

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 ^{1.} <input type="checkbox"/> COMMITTEE ^{2.} <input checked="" type="checkbox"/> LOBBYIST ^{3.}	
Name of Filing Committee, Candidate or Lobbyist: <u>Friends of Joe Davis</u>			
Street Address: <u>1035 N. Tacoma St.</u>			
City: <u>Allentown</u>		State: <u>Pa</u>	Zip Code: <u>18109 - 1654</u>
TYPE OF REPORT (place X to the right of report type)	1. 1ST TUESDAY PRE-PRIMARY	2. 2ND FRIDAY PRE-PRIMARY	3. 30 DAY POST-PRIMARY
	4. 4TH TUESDAY ELECTION DAY	5. 1ND FRIDAY ELECTION	6. 30 DAY POST-ELECTION
	7. ANNUAL REPORT	YEAR: <input type="text"/>	
		AMENDMENT REPORT: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		TERMINATION REPORT: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		FILING METHOD: <input checked="" type="checkbox"/> PAPER <input type="checkbox"/> DISKETTE	
Name of Office Sought by Candidate: <u>Allentown City Council</u>		DATE OF ELECTION MO: <u>05</u> DAY: <u>19</u> YEAR: <u>2015</u>	
		District Number	Office Code
		Party Code	County Code
(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		FOR OFFICE USE ONLY	
MO: <u>01</u> DAY: <u>01</u> YEAR: <u>2014</u> To MO: <u>12</u> DAY: <u>31</u> YEAR: <u>2014</u>			
A. Amount Brought Forward From Last Report		\$ <u>5548.14</u>	
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ <u>-0-</u>	
C. Total Funds Available (Sum of Lines A and B)		\$ <u>5548.14</u>	
D. Total Expenditures (From Schedule III)		\$ <u>2170.00</u>	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ <u>3378.14</u>	
F. Value of In-Kind Contributions Received (From Schedule II)		\$ <u>-0-</u>	
G. Unpaid Debts and Obligations (From Schedule IV)		\$ <u>-0-</u>	

AFFIDAVIT SECTION

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 23rd day of January, 2015 at Lehigh County, COMMONWEALTH OF PENNSYLVANIA.

Signature of Person Submitting Report: Serena Lynn Davis
 Signature: [Signature]
 Printed Name: Serena Lynn Davis
 My commission expires 06/01/2016 My Commission Expires June 1, 2016
 MO. DAY MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES
 Area Code: 610 Daytime Telephone Number: 358-5884

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 23rd day of January, 2015 at Lehigh County, COMMONWEALTH OF PENNSYLVANIA.

Signature of Candidate: Joseph J Davis
 Signature: [Signature]
 Printed Name: Joseph John Davis
 My commission expires 06/01/2016 My Commission Expires June 1, 2016
 MO. MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES
 Area Code: 610 Daytime Telephone Number: 434-1297

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 <i>Friends of Joe Davis</i>	Reporting Period From <i>01-01-2014</i> To <i>12-31-2014</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <i>-0-</i>

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

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

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

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.)	-	\$ <i>-0-</i>
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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 <i>Friends of Joe Davis</i>	Reporting Period From <i>01-01-2014</i> To <i>12-31-2014</i>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
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)				\$
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)				\$

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

PAGE TOTAL	\$ <i>00</i>
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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 <i>Friends of Joe Davis</i>	Reporting Period From <i>01-01-2011</i> To <i>12-31-2011</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

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

PAGE TOTAL
\$ <i>0.00</i>

**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 <u>Friends of Joe Davis</u>	Reporting Period From <u>01-01-2014</u> To <u>12-31-2014</u>
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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 \$ <u> </u>

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 Ike Davis</u>	Reporting Period From <u>01-01-2014</u> To <u>12-31-2014</u>
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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 <u>Friends of Joe Davis</u>	Reporting Period From <u>01-01-2014</u> To <u>12-31-2014</u>
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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 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) \$

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.)	\$ <u> -0-</u>
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PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Friends of Joe Davis		Reporting Period From 01-01-2014 To 12-31-2014	
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Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
								\$
								\$
								\$
Description of Contribution:								
								\$
								\$
								\$
Description of Contribution:								
								\$
								\$
								\$
Description of Contribution:								
								\$
								\$
								\$
Description of Contribution:								
								\$
								\$
								\$
Description of Contribution:								
								\$
								\$
								\$
Description of Contribution:								

