

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 <input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7. X	Year 2019	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR	REP 39			
				11	5	2019	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	2019	TO	12	31	2019		
A. Amount Brought Forward From Last Report				\$		7,136.86				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		7,250.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		14,386.86				
D. Total Expenditures (From Schedule III)				\$		7,878.44				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		6,508.42				
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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 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>1/1/2019</u> To: <u>12/31/2019</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 4,000.00
All Other Contributions (Part B)	\$ 250.00
TOTAL for the Reporting Period (2)	\$ 4,250.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 1,500.00
All Other Contributions (Part D)	\$ 1,500.00
TOTAL for the Reporting Period (3)	\$ 3,000.00

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.)	\$ 7,250.00
---	-------------

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				Reporting Period			
SIMMONS, JUSTIN FRIENDS OF				From: <u>1/1/2019</u> To: <u>12/31/2019</u>			
				DATE		AMOUNT	
Full Name of Contributing Committee CRISCI ASSOC PAC				MO	DAY	YEAR	\$ 250.00
Mailing Address 204 STATE ST				4	15	2019	
City HARRISBURG	State PA	Zip Code (Plus 4) 171010000					
Full Name of Contributing Committee Chamber PAC				MO	DAY	YEAR	\$ 250.00
Mailing Address 417 Walnut st.				4	15	2019	
City Harrisburg	State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee PENNSYLVANIA BEER ALLIANCE(PA BEER WHOLESALER-PBWA)				MO	DAY	YEAR	\$ 250.00
Mailing Address 407 N FRONT ST				4	15	2019	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101-1205					
Full Name of Contributing Committee Pennsylvania Optometric PAC				MO	DAY	YEAR	\$ 250.00
Mailing Address 218 North St.				4	15	2019	
City Harrisburg	State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee Verizon Communications Inc. Good Govt. Club-PA				MO	DAY	YEAR	\$ 250.00
Mailing Address 417 Walnut St., 1st Fl.				4	15	2019	
City Harrisburg	State PA	Zip Code (Plus 4) 17101					

Full Name of Contributing Committee Capital Blut PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address PO Box 60710			4	15	2019	
City Harrisburg	State PA	Zip Code (Plus 4) 17106				
Full Name of Contributing Committee LAWPAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 212 North Third St., Suite 101			4	15	2019	
City Harrisburg	State PA	Zip Code (Plus 4) 19101				
Full Name of Contributing Committee Agent PAC of Pennsylvania			MO	DAY	YEAR	\$ 250.00
Mailing Address 5050 Ritter Rd.			4	15	2019	
City Mechanicsburg	State PA	Zip Code (Plus 4) 17055				
Full Name of Contributing Committee Nationwide Mutual Insurance PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address One Nationwide Plaze 1-32-06			4	15	2019	
City Columbus	State OH	Zip Code (Plus 4) 43215				
Full Name of Contributing Committee PAMIC PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 1017 MUMMA RD STE 103			4	15	2019	
City WORMLEYSBURG	State PA	Zip Code (Plus 4) 170430000				
Full Name of Contributing Committee The Pennsylvania Insurance PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 1600 Market St. Ste. 1720			4	15	2019	
City Philadelphia	State PA	Zip Code (Plus 4) 19103				

Full Name of Contributing Committee PA MEDICAL PAC (PAM PAC)			MO	DAY	YEAR	\$ 250.00
Mailing Address P.O. BOX 8820			4	15	2019	
City HARRISBURG	State PA	Zip Code (Plus 4) 171050000				
Full Name of Contributing Committee Highmark PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 1800 Center St.			4	15	2019	
City Camp Hill	State PA	Zip Code (Plus 4) 17089				
Full Name of Contributing Committee Penn National Insurance/Inservco PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 2 North 2nd St., 14th Fl			4	15	2019	
City Harrisburg	State PA	Zip Code (Plus 4) 17101				
Full Name of Contributing Committee School Bus PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 355 N. 21st St. #200			5	9	2019	
City Camp Hill	State PA	Zip Code (Plus 4) 17011				
Full Name of Contributing Committee UGI UTILITIES INC/UGI ENERGY SERVICES LLC PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address PO Box 12677			6	3	2019	
City READING	State PA	Zip Code (Plus 4) 19612				

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

PAGE TOTAL
\$ 4,000.00

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>1/1/2019</u> To: <u>12/31/2019</u>
--	--

