

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 <i>Cynthia Y Moti</i>						
STREET ADDRESS <i>2604 Appel St</i>						
CITY <i>Allentown</i>			STATE <i>PA</i>	ZIP CODE <i>18104</i>		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
6TH TUESDAY PRE-PRIMARY 1.		<i>Allentown C.H. Council</i>			<i>Democrat</i>	MO. <i>5</i> DAY <i>18</i> YEAR <i>21</i>
2ND FRIDAY PRE-PRIMARY 2.		DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
30 DAY POST-PRIMARY 3.		MO. DAY YEAR TO MO. DAY YEAR <i>5 4 21</i> TO <i>6 7 21</i>		RECEIVED ELECTION BOARD OF LEHIGH COUNTY 2021 JUN 17 PM 2:57		
6TH TUESDAY PRE-ELECTION 4.		CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>0</i>				
2ND FRIDAY PRE-ELECTION 5.		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0</i>				
30 DAY POST-ELECTION 6. <input checked="" type="checkbox"/>		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>				
ANNUAL REPORT 7.						

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 REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
10th DAY OF *June*
 SIGNATURE *[Signature]*
 MY COMMISSION EXPIRES MO. DAY YR.

Commonwealth of Pennsylvania
 Diane L. Gordian, Notary Public
 Lehigh County
 My Commission Expires March 29, 2022
 Commission Number 1394733

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

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 _____
 PRINTED NAME _____
 MY COMMISSION EXPIRES MO. DAY YR. AREA CODE _____ DAYTIME TELEPHONE NUMBER _____