

Rec'd 6/18/15 *JR* CAMPAIGN FINANCE REPORT

Commonwealth of Pennsylvania

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:		Report Filed By:		CANDIDATE <input type="checkbox"/>	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST <input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Johanny Cepeda</i>						
Street Address: <i>300 Penn St</i>						
City: <i>Reading</i>			State: <i>PA</i>		Zip Code: <i>19602</i>	
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>	1.	2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>	2.	30-DAY POST-PRIMARY <input checked="" type="checkbox"/>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	8TH TUESDAY PRE-ELECTION <input type="checkbox"/>	4.	2ND FRIDAY PRE-ELECTION <input type="checkbox"/>	5.	30-DAY POST-ELECTION <input type="checkbox"/>	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	ANNUAL REPORT <input checked="" type="checkbox"/>	7.	YEAR <input type="checkbox"/>		FILING METHOD (CHECK ONE) <input checked="" type="checkbox"/>	PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>

Name of Office Sought by Candidate: <i>City Council</i>			DATE OF ELECTION			District Number	Office Code	Party Code	County Code
			MO.	DAY	YEAR				
			<i>5</i>	<i>19</i>	<i>2013</i>	<i>6</i>			

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
		<i>05</i>	<i>5</i>	<i>2015</i>		<i>6</i>	<i>8</i>	
A. Amount Brought Forward From Last Report				\$	<i>975⁰⁰</i>			
B. Total Monetary Contributions and Receipts (From Schedule I)				\$	<i>450⁰⁰</i>			
C. Total Funds Available (Sum of Lines A and B)				\$	<i>1425</i>			
D. Total Expenditures (From Schedule III)				\$	<i>1330</i>			
E. Ending Cash Balance (Subtract Line D from Line C)				\$	<i>95</i>			
F. Value of In-Kind Contributions Received (From Schedule II)				\$	<i>7648⁰⁰</i>			
G. Unpaid Debts and Obligations (From Schedule IV)				\$	<i>0</i>			

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this *13* day of *June*

COMMONWEALTH OF PENNSYLVANIA Notarial Seal Jan H. Marshall, Notary Public City of Reading, Berks County My Commission Expires April 2, 2016 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES		Signature of Person Submitting Report <i>Ana Cepeda</i> Printed Name Ana Cepeda
Signature <i>Jan H. Marshall</i>	My commission expires MO. <u><i>4</i></u> DAY <u><i>2</i></u> YR. <u><i>16</i></u>	Area Code <u><i>610</i></u> Daytime Telephone Number <u><i>373-3578</i></u>

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall 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 *13* day of *June*

COMMONWEALTH OF PENNSYLVANIA Notarial Seal Jan H. Marshall, Notary Public City of Reading, Berks County My Commission Expires April 2, 2016 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES		Signature of Candidate <i>Johanny Cepeda</i> Printed Name Johanny Cepeda
Signature <i>Jan H. Marshall</i>	My commission expires MO. <u><i>4</i></u> DAY <u><i>2</i></u> YR. <u><i>16</i></u>	Area Code <u><i>610</i></u> Daytime Telephone Number <u><i>391-3448</i></u>

Department of State • Bureau of Commissions, Elections and Legislation
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Johnny Capeda</i>	Reporting Period From <i>5/5/15</i> To <i>6/8/15</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <i>50⁰⁰</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
TOTAL for the Reporting Period (2)	\$

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>400⁰⁰</i>
All Other Contributions (Part D)	\$
TOTAL for the Reporting Period (3)	\$

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ <i>450⁰⁰</i>
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PART C

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate <i>Friends of Johanny Cepeda</i>	Reporting Period From <i>5/5/15</i> To <i>6/8/15</i>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Laborers Local 1174</i>	<i>5</i>	<i>15</i>	<i>15</i>	<i>\$ 400⁰⁰</i>
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 400⁰⁰

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Johnny Cepeda</i>	Reporting Period From <i>5/3/15</i> To <i>6/8/15</i>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ <i>7,648.00</i>

