt | | | | | | | | |
| Name of Creditor | | | | | | | Outstanding Balance of Debt | |
| House # | | Street Address | | DATE DEBT INCURRED [MM/DD/YYYY] | | | $ | |
| City | | | State | | Zip Code | | | |
| Description of Debt | | | | | | | | |
| Name of Creditor | | | | | | | Outstanding Balance of Debt | |
| House # | | Street Address | | DATE DEBT INCURRED [MM/DD/YYYY] | | | $ | |
| City | | | State | | Zip Code | | | |
| Description of Debt | | | | | | | | |
| Name of Creditor | | | | | | | Outstanding Balance of Debt | |
| House # | | Street Address | | DATE DEBT INCURRED [MM/DD/YYYY] | | | $ | |
| City | | | State | | Zip Code | | | |
| Description of Debt | | | | | | | | |

Cynthia Biedenkopt Fax 610-997-5738

Reset Form | Print Form

# Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Filer Identification Number | 20130218 | Report Filed By (Mark X) | Candidate | | Committee | X | Lobbyist |
| Name of Filing Committee, Candidate or Lobbyist | Friends of Chris Morales | | | | | | |
| Street Address | 649 Alaska Street | | | | | | |
| City | Bethlehem | State | PA | Zip Code | 18015-2805 | | |

Type of Report (Place x under report type)

| 1- 6th Tuesday Pre-Primary | 2- 2nd Friday Pre-Primary | 3- 30 Day Post Primary | 4- 6th Tuesday Pre- Election | 5- 2nd Friday Pre- Election | 6- 30 Day Post Election | 7- Annual | Special 2nd Friday Pre-Election | Special 30 Day Post-Election |
|---|---|---|---|---|---|---|---|---|
| | | | | | X | | | |
| Date Of Election (MM/DD/YYYY) | | 11/5/2013 | Year | 2013 | Amendment Report | | Termination Report | X |

| Summary of Receipts and Expenditures | From Date 10/22/13 | To Date 11/25/13 | For Office Use Only |
|---|---|---|---|
| A. Amount Brought Forward From Last Report | $ | 664.24 | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | $ | 590.00 | |
| C. Total Funds Available (Sum of Lines A and B) | $ | 1254.24 | |
| D. Total Expenditures (From Schedule III) | $ | 1254.24 | |
| E. Ending Cash Balance (Subtract Line D from Line C) | $ | 0 | |
| F. Value of In-Kind Contributions Received (From Schedule II) | $ | 31.49 | |
| G. Unpaid Debts and Obligations (From Schedule IV) | $ | 0 | |

Affidavit Section

Commonwealth of Pennsylvania / County of Northampton } ss.

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 26th day of November 20 2013

Barbara F. Hemmons
Signature

Richard M. Jones
Signature of Person Submitting report

Richard M. Jones
Printed Name

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
BARBARA F. HEMMONS, NOTARY PUBLIC
CITY OF BETHLEHEM, NORTHAMPTON COUNTY
MY COMMISSION EXPIRES MAY 2, 2014

My Commission expires MO. DAY YR

610 Area Code

248-0183 Daytime Telephone Number

Commonwealth of Pennsylvania / County of Northampton } ss.

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this 26th day of November 20 2013

Barbara F. Hemmons
Signature

Signature of Candidate

Christopher Morales
Printed Name

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
BARBARA F. HEMMONS, NOTARY PUBLIC
CITY OF BETHLEHEM, NORTHAMPTON COUNTY
MY COMMISSION EXPIRES MAY 2, 2014

My Commission expires MO. DAY YR

484 Area Code

804-8420 Daytime Telephone Number

SCHEDULE I

# Contributions and Receipts

**Detailed Summary Page**

| Filer Identification Number | 20130218 |
|---|---|

| 1. Unitemized Contributions and Receipts $50.00 or Less per Contributor | | |
|---|---|---|
| Total for the reporting period (1) | $ | 90 |
| **2. Contributions of $50.01 to $250.00 (From Part A and Part B)** | | |
| Contributions Received from Political Committees (Part A) | $ | |
| All Other Contributions (Part B) | $ | |
| Total for the reporting period (2) | $ | |
| **3. Contributions Over $250.00 (From Part C and Part D)** | | |
| Contributions Received from Political Committees (Part C) | $ | 500 |
| All Other Contributions (Part D) | $ | |
| Total for the reporting period (3) | $ | |
| **4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)** | | |
| Total for the reporting period (4) | $ | |
| Total Monetary Contributions and Receipts during this reporting period *(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)* | $ | 590 |

