

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: <input type="text"/>		Report Filed By: <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> COMMITTEE <input type="checkbox"/> LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: David S. Jones, SR.			
Street Address: 2316 S. Albert St.			
City: Allentown		State: PA	Zip Code: 18103 -5800
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>	2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>	30 DAY POST PRIMARY <input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION <input type="checkbox"/>	2ND FRIDAY PRE-ELECTION <input type="checkbox"/>	30 DAY POST ELECTION <input type="checkbox"/>
	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>	FILING METHOD () CHECK ONE <input checked="" type="checkbox"/> PAPER <input type="checkbox"/> DISKETTE
ANNUAL REPORT <input checked="" type="checkbox"/>		YEAR: 2016	
Name of Office Sought by Candidate: Mayor			
DATE OF ELECTION MO. DAY YEAR 11 8 2016		District Number 3	Office Code 074 Party Code DEM County Code 39 <small>(SEE INSTRUCTIONS FOR CODES)</small>
Summary of Receipts and Expenditures from: MO. DAY YEAR 1 1 2014		To MO. DAY YEAR 12 31 2016	FOR OFFICE USE ONLY 017 JAN 30 PM 1:40 ELECTIONS OFFICE
A. Amount Brought Forward From Last Report	\$	- 0 -	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	- 0 -	
C. Total Funds Available (Sum of Lines A and B)	\$	- 0 -	
D. Total Expenditures (From Schedule III)	\$	4,000.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	- 4,000.00	
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, 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

_____ day of _____ 20____

Signature _____

My commission expires MO. DAY YR. _____

Signature of Person Submitting Report _____

Printed Name _____

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 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

30th day of January 2017

Signature _____

My commission expires MO. DAY YR. 9 2017

Signature of Candidate
David S. Jones Sr.

Printed Name
David S. Jones Sr.

Area Code
610

Daytime Telephone Number
789-3386

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

Jill Orosky, Notary Public
 City of Allentown, Lehigh County
 My Commission Expires Dec 9, 2017

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

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

DSEB-502 (7-99)

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate David S. Jones, Sr.	Reporting Period From 1-1-16 To 1-31-16
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To Whom Paid Friends of David Jones	MO. 12	DAY 24	YEAR 16	Amount \$ 4,000.00
Mailing Address 1942 W. Chewes St.	Description of Expenditure Campaign Loan			
City Allantown	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)		

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)		

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 \$4,000.00
