Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 201	0036				Rep File			CA	NDII	DATE		СОМ	ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Candi	date or L	obbyis	st:		SIMM	101	NS, JU	JSTIN	I FRI	ENDS	OF							
Street Address:	5680 MOUN	TAIN LAU	IREL D	RIVE															
City:	COOPERSBU	RG							State	e :	PA			Zip Cod	le: 18	036-2	320		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND I PRIM	FRIDAY ARY	PRE-	2		30 DA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND I	FRIDAY TION	' PRE	- 5		30 DA		Р	OST-	6. >	(TERMINA REPORT?		Yes	N	0	\
report type)	ANNUAL REPORT	7.	Year	2015					NG ME		_			PAPER		√	DISK	ETTE	
Name of Office S	ought by Candida	ate:							DAT	ЕΟ	F ELE	CTI	ON	District Number	Office Code	Par	ty Code	Cour	
									МО		DAY	Y	/EAR			REF)	39	
										11		3	2015		(SEE INS	STRUCTI	ONS FOR	CODES)
	Receipts and	МО	DA	Y	YEAR				МО		DAY	Y	/EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	from:		10	20	20	015	T	0		11	:	23	2015						
A. Amount Bro	ught Forward Fro	m Last R	eport					\$				39	,014.50						
B. Total Moneta	ary Contributions	And Rec	eipts	(From	Sche	dule :	I)	\$				12	,925.00						
C. Total Funds	Available (Sum O	f Lines A	and E	3)				\$				51	,939.50						
D. Total Expend	ditures (From Scl	nedule II	I)					\$				1,	,028.61						
E. Ending Cash	Balance (Subtra	ct Line D	From	Line C	:)			\$				50,	910.89						
F. Value Of In-	Kind Contribution	s Receiv	ed (Fr	om Sc	hedul	e II))	\$					50.00						
G. Unpaid Debt	s And Obligation	s (From S	Sched	ule IV))			\$					0.00						
					AFF:	IDA	VI	ΓSE	CTIO	NC									
PART I - If this is	a Committee report, in	•		_									_		6 may 1 may			:_6	
correct and comple		cluding the	e attaci	ieu scn	edules	riieu	on	рарег	ог ву е	electr	onic m	earur	m, are to t	ne best o	г ту кпоч	vieage	and be	iei , tr	ue
Sworn to and subs	cribed before me th day of	is	20										Signature	of Perso	n Submitt	ing Re _l	oort		
	Signat	ure						-						Prin	ted Name				
My Commission Ex	rpires							_		•				Ema	il				
	МО	D	AY		YR						Are	ea Co	ode	Daytim	e Teleph	one Nu	mber		$\underline{}$
Part II- If this is	a report of a car	didate's	autho	rized (Comm	ittee	e, C	andid	ate si	nall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge aı	nd belie	f this	politi	cal	comm	ittee h	as no	ot viola	ted a	iny provis	ions of the	e act of Ju	ıne 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed before me this day of	i	20										s	ignature o	of Candida	ite			_
			_ 20 _					-						Printe	d Name				-
	Signature							-											_
My Commission Exp	ires													Ema	II .				
	МО	D	AY		YR			-			Area	Code	•	Da	aytime Te	elephor	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reportin	g Period		
SIMMONS, JUSTIN FRIENDS OF	From:	10/20/20	<u>15</u> To:	11/23/2015
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	75.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	1,750.00
TOTAL for the Reporting	Period	(2)	\$	1,750.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	5,500.00
All Other Contributions (Part D)			\$	5,600.00
TOTAL for the Reporting	Period	(3)	\$	11,100.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	12,925.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE TOTAL

