

705

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

PAGE 1 OF

3
(COVER PAGE)

(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 checked="" type="checkbox"/>		COMMITTEE <input type="checkbox"/>		LOBBYIST <input type="checkbox"/>			
Name of Filing Committee (Candidate or Lobbyist): DAVID JONES, SR.											
Street Address: 2316 S. ALBERT STREET											
City: ALLENTOWN				State: PA		Zip Code: 18104					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY		2ND FRIDAY PRE-PRIMARY		30 DAY POST PRIMARY		AMENDMENT REPORT?		YES	NO	
	6TH TUESDAY PRE-ELECTION		2ND FRIDAY PRE-ELECTION		30 DAY POST ELECTION		TERMINATION REPORT?		YES	NO	
	ANNUAL REPORT		YEAR		FILING METHOD () CHECK ONE		PAPER		<input checked="" type="checkbox"/>	DISKETTE	
Name of Office Sought by Candidate: ALLENTOWN MAYOR					DATE OF ELECTION MO. DAY YEAR 5 16 2017		District Number	Office Code	Party Code D	County Code 39	
							(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:			MO. DAY YEAR 1 1 2017			To			MO. DAY YEAR 12 31 2017		
A. Amount Brought Forward From Last Report					\$		(4,000. --)				
B. Total Monetary Contributions and Receipts (From Schedule I)					\$		4,000. --				
C. Total Funds Available (Sum of Lines A and B)					\$		--0--				
D. Total Expenditures (From Schedule III)					\$		--0--				
E. Ending Cash Balance (Subtract Line D from Line C)					\$		--0--				
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 schedule of report or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 30th day of January, 2018

Amber Rogers
Signature

My commission expires 08 08 2020
MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Amber Rogers, Notary Public
South Whitehall Twp., Lehigh County
My Commission Expires Aug. 8, 2020
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Shirley A. Comick
Signature of Person Submitting Report

Shirley A. Comick
Printed Name

610 820-0705
Area Code 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 report, including the attached schedule of report or computer diskette, 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 30th day of January, 2018

Amber Rogers
Signature

My commission expires 08 08 2020
MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Amber Rogers, Notary Public
South Whitehall Twp., Lehigh County
My Commission Expires Aug. 8, 2020
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

David S. Jones
Signature of Candidate

David S. Jones
Printed Name

610 739-3386
Area Code Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate DAVID JONES, SR.	Reporting Period From 11/1/17 To 12/31/17
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period	(1)	\$	-0-
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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)	\$	-0-
TOTAL for the Reporting Period	(2)	\$ -0-

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)

Contributions Received from Political Committees (Part C)	\$	4,000.-
All Other Contributions (Part D)	\$	-0-
TOTAL for the Reporting Period	(3)	\$ 4,000.-

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)

TOTAL for the Reporting Period	(4)	\$	-0-
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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.)	\$	4,000.-
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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 DAVID JONES, SR.	Reporting Period From 11/1/17 To 12/31/17
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				DATE			AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR				
FRIENDS OF DAVID JONES	5	17	2017	\$			4,000.00
Mailing Address	MO.	DAY	YEAR	\$			
1942 W. CHEW STREET				\$			
City	MO.	DAY	YEAR	\$			
ALBANY				\$			
State				\$			
Zip Code (Plus 4)				\$			
18104				\$			
Full Name of Contributing Committee	MO.	DAY	YEAR	\$			
Mailing Address	MO.	DAY	YEAR	\$			
City	MO.	DAY	YEAR	\$			
State				\$			
Zip Code (Plus 4)				\$			
Full Name of Contributing Committee	MO.	DAY	YEAR	\$			
Mailing Address	MO.	DAY	YEAR	\$			
City	MO.	DAY	YEAR	\$			
State				\$			
Zip Code (Plus 4)				\$			
Full Name of Contributing Committee	MO.	DAY	YEAR	\$			
Mailing Address	MO.	DAY	YEAR	\$			
City	MO.	DAY	YEAR	\$			
State				\$			
Zip Code (Plus 4)				\$			
Full Name of Contributing Committee	MO.	DAY	YEAR	\$			
Mailing Address	MO.	DAY	YEAR	\$			
City	MO.	DAY	YEAR	\$			
State				\$			
Zip Code (Plus 4)				\$			
Full Name of Contributing Committee	MO.	DAY	YEAR	\$			
Mailing Address	MO.	DAY	YEAR	\$			
City	MO.	DAY	YEAR	\$			
State				\$			
Zip Code (Plus 4)				\$			
Full Name of Contributing Committee	MO.	DAY	YEAR	\$			
Mailing Address	MO.	DAY	YEAR	\$			
City	MO.	DAY	YEAR	\$			
State				\$			
Zip Code (Plus 4)				\$			
Full Name of Contributing Committee	MO.	DAY	YEAR	\$			
Mailing Address	MO.	DAY	YEAR	\$			
City	MO.	DAY	YEAR	\$			
State				\$			
Zip Code (Plus 4)				\$			

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

PAGE TOTAL
\$ **4,000.00**