SCHEDULE II

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD**

**DETAILED SUMMARY PAGE**

| Filer Identification Number: | 20130218 |
|---|---|

| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF $50.00 OR LESS PER CONTRIBUTOR | | | |
|---|---|---|---|
| TOTAL for the reporting period | (1) | $ | 31.49 |

| 2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF $50.01 TO $250.00 (FROM PART F) | | | |
|---|---|---|---|
| TOTAL for the reporting period | (2) | $ | |

| 3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER $250.00 (FROM PART G) | | | |
|---|---|---|---|
| TOTAL for the reporting period | (3) | $ | |

| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F) | $ | 31.49 |
|---|---|---|

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.

| Filer Identification Number | 20130218 |
|---|---|

| | | | | | | | | | | Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| Full Name of Contributing Committee | | | | | | | | Date [MM/DD/YYYY] | $ | |
| House # | | Street Address | | | | | | Date [MM/DD/YYYY] | $ | |
| City | | | State | | Zip Code | | | Date [MM/DD/YYYY] | $ | |
| Full Name of Contributing Committee | | | | | | | | Date [MM/DD/YYYY] | $ | |
| House # | | Street Address | | | | | | Date [MM/DD/YYYY] | $ | |
| City | | | State | | Zip Code | | | Date [MM/DD/YYYY] | $ | |
| Full Name of Contributing Committee | | | | | | | | Date [MM/DD/YYYY] | $ | |
| House # | | Street Address | | | | | | Date [MM/DD/YYYY] | $ | |
| City | | | State | | Zip Code | | | Date [MM/DD/YYYY] | $ | |
| Full Name of Contributing Committee | | | | | | | | Date [MM/DD/YYYY] | $ | |
| House # | | Street Address | | | | | | Date [MM/DD/YYYY] | $ | |
| City | | | State | | Zip Code | | | Date [MM/DD/YYYY] | $ | |
| Full Name of Contributing Committee | | | | | | | | Date [MM/DD/YYYY] | $ | |
| House # | | Street Address | | | | | | Date [MM/DD/YYYY] | $ | |
| City | | | State | | Zip Code | | | Date [MM/DD/YYYY] | $ | |
| Full Name of Contributing Committee | | | | | | | | Date [MM/DD/YYYY] | $ | |
| House # | | Street Address | | | | | | Date [MM/DD/YYYY] | $ | |
| City | | | State | | Zip Code | | | Date [MM/DD/YYYY] | $ | |

PART B

# All Other Contributions

**$50.01 TO $250**

**Use this Part to itemize all other contributions with an aggregate value from $50.01 TO $250 in the reporting period.**

**(Exclude contributions from political committees reported in Part A.)**

| | |
|---|---|
| Committee Identification # | 20130218 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Full Name of Contributor | | | | | | | Date (MM/DD/YYYY) | $ | |
| House # | | Street Address | | | | | Date (MM/DD/YYYY) | $ | |
| City | | | State | | Zip Code | | Date (MM/DD/YYYY) | $ | |
| Full Name of Contributor | | | | | | | Date (MM/DD/YYYY) | $ | |
| House # | | Street Address | | | | | Date (MM/DD/YYYY) | $ | |
| City | | | State | | Zip Code | | Date (MM/DD/YYYY) | $ | |
| Full Name of Contributor | | | | | | | Date (MM/DD/YYYY) | $ | |
| House # | | Street Address | | | | | Date (MM/DD/YYYY) | $ | |
| City | | | State | | Zip Code | | Date (MM/DD/YYYY) | $ | |
| Full Name of Contributor | | | | | | | Date (MM/DD/YYYY) | $ | |
| House # | | Street Address | | | | | Date (MM/DD/YYYY) | $ | |
| City | | | State | | Zip Code | | Date (MM/DD/YYYY) | $ | |
| Full Name of Contributor | | | | | | | Date (MM/DD/YYYY) | $ | |
| House # | | Street Address | | | | | Date (MM/DD/YYYY) | $ | |
| City | | | State | | Zip Code | | Date (MM/DD/YYYY) | $ | |
| Full Name of Contributor | | | | | | | Date (MM/DD/YYYY) | $ | |
| House # | | Street Address | | | | | Date (MM/DD/YYYY) | $ | |
| City | | | State | | Zip Code | | Date (MM/DD/YYYY) | $ | |

