

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: <b>77-0677563</b>		Report Filed By: <b>CANDIDATE</b> <sup>1.</sup>	<b>COMMITTEE</b> <sup>2.</sup> <input checked="" type="checkbox"/>	<b>LOBBYIST</b> <sup>3.</sup>
Name of Filing Committee, Candidate or Lobbyist: <b>Friends of David Jones</b>				
Street Address: <b>1942 W. Chew St</b>				
City: <b>Allentown</b>		State: <b>PA</b>	Zip Code: <b>18104</b>	
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY <sup>1.</sup>	2ND FRIDAY PRE-PRIMARY <sup>2.</sup>	30 DAY POST PRIMARY <sup>3.</sup>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION <sup>4.</sup>	2ND FRIDAY PRE-ELECTION <sup>5.</sup>	30 DAY POST ELECTION <sup>6.</sup>	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	ANNUAL REPORT <input checked="" type="checkbox"/> YEAR: <b>2016</b>		FILING METHOD ( ) CHECK ONE	PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>

Name of Office Sought by Candidate: <b>Mayor</b>		DATE OF ELECTION MO. DAY YEAR <b>11 8 2016</b>		District Number <b>3</b>	Office Code <b>07H</b>	Party Code <b>DEM</b>	County Code <b>39</b>
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Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR
	A. Amount Brought Forward From Last Report						
B. Total Monetary Contributions and Receipts (From Schedule I)							
C. Total Funds Available (Sum of Lines A and B)							
D. Total Expenditures (From Schedule III)							
E. Ending Cash Balance (Subtract Line D from Line C)							
F. Value of In-Kind Contributions Received (From Schedule II)							
G. Unpaid Debts and Obligations (From Schedule IV)							

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 JAN 30 PM 1:48  
 ELECTIONS

**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 30th day of January 2017

Jill Orosky Signature  
 My Commission Expires 2017

**COMMONWEALTH OF PENNSYLVANIA**  
 NOTARIAL SEAL DAY YR.  
 Jill Orosky, Notary Public  
 City of Allentown, Lehigh County

Shirl A. Comick Signature of Person Submitting Report  
Shirl A. Comick Printed Name  
610 Area Code 820-0755 Daytime Telephone Number

**PART II - If this is a Candidate report, candidate's Authorized Committee, candidate shall 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 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

Jill Orosky Signature  
 My Commission Expires 2017

**COMMONWEALTH OF PENNSYLVANIA**  
 NOTARIAL SEAL DAY YR.  
 Jill Orosky, Notary Public  
 City of Allentown, Lehigh County

David S. Jones Sr. Signature of Candidate  
David S. Jones Sr. Printed Name  
610 Area Code 739-3386 Daytime Telephone Number

Jill Orosky, Notary Public  
 City of Allentown, Lehigh County  
 My Commission Expires 2017  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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

**CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate <u>Friends of David Jones</u>	Reporting Period From <u>1-1-16</u> To <u>12-31-16</u>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ <u>1100.00</u>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ <u>0-</u>
All Other Contributions (Part B)	\$ <u>1700.00</u>
TOTAL for the Reporting Period (2)	\$ <u>1700.00</u>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ <u>0-0</u>
All Other Contributions (Part D)	\$ <u>8,000.00</u>
TOTAL for the Reporting Period (3)	\$ <u>8,000.00</u>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
TOTAL for the Reporting Period (4)	\$ <u>- 0 -</u>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ <u>10,800.00</u>
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**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 <b>Friends of David Jones</b>	Reporting Period From <u>1-1-16</u> To <u>1-31-16</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Edward A. Zucal Jr	8	15	2016	\$ 250.00
Mailing Address 650 N. 16th St.	MO.	DAY	YEAR	\$
City Allentown	State PA	Zip Code (Plus 4) 18102 -		\$
Eric K. Dowdle ESQ	9	26	16	\$ 250.00
Mailing Address 333 W. Union St	MO.	DAY	YEAR	\$
City Allentown	State PA	Zip Code (Plus 4) 18102 -		\$
Matthew T. Croslis	9	26	16	\$ 100.00
Mailing Address 4509 N. Church St	MO.	DAY	YEAR	\$
City Whitehall	State PA	Zip Code (Plus 4) 18052 -		\$
Wednell Smith	9	9	16	\$ 100.00
Mailing Address 42910 Nokes Corner Ter	MO.	DAY	YEAR	\$
City Ashburn	State VA	Zip Code (Plus 4) 20148-7330		\$
Dan Bosket	9	26	16	\$ 100.00
Mailing Address P.O. Box 1314	MO.	DAY	YEAR	\$
City Allentown	State PA	Zip Code (Plus 4) 18105 -		\$
Brenda Cook Henry	9	26	16	\$ 250.00
Mailing Address 148 S. Penn St	MO.	DAY	YEAR	\$
City Allentown	State PA	Zip Code (Plus 4) 18102 -5449		\$
Karen Jones	9	26	16	\$ 150.00
Mailing Address 2316 S. Albert St	MO.	DAY	YEAR	\$
City Allentown	State PA	Zip Code (Plus 4) 18103 -		\$
Mark McCants	9	26	16	\$ 100.00
Mailing Address 3028 S. Pike	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		\$