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

PAGE TOTAL
\$ 0.00

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 Candidat	e		Repo	orting Pe	eriod			
SIMMONS, JUSTIN FRIENDS OF			From		10/20/2	2015 T o):	11/23/2015
					DATE			AMOUNT
Full Name of Contributor Roberto Fischmann				МО	DAY	YEAR		
Mailing Address 3003 Turner St.							\$	100.00
City Allentown	State PA	Zip Code (Plus 4) 18104		11	18	2015		
Full Name of Contributor								
Tracy Roman				МО	DAY	YEAR		
Mailing Address 1392 Spring Valley	Rd.						\$	100.00
City Bethlehem	State	Zip Code (Plus 4)		11	18	2015		
	PA	18015						
Full Name of Contributor Gary Koch				МО	DAY	YEAR		
Mailing Address 7404 Blue Church F	Rd. S.						\$	100.00
City Coopersburg	State	Zip Code (Plus 4)		11	17	2015		
	PA	18036						
Full Name of Contributor Catherine Wick				МО	DAY	YEAR		
Mailing Address 3147 Broadmoor D	<u> </u>		-					
3117 Broadmoor Br				11	17	2015	\$	100.00
City Center Valley	State	Zip Code (Plus 4)		11	17	2013		
	PA	18034						
Full Name of Contributor Keith Pavlack				мо	DAY	YEAR		
Mailing Address 5887 Lindbergh St.							\$	250.00
City Orefield	State	Zip Code (Plus 4)		11	13	2015		
	PA	18069						

							PAGE	
Full Name of Cont	tributor							
John Quain				МО	DAY	YEAR		
Mailing Address	2341 Abbey Lane						\$	200.00
City Harrisbur	α	State	Zip Code (Plus 4)	11	12	2015		
	5	PA	17112					
Full Name of Cont	tributor			МО	DAY	YEAR		
Edgar Stauffer								
Mailing Address	3026 Bowers Mill R	d					\$	250.00
City Pennsbur	α	State	Zip Code (Plus 4)	11	6	2015		
	9	PA	18073					
Full Name of Cont Scott V. Fainor	tributor			мо	DAY	YEAR		
Mailing Address	3050 Fairfield Dr.						\$	250.00
City Allentown	1	State	Zip Code (Plus 4)	10	26	2015		
		PA	18103					
Full Name of Cont Donna Baran	tributor			мо	DAY	YEAR		
	tr ibutor 5585 Mountain Lau	rel Dr.		МО	DAY	YEAR	\$	100.00
Donna Baran Mailing Address	5585 Mountain Lau	rel Dr.	Zip Code (Plus 4)	MO	DAY 23	YEAR 2015	\$	100.00
Donna Baran Mailing Address	5585 Mountain Lau		Zip Code (Plus 4) 18036				\$	100.00
Donna Baran Mailing Address	5585 Mountain Lau urg	State			23		\$	100.00
Donna Baran Mailing Address City Coopersb Full Name of Confi	5585 Mountain Lau urg	State PA		10	23	2015	\$	100.00
Donna Baran Mailing Address City Coopersb Full Name of Confrae Danner Mailing Address	5585 Mountain Lau urg tributor 1927 Peach Tree La	State PA		10	23	2015		
Donna Baran Mailing Address City Coopersb Full Name of Conference Fae Danner Mailing Address	5585 Mountain Lau urg tributor 1927 Peach Tree La	State PA	18036	- 10 MO	23 DAY	2015 YEAR		
Donna Baran Mailing Address City Coopersb Full Name of Confrae Danner Mailing Address	5585 Mountain Lau urg t ributor 1927 Peach Tree La	State PA ane State	18036 Zip Code (Plus 4)	- 10 MO	23 DAY	2015 YEAR		
Donna Baran Mailing Address City Coopersb Full Name of Conference Fae Danner Mailing Address City Bethleher	5585 Mountain Lau urg t ributor 1927 Peach Tree La	State PA ane State	18036 Zip Code (Plus 4)	10 MO	23 DAY	2015 YEAR 2015		
Donna Baran Mailing Address City Coopersb Full Name of Contract Fae Danner Mailing Address City Bethleher Full Name of Contract Daniel E. Douro Mailing Address	5585 Mountain Lau urg tributor 1927 Peach Tree La	State PA ane State	18036 Zip Code (Plus 4)	10 MO	23 DAY	2015 YEAR 2015	\$	100.00
Donna Baran Mailing Address City Coopersb Full Name of Conface Danner Mailing Address City Bethleher Full Name of Conface Daniel E. Douro Mailing Address	5585 Mountain Lau urg tributor 1927 Peach Tree La	State PA Bane State PA	18036 Zip Code (Plus 4) 18015	10 MO	23 DAY 23	2015 YEAR 2015	\$	100.00

