

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 ² <input type="checkbox"/>	LOBBYIST ³ <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Joseph J. 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 (CHECK ONE)	NAME OF OFFICE BOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	
	<i>Allentown City Council</i>				
DATE OF ELECTION		FOR OFFICE USE ONLY			
MO. DAY YEAR					
<i>11 5 13</i>					
6TH TUESDAY PRE-PRIMARY 1.	DATES OF REPORTING PERIOD				
2ND FRIDAY PRE-PRIMARY 2.	MO. DAY YEAR TO MO. DAY YEAR				
30 DAY POST-PRIMARY 3.	<i>6 11 13 TO 10 21 13</i>				
6TH TUESDAY PRE-ELECTION 4.	CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>00</i>				
2ND FRIDAY PRE-ELECTION 5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>00</i>				
30 DAY POST-ELECTION 6.	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>				
ANNUAL REPORT 7.	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>				

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 <i>21st</i> DAY OF <i>October</i> 20 <i>13</i>  SIGNATURE MY COMMISSION EXPIRES <i>04/08/2015</i> MO. DAY YR.	SIGNATURE OF PERSON SUBMITTING REPORT  PRINTED NAME <i>Joseph J. Davis</i> AREA CODE <i>610</i> DAYTIME TELEPHONE NUMBER <i>434-1297</i>
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COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Maria R. Tavares, Notary Public
 City of Bethlehem, Lehigh County
 My Commission Expires April 8, 2015
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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 _____
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CAMPAIGN FINANCE REPORT

10/12

(COVER PAGE)

(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		1. CANDIDATE		2. COMMITTEE <input checked="" type="checkbox"/>		3. LOBBYIST	
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 (place X to the right of report type)	1. GENERAL ELECTION	2. PRIMARY ELECTION	3. SPECIAL ELECTION	4. AMENDMENT REPORT	5. TERMINATION REPORT	6. OTHER			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
YEAR 2013				DATE OF ELECTION		District Number		Office Code	
				11 5 2013					
Name of Office Sought by Candidate				DATE OF ELECTION		District Number		Office Code	
Allentown City Council				11 5 2013					
Summary of Receipts and Expenditures from: 6 11 2013 To 10 21 2013									
A. Amount Brought Forward From Last Report				\$ 7498.14					
B. Total Monetary Contributions and Receipts (From Schedule I)				\$ - 0 -					
C. Total Funds Available (Sum of Lines A and B)				\$ 7498.14					
D. Total Expenditures (From Schedule III)				\$ 1095.00					
E. Ending Cash Balance (Subtract Line D from Line C)				\$ 6403.14					
F. Value of In-Kind Contributions Received (From Schedule II)				\$.00					
G. Unpaid Debts and Obligations (From Schedule IV)				\$ - 0 -					

AFFIDAVIT SECTION

I swear (or affirm) that this report, including the attached Notary Seal, computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 21st day of October, 2013

Maria R. Tavares
Signature
My commission expires 04/08/2015
MO. DAY YR.

Joseph J. Davis
Signature of Person Submitting Report
Joseph J. Davis
Printed Name
610 **434-1297**
Area Code 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 21st day of October, 2013

Maria R. Tavares
Signature
My commission expires 04/08/2015
COMMONWEALTH OF PENNSYLVANIA DAY YR.

Serena Davis
Signature of Candidate
SERENA DAVIS
Printed Name
484 **358-5884**
Area Code Daytime Telephone Number

Notarial seal
Maria R. Tavares, Notary Public
City of Bethlehem, Lehigh County
My Commission Expires April 8, 2015
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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>6-11-2013</i> To <i>10-21-2013</i>
--	--

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

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

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

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.)	\$ -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 Friends of Joe Davis	Reporting Period From 6-11-13 To 10-21-13
--	--

				DATE			AMOUNT
				MO.	DAY	YEAR	
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
\$ - 0 -

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: **Friends of Joe Davis** Reporting Period: From **6-11-13** To **10-21-13**

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

PAGE TOTAL
 \$ - 0 -

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 Friends of Joe Davis	Reporting Period From 6-11-13 To 10-21-13
--	--

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)				\$

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

PAGE TOTAL
\$ - 0 -

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 6-11-13 To 10-21-13
--	--

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-

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>6-11-13</i> To <i>10-21-13</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						

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 <i>Friends of Joe Davis</i>	Reporting Period From <i>6-11-13</i> To <i>10-21-13</i>
--	--

IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$5000 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$

IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$500 TO \$2500 (FROM PART H)	
TOTAL for the Reporting Period	(2) \$

IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$2500 (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.)	\$ - 0 -
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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 6-11-13 To 10-21-13
--	--

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:								\$
								\$
Description of Contribution:								\$

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

PAGE TOTAL	\$ - 0 -
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IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate <p style="font-size: 1.2em; margin: 0;"><i>Friends of Joe Davis</i></p>	Reporting Period From <u>6-11-13</u> To <u>10-21-13</u>
--	--

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
\$ - 0 -

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Joe Davis	Reporting Period From 6-11-13 To 10-21-13
--	--

To Whom Paid Paul Rosko Agency	MO 6	DAY 18	YEAR 13	Amount \$ 40.00
Mailing Address 1530 W. Broad St.				
Description of Expenditure Notarize Reports				
City Bethlehem	State Pa	Zip Code (Plus 4) 18018 -		

To Whom Paid Daylin for Congress	MO 6	DAY 29	YEAR 13	Amount \$ 100.00
Mailing Address P.O. Box 228				
Description of Expenditure donation				
City Jenkintown	State Pa	Zip Code (Plus 4) 19046		

To Whom Paid Friends of Ed Pawlowski	MO 8	DAY 24	YEAR 13	Amount \$ 100.00
Mailing Address 43 N. 11th St				
Description of Expenditure donation				
City Allentown	State Pa	Zip Code (Plus 4) 18101 -		

To Whom Paid Lehigh Valley Labor Council	MO 9	DAY 2	YEAR 13	Amount \$ 105.00
Mailing Address 3360 Airport Rd				
Description of Expenditure donation				
City Allentown	State Pa	Zip Code (Plus 4) 18109 -		

To Whom Paid Friends of Ed Pawlowski	MO 10	DAY 2	YEAR 13	Amount \$ 250.00
Mailing Address 43 N. 11th St.				
Description of Expenditure donation				
City Allentown	State Pa	Zip Code (Plus 4) 18101 -		

To Whom Paid Friends of Pete Schwyer	MO 10	DAY 10	YEAR 13	Amount \$ 500.00
Mailing Address P.O. Box 4364				
Description of Expenditure donation				
City Allentown	State Pa	Zip Code (Plus 4) 18105 -4364		

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 \$ 1,095.00

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>6-11-13</u> To <u>10-21-13</u>
--	--

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 -