

Campaign Finance Report

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

| | | | | | | | | | | | | | |
|---|--------------------------|---------|-------------------------|-----------------------------|-----------------|------------------|------|---------------------|------------------------------|----------------------|------------|-------------|--|
| Filer Identification Number : | | 2010036 | | Report Filed By : | | CANDIDATE | | COMMITTEE | | ✓ | | LOBBYIST | |
| Name of Filing Committee, Candidate or Lobbyist: SIMMONS, JUSTIN FRIENDS OF | | | | | | | | | | | | | |
| Street Address: 5680 MOUNTAIN LAUREL DRIVE | | | | | | | | | | | | | |
| City: COOPERSBURG | | | | | | State: PA | | | | Zip Code: 18036-2320 | | | |
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE-PRIMARY | 2. | 30 DAY PRIMARY | POST- | 3. | AMENDMENT REPORT? | Yes | No | ✓ | | |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY ELECTION | POST- | 6. X | TERMINATION REPORT? | Yes | No | ✓ | | |
| | ANNUAL REPORT | 7. | Year 2015 | FILING METHOD () CHECK ONE | | | | PAPER | ✓ | DISKETTE | | | |
| Name of Office Sought by Candidate: | | | | | | DATE OF ELECTION | | | District Number | Office Code | Party Code | County Code | |
| | | | | | | MO | DAY | YEAR | REP 39 | | | | |
| | | | | | | 11 | 3 | 2015 | (SEE INSTRUCTIONS FOR CODES) | | | | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | | | | |
| | | 10 | 20 | 2015 | | 11 | 23 | 2015 | | | | | |
| A. Amount Brought Forward From Last Report | | | | | | \$ 39,014.50 | | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | | \$ 12,925.00 | | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | \$ 51,939.50 | | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | \$ 1,028.61 | | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | | \$ 50,910.89 | | | | | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | | | \$ 50.00 | | | | | | | |
| G. Unpaid Debts And Obligations (From Schedule IV) | | | | | | \$ 0.00 | | | | | | | |

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are 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

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall 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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

| | |
|--|---|
| Name of Filing Committee or Candidate | Reporting Period |
| SIMMONS, JUSTIN FRIENDS OF | From: <u>10/20/2015</u> To: <u>11/23/2015</u> |

| | |
|--|----------|
| 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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.) | \$ 12,925.00 |
|---|--------------|

| | | | | | | |
|-------------------------------------|-------|-------------------|----|-----|------|---------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |

| | |
|-------------------|------|
| PAGE TOTAL | |
| \$ | 0.00 |

PART B
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 | Reporting Period |
| SIMMONS, JUSTIN FRIENDS OF | From: <u>10/20/2015</u> To: <u>11/23/2015</u> |

| | |
|-------------|---------------|
| DATE | AMOUNT |
|-------------|---------------|

| | | | | | | |
|---------------------------------|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor | | | MO | DAY | YEAR | \$ 100.00 |
| Roberto Fischmann | | | | | | |
| Mailing Address 3003 Turner St. | | | 11 | 18 | 2015 | |
| City Allentown | State PA | Zip Code (Plus 4) 18104 | | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributor Tracy Roman | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 1392 Spring Valley Rd. | | | 11 | 18 | 2015 | |
| City Bethlehem | State PA | Zip Code (Plus 4) 18015 | | | | |

| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 100.00 |
|--------------------------|-------------|-------|----|-------------------|-------|------|-----------|
| Gary Koch | | | | | | | |
| Mailing Address | | | | 11 | 17 | 2015 | |
| 7404 Blue Church Rd. S. | | | | | | | |
| City | Coopersburg | State | PA | Zip Code (Plus 4) | 18036 | | |

| | | | | | | |
|---|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributor Catherine Wick | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 3147 Broadmoor Dr. | | | 11 | 17 | 2015 | |
| City Center Valley | State PA | Zip Code (Plus 4) 18034 | | | | |

| Full Name of Contributor | | | MO | DAY | YEAR | \$ 250.00 |
|--------------------------|-------|-------------------|----|-----|------|-----------|
| Keith Pavlack | | | | | | |
| Mailing Address | | | 11 | 13 | 2015 | |
| 5887 Lindbergh St. | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |
| Orefield | PA | 18069 | | | | |

