

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 <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Cecilia Gerlach						
STREET ADDRESS 109 S. 9 <sup>th</sup> St						
CITY Allentown		STATE PA	ZIP CODE 18102 -			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION		
				MO.	DAY	YEAR
1. 6TH TUESDAY PRE-PRIMARY	Mayor of Allentown		Dem	11	2	2021
2. 2ND FRIDAY PRE-PRIMARY				FOR OFFICE USE ONLY		
3. 30 DAY POST-PRIMARY <input checked="" type="checkbox"/>				ELECTION BOARD OF LEHIGH COUNTY		
4. 6TH TUESDAY PRE-ELECTION				2021 JUN 15 PM 2:32		
5. 2ND FRIDAY PRE-ELECTION				RECEIVED		
6. 30 DAY POST-ELECTION						
7. ANNUAL REPORT						
DATES OF REPORTING PERIOD						
MO. DAY YEAR		MO. DAY YEAR				
5 4 21		to 6 7 21				
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	<input checked="" type="checkbox"/>			
TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>			

**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.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORTING PERIOD IS THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 15th DAY OF June 2021

[Signature]  
 SIGNATURE

MY COMMISSION EXPIRES 3/31/2021  
 MO. DAY YR.

[Signature]  
 SIGNATURE OF PERSON SUBMITTING REPORT

Cecilia Gerlach  
 PRINTED NAME

484  
 AREA CODE

597 0354  
 DAYTIME TELEPHONE NUMBER

**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]  
 SIGNATURE OF CANDIDATE

Cecilia Gerlach  
 PRINTED NAME

484  
 AREA CODE

597 0354  
 DAYTIME TELEPHONE NUMBER