Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

(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.	COMMITTEE 2. X	LOBBYIST 3.

Name of Filing Committee, Candidate or Lobbyist:
Friends of David Jones

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. X	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES X	NO	
6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO	X
ANNUAL REPORT	7.	YEAR		FILING METHOD ( ) CHECK ONE		PAPER	X	DISKETTE	

Name of Office Sought by Candidate: Allentown Mayor

DATE OF ELECTION MO.	DAY	YEAR	District Number	Office Code	Party Code	County Code
5	16	2017			0	39

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from: 1/1/2017 To 5/1/2017

FOR OFFICE USE ONLY

RECEIVED
17 MAY -5 PM 2:48

A. Amount Brought Forward From Last Report	$ 10,678.44
B. Total Monetary Contributions and Receipts (From Schedule I)	$ 16,397.00
C. Total Funds Available (Sum of Lines A and B)	$ 27,075.44
D. Total Expenditures (From Schedule III)	$ 11,881.41
E. Ending Cash Balance (Subtract Line D from Line C)	$ 15,194.03
F. Value of In-Kind Contributions Received (From Schedule II)	$ 1,327.93
G. Unpaid Debts and Obligations (From Schedule IV)	$ 4,000.00

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 4th day of May 2017

Signature

My commission expires 08 20 2018 (MO. DAY YR.)

Shirl Ann Comick
Signature of Person Submitting Report

Shirl Ann Comick
Printed Name

610 820-0755
Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Veronica Duran, Notary Public
City of Allentown, Lehigh County
My Commission Expires Aug. 20, 2018
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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 4th day of May 2017

Signature

My commission expires 08 20 2018 (MO. DAY YR.)

David S Jones Sr.
Signature of Candidate

David S Jones Sr
Printed Name

610 739 3386
Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Veronica Duran, Notary Public
City of Allentown, Lehigh County
My Commission Expires Aug. 20, 2018
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Friends of David Jones	From 1-1-17 To 5-1-17

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - $50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	$ 672

2. CONTRIBUTIONS $50.01 TO $250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		$ 0
All Other Contributions (Part B)		$ 2,725
TOTAL for the Reporting Period	(2)	$

3. CONTRIBUTIONS OVER $250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		$
All Other Contributions (Part D)		$ 13,000
TOTAL for the Reporting Period	(3)	$ 13,000

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.)*	$ 16,397.00

PART A

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	Reporting Period
Friends of David Jones	From 01-01-17 To 5-1-17

Full Name of Contributing Committee / Mailing Address / City / State / Zip Code (Plus 4)	DATE MO.	DAY	YEAR	AMOUNT
Brian d. Collins 5607 W. Ridge Dr Macungie PA 18062-	04	20	2017	$ 100.00
Leo K. Howell, III 472 Hall Ln Emmaus PA 18049	04	20	17	$ 100.00
Eric K Dowdle ESQ 333 W. Union St Allentown PA 18102 -	04	11	2017	$ 250.00
Jon Aswartz 305 Farmington Rd Breinigsville PA 18031-	02	03	2017	$ 100.00
Phila Back 30 Pine St Kutztown PA 19530-	02	03	2017	$ 100.00
	02	13	2017	$ 100.00
John Rosario 3701 Allen St Allentown PA 18104 -	02	24	2017	$ 150.00
Brian Penn 511 SW 178th Way Pembroke FL 33029 -				$ 200.00
				$
				$

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

PAGE TOTAL $ 1100.00

PART A

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	Reporting Period
Friends of David Jones	From 1-1-17 To 5-1-17

Full Name of Contributing Committee	Mailing Address	City	State	Zip Code (Plus 4)	DATE MO.	DAY	YEAR	AMOUNT
Timothy M. Mulligan	1608 Travers Rd	Breinigsville	PA	18031 -	01	11	2017	$ 75.00
Troy Drayton	2046 Hilltop Rd	Bethlehem	PA	18015 -	01	26	2017	$ 100.00
Cecala/Kerecz Partnership	1180 Wolf St	Whitehall	PA	18052 -	01	13	2017	$ 100.00
Robert Elbich	3153 Master Hill Road	Fogelsville	PA	18051 -	01	26	2017	$ 100.00
								$
								$
								$
								$
								$
								$
								$

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

PAGE TOTAL $ 375.00

PART B

ALL OTHER CONTRIBUTIONS

$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	Reporting Period
friends of David Jones	From 01/01/17 To 05/01/17

Full Name of Contributor / Mailing Address / City / State / Zip Code (Plus 4)	DATE (MO. DAY YEAR)	AMOUNT
Sharon Frazer 25 N. 11 st Allentown PA 18104	04 08 2017	$ 100.00
Jesse Johnson FH 426 Hanover Ave Allentown PA 18109 -	04 08 2017	$ 100.00
Daniel Bosket P.O. Box 1314 Allentown PA 18105 -	04 08 207	$ 250.00
Richard W. Shaffer 3965 Ravenwood Rd Allentown PA 18103 -	4 19 207	$ 175.00
Linda Renick 2820 Klein st Allentown PA 18103 -	04 03 207	$ 250.00
Jennifer R. Almonti 8373 Mohr Ln Fogelsville PA 18051	04 20 2017	$ 175.00
Thomas M. Caffrey 5516 Thornberry Ct Whitehall PA 18052	04 17 207	$ 100.00
Carol Guanowsky 144 Red Maple Ln Allentown PA 18104 -	04 17 2017	$ 100.00