| | | | | | | |
|---|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor John Quain | | | MO | DAY | YEAR | \$ 200.00 |
| Mailing Address 2341 Abbey Lane | | | 11 | 12 | 2015 | |
| City Harrisburg | State PA | Zip Code (Plus 4) 17112 | | | | |
| Full Name of Contributor Edgar Stauffer | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 3026 Bowers Mill Rd | | | 11 | 6 | 2015 | |
| City Pennsburg | State PA | Zip Code (Plus 4) 18073 | | | | |
| Full Name of Contributor Scott V. Fainor | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 3050 Fairfield Dr. | | | 10 | 26 | 2015 | |
| City Allentown | State PA | Zip Code (Plus 4) 18103 | | | | |
| Full Name of Contributor Donna Baran | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 5585 Mountain Laurel Dr. | | | 10 | 23 | 2015 | |
| City Coopersburg | State PA | Zip Code (Plus 4) 18036 | | | | |
| Full Name of Contributor Fae Danner | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 1927 Peach Tree Lane | | | 10 | 23 | 2015 | |
| City Bethlehem | State PA | Zip Code (Plus 4) 18015 | | | | |
| Full Name of Contributor Daniel E. Douro | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 2881 Pike Ave. | | | 10 | 23 | 2015 | |
| City Coopersburg | State PA | Zip Code (Plus 4) 18036 | | | | |

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

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 1,750.00 |

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 SIMMONS, JUSTIN FRIENDS OF | Reporting Period From: <u>10/20/2015</u> To: <u>11/23/2015</u> |
|--|--|

| | | | | DATE | | AMOUNT | |
|---|----------|------------------------------|--|------|-----|--------|-------------|
| Full Name of Contributing Committee Associated Builders & Contractors Inc. | | | | MO | DAY | YEAR | \$ 1,500.00 |
| Mailing Address 430 W. Germantown Pike | | | | 10 | 20 | 2015 | |
| City East Norriton | State PA | Zip Code (Plus 4) 19403 | | | | | |
| Full Name of Contributing Committee AIR PRODUCTS PA POL ALLIANCE | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address PO BOX 441 | | | | 10 | 24 | 2015 | |
| City TREXLERTOWN | State PA | Zip Code (Plus 4) 180870000 | | | | | |
| Full Name of Contributing Committee PA BANKERS PUB AFFAIRS (PABPAC) | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 3897 N FRONT ST | | | | 11 | 5 | 2015 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 171100000 | | | | | |
| Full Name of Contributing Committee PPL PEOPLE FOR GOOD GOVT (PPLPGG) | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 2 N 9TH STREET | | | | 11 | 13 | 2015 | |
| City ALLENTOWN | State PA | Zip Code (Plus 4) 18101-0000 | | | | | |
| Full Name of Contributing Committee Committee To Elect Jim Martin | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 645 Hamilton St., Suite 204 | | | | 11 | 13 | 2015 | |
| City Allentown | State PA | Zip Code (Plus 4) 18101 | | | | | |

| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 1,000.00 |
|-------------------------------------|-------|-------------------|----|-----|------|-------------|
| Charlie Dent For Congress | | | | | | |
| Mailing Address | | | 10 | 22 | 2015 | |
| P.O. Box 442 | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |
| Allentown | PA | 18105 | | | | |

| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 500.00 |
|-------------------------------------|-----------------|-------------------|----|-----|------|-----------|
| Friends of Bob Mensch | | | | | | |
| Mailing Address | | | 10 | 28 | 2015 | |
| P.O. Box 94 | | | | | | |
| City | East Greenville | State | | | | |
| | | PA | | | | |
| | | Zip Code (Plus 4) | | | | |
| | | 18041 | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 5,500.00 |

PART D
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 SIMMONS, JUSTIN FRIENDS OF | Reporting Period From: <u>10/20/2015</u> To: <u>11/23/2015</u> |
|--|--|

| | | | | DATE | | | AMOUNT |
|---|--------------------|-----------------------------------|--------------------------|-------------------------------------|--------------------|-----------------------------------|-----------|
| Full Name of Contributor | | | | MO | DAY | YEAR | |
| Werner Reinartz | | | | | | | |
| Mailing Address 5509 Daisy Lane | | | | 10 | 20 | 2015 | \$ 250.00 |
| City Coopersburg | State PA | Zip Code (Plus 4) 18036 | | | | | |
| Employer Name Reynolds and Reynolds Electronics | | | | Occupation Sales & Marketing | | | |
| Employer Mailing Address/Principal Place of Business 649 East Green St. | | | City Allentown | | State PA | Zip Code (Plus 4) 18109 | |

| | | | | MO | DAY | YEAR | |
|---|--------------------|-----------------------------------|--------------------------|-------------------------------------|--------------------|-----------------------------------|-----------|
| Werner Reinartz | | | | | | | |
| Mailing Address 5509 Daisy Lane | | | | 10 | 20 | 2015 | \$ 250.00 |
| City Coopersburg | State PA | Zip Code (Plus 4) 18036 | | | | | |
| Employer Name Reynolds and Reynolds Electronics | | | | Occupation Sales & Marketing | | | |
| Employer Mailing Address/Principal Place of Business 649 East Green St. | | | City Allentown | | State PA | Zip Code (Plus 4) 18109 | |

