

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

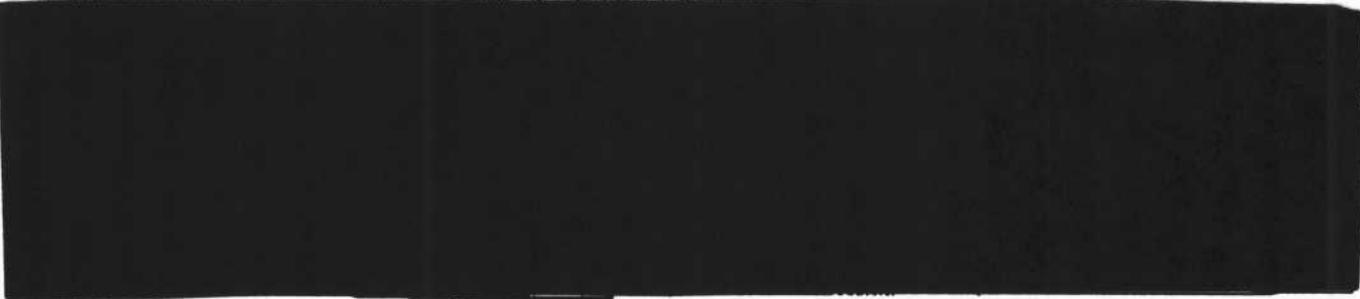
File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER <input type="checkbox"/>		REPORT FILED ON BEHALF OF <input type="checkbox"/>		CANDIDATE <input checked="" type="checkbox"/>		COMMITTEE <input type="checkbox"/>		LOBBYIST <input type="checkbox"/>																
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Chris Morales</i>																								
STREET ADDRESS <i>649 Alaska St.</i>																								
CITY <i>Bethlehem</i>				STATE <i>PA</i>		ZIP CODE <i>18015</i>																		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.		PARTY <i>R</i>		DATE OF ELECTION															
1. 8TH 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 REPORT																								
		DATES OF REPORTING PERIOD			<table border="1"> <tr> <td>MO.</td> <td>DAY</td> <td>YEAR</td> <td>TO</td> <td>MO.</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		MO.	DAY	YEAR	TO	MO.	DAY	YEAR								CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>	
MO.	DAY	YEAR	TO	MO.	DAY	YEAR																		
		AMENDMENT REPORT? YES NO			TERMINATION REPORT? YES NO		FOR OFFICE USE ONLY ENTERED 2013 NOV - 1 P 3:32J 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.



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 _____

Fax # 717-705-0721

PROCESSED

Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

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

220359

Pfiling Identification Number	20130218	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
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- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 90 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/05/2013	Year	2013		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	6-10-13	10-21-13	
A. Amount Brought Forward From Last Report	\$	0	RECEIVED 2013 OCT 20 AM 11:32 DEPARTMENT OF STATE BUREAU OF ELE.
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1284.76	
C. Total Funds Available (Sum of Lines A and B)	\$	1284.76	
D. Total Expenditures (From Schedule III)	\$	620.52	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	664.24	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	350.96	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	-	

Commonwealth of Pennsylvania - County Affidavit Section of Northampton
 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.

[Redacted Signature Area]

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Campaign Finance Act of 2008, as amended.

[Redacted Signature Area]

City of Bethlehem, Northampton County
 My Commission Expires August 21, 2014
 Member, Pennsylvania Association of Notaries

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
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						Amount	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$
Charlie Dent For Congress					9-8-2013		200.00
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]		\$
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.)

Filer Identification Number: 20130218
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Full Name of Contributor:	Richard M. Jones	Date (MM/DD/YYYY)	5/15/2013	\$	50.00
House #	1912	Street Address	Greenleaf Street	Date (MM/DD/YYYY)	8/18/2013
City	Bethlehem	State	PA	Zip Code	18017
Full Name of Contributor:	Michael Belgrave	Date (MM/DD/YYYY)	7/15/2013	\$	150.00
House #	155	Street Address	Park Place	Date (MM/DD/YYYY)	10/17/2013
City	Brooklyn	State	N.Y.	Zip Code	11213
Full Name of Contributor:	Raymond + Mary Jane Berger	Date (MM/DD/YYYY)	8/18/2013	\$	100.00
House #	801	Street Address	Yorkshire Road	Date (MM/DD/YYYY)	
City	Bethlehem	State	PA	Zip Code	18017
Full Name of Contributor:		Date (MM/DD/YYYY)		\$	
House #		Street Address		Date (MM/DD/YYYY)	
City		State		Zip Code	
Full Name of Contributor:		Date (MM/DD/YYYY)		\$	
House #		Street Address		Date (MM/DD/YYYY)	
City		State		Zip Code	
Full Name of Contributor:		Date (MM/DD/YYYY)		\$	
House #		Street Address		Date (MM/DD/YYYY)	
City		State		Zip Code	

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						
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]		\$

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number: 20130218
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To Whom Paid	Primo Creative Joel Kamensky	Date [MM/DD/YYYY]	08/24/2013	\$	500.00
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House #	11036	Street Address	Hunters Woods Lane	Description of Expenditure	Website Development
City	Wm. Huntingdon	State	PA	Zip Code	15642

To Whom Paid	TD Bank	Date [MM/DD/YYYY]	10-17-2013	\$	16.00
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House #		Street Address		Description of Expenditure	Bank Charges
City	Bethlehem	State	PA	Zip Code	18017

To Whom Paid	The UPS Store	Date [MM/DD/YYYY]	10-14-2013	\$	104.52
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House #	1874	Street Address	Catasauqua Rd.	Description of Expenditure	COPIES
City	Allentown	State	PA	Zip Code	18109

To Whom Paid		Date [MM/DD/YYYY]		\$	
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House #		Street Address		Description of Expenditure	
City		State		Zip Code	

To Whom Paid		Date [MM/DD/YYYY]		\$	
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House #		Street Address		Description of Expenditure	
City		State		Zip Code	

To Whom Paid		Date [MM/DD/YYYY]		\$	
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House #		Street Address		Description of Expenditure	
City		State		Zip Code	

To Whom Paid		Date [MM/DD/YYYY]		\$	
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House #		Street Address		Description of Expenditure	
City		State		Zip Code	

To Whom Paid		Date [MM/DD/YYYY]		\$	
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House #		Street Address		Description of Expenditure	
City		State		Zip Code	

**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:	20130218
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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							

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

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)	\$ 664.76
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ 200
All Other Contributions (Part B)	\$ 420
Total for the reporting period (2)	\$ 620
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
Total for the reporting period (3)	\$ 0
4. Other Receipts - Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ 0
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)	\$ 1284.76

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

Filer Identification Number:	20130218		
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the reporting period	(1)	\$	33.46

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the reporting period	(2)	\$	317.50

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)		\$	350.96
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**SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250**

File Identification Number	20130218
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Full Name of Contributor				Patricia Felix		Date [MM/DD/YYYY]	\$	48.50
House #	1721	Street Address	Millard Street		Date [MM/DD/YYYY]	\$	58.06	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$	
Description of Contribution								

Full Name of Contributor				Maria Montero		Date [MM/DD/YYYY]	\$	210.94
House #	508	Street Address	E-Floor, Main Capitol		Date [MM/DD/YYYY]	\$		
City	Harrisburg	State	PA	Zip Code	17120	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

File Identification Number	
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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	