

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
Name:		<i>Friends of David Jones</i>		
Address:		<i>1942 W Chew St</i>		
City, State, Zip:		<i>Allentown PA 18104</i>		
Report Filed By				
Candidate		Committee	<i>X</i>	
Type of Report <i>30 Day Post-Primary</i>		Election Date	Amended	Termination
		<i>05/21/2013</i>		
Office Sought By Candidate		Party	County	
<i>Lehigh County Commissioner Dist #3</i>		<i>D</i>	<i>Lehigh</i>	
Summary of Receipts & Expenditures				
From:	<i>05/07/2013</i>	To:	<i>06/18/2013</i>	
A. Amount Brought Forward From Last Report			<i>754.71</i>	
B. Total Monetary Contributions & Receipts (from Schedule I)			<i>500.00</i>	
C. Total Funds Available (Sum of Lines A & B)			<i>1,254.71</i>	
D. Total Expenditures (from Schedule III)			<i>1,123.72</i>	
E. Ending Cash Balance (Subtract Line D from Line C)			<i>130.99</i>	
F. Value of In-Kind Contributions Received (from Schedule II)			<i>0.00</i>	
G. Unpaid Debts & Obligations (from Schedule IV)			<i>(-1,750.00)</i>	

*Complete reports including signatures are on file in the Office of Voter Registration.

CONTRIBUTIONS AND RECEIPTS**Detailed Summary Page**

Name of Filing Committee or Candidate Friends of David Jones	Reporting Period From 5/10/13 To 6/10/13
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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)	\$
All Other Contributions (Part B)	\$
TOTAL for the Reporting Period	(2) \$

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$ 500.00
TOTAL for the Reporting Period	(3) \$ 500.00

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

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.)	\$ 500.00
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PART D
ALL OTHER CONTRIBUTIONS

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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 <u>Friends of David Jones</u>	Reporting Period From <u>5/10/13</u> To <u>6/10/13</u>
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				DATE	AMOUNT
Full Name of Contributor	MO.	DAY	YEAR		\$
<u>Angelo T. Almonti</u>					<u>500.00</u>
Mailing Address <u>8378 Mohr Lane</u>	MO.	DAY	YEAR		\$
City <u>Fogelsville</u>					\$
State <u>PA</u>					\$
Zip Code (Plus 4) <u>18051</u>					\$
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor	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					
Full Name of Contributor	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					
Full Name of Contributor	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					

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

PAGE TOTAL
500.00

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of David Jones	Reporting Period From 5-10-13 To 6-10-13
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To Whom Paid Lehigh County	MO. 5	DAY 9	YEAR 13	Amount \$ 15.00
Mailing Address 17 S. 7th St.				
City Allentown	State PA	Zip Code (Plus 4) 18104 -		
Description of Expenditure Filing Fees Notary				
To Whom Paid 11	MO. 6	DAY 17	YEAR 13	Amount \$ 15.00
Mailing Address				
Description of Expenditure Reimbursement - Filing Fees Notary				
City Allentown	State PA	Zip Code (Plus 4) 18104 -		
Description of Expenditure Shirl Cornick for 3-11-13				
To Whom Paid NGP VAN INC	MO. 5	DAY 17	YEAR 13	Amount \$ 19.19
Mailing Address 48 Grove Suite Suite 202				
City Somerville	State MA	Zip Code (Plus 4) 02144		
Description of Expenditure Robo Call				
To Whom Paid 11	MO. 5	DAY 17	YEAR 13	Amount \$ 5.00
Mailing Address				
Description of Expenditure RoboCall				
City	State	Zip Code (Plus 4) -		
To Whom Paid 11	MO. 5	DAY 17	YEAR 13	Amount \$ 25.00
Mailing Address				
Description of Expenditure Robo Call				
City	State	Zip Code (Plus 4) -		
To Whom Paid 11	MO.	DAY	YEAR	Amount \$ 25.00
Mailing Address				
Description of Expenditure RoboCall				
City	State	Zip Code (Plus 4) -		
To Whom Paid Vista Print	MO.	DAY	YEAR	Amount \$ 90.49
Mailing Address 95 Hayden Avenue				
City	State	Zip Code (Plus 4) -		
Description of Expenditure Business Cards				
To Whom Paid Bethlehem Business Forms	MO. 6	DAY 1	YEAR 13	Amount \$ 929.64
Mailing Address P.O. Box 4250				
City Bethlehem	State PA	Zip Code (Plus 4) 18104 -		
Description of Expenditure Post cards and mailing				

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

PAGE TOTAL

\$ 1123.72

SCHEDULE IV
STATEMENT OF UNPAID DEBTS

PAGE _____ OF _____

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 David Jones</u>	Reporting Period From <u>5/10/13</u> To <u>6/10/13</u>
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Name of Creditor <u>Michael Laws</u>					Outstanding Balance of Debt \$ <u>1500.00</u>	
Mailing Address <u>1 Saucun View</u>	DATE DEBT INCURRED	MO. <u>1</u>	DAY <u>7</u>	YEAR <u>2013</u>		
City <u>Bethlehem Hellertown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18017</u>				
Description of Debt <u>Payment for Managing Campaign</u>						

Name of Creditor <u>LCDC</u>					Outstanding Balance of Debt \$ <u>250.00</u>	
Mailing Address	DATE DEBT INCURRED	MO. <u>5</u>	DAY <u>2</u>	YEAR		
City <u>Allentown</u>	State	Zip Code (Plus 4) -				
Description of Debt <u>Banquet</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						

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

PAGE TOTAL
\$ 1750.00