

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: **Report Filed By:** **CANDIDATE** ¹ **COMMITTEE** ² **LOBBYIST** ³

Name of Filing Committee, Candidate or Lobbyist: Friends of Joe Davis

Street Address: 1035 N. Tacoma St.

City: Allentown **State:** Pa **Zip Code:** 18109 - 1654

TYPE OF REPORT	1. PRELIMINARY		2. PRIMARY		3. GENERAL ELECTION		4. AMENDMENT REPORT		5. TERMINATION REPORT	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Place X to the right of report type)	<input checked="" type="checkbox"/>		YEAR: 2015		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Name of Office Sought by Candidate: City Council

DATE OF ELECTION: MO: DAY: YEAR:

District Number: **Office Code:** **Party Code:** **County Code:**

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from: MO: DAY: YEAR: 01 01 2015 To MO: DAY: YEAR: 12 31 2015

A. Amount Brought Forward from Last Report	\$ 3378.14
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 9150.00
C. Total Funds Available (Sum of Lines A and B)	\$ 12,528.14
D. Total Expenditures (From Schedule II)	\$ 8,570.00
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 3,958.14
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 15,126.83
G. Unpaid Debts and Obligations (From Schedule IV)	\$ -0-

AFFIDAVIT SECTION

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 27th day of JANUARY 2016 at ALLENTOWN, COMMONWEALTH OF PENNSYLVANIA.

Wendy J. Reppert
 NOTARIAL SEAL
 Wendy J. Reppert, Notary Public
 City of Bethlehem, Lehigh County
 My Commission Expires June 1, 2016
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Yolanda E. Davis
 Signature of Person Submitting Report
 Yolanda E. Davis
 Printed Name
 610 Area Code
 434-1297 Daytime Telephone Number

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 27th day of JANUARY 2016 at ALLENTOWN, COMMONWEALTH OF PENNSYLVANIA.

Wendy J. Reppert
 NOTARIAL SEAL
 Wendy J. Reppert, Notary Public
 City of Bethlehem, Lehigh County
 My Commission Expires June 1, 2016
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Joseph J. Davis
 Signature of Candidate
 Joseph J. Davis
 Printed Name
 610 Area Code
 434-1297 Daytime Telephone Number

Board of Elections of Lehigh County
 Lehigh County Government Center
 17 S. 7th St.
 Allentown, PA 18101-2400

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Friends of Joe Davis	Reporting Period From 01-01-2015 To 12-31-2015
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 100.00
All Other Contributions (Part B)	\$ -0-
TOTAL for the Reporting Period	(2) \$ 100.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 9,050.00
All Other Contributions (Part D)	\$ -0-
TOTAL for the Reporting Period	(3) \$ 9,050.00

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

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.)	- \$ 9,150.00
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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 Friends of Joe Davis	Reporting Period From 01-01-2015 To 12-31-2015
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Full Name of Contributing Committee	DATE	AMOUNT						
Friends of Julia Guridy Mailing Address: 1029 N. 14 th St. City: Allentown State: Pa Zip Code (Plus 4): 18102 -	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">MO.</td> <td style="width:33%; text-align:center;">DAY</td> <td style="width:33%; text-align:center;">YEAR</td> </tr> <tr> <td style="text-align:center;">04</td> <td style="text-align:center;">22</td> <td style="text-align:center;">2015</td> </tr> </table>	MO.	DAY	YEAR	04	22	2015	\$ 100.00
MO.	DAY	YEAR						
04	22	2015						
Full Name of Contributing Committee	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">MO.</td> <td style="width:33%; text-align:center;">DAY</td> <td style="width:33%; text-align:center;">YEAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	MO.	DAY	YEAR				\$
MO.	DAY	YEAR						
Mailing Address	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">MO.</td> <td style="width:33%; text-align:center;">DAY</td> <td style="width:33%; text-align:center;">YEAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	MO.	DAY	YEAR				\$
MO.	DAY	YEAR						
City	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">MO.</td> <td style="width:33%; text-align:center;">DAY</td> <td style="width:33%; text-align:center;">YEAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	MO.	DAY	YEAR				\$
MO.	DAY	YEAR						
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MO.	DAY	YEAR						

