

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. <input checked="" type="checkbox"/>	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.	Year 2020	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
REPRESENTATIVE IN THE GENERAL ASSEMBLY						MO	DAY	YEAR	131	STH	REP	39
						11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		1	2	2020		12	31	2020				
A. Amount Brought Forward From Last Report						\$ 6,508.42						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 800.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 7,308.42						
D. Total Expenditures (From Schedule III)						\$ 7,308.42						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 0.00						
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>1/2/2020</u> To: <u>12/31/2020</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)	\$ 0.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 0.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 800.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 800.00

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.)	\$ 800.00
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<div>PART A</div> <div>CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</div> <div>\$50.01 TO \$250.00</div> <div>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.</div>	
Name of Filing Committee or Candidate	Reporting Period
	From: To:
DATEAMOUNT	

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

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

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
	From: To:

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

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

PAGE TOTAL
\$0.00

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>1/2/2020</u> To: <u>12/31/2020</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee PAMIC PAC				MO	DAY	YEAR	\$ 400.00
Mailing Address 4999 Louise Dr., Suite 304				3	2	2020	
City Mechanicsburg	State PA	Zip Code (Plus 4) 17055					
Full Name of Contributing Committee PAMIC PAC				MO	DAY	YEAR	\$ 400.00
Mailing Address 1017 MUMMA RD STE 103				10	14	2020	
City WORMLEYSBURG	State PA	Zip Code (Plus 4) 170430000					

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

PAGE TOTAL
\$ 800.00

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	Reporting Period
	From: To:

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			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 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
	<div style="display: flex; justify-content: space-between;"> From: To: </div>

				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>1/2/2020</u> To: <u>12/31/2020</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:

				DATE		AMOUNT	
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>1/2/2020</u> To: <u>12/31/2020</u>

DATE				AMOUNT		
To Whom Paid Raymond LaHoud			MO	DAY	YEAR	\$ 1,500.00
Mailing Address 3711 Knollcroft St.			1	11	2020	
City Easton	State PA	Zip Code (Plus 4) 18045	Description of Expenditure Refund Campaign Contribution			
To Whom Paid Karen Richardson			MO	DAY	YEAR	\$ 250.00
Mailing Address 8416 E 24th St.			1	11	2020	
City Tucson	State AR	Zip Code (Plus 4) 85710	Description of Expenditure Campaign Work			
To Whom Paid Brian Farrell			MO	DAY	YEAR	\$ 275.00
Mailing Address 4526 Devonshire Dr.			1	11	2020	
City Center Valley	State PA	Zip Code (Plus 4) 18036	Description of Expenditure Website Maintenance			
To Whom Paid Coopersburg Post Office			MO	DAY	YEAR	\$ 118.30
Mailing Address 400 E. Station Ave.			1	13	2020	
City Coopersburg	State PA	Zip Code (Plus 4) 18036	Description of Expenditure Postage			
To Whom Paid Staples			MO	DAY	YEAR	\$ 77.37
Mailing Address 654 North West End Blvd			2	12	2020	
City Quakertown	State PA	Zip Code (Plus 4) 18951	Description of Expenditure Ink			

To Whom Paid Office Depot			MO	DAY	YEAR	\$ 49.18
Mailing Address Cedar Crest Blvd			3	30	2020	
City Allentown	State PA	Zip Code (Plus 4) 18103	Description of Expenditure Office Supplies			

To Whom Paid Coopersburg Post Office			MO	DAY	YEAR	\$ 58.80
Mailing Address 400 E. Station Ave.			5	20	2020	
City Coopersburg	State PA	Zip Code (Plus 4) 18036	Description of Expenditure Postage			

To Whom Paid Staples			MO	DAY	YEAR	\$ 96.95
Mailing Address 654 North West End Blvd			6	10	2020	
City Quakertown	State PA	Zip Code (Plus 4) 18951	Description of Expenditure Office supplies			

To Whom Paid Staples			MO	DAY	YEAR	\$ 77.37
Mailing Address 654 North West End Blvd			10	31	2020	
City Quakertown	State PA	Zip Code (Plus 4) 18951	Description of Expenditure Ink			

To Whom Paid Coopersburg Post Office			MO	DAY	YEAR	\$ 275.00
Mailing Address 400 E. Station Ave.			11	17	2020	
City Coopersburg	State PA	Zip Code (Plus 4) 18036	Description of Expenditure Stamps			

To Whom Paid Justin Simmons			MO	DAY	YEAR	\$ 600.65
Mailing Address 5680 Mountain Laurel Dr.			11	15	2020	
City Coopersburg	State PA	Zip Code (Plus 4) 18036	Description of Expenditure Reimb. Exp.			

To Whom Paid Marianne Simmons			MO	DAY	YEAR	
Mailing Address 5680 Mountain Laurel Dr.			11	30	2020	
City Coopersburg	State PA	Zip Code (Plus 4) 18036	Description of Expenditure Reimburse Campaign Expenses			

To Whom Paid John Simmons			MO	DAY	YEAR	
Mailing Address 5680 Mountain Laurel Dr.			12	5	2020	
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	10	2020	
City Coopersburg	State PA	Zip Code (Plus 4) 18036	Description of Expenditure Campaign Work			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 7,308.42