PAGE TOTAL $ 1250.-

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

PART D

ALL OTHER CONTRIBUTIONS

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 1-1-17 To 5-1-17

Full Name of Contributor / Mailing Address / City / State / Zip Code (Plus 4) / Employer Name / Occupation / Employer Mailing Address/Principal Place of Business	DATE (MO. DAY YEAR)	AMOUNT
Patricia A. Cecala 1180 Wolf St Whitehall PA 18052- Self Employed Cecala/Kerecz Partnership) 1180 Wolf St Whitehall PA 18052	01 06 2017	$ 500.00
Thomas Knoll 50 S. 16th St Unit 4604 Philadelphia PA 19102 Self employed self employed	01 18 2017	$ 10,000.00
Dwayne Jones - Preventive Measures 1101 Hamilton St Allentown PA 18104	1 28 2017	$ 1500.00
Troy Drayton 2048 Hilltop Rd Bethlehem PA 18106- Advanced Health Media 420 Mountain Ave - New Providence NJ 07974	02 17 2017	$ 500.00
Alan Blanks 423 W. Walnut Allentown PA 18102- Retired	02 16 2017	$ 500.00

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

PAGE TOTAL $13,000.00

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	Reporting Period
Friends of David Jones	From 1-1-17 To 5-1-17

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)	$ 1327.93

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD *(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)*	$ 1327.93

SCHEDULE II
PART G

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER $250.00

Name of Filing Committee or Candidate: Friends of David Jones

Reporting Period: From 1-1-17 To 5-1-17

	DATE (MO. / DAY / YEAR)	AMOUNT
Full Name of Contributor: Howard Stevens Mailing Address: 2349 Riverbend Rd City: Allentown State: PA Zip Code (Plus 4): 18103 - Employer of Contributor: Gross McGinley Employer Mailing Address/Principal Place of Business: 33 S. 7th St Allentown PA 18105 Occupation: Lawyer Description of Contribution: Event Food - Beverages	4 / 22 / 17	$ 1327.93
Full Name of Contributor Mailing Address City State Zip Code (Plus 4) - Employer of Contributor Employer Mailing Address/Principal Place of Business Occupation Description of Contribution		$
Full Name of Contributor Mailing Address City State Zip Code (Plus 4) - Employer of Contributor Employer Mailing Address/Principal Place of Business Occupation Description of Contribution		$
Full Name of Contributor Mailing Address City State Zip Code (Plus 4) - Employer of Contributor Employer Mailing Address/Principal Place of Business Occupation Description of Contribution		$
Full Name of Contributor Mailing Address City State Zip Code (Plus 4) - Employer of Contributor Employer Mailing Address/Principal Place of Business Occupation Description of Contribution		$

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

PAGE TOTAL $ 1327.93

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Friends of David Jones	From 01-1-17 To 5-1-17

To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	Description of Expenditure
Voter registration		Lehigh County		–	01	31	17	$ 15.00	Filing
UPS store 4651	1874 Airport Rd	Allentown	PA	18109 –	02	23	2017	$ 50.35	Printing
LV Print Center	701 Union BLVD	Allentown	PA	18109-				$ 474.88	printing
Advantage P&P	2285 Schoenersville Rd	Bethlehem	PA	18017-	03	30	17	$ 1850.00	Campaign consulting
David Jones	2316 S. Albert St	Allentown		–				$ 171.50	reimbursement - Stamps
Dollar Tree	1539 Lehigh St	Allentown	PA	18109 –	03	30	17	$ 25.44	Community
TD Bank		Allentown	PA	–	03	31	17	$ 2.00	fee
								$	

PAGE TOTAL $ 2589.17

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

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Friends of David Jones	From 1-1-17 To 5-1-17

To Whom Paid / Mailing Address / City / State / Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	Description of Expenditure
GLV Chamber 540 Hamilton BLVD Allentown PA 18104	02	13	2017	$ 250.00	Chamber Event
Advantage PeP 2285 Schoenerville Rd	02	21	2017	$ 1,750.00	campaign consulting
TD Bank Allentown PA 18104	02	23	2017	$ 20.00	R/C fee
TD Bank Allentown PA 18104				$ 100.00	R-C
Facebook Acct	04	03	2017	$ 65.65	Post boosts
Walmart Whitehall PA 18052	04	03	2017	$ 32.48	community
T.D Bank Allentown PA 18104	02	28	2017	$ 2.00	fee
LV Print Center 1701 Union Blvd Allentown PA 18109	04	06	2017	$ 1571.45	printing

PAGE TOTAL $ 3,791.58

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

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Friends of David Jones	From 1-1-17 To 5-1-17

To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	Description of Expenditure
TD Bank		Allentown	PA	18104	04	19	2017	$ 35.00	Fee
Avantage PEP	2285 Schoenerville Rd	Bethlehem	PA	18017-	04	19	2017	$ 2,175.00	Campaign consulting
LV Print	1701 Union BLVD	Allentown	PA	18109-	04	24	2017	$ 1,288.45	Printing
Facebook Account					04	25	2017	$ 250.00	Post boosts
TD Bank		Allentown	PA	18104	04	25	2017	$ 2.00	
TD Bank		Allentown	PA	18104	01	04	2017	$ 2.40	Fee
LV Print Center	1701 Union BLVD	Allentown	PA	18109-	01	24	2017	$ 421.35	Printing
Advantage PEP	2285 Schoeneville Rd	Allentown	PA	18017	01	26	2017	$ 1326.24	Campaign Consulting

PAGE TOTAL $ 5500.66

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

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	Reporting Period
Friends of David Jones	From 1-1-17 To 5-1-17

Name of Creditor: David Jones
Outstanding Balance of Debt: $ 4,000.00
Mailing Address: 2316 South Albert St
DATE DEBT INCURRED: MO. 12 DAY 24 YEAR 16
City: Allentown, PA
State: PA **Zip Code (Plus 4):** 18103
Description of Debt: Loan to Campaign

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:

PAGE TOTAL $ 4,000.00

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