				DATE	AMOUNT		
Full Name of Contributor Guy N. Saxton				MO	DAY	YEAR	\$ 250.00
Mailing Address 3051 Green Pond Rd.				5	9	2019	
City Easton	State PA	Zip Code (Plus 4) 18045					

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

PAGE TOTAL
\$ 250.00

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>1/1/2019</u> To: <u>12/31/2019</u>
--	--

			DATE	AMOUNT		
Full Name of Contributing Committee	Mailing Address	City	MO	DAY	YEAR	
PPL PEOPLE FOR GOOD GOVT (PPLPGG)	2 N 9TH STREET	ALLENTOWN	4	15	2019	\$ 1,000.00
State PA	Zip Code (Plus 4) 18101-0000					
Aqua America, Inc. H2O PAC	762 West Lancaster Ave.	Bryn Mawr	4	15	2019	\$ 500.00
State PA	Zip Code (Plus 4) 19010					

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

PAGE TOTAL
\$ 1,500.00

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>1/1/2019</u> To: <u>12/31/2019</u>
--	--

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Raymond Lahoud					
Mailing Address 3711 Knollcroft St.	6	18	2019	\$ 1,000.00	
City Easton State PA Zip Code (Plus 4) 18045					
Employer Name Esquire Equity LLC			Occupation Attorney		
Employer Mailing Address/Principal Place of Business 3711 Knollcroft St.		City Easton		State PA	Zip Code (Plus 4) 18045

Full Name of Contributor	MO	DAY	YEAR		
Raymond Lahoud					
Mailing Address 3711 Knollcroft St.	7	1	2019	\$ 500.00	
City Easton State PA Zip Code (Plus 4) 18045					
Employer Name Esquire Equity LLC			Occupation Attorney		
Employer Mailing Address/Principal Place of Business 3711 Knollcroft St.		City Easton		State PA	Zip Code (Plus 4) 18045

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

PAGE TOTAL
\$ 1,500.00

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		
Mailing Address				\$	0.00
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 SIMMONS, JUSTIN FRIENDS OF	Reporting Period From: <u>1/1/2019</u> To: <u>12/31/2019</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 RECEIVED - 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: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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:

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
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>1/1/2019</u> To: <u>12/31/2019</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
Coopersburg Post Office	1	14	2019	\$ 8.12
Mailing Address 400 E. Station Ave.				
City Coopersburg	State PA	Zip Code (Plus 4) 18036	Description of Expenditure Postage	
To Whom Paid Brian Farell	1	25	2019	\$ 295.00
Mailing Address 4526 Devonshire Dr.				
City Center Valley	State PA	Zip Code (Plus 4) 18034	Description of Expenditure Website Maintenance	
To Whom Paid Marianne Simmons	2	4	2019	\$ 62.12
Mailing Address 5680 Mountain Laurel Dr.				
City Coopersburg	State PA	Zip Code (Plus 4) 18036	Description of Expenditure Reimburse Campaign Expenses	
To Whom Paid Staples	2	7	2019	\$ 2.45
Mailing Address 654 North West End Blvd				
City Quakertown	State PA	Zip Code (Plus 4) 18951	Description of Expenditure Copies	
To Whom Paid Staples	2	7	2019	\$ 129.30
Mailing Address 654 North West End Blvd				
City Quakertown	State PA	Zip Code (Plus 4) 18951	Description of Expenditure printer ink	

To Whom Paid Target			MO	DAY	YEAR	
Mailing Address Richland Twp.			2	12	2019	
City Richland	State PA	Zip Code (Plus 4) 18951	Description of Expenditure Office supplies			
To Whom Paid LCRC			MO	DAY	YEAR	
Mailing Address 121 N.Cedar Crest Blvd			2	13	2019	
City Allentown	State PA	Zip Code (Plus 4) 18104	Description of Expenditure Lincoln Day Breakfast			
To Whom Paid Marianne Simmons			MO	DAY	YEAR	
Mailing Address 5680 Mountain Laurel Dr.			2	15	2019	
City Coopersburg	State PA	Zip Code (Plus 4) 18036	Description of Expenditure Reimburse Campaign Expenses			
To Whom Paid Maverick Finance			MO	DAY	YEAR	
Mailing Address 1426 N. 3rd St., Suite 310			3	17	2019	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Invitations and Postage			
To Whom Paid Coopersburg Post Office			MO	DAY	YEAR	
Mailing Address 400 E. Station Ave.			4	5	2019	
City Coopersburg	State PA	Zip Code (Plus 4) 18036	Description of Expenditure Postage			
To Whom Paid Maverick Finance			MO	DAY	YEAR	
Mailing Address 1426 N. 3rd St., Suite 310			4	24	2019	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Reimburse Event Expenses			