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 over $250.00 in the reporting period.

| Filer Identification Number: | 20130218 |
|---|---|

| Full Name of Contributing Committee | Citizens Alliance of PA PAC | Date [MM/DD/YYYY] | $ |
|---|---|---|---|
| | | 10/24/2013 | 500 |
| House # | Street Address: BOX 6726 | Date [MM/DD/YYYY] | $ |
| City: Harrisburg | State: PA | Zip Code: 17112 | |
| Full Name of Contributing Committee | | Date [MM/DD/YYYY] | $ |
| House # | Street Address | Date [MM/DD/YYYY] | $ |
| City | State | Zip Code | Date [MM/DD/YYYY] $ |
| Full Name of Contributing Committee | | Date [MM/DD/YYYY] | $ |
| House # | Street Address | Date [MM/DD/YYYY] | $ |
| City | State | Zip Code | Date [MM/DD/YYYY] $ |
| Full Name of Contributing Committee | | Date [MM/DD/YYYY] | $ |
| House # | Street Address | Date [MM/DD/YYYY] | $ |
| City | State | Zip Code | Date [MM/DD/YYYY] $ |
| Full Name of Contributing Committee | | Date [MM/DD/YYYY] | $ |
| House # | Street Address | Date [MM/DD/YYYY] | $ |
| City | State | Zip Code | Date [MM/DD/YYYY] $ |
| Full Name of Contributing Committee | | Date [MM/DD/YYYY] | $ |
| House # | Street Address | Date [MM/DD/YYYY] | $ |
| City | State | Zip Code | Date [MM/DD/YYYY] $ |

PART D

# All Other Contributions

**Over $250.00**

**Use this Part to itemize all other contributions with an aggregate value over $250.00 in the reporting period.**
**(Exclude contributions from political committees reported in Part C)**

| | |
|---|---|
| [illegible] | 20130218 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Full Name of Contributor | | | | | Date (MM/DD/YYYY) | $ | |
| House # | Street Address | | | | Date (MM/DD/YYYY) | $ | |
| City | | State | | Zip Code | Date (MM/DD/YYYY) | $ | |
| Employer Name | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Full Name of Contributor | | | | | Date (MM/DD/YYYY) | $ | |
| House # | Street Address | | | | Date (MM/DD/YYYY) | $ | |
| City | | State | | Zip Code | Date (MM/DD/YYYY) | $ | |
| Employer Name | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Full Name of Contributor | | | | | Date (MM/DD/YYYY) | $ | |
| House # | Street Address | | | | Date (MM/DD/YYYY) | $ | |
| City | | State | | Zip Code | Date (MM/DD/YYYY) | $ | |
| Employer Name | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Full Name of Contributor | | | | | Date (MM/DD/YYYY) | $ | |
| House # | Street Address | | | | Date (MM/DD/YYYY) | $ | |
| City | | State | | Zip Code | Date (MM/DD/YYYY) | $ | |
| Employer Name | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |

PART E

# Other Receipts

**REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.**

**Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.**

| | |
|---|---|
| Transaction Number | 20130218 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Full Name | | | | | | | | | |
| House # | | Street Address | | | | | | | |
| City | | | State | | Zip Code | | Date (MM/DD/YYYY) | $ | |
| Receipt Description | | | | | | | | | |
| Full Name | | | | | | | | | |
| House # | | Street Address | | | | | | | |
| City | | | State | | Zip Code | | Date (MM/DD/YYYY) | $ | |
| Receipt Description | | | | | | | | | |
| Full Name | | | | | | | | | |
| House # | | Street Address | | | | | | | |
| City | | | State | | Zip Code | | Date (MM/DD/YYYY) | $ | |
| Receipt Description | | | | | | | | | |
| Full Name | | | | | | | | | |
| House # | | Street Address | | | | | | | |
| City | | | State | | Zip Code | | Date (MM/DD/YYYY) | $ | |
| Receipt Description | | | | | | | | | |
| Full Name | | | | | | | | | |
| House # | | Street Address | | | | | | | |
| City | | | State | | Zip Code | | Date (MM/DD/YYYY) | $ | |
| Receipt Description | | | | | | | | | |