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

PAGE TOTAL
\$ 100.00

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 Friends of Joe Davis	Reporting Period From 01-01-2015 To 12-31-2015
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Full Name of Contributing Committee	DATE			AMOUNT
	MO	DAY	YEAR	
Full Name of Contributing Committee: Roofers Local #30 Political Action + Educational Fund Mailing Address: 6447 Torresdale Ave City: Philadelphia State: Pa Zip Code (Plus 4): 19135 -	02	12	2015	\$ 500.00
Full Name of Contributing Committee: Bricklayers + Allied Craftsmen Local #5 PAC Mailing Address: 2163 Berryhill St. City: Harrisburg State: Pa Zip Code (Plus 4): 17104 -	02	16	2015	\$ 1,000.00
Full Name of Contributing Committee: Carpenters PAC of Philadelphia + Vicinity Mailing Address: 1803 Spring Garden St. City: Philadelphia State: Pa Zip Code (Plus 4): 19130 -3916	02	16	2015	\$ 1,000.00
Full Name of Contributing Committee: Int'l Union of Operating Engineers Local #542 Mailing Address: # 1375 Virginia Dr Suite 100 City: Fort Washington State: Pa Zip Code (Plus 4): 19034 -3257	02	17	2015	\$ 1,000.00
Full Name of Contributing Committee: IBEW Local #375 PAC Mailing Address: 1201 W. Liberty St. City: Allentown State: Pa Zip Code (Plus 4): 18102 -	02	16	2015	\$ 500.00
Full Name of Contributing Committee: Laborers Local #1174 PAC Mailing Address: 465 Allentown Dr. City: Allentown State: Pa Zip Code (Plus 4): 18109 -9121	02	20	2015	\$ 500.00
Full Name of Contributing Committee: Int'l Union of Painters + Allied Trades PAC Mailing Address: 2900 Southampton Rd City: Philadelphia State: Pa Zip Code (Plus 4): 19154 -	03	02	2015	\$ 300.00
Full Name of Contributing Committee: Steamfitters Local #420 Com. on Political Ed. Fund Mailing Address: 14420 Townsend Rd City: Philadelphia State: Pa Zip Code (Plus 4): 19154 -1028	03	24	2015	\$ 2,000.00

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

PAGE TOTAL
\$ 6,800.00

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 Friends of Joe Davis	Reporting Period From 01-01-2015 To 12-31-2015
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee Asbestos Workers PAC Mailing Address 9602 M.L. King Highway City Lanham State MD Zip Code (Plus 4) 20706 -	03	24	2015	\$ 1,500.00
Full Name of Contributing Committee Sheet Metal Workers Local #19 League for Pol. Ed. Mailing Address 1301 S. Columbus Blvd. City Philadelphia State Pa Zip Code (Plus 4) 19147 -	04	07	2015	\$ 750.00
Full Name of Contributing Committee Mailing Address City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee Mailing Address City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee Mailing Address City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee Mailing Address City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee Mailing Address City State Zip Code (Plus 4)				\$
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Full Name of Contributing Committee Mailing Address City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee Mailing Address City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee Mailing Address City State Zip Code (Plus 4)				\$

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

PAGE TOTAL
\$ **2,250.00**

**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 Joe Davis	Reporting Period: From 01-01-2015 To 12-31-2015
--	--

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Employer Name				\$
Occupation				
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Employer Name				\$
Occupation				
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Employer Name				\$
Occupation				
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Employer Name				\$
Occupation				
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
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
\$ - 0 -

**PART E
OTHER RECEIPTS**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate <u>Friends of Joe Davis</u>	Reporting Period From <u>01-01-2015</u> To <u>12-31-2015</u>
--	---

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount
		-				\$
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ - 0 -

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 Friends of Joe Davis	Reporting Period From 01-01-2015 To 12-31-2015
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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 H)	
TOTAL for the Reporting Period	(2) \$

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period	(3) \$ 15,126.83

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.)	\$ 15,126.83
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IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Friends of Joe Davis	Reporting Period From 01-01-2015 To 12-31-2015
--	---

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

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$ - 0 -

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate Friends of Joe Davis	Reporting Period From 01-01-2015 To 12-31-2015
--	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Citizens for a Better Allentown	05	21	2015	\$ 15,126.83
Mailing Address: 840 Hamilton St. Suite 321				\$
City: Allentown				\$
State: Pa				\$
Zip Code (Plus 4): 18101 -				\$
Employer of Contributor:	Occupation			
Employer Mailing Address/Principal Place of Business:	Description of Contribution			
Full Name of Contributor:				\$
Mailing Address:				\$
City:				\$
State:				\$
Zip Code (Plus 4):				\$
Employer of Contributor:	Occupation			
Employer Mailing Address/Principal Place of Business:	Description of Contribution			
Full Name of Contributor:				\$
Mailing Address:				\$
City:				\$
State:				\$
Zip Code (Plus 4):				\$
Employer of Contributor:	Occupation			
Employer Mailing Address/Principal Place of Business:	Description of Contribution			
Full Name of Contributor:				\$
Mailing Address:				\$
City:				\$
State:				\$
Zip Code (Plus 4):				\$
Employer of Contributor:	Occupation			
Employer Mailing Address/Principal Place of Business:	Description of Contribution			
Full Name of Contributor:				\$
Mailing Address:				\$
City:				\$
State:				\$
Zip Code (Plus 4):				\$
Employer of Contributor:	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
\$ 15,126.83