To Whom Paid Maverick Finance			MO	DAY	YEAR	\$	593.05
Mailing Address 1426 N. 3rd St., Suite 310			6	3	2019		
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Copies, postage, labels, fundraising fees				
To Whom Paid Pay Pal			MO	DAY	YEAR	\$	29.30
Mailing Address 2211 N 1st St			6	18	2019		
City San Jose	State CA	Zip Code (Plus 4) 95131	Description of Expenditure Service Fee				
To Whom Paid Marianne Simmons			MO	DAY	YEAR	\$	1,462.38
Mailing Address 5680 Mountain Laurel Dr.			4	29	2019		
City Coopersburg	State PA	Zip Code (Plus 4) 18036	Description of Expenditure Reimburse Campaign Expenses				
To Whom Paid Pay Pal			MO	DAY	YEAR	\$	14.80
Mailing Address 2211 N 1st St			7	1	2019		
City San Jose	State CA	Zip Code (Plus 4) 95131	Description of Expenditure Service Fee				
To Whom Paid Coopersburg Post Office			MO	DAY	YEAR	\$	165.00
Mailing Address 400 E. Station Ave.			7	5	2019		
City Coopersburg	State PA	Zip Code (Plus 4) 18036	Description of Expenditure Postage				
To Whom Paid John Simmons			MO	DAY	YEAR	\$	980.00
Mailing Address 5680 Mountain Laurel Dr.			6	22	2019		
City Coopersburg	State PA	Zip Code (Plus 4) 18036	Description of Expenditure Reimburse Campaign Expenses - Internet/Telephone?Campaign Work				

To Whom Paid SIFBC			MO	DAY	YEAR	
Mailing Address PO Box 5			7	22	2019	
City Center Valley	State PA	Zip Code (Plus 4) 18034	Description of Expenditure Football Programs Sponsorship			
To Whom Paid Upper Perkiomen Valley Chamber of Commerce			MO	DAY	YEAR	
Mailing Address 300 Main St.			7	5	2019	
City East Greenville	State PA	Zip Code (Plus 4) 18036	Description of Expenditure Membership			
To Whom Paid Marianne Simmons			MO	DAY	YEAR	
Mailing Address 5680 Mountain Laurel Dr.			8	20	2019	
City Coopersburg	State PA	Zip Code (Plus 4) 18036	Description of Expenditure Reimburse Web Domain			
To Whom Paid Staples			MO	DAY	YEAR	
Mailing Address 654 North West End Blvd			9	11	2019	
City Quakertown	State PA	Zip Code (Plus 4) 18951	Description of Expenditure Office Supplies			
To Whom Paid John Simmons			MO	DAY	YEAR	
Mailing Address 5680 Mountain Laurel Dr.			12	18	2019	
City Coopersburg	State PA	Zip Code (Plus 4) 18036	Description of Expenditure Reimburse Cmpg phone & Internet July-December			
To Whom Paid Marianne Simmons			MO	DAY	YEAR	
Mailing Address 5680 Mountain Laurel Dr.			12	3	2019	
City Coopersburg	State PA	Zip Code (Plus 4) 18036	Description of Expenditure Reimburse Campaign Expenses			

To Whom Paid Marianne Simmons			MO	DAY	YEAR	
Mailing Address 5680 Mountain Laurel Dr.			12	27	2019	\$ 177.36
City Coopersburg	State PA	Zip Code (Plus 4) 18036	Description of Expenditure Reimb. Campaign Expenses			
To Whom Paid Justin Simmons			MO	DAY	YEAR	
Mailing Address 5680 Mountain Laurel Dr.			12	31	2019	\$ 542.79
City Coopersburg	State PA	Zip Code (Plus 4) 18036	Description of Expenditure Reimb. Campaign Expenses			
To Whom Paid Dustan Raines			MO	DAY	YEAR	
Mailing Address 710 West State St.			12	27	2019	\$ 500.00
City Coopersburg	State PA	Zip Code (Plus 4) 18036	Description of Expenditure Campaign Work			
To Whom Paid Marianne Simmons			MO	DAY	YEAR	
Mailing Address 5680 Mountain Laurel Dr.			12	31	2019	\$ 660.09
City Coopersburg	State PA	Zip Code (Plus 4) 18036	Description of Expenditure Reimburse Campaign Expenses			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 7,878.44

