

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 POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	✓			
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	✓			
	ANNUAL REPORT	7. X	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				
		11	24	2015		12	31	2015					
A. Amount Brought Forward From Last Report						\$ 50,910.89							
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 6,270.00							
C. Total Funds Available (Sum Of Lines A and B)						\$ 57,180.89							
D. Total Expenditures (From Schedule III)						\$ 3,175.19							
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 54,005.70							
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00							
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>11/24/2015</u> To: <u>12/31/2015</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 70.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 250.00
All Other Contributions (Part B)	\$ 550.00
TOTAL for the Reporting Period (2)	\$ 800.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 5,400.00
TOTAL for the Reporting Period (3)	\$ 5,400.00

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.)	\$ 6,270.00
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PART A
CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES
\$50.01 TO \$250.00

**Use this Part to itemize only contributions received from political committees
with an aggregate value from \$50.01 to \$250.00 in the reporting period.**

Name of Filing Committee or Candidate SIMMONS, JUSTIN FRIENDS OF	Reporting Period From: <u>11/24/2015</u> To: <u>12/31/2015</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table>		DATE	AMOUNT
DATE	AMOUNT		

Full Name of Contributing Committee Penn. Farmers Employee & Agent PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 3 Beaver Valley Rd.			11	27	2015	
City Wilmington	State DE	Zip Code (Plus 4) 19803				

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

PAGE TOTAL
\$ 250.00

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 SIMMONS, JUSTIN FRIENDS OF	Reporting Period From: <u>11/24/2015</u> To: <u>12/31/2015</u>
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DATE	AMOUNT
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Full Name of Contributor			MO	DAY	YEAR	\$ 250.00
Gregg Strom						
Mailing Address			11	24	2015	
311 Veterans Highway, Suite B						
City	State	Zip Code (Plus 4)				
Levittown	PA	19056				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
Alice Simmons							
Mailing Address 3005 Welsh Rd.				11	30	2015	
City Philadelphia	State PA	Zip Code (Plus 4) 19136					

Full Name of Contributor Chester Conrad			MO	DAY	YEAR	\$ 100.00
Mailing Address 1616 W. Livingston St.			12	2	2015	
City Allentown	State PA	Zip Code (Plus 4) 18102				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
Gary Koch							
Mailing Address				12	2	2015	
7404 Blue Church Rd. S.							
City	Coopersburg	State	PA	Zip Code (Plus 4)	18036		

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

PAGE TOTAL
\$ 550.00

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	Reporting Period	
	From:	To:

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

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

PAGE TOTAL
\$ 0.00

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>11/24/2015</u> To: <u>12/31/2015</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Edwin M. McKeon, Sr.							
Mailing Address 470 Maryland Dr. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> City Fort Washington </div> <div style="width: 20%;"> State PA </div> <div style="width: 30%;"> Zip Code (Plus 4) 19034 </div> </div>				12	18	2015	\$ 500.00
Employer Name Retired				Occupation Retired			
Employer Mailing Address/Principal Place of Business 470 Maryland Dr.				City Fort Washington		State PA	Zip Code (Plus 4) 19034

Full Name of Contributor				MO	DAY	YEAR	
Lee A. Butz							
Mailing Address 3633 Trexler Blvd. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> City Allentown </div> <div style="width: 20%;"> State PA </div> <div style="width: 30%;"> Zip Code (Plus 4) 18104 </div> </div>				12	18	2015	\$ 1,000.00
Employer Name Alvin H. Butz, Inc.				Occupation Chairman of the Board			
Employer Mailing Address/Principal Place of Business 840 W. Hamilton St., Suite 600				City Allentown		State PA	Zip Code (Plus 4) 18105

Full Name of Contributor				MO	DAY	YEAR	
William Grube Jr.							
Mailing Address 3015 Barrington Lane <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> City Allentown </div> <div style="width: 20%;"> State PA </div> <div style="width: 30%;"> Zip Code (Plus 4) 18103 </div> </div>				12	5	2015	\$ 300.00
Employer Name Retired				Occupation Retired			
Employer Mailing Address/Principal Place of Business Retired				City Retired		State PA	Zip Code (Plus 4) 18103

Full Name of Contributor Thomas Campbell			MO	DAY	YEAR	\$ 500.00
Mailing Address 5760 Fresh Meadow Dr.			12	2	2015	
City Macungie	State PA	Zip Code (Plus 4) 18062				
Employer Name DeSales University			Occupation Vice President			
Employer Mailing Address/Principal Place of Business 2755 Station Ave.		City Center Valley	State PA	Zip Code (Plus 4) 18034		

Full Name of Contributor Chris Mullaney			MO	DAY	YEAR	\$ 500.00
Mailing Address P.O. Box 250			12	2	2015	
City Red Hill	State PA	Zip Code (Plus 4) 18076				
Employer Name Self-Employed			Occupation Attorney			
Employer Mailing Address/Principal Place of Business 598 Main St., PO Box 24		City Red Hill	State PA	Zip Code (Plus 4) 18076		

Full Name of Contributor G. Arden Link			MO	DAY	YEAR	\$ 300.00
Mailing Address 7692 Schoolhouse Ln			11	28	2015	
City Zionsville	State PA	Zip Code (Plus 4) 18092				
Employer Name Link Beverages			Occupation Owner			
Employer Mailing Address/Principal Place of Business 315 Thomas St.		City Coopersburg	State PA	Zip Code (Plus 4) 18036		

Full Name of Contributor Mark Moran			MO	DAY	YEAR	\$ 300.00
Mailing Address 4302 Mill Rd			11	27	2015	
City Coopersburg	State PA	Zip Code (Plus 4) 18036				
Employer Name Lehigh Valley Center for Sight			Occupation Ophthalmologist			
Employer Mailing Address/Principal Place of Business 1739 Fairmont St.		City Allentown	State PA	Zip Code (Plus 4) 18104		