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

PAGE TOTAL \$ 1700.00
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**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 <u>1-1-14</u> To <u>1-31-16</u>		
Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE	AMOUNT
					MO. DAY YEAR	\$
Lloyd Morton	4431 Fieldstone Dr.	Nazareth	PA	18064-	9 26 16	\$ 100.00
					MO. DAY YEAR	\$
					MO. DAY YEAR	\$
Brian J. Collins	5607 Spring Ridge Dr. West	Macungie	PA	18062-9570	9 26 16	\$ 100.00
					MO. DAY YEAR	\$
					MO. DAY YEAR	\$
Charles Everett	9 1st Ter	Easton	PA	18042-1300	9 23 16	\$ 100.00
					MO. DAY YEAR	\$
					MO. DAY YEAR	\$
Danny Hartzell	4265 Heather Ct	Allentown	PA	18101-	12 20 16	\$ 100.00
					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 B on Schedule J, Detailed Summary Page, Section 2.

PAGE TOTAL  
\$

see previous page.

**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 <b>Friends of David Jones</b>	Reporting Period From <u>1-1-16</u> To <u>1-31-16</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Angelo T. Almonti</b>	8	17	2016	\$ 1500.00
Mailing Address <b>8373 Hohl Lane</b>	MO.	DAY	YEAR	\$
City <b>Fogelsville</b>	MO.	DAY	YEAR	\$
State <b>PA</b>	Zip Code (Plus 4) <b>18051 -</b>			\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Jennifer Miller</b>	10	27	16	\$ 2000.00
Mailing Address <b>162 Spring Wood Drive</b>	MO.	DAY	YEAR	\$
City <b>Allentown</b>	MO.	DAY	YEAR	\$
State <b>PA</b>	Zip Code (Plus 4) <b>18104 -</b>			\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>David S. Jones</b>				\$ 4000.00
Mailing Address <b>2316 S. Albert St.</b>	MO.	DAY	YEAR	\$
City <b>Allentown, PA</b>	MO.	DAY	YEAR	\$
State <b>PA</b>	Zip Code (Plus 4) <b>18103 - 5800</b>			\$
Employer Name <b>County Commissioner</b>	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>David W. Dyson</b>	12	24	16	\$ 500.00
Mailing Address <b>460 Barclay Dr.</b>	MO.	DAY	YEAR	\$
City <b>Bethlehem</b>	MO.	DAY	YEAR	\$
State <b>PA</b>	Zip Code (Plus 4) <b>18017 -</b>			\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			\$
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  
**\$ 8000.00**

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

Name of Filing Committee or Candidate <b>Friends of David Jones</b>	Reporting Period From <u>1-1-16</u> To <u>1-31-16</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Bellissimo</b>	9	26	16	\$ 1000.00
Mailing Address <u>13th &amp; Tilghman St</u>	MO.	DAY	YEAR	\$
City <u>All</u>	MO.	DAY	YEAR	\$
State <u>PA</u>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <u>18104</u>	MO.	DAY	YEAR	\$
Employer of Contributor -	Occupation <u>owner</u>			
Employer Mailing Address/Principal Place of Business				Description of Contribution
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution

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

PAGE TOTAL  
**\$1000.00**

**STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate <u>Friends of David Jones</u>	Reporting Period From <u>1-1-10</u> To <u>1-31-10</u>
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To Whom Paid <u>Lehigh County</u>	MO. <u>2</u>	DAY <u>1</u>	YEAR <u>10</u>	Amount \$ <u>15.00</u>
Mailing Address	Description of Expenditure <u>Notary for Report</u>			
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18101 -</u>		

To Whom Paid <u>LV Print Center</u>	MO. <u>9</u>	DAY <u>24</u>	YEAR <u>2010</u>	Amount \$ <u>169.60</u>
Mailing Address <u>306 Brodhead Ave. Rear</u>	Description of Expenditure <u>Printing</u>			
City <u>Bethlehem</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18015 -</u>		

To Whom Paid <u>Harland Clark</u>	MO. <u>9</u>	DAY <u>9</u>	YEAR <u>2010</u>	Amount \$ <u>25.95</u>
Mailing Address <u>(T.D. Bank)</u>	Description of Expenditure			
City	State	Zip Code (Plus 4)		

To Whom Paid <u>T.D. Bank Fees</u>	MO.	DAY	YEAR <u>2010</u>	Amount \$ <u>22.00</u>
Mailing Address	Description of Expenditure <u>Paper Statement Fees</u>			
City	State	Zip Code (Plus 4)		
<u>From Jan - Dec 2010</u>				

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  
\$ 232.55

## 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 <b>Friends of David Jones</b>	Reporting Period From <u>1-1-10</u> To <u>1-31-10</u>
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Name of Creditor <b>David Jones</b>					Outstanding Balance of Debt <b>\$ 4,000.00</b>
Mailing Address <b>2316 S. Albert St.</b>					
City <b>Allentown</b>	DATE DEBT INCURRED	MO. <b>12</b>	DAY <b>27</b>	YEAR <b>2010</b>	
Description of Debt <b>Loan for Campaign</b>		State <b>PA</b>	Zip Code (Plus 4) <b>18103-5800</b>		

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

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

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

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

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

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

PAGE TOTAL <b>\$ 4,000.00</b>
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