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	✓	COMMITTEE	2	LOBBYIST	3

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST: David M. Citok

STREET ADDRESS: 321 S 11th Street

CITY: Reading | STATE: PA | ZIP CODE: 19602 —

TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1.	City Auditor	Reading	DEM	11	3	15
2ND FRIDAY PRE-PRIMARY	2.						
30 DAY POST-PRIMARY	3.						
6TH TUESDAY PRE-ELECTION	4.						
2ND FRIDAY PRE-ELECTION	5.						
30 DAY POST-ELECTION	6.						
ANNUAL REPORT	7. ✓						

DATES OF REPORTING PERIOD

MO.	DAY	YEAR	TO	MO.	DAY	YEAR
11	24	15		12	31	15

CASH BALANCE AT END OF REPORTING PERIOD: $ <2,323.45>

TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: $ —0—

	YES		NO	
AMENDMENT REPORT?			NO	✓
TERMINATION REPORT?			NO	✓

FOR OFFICE USE ONLY

RECEIVED BERKS COUNTY ELECTION SERVICES 2016 JAN 28 PM 1:07

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 27th DAY OF JANUARY 2016

SIGNATURE: Debra A. Thompson

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Debra A. Thompson, Notary Public
City of Reading, Berks County
My Commission Expires May 23, 2017
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

David M. Citok
SIGNATURE OF PERSON SUBMITTING REPORT

DAVID M. CITOK
PRINTED NAME

610 | 655-6123
AREA CODE | 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.

RECEIVED 1-28-16 BY: mok

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____

SIGNATURE OF CANDIDATE

PRINTED NAME

SIGNATURE

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

AREA CODE | DAYTIME TELEPHONE NUMBER