

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

PAGE 1 OF

13
(COVER PAGE)

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

Filer Identification Number: 77-0677563		Report Filed By: CANDIDATE		1. CANDIDATE		2. COMMITTEE		3. LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: Friends of David Jr.										
Street Address: 1942 W. Chew St										
City: Allentown					State: PA		Zip Code: 18104			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO ☒	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	☒	TERMINATION REPORT?	YES	NO ☒	
	ANNUAL REPORT	7.	YEAR		FILING METHOD () CHECK ONE		PAPER ☒	DISKETTE		
Name of Office Sought by Candidate: Mayor					DATE OF ELECTION		District Number	Office Code	Party Code	
					MO. DAY YEAR 5 16 2017				D 39	
							(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:					MO. DAY YEAR 5 2 2017		MO. DAY YEAR 6 5 17		FOR OFFICE USE ONLY	
A. Amount Brought Forward From Last Report					\$ 15,194.03		RECEIVED 2017 JUN 15 AM 10:29 ELECTION BOARD OF LEHIGH COUNTY			
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ 1026.00					
C. Total Funds Available (Sum of Lines A and B)					\$ 16,220.03					
D. Total Expenditures (From Schedule III)					\$ 13,832.68					
E. Ending Cash Balance (Subtract Line D from Line C)					\$ 2387.35					
F. Value of In-Kind Contributions Received (From Schedule II)					\$ - 0 -					
G. Unpaid Debts and Obligations (From Schedule IV)					\$ - 0 -					

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, is true, correct and complete.

Sworn to and subscribed before me this 15th day of June 2017

[Signature]
Signature

My commission expires 12 23 19
MO. DAY YR.

[Signature]
Signature of Person Submitting Report

Shirl Comick
Printed Name

610
Area Code

820-0755
Daytime Telephone Number

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 June day of 15 2017

[Signature]
Signature

My commission expires 12 23 19
MO. DAY YR.

David S Jones Sr
Signature of Candidate

David S Jones Sr
Printed Name

610
Area Code

739-3386
Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Friends of David Jones	Reporting Period From 5-1-17 To 6-5-17
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 35.00

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)	\$ 491.00
TOTAL for the Reporting Period (2)	\$ 491.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$ 500.00
TOTAL for the Reporting Period (3)	\$ 500.00

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.)	\$ 1026.00
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SCHEDULE III
STATEMENT OF EXPENDITURES

PAGE 3 OF 13

Name of Filing Committee or Candidate				Reporting Period			
Friends of David Jones				From <u>5-2-17</u> To <u>6-5-17</u>			

To Whom Paid	MO.	DAY	YEAR	Amount
Lehigh County Voter Registration	5	4	17	\$ 15.00
Mailing Address	Description of Expenditure			
Hamilton St	Notary Service			
City	State	Zip Code (Plus 4)		
Allentown	PA	18101 -		
To Whom Paid	MO.	DAY	YEAR	Amount
Facebook	5	1	17	\$ 40.75
Mailing Address	Description of Expenditure			
-	Post Boost			
City	State	Zip Code (Plus 4)		
-		-		
To Whom Paid	MO.	DAY	YEAR	Amount
Dominican House - GOTV	5	5	17	\$ 175.00
Mailing Address	Description of Expenditure			
-	Canvassing			
City	State	Zip Code (Plus 4)		
Allentown	PA	18102 -		
To Whom Paid	MO.	DAY	YEAR	Amount
DE JAVU Lounge	5	6	17	\$ 80.00
Mailing Address	Description of Expenditure			
Hamilton St	Community Event			
City	State	Zip Code (Plus 4)		
Allentown	PA	18101 -		
To Whom Paid	MO.	DAY	YEAR	Amount
David Jones	5	2	17	\$ 64.15
Mailing Address	Description of Expenditure			
2316 S. Albert St	meeting Expenses			
City	State	Zip Code (Plus 4)		
Allentown	PA	18103 -		
To Whom Paid	MO.	DAY	YEAR	Amount
A+H Sports	2	4	17	\$ 200.00
Mailing Address	Description of Expenditure			
3103 W. Emmaus Ave	Tee Shirts			
City	State	Zip Code (Plus 4)		
Allentown	PA	18103 -		
To Whom Paid	MO.	DAY	YEAR	Amount
Tom's Auto	5	5	17	\$ 10.00
Mailing Address	Description of Expenditure			
729 E. Sugdehanna St	Notary Service			
City	State	Zip Code (Plus 4)		
Allentown	PA	18103 -		
To Whom Paid	MO.	DAY	YEAR	Amount
Advantage PEP	5	6	17	\$ 1625.00
Mailing Address	Description of Expenditure			
2285 Schoenerville Rd	Campaign Consulting			
City	State	Zip Code (Plus 4)		
Allentown	PA	18107 -		