| | | | | MO | DAY | YEAR | |
|--|--------------------|-----------------------------------|--------------------------|---------------------------|--------------------|-----------------------------------|-------------|
| Anthony Carfagno | | | | | | | |
| Mailing Address 2016 Fieldstone Dr. | | | | 11 | 2 | 2015 | \$ 1,000.00 |
| City Bethlehem | State PA | Zip Code (Plus 4) 18015 | | | | | |
| Employer Name Retired | | | | Occupation Retired | | | |
| Employer Mailing Address/Principal Place of Business 2016 Fieldstone Dr. | | | City Bethlehem | | State PA | Zip Code (Plus 4) 18015 | |

| | | | | | | |
|--|-----------------|--------------------------------|---------------------------|-----------------------------------|-------------|-----------|
| Full Name of Contributor Mark Lieberman | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 1480 Keystone Rd. | | | 11 | 6 | 2015 | |
| City Allentown | State PA | Zip Code (Plus 4) 18103 | | | | |
| Employer Name Retired | | | Occupation Retired | | | |
| Employer Mailing Address/Principal Place of Business 1480 Keystone Rd. | | City Allentown | State PA | Zip Code (Plus 4) 18103 | | |

| | | | | | | |
|--|-----------------|--------------------------------|---------------------------------|-----------------------------------|-------------|-----------|
| Full Name of Contributor Faust E. Capobianco IV | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 3631 Westwood Dr. | | | 11 | 13 | 2015 | |
| City Easton | State PA | Zip Code (Plus 4) 18045 | | | | |
| Employer Name North Quad Advisory, LLC | | | Occupation Self-Employed | | | |
| Employer Mailing Address/Principal Place of Business P.O. Box 3598 | | City Easton | State PA | Zip Code (Plus 4) 18042 | | |

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|--|-----------------|--------------------------------|-----------------------------|-----------------------------------|-------------|-------------|
| Full Name of Contributor John T. Yurconic | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 3037 Fairfield Dr. | | | 11 | 13 | 2015 | |
| City Allentown | State PA | Zip Code (Plus 4) 18103 | | | | |
| Employer Name John Yurconic Agency | | | Occupation President | | | |
| Employer Mailing Address/Principal Place of Business 5910 Hamilton Blvd. | | City Allentown | State PA | Zip Code (Plus 4) 18106 | | |

| | | | | | | |
|---|-----------------|--------------------------------|-----------------------|-----------------------------------|-------------|-----------|
| Full Name of Contributor Thomas Hess | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 5180 Aberdene St. | | | 11 | 13 | 2015 | |
| City Center Valley | State PA | Zip Code (Plus 4) 18034 | | | | |
| Employer Name Genomind | | | Occupation CFO | | | |
| Employer Mailing Address/Principal Place of Business 2250 Renaissance Blvd, Suite 100 | | City King of Prussia | State PA | Zip Code (Plus 4) 19406 | | |

| | | | | | | | |
|--|--------------------|-----------------------------------|-----------------------|-----------------------------|--------------------|-----------------------------------|-----------|
| Full Name of Contributor Guy Saxton | | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 3051 Green Pond Rd. | | | | 11 | 16 | 2015 | |
| City Easton | State PA | Zip Code (Plus 4) 18045 | | | | | |
| Employer Name Northampton Memorial Shrine | | | | Occupation President | | | |
| Employer Mailing Address/Principal Place of Business 3051 Green Pond Rd. | | | City Easton | | State PA | Zip Code (Plus 4) 18045 | |

| | | | | | | | |
|--|--------------------|-----------------------------------|--------------------------|-------------------------------|--------------------|-----------------------------------|-----------|
| Full Name of Contributor Samuel Saxton | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 3712 Mauch Chunk Rd. | | | | 11 | 16 | 2015 | |
| City Allentown | State PA | Zip Code (Plus 4) 18104 | | | | | |
| Employer Name Self-Employed | | | | Occupation Businessman | | | |
| Employer Mailing Address/Principal Place of Business 3712 Mauch Chunk Rd | | | City Allentown | | State PA | Zip Code (Plus 4) 18104 | |