SCHEDULE II

PART F

# In-Kind Contributions Received

VALUE OF $50.01 TO $250

| | |
|---|---|
| Filer Identification Number | 20130218 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Full Name of Contributor | | | | | | Date (MM/DD/YYYY) | $ |
| House # | | Street Address | | | | Date (MM/DD/YYYY) | $ |
| City | | State | | Zip Code | | Date (MM/DD/YYYY) | $ |
| Description of Contribution | | | | | | | |
| Full Name of Contributor | | | | | | Date (MM/DD/YYYY) | $ |
| House # | | Street Address | | | | Date (MM/DD/YYYY) | $ |
| City | | State | | Zip Code | | Date (MM/DD/YYYY) | $ |
| Description of Contribution | | | | | | | |
| Full Name of Contributor | | | | | | Date (MM/DD/YYYY) | $ |
| House # | | Street Address | | | | Date (MM/DD/YYYY) | $ |
| City | | State | | Zip Code | | Date (MM/DD/YYYY) | $ |
| Description of Contribution | | | | | | | |
| Full Name of Contributor | | | | | | Date (MM/DD/YYYY) | $ |
| House # | | Street Address | | | | Date (MM/DD/YYYY) | $ |
| City | | State | | Zip Code | | Date (MM/DD/YYYY) | $ |
| Description of Contribution | | | | | | | |

SCHEDULE II

Part G

# In-Kind Contributions Received

VALUE OVER $250

| Filer Identification Number: | 201 30 218 |
|---|---|

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Full Name of Contributor | | | | | | | Date [MM/DD/YYYY] | $ | |
| House # | | Street Address | | | | | Date [MM/DD/YYYY] | $ | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | $ | |
| Employer Name | | | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | Description of Contribution | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Full Name of Contributor | | | | | | | Date [MM/DD/YYYY] | $ | |
| House # | | Street Address | | | | | Date [MM/DD/YYYY] | $ | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | $ | |
| Employer Name | | | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | Description of Contribution | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Full Name of Contributor | | | | | | | Date [MM/DD/YYYY] | $ | |
| House # | | Street Address | | | | | Date [MM/DD/YYYY] | $ | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | $ | |
| Employer Name | | | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | Description of Contribution | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Full Name of Contributor | | | | | | | Date [MM/DD/YYYY] | $ | |
| House # | | Street Address | | | | | Date [MM/DD/YYYY] | $ | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | $ | |
| Employer Name | | | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | Description of Contribution | | |

SCHEDULE III

# Statement of Expenditures

| Filer Identification Number: | 201 30 218 |
|---|---|

| To Whom Paid | House # | Street Address | City | State | Zip Code | Date [MM/DD/YYYY] | $ | Description of Expenditure |
|---|---|---|---|---|---|---|---|---|
| UPS Store | 1874 | Catasauqua Road | Allentown | PA | 18109 | 11/04/2013 | 105.74 | Copies |
| UPS Store | 1874 | Catasauqua Road | Allentown | PA | 18109 | 11/5/2013 | 100.70 | Copies |
| US Post Office | | | Bethlehem | PA | 18015 | 10/24/2013 | .86 | Postage |
| Facebook | 1 | Hacker Way | Menlo Park | CA | 94025 | 11/16/2013 | 100.00 | Facebook Ads |
| Daniel Wagoner | 7140 | Harmony Grove Road | Wellsville | PA | 17365 | 11/24/2013 | 946.94 | Graphic Design |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE IV

