

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	1. <input checked="" type="checkbox"/> COMMITTEE	2. <input type="checkbox"/> LOBBYIST	3. <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST David Jones, Sr							
STREET ADDRESS 2316 S. Albert St							
CITY Allentown				STATE PA	ZIP CODE 18104 -		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY		Mayor		39	D	MO. 5	DAY 16
2ND FRIDAY PRE-PRIMARY						YEAR 17	
30 DAY POST-PRIMARY							
6TH TUESDAY PRE-ELECTION							
2ND FRIDAY PRE-ELECTION							
30 DAY POST-ELECTION							
ANNUAL REPORT							
		DATES OF REPORTING PERIOD		MO. DAY YEAR		MO. DAY YEAR	
		5 2 17 TO 6 5 17					
		CASH BALANCE AT END OF REPORTING PERIOD:		\$ - 0 -			
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ - 0 -			
		AMENDMENT REPORT?		YES		NO	X
		TERMINATION REPORT?		YES		NO	X
FOR OFFICE USE ONLY							
RECEIVED 2017 JUN 15 AM 10:29 ELECTION BOARD OF LEHIGH COUNTY							

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 TRUE, CORRECT AND COMPLETE.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS 15th DAY OF June 2017 [Signature] SIGNATURE MY COMMISSION EXPIRES 23 19 MO. DAY YR.	NOTARIAL SEAL Jennifer L. Detweiler, Notary Public City of Allentown, Lehigh County My commission expires December 23, 2019 [Signature] SIGNATURE OF PERSON SUBMITTING REPORT Shirl Cornick PRINTED NAME 610 820-0755 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.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS 15th DAY OF June 2017 [Signature] SIGNATURE MY COMMISSION EXPIRES 23 19 MO. DAY YR.	NOTARIAL SEAL Jennifer L. Detweiler, Notary Public City of Allentown, Lehigh County My commission expires December 23, 2019 [Signature] SIGNATURE OF CANDIDATE David S. Jones Sr. PRINTED NAME 610 739-3386 AREA CODE DAYTIME TELEPHONE NUMBER