

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>Matt Tuent</i>								
STREET ADDRESS <i>46 South 16th Street</i>								
CITY <i>Allentown</i>			STATE <i>PA</i>		ZIP CODE <i>18102-</i>			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
6TH TUESDAY PRE-PRIMARY		<i>Allentown Mayor</i>		<i>---</i>	<i>Dem</i>	MO.	DAY	YEAR
<input type="checkbox"/>						<i>5</i>	<i>12</i>	<i>2021</i>
2ND FRIDAY PRE-PRIMARY						FOR OFFICE USE ONLY		
<input type="checkbox"/>								
30 DAY POST-PRIMARY								
<input checked="" type="checkbox"/>								
6TH TUESDAY PRE-ELECTION								
<input type="checkbox"/>								
2ND FRIDAY PRE-ELECTION								
<input type="checkbox"/>								
30 DAY POST-ELECTION								
<input type="checkbox"/>								
ANNUAL REPORT								
<input type="checkbox"/>								

DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	MO.	DAY	YEAR
		<i>5</i>	<i>3</i>	<i>2021</i>		<i>6</i>	<i>7</i>	<i>2021</i>

CASH BALANCE AT END OF REPORTING PERIOD:	\$	<i>0-</i>
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	\$	<i>0-</i>

AMENDMENT REPORT?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
TERMINATION REPORT?	YES	<input type="checkbox"/>	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 REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

17th DAY OF *June* 20*21*

[Signature]
 SIGNATURE

MY COMMISSION EXPIRES *08/24/24*
 MO. DAY YR.

SIGNATURE OF PERSON SUBMITTING REPORT

MATT TUENT
 PRINTED NAME

610
 AREA CODE

653.3064
 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 OF CANDIDATE

 PRINTED NAME

 AREA CODE

 DAYTIME TELEPHONE NUMBER