| | | | | | | | |
|---|--------------------|-----------------------------------|--------------------------|---------------------------------|--------------------|-----------------------------------|-----------|
| Full Name of Contributor James Landis | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 5785 Mountain Laurel Dr. | | | | 11 | 16 | 2015 | |
| City Coopersburg | State PA | Zip Code (Plus 4) 18036 | | | | | |
| Employer Name CSI | | | | Occupation President/CEO | | | |
| Employer Mailing Address/Principal Place of Business 4670 Schantz Rd. | | | City Allentown | | State PA | Zip Code (Plus 4) 18104 | |

| | | | | | | | |
|---|--------------------|-----------------------------------|-----------------------|---------------------------------|--------------------|-----------------------------------|-----------|
| Full Name of Contributor Chris Jordan | | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 4821 Leeds Court | | | | 11 | 18 | 2015 | |
| City Center Valley | State PA | Zip Code (Plus 4) 18034 | | | | | |
| Employer Name Childway Pediatric Serv. | | | | Occupation President/CEO | | | |
| Employer Mailing Address/Principal Place of Business P.O. Box 486 | | | City Colmar | | State PA | Zip Code (Plus 4) 18915 | |

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

| PAGE TOTAL | |
|------------|----------|
| \$ | 5,600.00 |

PART E
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 | Reporting Period |
| | From: To: |

| | | | DATE | AMOUNT | | |
|---------------------|-------|-------------------|------|--------|------|---------|
| Full Name | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |
| Receipt Description | | | | | | |

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

| |
|------------|
| PAGE TOTAL |
| \$ 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 Period | |
| SIMMONS, JUSTIN FRIENDS OF | | From: <u>10/20/2015</u> To: <u>11/23/2015</u> | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | |
| TOTAL for the Reporting Period | | (1) | \$ 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | | |
| TOTAL for the Reporting Period | | (2) | \$ 50.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Period | | (3) | \$ 0.00 |
| 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, Reports Cover Page, Item F.) | | | \$ 50.00 |

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

| | |
|--|--|
| Name of Filing Committee or Candidate SIMMONS, JUSTIN FRIENDS OF | Reporting Period From: <u>10/20/2015</u> To: <u>11/23/2015</u> |
|--|--|

| | | | | DATE | | | AMOUNT |
|---|----------|-------------------------|--|------|-----|------|-----------------------------------|
| Full Name of Contributor | | | | MO | DAY | YEAR | |
| Marianne Simmons | | | | | | | |
| Mailing Address 5680 Mountain Laurel Dr. | | | | 11 | 20 | 2015 | \$ 50.00 |
| City Coopersburg | State PA | Zip Code (Plus 4) 18036 | | | | | |
| Description of Contribution: Advertisement - Camerata Singers | | | | | | | |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2. | | | | | | | PAGE TOTAL \$ 50.00 |

5/14/2024 9:54:49 AM

SCHEDULE III STATEMENT OF EXPENDITURES

| | |
|--|--|
| Name of Filing Committee or Candidate | Reporting Period |
| SIMMONS, JUSTIN FRIENDS OF | From <u>10/20/2015</u> To: <u>11/23/2015</u> |

| DATE | | | | AMOUNT | | |
|---|----------|-------------------------|--|--------|------|---------------------------|
| To Whom Paid Coopersburg Post Office | | | MO | DAY | YEAR | \$ 8.82 |
| Mailing Address 400 E. Station Ave. | | | 10 | 22 | 2015 | |
| City Coopersburg | State PA | Zip Code (Plus 4) 18036 | Description of Expenditure Postage | | | |
| To Whom Paid Lehigh County Republican Committee | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 1544 W. Hamilton St | | | 10 | 21 | 2015 | |
| City Allentown | State PA | Zip Code (Plus 4) 18102 | Description of Expenditure Event | | | |
| To Whom Paid Coopersburg Post Office | | | MO | DAY | YEAR | \$ 147.00 |
| Mailing Address 400 E. Station Ave.. | | | 11 | 12 | 2015 | |
| City Coopersburg | State PA | Zip Code (Plus 4) 18036 | Description of Expenditure Postage | | | |
| To Whom Paid JDM Consultants | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 601 Liberty St. | | | 11 | 16 | 2015 | |
| City Watsontown | State PA | Zip Code (Plus 4) 17777 | Description of Expenditure Consulting Fee | | | |
| To Whom Paid Marianne Simmons | | | MO | DAY | YEAR | \$ 122.79 |
| Mailing Address 5680 Mountain Laurel Dr. | | | 11 | 22 | 2015 | |
| City Coopersburg | State PA | Zip Code (Plus 4) 18036 | Description of Expenditure Office Supplies \$34.92, Food for Volunteers \$18.29, Gasoline Reimbursement \$69.58 | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL \$ 1,028.61 |