Full Name of Contributor Laurence Karper				MO	DAY	YEAR	\$ 300.00
Mailing Address 6937 Yeakels Mill Rd.				11	27	2015	
City Zionsville	State PA	Zip Code (Plus 4) 18092					
Employer Name Lehigh Valley Physician Group				Occupation Psychiatrist			
Employer Mailing Address/Principal Place of Business 1255 S. Cedar Crest Blvd. Suite 3800			City Allentown		State PA	Zip Code (Plus 4) 18103	

Full Name of Contributor Brian Rich				MO	DAY	YEAR	\$ 500.00
Mailing Address 241 Summer Valley Rd				12	15	2015	
City Orwigsburg	State PA	Zip Code (Plus 4) 17961					
Employer Name Unknown				Occupation Unknown			
Employer Mailing Address/Principal Place of Business Unknown			City Unknown		State PA	Zip Code (Plus 4) 17961	

Full Name of Contributor Nolan Perin				MO	DAY	YEAR	\$ 300.00
Mailing Address 250 Green Meadow Lane				12	15	2015	
City Pen Argyl	State PA	Zip Code (Plus 4) 18072					
Employer Name NAPA Development Corp				Occupation President			
Employer Mailing Address/Principal Place of Business 991 W. Pennsylvania Ave.			City Pen Argyl		State PA	Zip Code (Plus 4) 18091	

Full Name of Contributor William Peters				MO	DAY	YEAR	\$ 300.00
Mailing Address 3576 North Dr.				11	24	2015	
City Bethlehem	State PA	Zip Code (Plus 4) 18015					
Employer Name Progressive Physician Associates				Occupation Doctor			
Employer Mailing Address/Principal Place of Business 801 Ostrum St.			City Bethlehem		State PA	Zip Code (Plus 4) 18015	

Full Name of Contributor Michael Rowland				MO	DAY	YEAR	\$ 300.00
Mailing Address 4696 Sweetbriar Circle				11	24	2015	
City Emmaus	State PA	Zip Code (Plus 4) 18049					
Employer Name Oral Dynamics, Inc.				Occupation Dentistry			
Employer Mailing Address/Principal Place of Business 2610 Moravian Ave.			City Allentown		State PA	Zip Code (Plus 4) 18103	

Full Name of Contributor Peter Marsh				MO	DAY	YEAR	\$ 300.00
Mailing Address 4906 Harvest Lane				11	24	2015	
City Zionsville	State PA	Zip Code (Plus 4) 18092					
Employer Name PPL Services Corp.				Occupation Attorney			
Employer Mailing Address/Principal Place of Business 2 N. 9th St.			City Allentown		State PA	Zip Code (Plus 4) 18101	

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

PAGE TOTAL
\$ 5,400.00

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>11/24/2015</u> To: <u>12/31/2015</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)	\$ 0.00
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.)			\$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
SIMMONS, JUSTIN FRIENDS OF	From <u>11/24/2015</u> To: <u>12/31/2015</u>

DATE				AMOUNT
To Whom Paid PayPal	MO	DAY	YEAR	
Mailing Address 2211 N. 1st St.	11	24	2015	\$ 7.55
City San Jose	State CA	Zip Code (Plus 4) 95131	Description of Expenditure Service Fee	
To Whom Paid PayPal	MO	DAY	YEAR	
Mailing Address 2211 N. 1st St.	11	24	2015	\$ 9.00
City San Jose	State CA	Zip Code (Plus 4) 95131	Description of Expenditure Service Fee	
To Whom Paid PayPal	MO	DAY	YEAR	
Mailing Address 2211 N. 1st St.	11	24	2015	\$ 9.00
City San Jose	State CA	Zip Code (Plus 4) 95131	Description of Expenditure Service Fee	
To Whom Paid PayPal	MO	DAY	YEAR	
Mailing Address 2211 N. 1st St.	11	24	2015	\$ 1.03
City San Jose	State CA	Zip Code (Plus 4) 95131	Description of Expenditure Service Fee	
To Whom Paid Coopersburg Post Office	MO	DAY	YEAR	
Mailing Address 400 E. Station Ave.	11	27	2015	\$ 8.38
City Coopersburg	State PA	Zip Code (Plus 4) 18036	Description of Expenditure Postage	

To Whom Paid Melt			MO	DAY	YEAR	
Mailing Address 2880 Center Valley Parkway			12	1	2015	
City Center Valley	State PA	Zip Code (Plus 4) 18034	Description of Expenditure Event			
To Whom Paid JDM Consultants			MO	DAY	YEAR	
Mailing Address 601 Liberty St.			12	7	2015	
City Watsontown	State PA	Zip Code (Plus 4) 17777	Description of Expenditure Consulting Fee			
To Whom Paid Dustan Raines			MO	DAY	YEAR	
Mailing Address 5144 West Saucon Avenue			12	30	2015	
City Center Valley	State PA	Zip Code (Plus 4) 18034	Description of Expenditure Contribution			
To Whom Paid Marianne Simmons			MO	DAY	YEAR	
Mailing Address 5680 Mountain Laurel Dr.			12	31	2015	
City Coopersburg	State PA	Zip Code (Plus 4) 18036	Description of Expenditure Expense Reimbursement: (Copies \$1.27 & Gas \$36.80)			
To Whom Paid Dustan Raines			MO	DAY	YEAR	
Mailing Address 5144 West Saucon Avenue			12	29	2015	
City Center Valley	State PA	Zip Code (Plus 4) 18034	Description of Expenditure Campaign Work			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 3,175.19