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ <i>7,648.00</i>
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IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate <i>Friends of Johanny Cepede</i>	Reporting Period From <i>5/5/15</i> To <i>6/8/2015</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Citizens for a Greater Reading</i>	<i>5</i>	<i>15</i>	<i>15</i>	\$ <i>7,648⁰⁰</i>
Mailing Address <i>1716 Olive St</i>	MO.	DAY	YEAR	\$
City <i>Reading</i>	MO.	DAY	YEAR	\$
State <i>PA</i>				
Zip Code (Plus 4) <i>19604</i>				

Employer of Contributor <i>Political Action Committee</i>	Occupation <i>n/a</i>
Employer Mailing Address/Principal Place of Business	Description of Contribution <i>direct mail, media dev. GOTV expenses</i>

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				

Employer of Contributor	Occupation
Employer Mailing Address/Principal Place of Business	Description of Contribution

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				

Employer of Contributor	Occupation
Employer Mailing Address/Principal Place of Business	Description of Contribution

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				

Employer of Contributor	Occupation
Employer Mailing Address/Principal Place of Business	Description of Contribution

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				

Employer of Contributor	Occupation
Employer Mailing Address/Principal Place of Business	Description of Contribution

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$ *7,648⁰⁰*

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Johanny Cepede	Reporting Period From 5/5/15 To 6/8/15
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To Whom Paid	MO.	DAY	YEAR	Amount
Jesus Adames	5	19	15	\$ 100⁰⁰
Mailing Address 221 Clifton Ave	Description of Expenditure poll worker			
City Reading	State PA	Zip Code (Plus 4) 19611		
Erin Gutierrez	5	19	15	\$ 100
Mailing Address 644 Mulberry st	Description of Expenditure poll worker			
City Reading, PA	State PA	Zip Code (Plus 4) 19604		
Elvinson Gutierrez	5	19	15	\$ 100
Mailing Address 644 Mulberry st.	Description of Expenditure poll worker			
City Reading	State PA	Zip Code (Plus 4) 19604		
Davis Gutierrez	5	19	15	\$ 100
Mailing Address 644 Mulberry st	Description of Expenditure poll worker			
City Reading	State PA	Zip Code (Plus 4) 19604		
Jack McNair	5	19	15	\$ 100
Mailing Address 648 Mulberry St	Description of Expenditure poll worker			
City Reading	State PA	Zip Code (Plus 4) 19604		
City Democratic Committee				\$ 80⁰⁰
Mailing Address 1240 Douglass st.	Description of Expenditure Election Board signs			
City Reading PA	State PA	Zip Code (Plus 4) -		
Citizens for greater Reading	5	15	15	\$ 750⁰⁰
Mailing Address 1716 Olive st	Description of Expenditure Contribution			
City Reading	State PA	Zip Code (Plus 4) 19604		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 1330

Rec'd 6/18/15 JZ

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	LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Johanny Cepede</i>					
STREET ADDRESS <i>144 Walnut St.</i>					
CITY <i>Reading</i>		STATE <i>PA</i>		ZIP CODE <i>19601</i>	
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY
6TH TUESDAY PRE-PRIMARY	1.				
2ND FRIDAY PRE-PRIMARY	2.				
30 DAY POST-PRIMARY	3. <input checked="" type="checkbox"/>				
6TH TUESDAY PRE-ELECTION	4.				
2ND FRIDAY PRE-ELECTION	5.				
30 DAY POST-ELECTION	6.				
ANNUAL REPORT	7.				
DATES OF REPORTING PERIOD		DATE OF ELECTION		FOR OFFICE USE ONLY	
MO. DAY YEAR		MO. DAY YEAR		BERKS COUNTY ELECTION SERVICES	
<i>05 5 15</i> TO <i>6 8 15</i>		<i>5 18 PM 2 45</i>		RECEIVED	
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:		\$			
AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>	
TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>	

AFFIDAVIT SECTION

PART 1-

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

5 DAY OF *June* 20*15*

Donna L. Platt SIGNATURE

MY COMMISSION EXPIRES *1 19 2016* MO. DAY YR.

Johanny Cepede SIGNATURE OF PERSON SUBMITTING REPORT

Johanny Cepede PRINTED NAME

646 AREA CODE *391-3448* DAYTIME TELEPHONE NUMBER

PART 11-

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

COMMONWEALTH OF PENNSYLVANIA Notarial Seal Donna L. Platt, Notary Public City of Reading, Berks County My Commission Expires Jan. 19, 2016 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES