

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Joe Davis								
STREET ADDRESS 1035 N. Tacoma St.								
CITY Allentown, Pa			STATE Pa		ZIP CODE 18109 - 1654			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		DATE OF ELECTION		
						MO.	DAY	YEAR
	6TH TUESDAY PRE-PRIMARY	1.				11	08	2016
	2ND FRIDAY PRE-PRIMARY	2.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY			
	30 DAY POST-PRIMARY	3.	MO.	DAY	YEAR			
	6TH TUESDAY PRE-ELECTION	4.						
	2ND FRIDAY PRE-ELECTION	5.						
30 DAY POST-ELECTION	6.	CASH BALANCE AT END OF REPORTING PERIOD:		\$ -0-				
ANNUAL REPORT	7.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ -0-				
		AMENDMENT REPORT?	YES		NO			
		TERMINATION REPORT?	YES	<input checked="" type="checkbox"/>	NO			

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

23 DAY OF November 2016

Maria R. Navares
SIGNATURE

MY COMMISSION EXPIRES 04 08 2019
MO. DAY YR.

Joseph J. Davis
SIGNATURE OF PERSON SUBMITTING REPORT

Joseph J. Davis
PRINTED NAME

210 434-1297
AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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

____ DAY OF _____ 20____

SIGNATURE

MY COMMISSION EXPIRES _____
MO. DAY YR.

SIGNATURE OF CANDIDATE

PRINTED NAME

AREA CODE DAYTIME TELEPHONE NUMBER

(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.} <input checked="" type="checkbox"/>	LOBBYIST ^{3.}
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Joe Davis</i>						
Street Address: <i>1035 N. Tacoma St.</i>						
City: <i>Allentown</i>				State: <i>Pa</i>	Zip Code: <i>18109 - 1654</i>	
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY ^{1.}	2ND FRIDAY PRE-PRIMARY ^{2.}	30 DAY POST PRIMARY ^{3.}	AMENDMENT REPORT?	YES	NO
	6TH TUESDAY PRE-ELECTION ^{4.}	2ND FRIDAY PRE-ELECTION ^{5.}	30 DAY POST ELECTION ^{6.}	TERMINATION REPORT?	YES	NO <input checked="" type="checkbox"/>
	ANNUAL REPORT ^{7.}	YEAR ▶		FILING METHOD () CHECK ONE ▶	PAPER <input checked="" type="checkbox"/>	DISKETTE
Name of Office Sought by Candidate:			DATE OF ELECTION		District Number	Office Code
			MO. DAY YEAR			
			<i>11 08 2016</i>			
					(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from: ▶			MO. DAY YEAR		MO. DAY YEAR	
A. Amount Brought Forward From Last Report			\$		<i>3958.14</i>	
B. Total Monetary Contributions and Receipts (From Schedule I)			\$		<i>- 0 -</i>	
C. Total Funds Available (Sum of Lines A and B)			\$		<i>3958.14</i>	
D. Total Expenditures (From Schedule III)			\$		<i>3975.00</i>	
E. Ending Cash Balance (Subtract Line D from Line C)			\$		<i>- 17.00</i>	
F. Value of In-Kind Contributions Received (From Schedule II)			\$		<i>- 0 -</i>	
G. Unpaid Debts and Obligations (From Schedule IV)			\$		<i>- 0 -</i>	

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 *23rd* day of *November* 20*16*

Signature: *Maria R. Tavares* (Notary Public, City of Bethlehem, Lehigh County, My Commission Expires April 8, 2019)

Signature of Person Submitting Report: *Yolanda E. Davis*

Printed Name: *Yolanda E. Davis*

Area Code: *610* Daytime Telephone Number: *434-1297*

My commission expires *04 08 2019* (MO. DAY YR.)

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 *23rd* day of *November* 20*16*

Signature: *Maria R. Tavares* (Notary Public, City of Bethlehem, Lehigh County, My Commission Expires April 8, 2019)

Signature of Candidate: *Joseph J. Davis*

Printed Name: *Joseph J. Davis*

Area Code: *610* Daytime Telephone Number: *434-1297*

My commission expires *04 08 2019* (MO. DAY YR.)

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Joe Davis</i>	Reporting Period From <i>01-01-2016</i> To <i>11-21-2016</i>
--	---

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ - 0 -

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)		\$ - 0 -
All Other Contributions (Part D)		\$ - 0 -
TOTAL for the Reporting Period	(3)	\$ - 0 -

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 <i>(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 -
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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>01-01-2016</i> To <i>11-21-2016</i>
--	---

				DATE			AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					

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

PAGE TOTAL \$ <i>-0-</i>

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>01-01-2016</i> To <i>11-21-2016</i>
--	---

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

PAGE TOTAL	\$ <i>100</i>
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Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

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 <i>Friends of Joe Davis</i>	Reporting Period From <i>01-01-2016</i> To <i>11-31-2016</i>
--	---

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

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.	PAGE TOTAL \$ <i>- 0 .</i>
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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 <i>Friends of Joe Davis</i>	Reporting Period From <i>01-01-2016</i> To <i>11-21-2016</i>
--	---

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

\$ -0-

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 <i>Friends of Joe Davis</i>	Reporting Period From <i>01-01-2016</i> To <i>11-21-2016</i>
--	---

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						

PAGE TOTAL
\$ - 0 -

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

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 <i>Friends of Joe Davis</i>	Reporting Period From <i>01-01-2016</i> To <i>11-21-2016</i>
--	---

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.)	\$ <i>-0-</i>
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PART F
IN-KIND CONTRIBUTIONS RECEIVED

page 9 of 12

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>Friends of Joe Davis</i>	Reporting Period From <i>01-01-2016</i> To <i>11-31-2016</i>
--	---

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:				

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

PAGE TOTAL
\$ - 0 -

IN-KIND CONTRIBUTIONS RECEIVED

page 10 of 12

VALUE OVER \$250.00

Name of Filing Committee or Candidate <i>Friends of Joe Davis</i>	Reporting Period From <i>01-01-2016</i> To <i>11-21-2016</i>
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
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
\$ 10

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Friends of Joe Davis</i>	Reporting Period From <i>01-01-2016</i> To <i>10-31-2016</i>
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To Whom Paid	MO.	DAY	YEAR	Amount
<i>Friends of Bob Donchez</i>	<i>10</i>	<i>14</i>	<i>2016</i>	<i>\$ 400.00</i>
Mailing Address <i>377 Devonshire Drive</i>		Description of Expenditure <i>committee contribution</i>		
City <i>Bethlehem</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>18017 -</i>		
<i>Friends of Mike Schlossberg</i>	<i>10</i>	<i>05</i>	<i>2016</i>	<i>\$ 750.00</i>
Mailing Address <i>2036 W. Tilghman St. Suite 100</i>		Description of Expenditure <i>contribution to committee</i>		
City <i>Allentown</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>18104 -</i>		
<i>Daugherty for Congress</i>	<i>10</i>	<i>11</i>	<i>2016</i>	<i>\$ 750.00</i>
Mailing Address <i>P.O. Box 58</i>		Description of Expenditure <i>contribution to committee</i>		
City <i>Schnecksville</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>18078 -</i>		
<i>Friends of Pate Schwyer</i>	<i>10</i>	<i>05</i>	<i>2016</i>	<i>\$ 750.00</i>
Mailing Address <i>P.O. Box 4364</i>		Description of Expenditure <i>contribution to committee</i>		
City <i>Allentown</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>18105 -</i>		
<i>Friends of Dan McNeill</i>	<i>10</i>	<i>05</i>	<i>2016</i>	<i>\$ 750.00</i>
Mailing Address <i>1080 Schadt Ave</i>		Description of Expenditure <i>contribution to committee</i>		
City <i>Whitehall</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>18052 -</i>		
<i>Committee to Re-Elect Mike D'Amore</i>	<i>11</i>	<i>20</i>	<i>2016</i>	<i>\$ 500.00</i>
Mailing Address <i>750 N. Irving St</i>		Description of Expenditure <i>contribution to committee</i>		
City <i>Allentown</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>18109 -</i>		
<i>Paul Rosko Agency</i>	<i>11</i>	<i>21</i>	<i>2016</i>	<i>\$ 30.00</i>
Mailing Address <i>1530 W. Broad St</i>		Description of Expenditure		
City <i>Bethlehem</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>18018 -</i>		
<i>Joe Davis</i>	<i>11</i>	<i>21</i>	<i>2016</i>	<i>\$ 45.00</i>
Mailing Address <i>1035 N. Tacoma St.</i>		Description of Expenditure <i>repayment of initial loan</i>		
City <i>Allentown</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>18109 -</i>		

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

PAGE TOTAL <i>\$ 3,975.00</i>

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 <u>01-01-2016</u> To <u>11-21-2016</u>
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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 \$ <u>00-</u>
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