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period			
Friends of Joe Davis				From 01-01-2015 To 12-31-2015			
To Whom Paid				MO	DAY	YEAR	Amount
Paul Rosko Agency				01	23	2015	\$ 30.00
Mailing Address				Description of Expenditure			
1530 W. Broad St				Notary fee			
City	State	Zip Code (Plus 4)					
Bethlehem	Pa	18018 -					
To Whom Paid				MO	DAY	YEAR	Amount
Lehigh County Govt Center				02	05	2015	\$ 40.00
Mailing Address				Description of Expenditure			
17 S 7th St				Late report penalty			
City	State	Zip Code (Plus 4)					
Allentown	Pa	18101 -2401					
To Whom Paid				MO	DAY	YEAR	Amount
Citizens for a Better Allentown				02	26	2015	\$ 1,500.00
Mailing Address				Description of Expenditure			
840 Hamilton St. Suite 321				literature & mailings			
City	State	Zip Code (Plus 4)					
Allentown	Pa	18101 -					
To Whom Paid				MO	DAY	YEAR	Amount
Citizens for a Better Allentown				04	08	2015	\$ 2,000.00
Mailing Address				Description of Expenditure			
840 Hamilton St. Suite 321				literature + mailings			
City	State	Zip Code (Plus 4)					
Allentown	Pa	18101 -					
To Whom Paid				MO	DAY	YEAR	Amount
Allentown Presidents Council				04	16	2015	\$ 40.00
Mailing Address				Description of Expenditure			
220 West Emmaus Ave				donation			
City	State	Zip Code (Plus 4)					
Allentown	Pa	18102 -					
To Whom Paid				MO	DAY	YEAR	Amount
Friends of Jerry Palagonia				04	17	2015	\$ 500.00
Mailing Address				Description of Expenditure			
170 Gallagher Rd				campaign donation			
City	State	Zip Code (Plus 4)					
Whitethall	Pa	18052 -					
To Whom Paid				MO	DAY	YEAR	Amount
Friends of Courtney Robinson				04	25	2015	\$ 300.00
Mailing Address				Description of Expenditure			
3460 Walbert Ave				campaign donation			
City	State	Zip Code (Plus 4)					
Allentown	Pa	18104 -1732					
To Whom Paid				MO	DAY	YEAR	Amount
Lehigh Valley Labor Council				04	25	2015	\$ 200.00
Mailing Address				Description of Expenditure			
3360 Airport Rd				ad for banquet			
City	State	Zip Code (Plus 4)					
Allentown	Pa	18109 -					

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

PAGE TOTAL
\$ 4,610.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		Reporting Period	
Friends of Joe Davis		From 01-01-2015 To 12-31-2015	

To Whom Paid	MO	DAY	YEAR	Amount
Paul Rosko Agency Mailing Address: 1530 W. Broad St. City: Bethlehem State: Pa Zip Code (Plus 4): 18018 -	05	04	2015	\$ 30.00
Description of Expenditure: notary fee				
Friends of Pete Schweyer Mailing Address: P.O. Box 4364 City: Allentown State: Pa Zip Code (Plus 4): 18105 -	05	13	2015	\$ 200.00
Description of Expenditure: campaign donation				
Lehigh Valley Engineers Social Club Mailing Address: 1201 W. Liberty St. City: Allentown State: Pa Zip Code (Plus 4): 18104 -	05	13	2015	\$ 200.00
Description of Expenditure: tickets for labor picnic				
Citizens for a Better Allentown Mailing Address: 840 Hamilton St. Suite 321 City: Allentown State: Pa Zip Code (Plus 4): 18101 -	05	13	2015	\$ 1,000.00
Description of Expenditure: literature + mailing				
Friends of Mike Schlessberg Mailing Address: P.O. Box 1537 City: Allentown State: Pa Zip Code (Plus 4): 18105 -	06	11	2015	\$ 500.00
Description of Expenditure: campaign donation				
Paul Rosko Agency Mailing Address: 1530 W. Broad St. City: Bethlehem State: Pa Zip Code (Plus 4): 18018 -	06	15	2015	\$ 30.00
Description of Expenditure: notary - fee				
Friends of Mary Ellen Koval Mailing Address: 523 N. Carlisle St City: Allentown State: Pa Zip Code (Plus 4): 18109 -	10	07	2015	\$ 1,000.00
Description of Expenditure: campaign donation				
Friends of Jeff Glazier Mailing Address: City: State: Zip Code (Plus 4):	11	13	2015	\$ 1,000.00
Description of Expenditure: campaign donation				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.		PAGE TOTAL
		\$ 3,960.00

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 <i>Friends of Joe Davis</i>	Reporting Period From <i>01-01-2015</i> To <i>12-30-2015</i>
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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						

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

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ - 0 -
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