# Statement of Unpaid Debts

**Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.**

| Filer Identification Number: | |
|---|---|

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Name of Creditor | | | | | | | | Outstanding Balance of Debt | |
| House # | | Street Address | | | DATE DEBT INCURRED [MM/DD/YYYY] | | | $ | |
| City | | | | State | | Zip Code | | | |
| Description of Debt | | | | | | | | | |
| Name of Creditor | | | | | | | | Outstanding Balance of Debt | |
| House # | | Street Address | | | DATE DEBT INCURRED [MM/DD/YYYY] | | | $ | |
| City | | | | State | | Zip Code | | | |
| Description of Debt | | | | | | | | | |
| Name of Creditor | | | | | | | | Outstanding Balance of Debt | |
| House # | | Street Address | | | DATE DEBT INCURRED [MM/DD/YYYY] | | | $ | |
| City | | | | State | | Zip Code | | | |
| Description of Debt | | | | | | | | | |
| Name of Creditor | | | | | | | | Outstanding Balance of Debt | |
| House # | | Street Address | | | DATE DEBT INCURRED [MM/DD/YYYY] | | | $ | |
| City | | | | State | | Zip Code | | | |
| Description of Debt | | | | | | | | | |
| Name of Creditor | | | | | | | | Outstanding Balance of Debt | |
| House # | | Street Address | | | DATE DEBT INCURRED [MM/DD/YYYY] | | | $ | |
| City | | | | State | | Zip Code | | | |
| Description of Debt | | | | | | | | | |
| Name of Creditor | | | | | | | | Outstanding Balance of Debt | |
| House # | | Street Address | | | DATE DEBT INCURRED [MM/DD/YYYY] | | | $ | |
| City | | | | State | | Zip Code | | | |
| Description of Debt | | | | | | | | | |

COMMONWEALTH OF PENNSYLVANIA

# CAMPAIGN FINANCE STATEMENT

**File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* did not exceed $250.00 during the reporting period.**

| FILER IDENTIFICATION NUMBER | REPORT FILED ON BEHALF OF | CANDIDATE | COMMITTEE | LOBBYIST |
|---|---|---|---|---|
| | | X | | |

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST: Chris Morales

STREET ADDRESS: 649 Alaska St.

| CITY | STATE | ZIP CODE |
|---|---|---|
| Bethlehem | PA | 18015 – 2805 |

| TYPE OF REPORT (CHECK ONE) | | NAME OF OFFICE SOUGHT BY CANDIDATE | DISTRICT NO. | PARTY | DATE OF ELECTION MO. | DAY | YEAR |
|---|---|---|---|---|---|---|---|
| | | Bethlehem City Council | | REP | 11 | 5 | 13 |

| | |
|---|---|
| 6TH TUESDAY PRE-PRIMARY | 1 |
| 2ND FRIDAY PRE-PRIMARY | 2 |
| 30 DAY POST-PRIMARY | 3 |
| 6TH TUESDAY PRE-ELECTION | 4 |
| 2ND FRIDAY PRE-ELECTION | 5 |
| 30 DAY POST-ELECTION | 6 X |
| ANNUAL REPORT | 7 |

DATES OF REPORTING PERIOD: MO. 10 DAY 22 YEAR 13 TO MO. 11 DAY 25 YEAR 13

CASH BALANCE AT END OF REPORTING PERIOD: $ 0

TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: $ 0

| | | | | |
|---|---|---|---|---|
| AMENDMENT REPORT? | YES | | NO | X |
| TERMINATION REPORT? | YES | | NO | X |

FOR OFFICE USE ONLY

ENTERED
2013 NOV 29 PM 3 40
NORTHAMPTON COUNTY
ELECTION OFFICE
EASTON, PA 18042

## AFFIDAVIT SECTION

**PART I -**

If statement is filed on behalf of a Political Committee *or* Candidates's Committee, the Treasurer must sign here.
If statement is filed on behalf of a Candidate, the Candidate must sign here.
If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

[redacted]

MY COMMISSION EXPIRES MAY 2, 2014

**PART II -**

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____ 20___

_____ SIGNATURE

MY COMMISSION EXPIRES _____ MO. DAY YR.

_____ SIGNATURE OF CANDIDATE

_____ PRINTED NAME

_____ AREA CODE _____ DAYTIME TELEPHONE NUMBER