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

PAGE TOTAL	\$
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IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate <i>Friends of Joe Deans</i>	Reporting Period From <i>01-01-2014</i> To <i>12-31-2014</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	\$
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			
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 \$ <u> </u>

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 <u>Friends of Joe Davis</u>	Reporting Period From <u>01-01-2014</u> To <u>12-31-2014</u>
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Name of Creditor					Outstanding Balance of Debt	
Mailing Address				DATE DEBT INCURRED	\$	
City		MO.	DAY	YEAR		
State	Zip Code (Plus 4)					
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address				DATE DEBT INCURRED	\$	
City		MO.	DAY	YEAR		
State	Zip Code (Plus 4)					
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address				DATE DEBT INCURRED	\$	
City		MO.	DAY	YEAR		
State	Zip Code (Plus 4)					
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address				DATE DEBT INCURRED	\$	
City		MO.	DAY	YEAR		
State	Zip Code (Plus 4)					
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address				DATE DEBT INCURRED	\$	
City		MO.	DAY	YEAR		
State	Zip Code (Plus 4)					
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address				DATE DEBT INCURRED	\$	
City		MO.	DAY	YEAR		
State	Zip Code (Plus 4)					
Description of Debt						

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

PAGE TOTAL
\$ <u>0.00</u>

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period			
Friends of Joe Davis				From 01-01-2014 To 12-31-2014			

To Whom Paid	MO.	DAY	YEAR	Amount
Friends of Julie Guridy	01	06	2014	\$ 90.00
Mailing Address: PO Box 206				
City: Allentown State: Pa Zip Code (Plus 4): 18105-				
Description of Expenditure: Inauguration event cost of event				
Paul Resko Agency	01	28	2014	\$ 30.00
Mailing Address: 1530 W. Broad St.				
City: Bethlehem State: Pa Zip Code (Plus 4): 18018-				
Description of Expenditure: Notary				
Friends of Dan McNeil	02	17	2014	\$ 250.00
Mailing Address: PO Box 826				
City: Whitehall State: Pa Zip Code (Plus 4): 18052-				
Description of Expenditure: Campaign Donation				
Lehigh Valley Labor Council	04	26	2014	\$ 100.00
Mailing Address: 3360 Airport Rd				
City: Allentown State: Pa Zip Code (Plus 4): 18109-				
Description of Expenditure: Ad for banquet program				
Lehigh Valley Engineers Social Club	05	14	2014	\$ 200.00
Mailing Address: 477 Main St.				
City: Virginsville State: Pa Zip Code (Plus 4): 19564-				
Description of Expenditure: Tickets for event				
Friends of Mike Schossberg	06	12	2014	\$ 500.00
Mailing Address: PO Box 1537				
City: Allentown State: Pa Zip Code (Plus 4): 18105-				
Description of Expenditure: Campaign donation				
Friends of Pete Schwager	05	10	2014	\$ 100.00
Mailing Address: PO Box 4364				
City: Allentown State: Pa Zip Code (Plus 4): 18105-				
Description of Expenditure: Campaign donation				
Friends of Pete Schwager	08	26	2014	\$ 250.00
Mailing Address: P.O. Box 4364				
City: Allentown State: Pa Zip Code (Plus 4): 18105-				
Description of Expenditure: Campaign donation				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	PAGE TOTAL \$ 1,520.00
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STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period			
Friends of Joe Davis.				From 01-01-2014 To 12-31-2014			

To Whom Paid	MO.	DAY	YEAR	Amount
Friends of Mary Ellen Koval	12	05	2014	\$ 500.00
Mailing Address: 523 N. Carlisle St.				
Description of Expenditure: Campaign donation				
City: Allentown	State: Pa	Zip Code (Plus 4): 18104 -		
Friends of Julio Guridy	12	09	2014	\$ 100.00
Mailing Address: PO Box 206				
Description of Expenditure: Campaign donation				
City: Allentown	State: Pa	Zip Code (Plus 4): 18105 -		
Friends of Ed Powlewski	12	14	2014	\$ 50.00
Mailing Address: 43 N 11th St				
Description of Expenditure: Campaign donation				
City: Allentown	State: Pa	Zip Code (Plus 4): 18101 -		
				\$
Description of Expenditure:				
				\$
Description of Expenditure:				
				\$
Description of Expenditure:				
				\$
Description of Expenditure:				
				\$
Description of Expenditure:				
				\$
Description of Expenditure:				
				\$
Description of Expenditure:				
				\$
Description of Expenditure:				

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

PAGE TOTAL
\$ 650.00