Full Name of Contr Michael Narron	ibutor				МО	DAY	YEAR	
Mailing Address	2891 Gradyville Rd.							\$ 100.00
City Broomall		State	- 1	Zip Code (Plus 4)	10	20	2015	
		PA		19008				

PAGE TOTAL \$ 1,750.00

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

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting	Period			
SIMMONS, JUSTIN FRIENDS OF			From:	10/2	0/2015	То:	11/23/2015
				DA	TE		AMOUNT
Full Name of Contributing Committee Associated Builders & Contractors Inc.				МО	DAY	YEAR	
Mailing Address 430 W. Germantown	Pike						\$ 1,500.00
City East Norriton	State PA	Zip Code 19403	e (Plus 4)	10	20	2015	
Full Name of Contributing Committee AIR PRODUCTS PA POL ALLIANCE				МО	DAY	YEAR	
Mailing Address PO BOX 441 City TREXLERTOWN	State PA	Zip Code 180870	e (Plus 4) 000	10	24	2015	\$ 500.00
Full Name of Contributing Committee PA BANKERS PUB AFFAIRS (PABPAC)				мо	DAY	YEAR	
Mailing Address 3897 N FRONT ST					_		\$ 500.00
City HARRISBURG	State PA	Zip Code 171100	(Plus 4)	11	5	2015	
Full Name of Contributing Committee PPL PEOPLE FOR GOOD GOVT (PPLPGG)			МО	DAY	YEAR	
Mailing Address 2 N 9TH STREET					12	2015	\$ 1,000.00
City ALLENTOWN	State PA	Zip Code	P (Plus 4)	11	13	2015	
Full Name of Contributing Committee Committee To Elect Jim Martin				МО	DAY	YEAR	
Mailing Address 645 Hamilton St., Su	ite 204					2015	\$ 500.00
City Allentown	State PA	Zip Code 18101	e (Plus 4)	11	13	2015	

Full Name of Contributing Commi Charlie Dent For Congress	ittee		МО	DAY	YEAR	
Mailing Address P.O. Box 442					2015	\$ 1,000.00
City Allentown	State PA	Zip Code (Plus 4) 18105	10	22	2015	
Full Name of Contributing Commi	ittee	<u> </u>	мо	DAY	YEAR	
	ittee	1	MO	DAY 28	YEAR 2015	\$ 500.00

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

PAGE TOTAL \$ 5,500.00

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			Rep	orting Pe	riod			
SIMMONS, JUSTIN FRIENDS OF			Fror	n:	10/20/2	015 T o): <u>11</u>	<u>/23/2015</u>
				D/	ATE		AMOL	JNT
Full Name of Contributor					DAY	VEAD		
Werner Reinartz				МО	DAY	YEAR		
Mailing 5509 Daisy Lane							\$	250.00
City Coopersburg	State	Zip Code (Plu	s 4)	10	20	2015		
, ,	PA	18036						
Employer Name Reynolds and Reynold	ls Electronics			Occupat	t ion	ales &	Marketing	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code (F	Plus 4)
649 East Green St.		Allentow	n		PA		18109	
Full Name of Contributor				МО	DAY	YEAR		
Werner Reinartz				MO	DAI	ILAK		
Mailing 5509 Daisy Lane							\$	250.00
City Coopersburg	State	Zip Code (Plu	s 4)	10	20	2015		
	PA	18036						
Employer Name Reynolds and Reynold	ls Electronics			Occupat	t ion	ales &	Marketing	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code (F	Plus 4)
649 East Green St.		Allentow	n		PA		18109	
Full Name of Contributor				МО	DAY	YEAR		
Anthony Carfagno				МО	DAT	TEAR		
Mailing 2016 Fieldstone Dr.					_		\$	1,000.00
City Bethlehem	State	Zip Code (Plu	s 4)	11	2	2015		
	PA	18015						
Employer Name Retired				Occupat	t ion	letired	•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code (F	Plus 4)
2016 Fieldstone Dr.		Bethlehe	em		PA		18015	