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

PAGE TOTAL

\$ 2209.90

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period			
Friends of David Jones				From 5-2-17 To 6-5-17			

To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	Description of Expenditure
LV Print Center	1701 Union Blvd	Allentown	PA	18109	5	8	17	\$ 1035.00	Printing
LA ISLA	46 N. 10 th St	Allentown	PA	18102-	5	8	17	\$ 300.00	Event
LV Print Center	1701 Union Blvd	Allentown	PA	18109	5	9	17	\$ 2444.67	Printing
Face book	-	-	-	-	5	16	17	\$ 461.06	Post Boost (Adv)
Face book	-	-	-	-	5	16	17	\$ 39.06	Post Boost (Adv)
Advantage PEP	2285 Schoenerville Rd	Allentown	PA	18017 -	5	16	17	\$ 473.64	GO TV - Election Day Expenses
LV Print Center	1701 Union Blvd	Allentown	PA	18109-	5	12	17	\$ 310.05	Printing
FACE BOOK	-	-	-	-	6	1	17	\$ 62.30	Advertising-Final Bill

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

PAGE TOTAL

\$ 5125.78

SCHEDULE III
STATEMENT OF EXPENDITURES

PAGE 5 OF 13

Name of Filing Committee or Candidate Friends of David Jones				Reporting Period From 5-2-17 To 6-5-17			
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To Whom Paid MARI			MO. 5	DAY 18	YEAR 17	Amount \$ 40.00
Mailing Address 1162 McCarthy RD			Description of Expenditure Debriefing Meeting			
City Whitehall	State PA	Zip Code (Plus 4) 18052 -				
To Whom Paid Michael Laws			MO. 5	DAY 17	YEAR 17	Amount \$ 2000.00
Mailing Address 202 Saucon View Drive			Description of Expenditure Campaign Manager			
City Bethlehem	State PA	Zip Code (Plus 4) 18018 -				
To Whom Paid David Jones			MO. 5	DAY 17	YEAR 17	Amount \$ 4000.00
Mailing Address 2316 S. Albert st			Description of Expenditure Campaign Loan			
City Allentown	State PA	Zip Code (Plus 4) 18103 -	Reimbursement			
To Whom Paid Dominican House			MO. 5	DAY 14/16	YEAR 17	Amount \$ 455.00
Mailing Address			Description of Expenditure GOTV-Canvassing			
City Allentown	State PA	Zip Code (Plus 4) 18104 -				
To Whom Paid TD Bank			MO. 5	DAY 31	YEAR 17	Amount \$ 2.00
Mailing Address Tilghman St			Description of Expenditure fee			
City Allentown	State PA	Zip Code (Plus 4) 18104				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				

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

PAGE TOTAL
\$6499.00

PART A

PAGE 6 OF 13

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees
with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate <u>Friends of David Jones</u>	Reporting Period From <u>5-1-17</u> To <u>6-5-17</u>
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Full Name of Contributing Committee				DATE			AMOUNT
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL

