

| CAMPAIGN FINANCE REPORT | | | | |
|---|-------------------|-------------------------------|-------------------|--------------------|
| Name and Address of Filing Candidate or Committee | | | | |
| Name: | | <i>Joanne Jackson</i> | | |
| Address: | | <i>4195 Estates Dr</i> | | |
| City, State, Zip: | | <i>Center Valley PA 18034</i> | | |
| Report Filed By | | | | |
| Candidate | <i>X</i> | Committee | | |
| Type of Report | | Election Date | Amended | Termination |
| 2015 – 30 Day Post Primary | | 05/19/2015 | | |
| Termination Report? | | | | |
| Office Sought By Candidate | | Party | County | |
| <i>Lehigh County Commissioner At-Large</i> | | <i>D</i> | <i>Lehigh</i> | |
| Summary of Receipts & Expenditures | | | | |
| From: | <i>05/04/2015</i> | To: | <i>06/08/2015</i> | |
| A. Amount Brought Forward From Last Report | | | | <i>0.00</i> |
| B. Total Monetary Contributions & Receipts (from Schedule I) | | | | <i>0.00</i> |
| C. Total Funds Available (Sum of Lines A & B) | | | | <i>0.00</i> |
| D. Total Expenditures (from Schedule III) | | | | <i>0.00</i> |
| E. Ending Cash Balance (Subtract Line D from Line C) | | | | <i>0.00</i> |
| F. Value of In-Kind Contributions Received (from Schedule II) | | | | <i>2,912.00</i> |
| G. Unpaid Debts & Obligations (from Schedule IV) | | | | <i>0.00</i> |

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

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

PAGE 1 OF 2

| | |
|--|---|
| Name of Filing Committee or Candidate <u>Joanne</u> | Reporting Period From <u>5/5/15</u> To <u>6/8/15</u> |
|--|---|

| | | | | DATE | | | AMOUNT | |
|--|--|--------------------|-------------------------------------|---|-----|------|-------------|----|
| | | | | MO. | DAY | YEAR | | |
| Full Name of Contributor <u>Citizens for a better Lehigh County</u> | | | | 5 | 21 | 15 | \$ 2,912.00 | |
| Mailing Address <u>840 Hamilton St Ste 321</u> | | | | MO. | DAY | YEAR | \$ | |
| City <u>Allentown</u> | | State <u>PA</u> | Zip Code (Plus 4) <u>18101 -</u> | | MO. | DAY | YEAR | \$ |
| Employer of Contributor _____ | | | | Occupation _____ | | | | |
| Employer Mailing Address/Principal Place of Business _____ | | | | Description of Contribution <u>Campaign night + Printing</u> | | | | |
| 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

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