Full Name of Contributor Mark Lieberman							
				МО	DAY	YEAR	
Mailing 1480 Keystone Rd.							500.00
City Allentown	State	Zi	Code (Plus 4)	11	6	2015	
City Allentown	PA		3103				
Employer Name Retired	'	<u> </u>		Occupat	ion R	Letired	
Employer Mailing Address/Principal P Business	lace of		City	<u> </u>	State		Zip Code (Plus 4)
1480 Keystone Rd.			Allentown		PA		18103
Full Name of Contributor Faust E. Capobianco IV				МО	DAY	YEAR	
Mailing 3631 Westwood Dr	·.						\$ 500.00
City Easton	State PA		p Code (Plus 4)	11	13	2015	
Employer Name North Quad Adviso	ry, LLC			Occupat	ion S	elf-Emp	bloved
Employer Mailing Address/Principal P	lace of		City		State		Zip Code (Plus 4)
Business P.O. Box 3598			Easton		PA		18042
Full Name of Contributor				МО	DAY	YEAR	
John T. Yurconic				МО	אלו	ILAK	
Mailing Address 3037 Fairfield Dr.							\$ 1,000.00
City Allentown	State PA		Code (Plus 4)	11	13	2015	
Employer Name John Yurconic Ager	ncy			Occupat	i on	residen	 t
Employer Mailing Address/Principal P Business	lace of		City	<u> </u>	State		Zip Code (Plus 4)
5910 Hamilton Blvd.			Allentown		PA		18106
Full Name of Contributor Thomas Hess				МО	DAY	YEAR	
							\$ 500.00
Mailing 5180 Aberdene St.		l 7ii	p Code (Plus 4)	11	13	2015	
	State PA		3034				
Address 3100 Aberdene St.				Occupat	i ion	CFO	
City Center Valley	PA			Occupat	State	EFO	Zip Code (Plus 4)

