

COMMONWEALTH OF PENNSYLVANIA
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 David Jones						
STREET ADDRESS 2316 S Albert St						
CITY Allentown		STATE Pa		ZIP CODE 18103-		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT		County Commissioner			D	MO. DAY YEAR 5 19 09
		DATES OF REPORTING PERIOD MO. DAY YEAR MO. DAY YEAR 1 1 09 5 4 09		CASH BALANCE AT END OF REPORTING PERIOD: \$ - 0 - TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ - 0 -		
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		RECEIVED 2009 MAY -8 A 9:13 COMMONWEALTH OF PENNSYLVANIA CAMPAIGN FINANCE BOARD BERKLEY COUNTY		

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates' 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			
DAY OF _____ 20__		SIGNATURE OF PERSON SUBMITTING REPORT _____	
SIGNATURE _____		PRINTED NAME _____	
MY COMMISSION EXPIRES MO. DAY YR. _____		AREA CODE _____ DAYTIME TELEPHONE NUMBER _____	

PART II -

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