\$ 0-

PART B
ALL OTHER CONTRIBUTIONS

PAGE 7 OF 13

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate Friends of David Jones				Reporting Period From 5-2-17 To 6-5-17			
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Full Name of Contributor				DATE			AMOUNT
	MO.	DAY	YEAR				
Gabriel E. Rendon	5	3	17	\$	70.00		
Mailing Address 339 E. Union St	MO.	DAY	YEAR	\$			
City Allentown State PA Zip Code (Plus 4) 18109 -	MO.	DAY	YEAR	\$			
Anonymous	5	3	17	\$	70.00		
Mailing Address —	MO.	DAY	YEAR	\$			
City — State — Zip Code (Plus 4) —	MO.	DAY	YEAR	\$			
Boger J. Maclean	5	16	17	\$	101.00		
Mailing Address 145 Springhouse Rd	MO.	DAY	YEAR	\$			
City Allentown State PA Zip Code (Plus 4) 18104 -	MO.	DAY	YEAR	\$			
Linda Renick	5	2	17	\$	250.00		
Mailing Address 2820 Klein St	MO.	DAY	YEAR	\$			
City Allentown State PA Zip Code (Plus 4) 18103 -	MO.	DAY	YEAR	\$			
Full Name of Contributor	MO.	DAY	YEAR	\$			
Mailing Address	MO.	DAY	YEAR	\$			
City	MO.	DAY	YEAR	\$			
Full Name of Contributor	MO.	DAY	YEAR	\$			
Mailing Address	MO.	DAY	YEAR	\$			
City	MO.	DAY	YEAR	\$			
Full Name of Contributor	MO.	DAY	YEAR	\$			
Mailing Address	MO.	DAY	YEAR	\$			
City	MO.	DAY	YEAR	\$			
Full Name of Contributor	MO.	DAY	YEAR	\$			
Mailing Address	MO.	DAY	YEAR	\$			
City	MO.	DAY	YEAR	\$			
Full Name of Contributor	MO.	DAY	YEAR	\$			
Mailing Address	MO.	DAY	YEAR	\$			
City	MO.	DAY	YEAR	\$			

PAGE TOTAL
\$ 491.00

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

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				Reporting Period			
Friends of David Jones				From 5-2-17 To 6-5-17			
Full Name of Contributing Committee				DATE			AMOUNT
Mailing Address				MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
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Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
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Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
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Mailing Address				MO.	DAY	YEAR	\$
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Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee							

PART D
ALL OTHER CONTRIBUTIONS

PAGE 9 OF 13

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate Friends of David Jones	Reporting Period From 5-2-17 To 6-5-17
--	---

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	
Corning F. Painter				5	12	17	\$ 500.00
Mailing Address 4807 Leeds				MO.	DAY	YEAR	\$
City Center Valley	State PA	Zip Code (Plus 4) 18034-		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

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

PAGE TOTAL
\$ 500.00

PART E
OTHER RECEIPTS

PAGE 10 OF 13

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate Friends of David Jones	Reporting Period From 5-2-17 To 6-5-17
--	---

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
						\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
						\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
						\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
						\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
						\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
						\$
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL

\$ - 0 -

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED

PAGE 11 OF 13

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <u>Friends of David Jones</u>	Reporting Period From <u>5-21-17</u> To <u>6-5-17</u>
--	--

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

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$ - 0 -

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

PAGE 12 OF 13

Name of Filing Committee or Candidate Friends of David Jones	Reporting Period From 5-2-17 To 6-5-17
--	---

Full Name of Contributor				DATE			AMOUNT
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State				MO.	DAY	YEAR	\$
Zip Code (Plus 4)				MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
				MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$

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

PAGE TOTAL

\$ - 0 -

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate Friends of David Jones	Reporting Period From 5-2-17 To 6-5-17
--	---

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt						

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL

\$ - 0 -