Full Name of Contributor Guy Saxton Mailing Address 3051 Green Pond Rd. City Easton State Zip Code (Plus 4) 11 16 2015 PA 18045 City Employer Name Northampton Memorial Shrine Occupation President	300.00
Mailing Address 3051 Green Pond Rd. City Easton State PA 18045 11 16 2015 Figure Name 1 1 1 16 2015	300.00
City Easton State Zip Code (Plus 4) 11 16 2015 Employer Name 10 Compation Occupation Occupation	
PA 18045 Employer Name as a second of the s	
Employer Name	
Employer Name Northampton Memorial Shrine Occupation President	
Employer Mailing Address/Principal Place of City State Zip Code (Plus 4 Business	s 4)
3051 Green Pond Rd. Easton PA 18045	
Full Name of Contributor	
Samuel Saxton MO DAY YEAR	
Mailing Address 3712 Mauch Chunk Rd. \$	500.00
City Allentown State Zip Code (Plus 4)	
PA 18104	
Employer Name Self-Employed Occupation Businessman	
Employer Mailing Address/Principal Place of City State Zip Code (Plus 4	
Business	s 4)
	s 4)
3712 Mauch Chunk Rd Allentown PA 18104	s 4)
3712 Mauch Chunk Rd Allentown PA 18104 Full Name of Contributor James Landis	s 4)
Full Name of Contributor James Landis Mo DAY YEAR Mailing 5785 Mountain Laurel Dr.	s 4) 500.00
Full Name of Contributor James Landis Mailing Address 5785 Mountain Laurel Dr. \$ 11 16 2015	
Full Name of Contributor James Landis Mailing Address 5785 Mountain Laurel Dr. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
Full Name of Contributor James Landis Mo DAY YEAR Mailing Address 5785 Mountain Laurel Dr. City Coopersburg State Zip Code (Plus 4) 11 16 2015	
Full Name of Contributor James Landis Mo DAY YEAR Mailing Address 5785 Mountain Laurel Dr. City Coopersburg State Zip Code (Plus 4) 11 16 2015 Employer Name CSI Occupation President/CEO Employer Mailing Address/Principal Place of City State Zip Code (Plus 4)	500.00
Full Name of Contributor James Landis Mailing Address 5785 Mountain Laurel Dr. City Coopersburg State PA 11 16 2015 President/CEO	500.00
Full Name of Contributor James Landis Mo DAY YEAR Mailing Address 5785 Mountain Laurel Dr. City Coopersburg State Zip Code (Plus 4) 11 16 2015 Employer Name CSI Occupation President/CEO Employer Mailing Address/Principal Place of Business 4670 Schantz Rd. City Allentown PA 18104 Full Name of Contributor	500.00
Full Name of Contributor James Landis Mo DAY YEAR Mailing Address 5785 Mountain Laurel Dr. City Coopersburg State Zip Code (Plus 4) 11 16 2015 Employer Name CSI Occupation President/CEO Employer Mailing Address/Principal Place of Business 4670 Schantz Rd. Allentown PA 18104 Full Name of Contributor Chris Jordan	500.00
Full Name of Contributor James Landis Mo DAY YEAR Mailing Address 5785 Mountain Laurel Dr. State Zip Code (Plus 4) 11 16 2015 State PA 18036 City Coopersburg CSI City Coopersburg CSI City Cooperson President/CEO State Zip Code (Plus 4) 18036 City State Zip Code (Plus 4) 18036 Full Name of Contributor PA 18104 Full Name of Contributor Chris Jordan Mailing Address 4821 Leeds Court	500.00
Full Name of Contributor James Landis Mailing Address 5785 Mountain Laurel Dr. City Coopersburg State PA I8036 Employer Name CSI Employer Mailing Address/Principal Place of Business 4670 Schantz Rd. City Name of Contributor Chris Jordan Mo DAY YEAR * * * * * * * * * * * * *	500.00 s 4)
Full Name of Contributor James Landis Mo DAY YEAR Mailing Address 5785 Mountain Laurel Dr. City Coopersburg State Zip Code (Plus 4) PA 18036 Employer Name CSI Occupation President/CEO Employer Mailing Address/Principal Place of Business 4670 Schantz Rd. Allentown PA 18104 Full Name of Contributor Chris Jordan MO DAY YEAR Mailing Address 4821 Leeds Court Mailing Address 4821 Leeds Court Mo DAY YEAR \$ 2015	500.00 s 4)
Full Name of Contributor James Landis Mo DAY YEAR Mailing Address 5785 Mountain Laurel Dr. City Coopersburg State PA 18036 Employer Name CSI Employer Mailing Address/Principal Place of Business 4670 Schantz Rd. City Contributor Chris Jordan Mo DAY YEAR Allentown President/CEO Toty State Zip Code (Plus 4) Allentown PA 18104 Full Name of Contributor Chris Jordan Mo DAY YEAR Allentown PA 2015 State Zip Code (Plus 4) 11 18 2015	500.00 s 4)
Full Name of Contributor James Landis Mailing Address 5785 Mountain Laurel Dr. City Coopersburg State PA 18036 Employer Name CSI City State Allentown President/CEO Employer Mailing Address/Principal Place of Business Address 4821 Leeds Court Mailing Address 4821 Leeds Court City Center Valley State PA 18034 Employer Name Childway Pediatric Serv. Employer Name Childway Pediatric Serv. Full Name of Contributor Chris Jordan Mo DAY YEAR Allentown PA 18104 Full Name of Contributor Chris Jordan Mo DAY YEAR State PA 18034 Full Name Childway Pediatric Serv. Fresident/CEO Employer Name Childway Pediatric Serv. Fresident/CEO Employer Mailing Address/Principal Place of City State Zip Code (Plus 4) President/CEO	500.00 s 4)
Full Name of Contributor James Landis Mailing Address 5785 Mountain Laurel Dr. City Coopersburg State PA 18036 Employer Name CSI City Coty Mailing Address/Principal Place of Business 4670 Schantz Rd. City Contributor Chris Jordan Mailing Address 4821 Leeds Court City Center Valley State PA 18034 Employer Name Childway Pediatric Serv. City Coopersburg State Zip Code (Plus 4) 18034 President/CEO Full Name of Contributor Chris Jordan Mo DAY YEAR State PA 18104	500.00 s 4)

