

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	1.	COMMITTEE	2.	LOBBYIST	3.
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Cynthia Y Mota								
STREET ADDRESS 2604 Appel Street								
CITY Allentown				STATE PA		ZIP CODE 18103		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY 1.							MO. 11	DAY 02
2ND FRIDAY PRE-PRIMARY 2.							YEAR 2021	
30 DAY POST-PRIMARY 3.								
6TH TUESDAY PRE-ELECTION 4.								
2ND FRIDAY PRE-ELECTION 5.								
30 DAY POST-ELECTION 6. <input checked="" type="checkbox"/>								
ANNUAL REPORT 7.								
		DATES OF REPORTING PERIOD		MO. 10	DAY 22	YEAR 21	TO MO. 11 DAY 27 YEAR 21	
		CASH BALANCE AT END OF REPORTING PERIOD:		\$		0.00		
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		0.00		
		AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>		
		TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>		
		FOR OFFICE USE ONLY						
		RECEIVED 2021 DEC -1 PM 12:24 ELECTION BOARD OF LEHIGH COUNTY						

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 OF LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 12th DAY OF December 2021
 [Signature]
 SIGNATURE
 MY COMMISSION EXPIRES 3/24/25 MO. DAY YR.

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT
 Cynthia Y Mota
 PRINTED NAME
 484 553-5830
 AREA CODE DAYTIME TELEPHONE NUMBER

Commonwealth of Pennsylvania - Notary Public
 DIANE L GORDIAN - Notary Public
 Lehigh County
 My Commission Expires March 29, 2025
 Commission Number 1394734

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
 Cynthia Y Mota
 PRINTED NAME
 484 553-5830
 AREA CODE DAYTIME TELEPHONE NUMBER