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

PAGE TOTAL

\$ 5,600.00

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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		А	MOUNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	·		•			•	
Enter Grand Total of Part E on	Schedule T. Detailed	l Summary Page.	Section	4.			P	AGE TOTAL
	2, 2000		22300				\$	0.00

SCHEDULE II

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	Reporting Peri	od	
SIMMONS, JUSTIN FRIENDS OF	From:	<u>10/20/2015</u> To:	11/23/2015
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	ł .	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	50.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	50.00

PAGE TOTAL

50.00

\$

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Ro			Reporting Period						
SIMMONS, JUSTIN FRIENDS OF Fro			From:	<u>10/</u>	20/2015	To: <u>11/23/2015</u>			
				DATE			AMOUNT		
Full Name of Contributor Marianne Simmons				DAY	YEAR				
Mailing Address 5680 Mountain Laurel Dr.			11	20	2015	\$	50.00		
City Coopersburg	State	Zip Code (Plus 4)	1						
	PA	18036							
Description of Contribution: Advertise	sement - Camer	rata Singers							

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

Section 2.

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			Reporting Period									
					Fro	om:		To	ł			
							DATE				AMOUNT	
Full Name of Contributor						мо	DAY	YEAR				
Mailing Address										\$		0.00
City	State		Zip Code(I	Plus 4)								
Employer of Contributor						Occupa	ition					
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Desc	ripti	ion of C	Contributi	ion
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed					PAGE TO	TAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period							
SIMMONS, JUSTIN FRIENDS O	F		From	10/2	0/2015	То:	11/23/2015			
				DATE			AMOUNT			
To Whom Paid			МО	DAY	YEAR					
Coopersburg Post Office										
Mailing Address 400 E. Station Ave.			10	22	2015	\$	8.82			
City Coopersburg State Zip Code (Plus 4)			Descrip	tion of Ex	enditure	:				
PA 18036			Postage	Postage						
To Whom Paid Lehigh County Republican Com	mittee		МО	DAY	YEAR					
Mailing Address 1544 W. Hamilton St				21	2015	\$	250.00			
City Allentown State Zip Code (Plus 4)			Descrip	tion of Exp	l penditure	<u> </u>				
,ee	PA	18102	Event	·						
To Whom Paid Coopersburg Post Office			МО	DAY	YEAR					
Mailing Address 400 E. Station	on Ave		11	12	2015	\$ \$	147.00			
City Coopersburg	State	Zip Code (Plus 4)	Descrip	Description of Expenditure						
3	PA	18036	Postage							
To Whom Paid JDM Consultants			МО	DAY	YEAR					
Mailing Address 601 Liberty	St.		11	16	2015	\$ \$	500.00			
City Watsontown	State	Zip Code (Plus 4)	Descrip	tion of Ex	enditure	<u> </u>				
	PA	17777	Consult	ting Fee						
To Whom Paid Marianne Simmons			мо	DAY	YEAR					
Mailing Address 5680 Mountain Laurel Dr.			11	22	2015	\$ \$	122.79			
City Coopersburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u> </u>				
PA 18036			Office Supplies \$34.92, Food for Volunteers \$18.29, Gasoline Reimbursement \$69.58							
							PAGE TOTAL			
Enter Grand Total of Expend	itures on Page 1, Re	eport Cover Page, Item I).			\$	1,028.61			