

Commonwealth of Pennsylvania
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: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE <input checked="" type="checkbox"/>		COMMITTEE <input type="checkbox"/>		LOBBYIST <input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist: <i>Joseph Kocis</i>									
Street Address: <i>1916 Arthur Rd</i>									
City: <i>Bethlehem</i>				State: <i>PA</i>		Zip Code: <i>18018</i>			
TYPE OF REPORT (place X to the right of report type)	1ST TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	1ST TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR		FILING METHOD CHECK ONE <input type="checkbox"/>		PAPER	DISKETTE	

Name of Office Sought by Candidate: <i>City Council</i>				DATE OF ELECTION				District Number	Office Code	Party Code	County Code
				MO.	DAY	YEAR					
				<i>5</i>	<i>18</i>	<i>2015</i>					
(SEE INSTRUCTIONS FOR CODES)											

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR
	<i>5</i>	<i>19</i>	<i>15</i>		<i>6</i>	<i>18</i>	<i>15</i>
A. Amount Brought Forward From Last Report				\$	<i>0</i>		
B. Total Monetary Contributions and Receipts (From Schedule I)				\$	<i>0</i>		
C. Total Funds Available (Sum of Lines A and B)				\$	<i>0</i>		
D. Total Expenditures (From Schedule III)				\$	<i>0</i>		
E. Ending Cash Balance (Subtract Line D from Line C)				\$	<i>0</i>		
F. Value of In-Kind Contributions Received (From Schedule II)				\$	<i>0</i>		
G. Unpaid Debts and Obligations (From Schedule IV)				\$	<i>0</i>		

FOR OFFICE USE ONLY

RECEIVED

JUN 22 2015

AFFIDAVIT SECTION

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

PART II - If this is a Candidate report, candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that I am a resident of City of Allentown, Lehigh County and believe this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, N. 79A). My Commission Expires Sept. 19, 2016

Sworn MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

_____ day of _____ 20____

_____ Signature

My commission expires MO. _____ DAY _____ YR. _____

_____ Signature of Candidate

_____ Printed Name

_____ Area Code _____ Daytime Telephone Number _____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
	TOTAL for the Reporting Period	(1) \$

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
TOTAL for the Reporting Period	(2)	\$

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
TOTAL for the Reporting Period	(3)	\$

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
	TOTAL for the Reporting Period	(4) \$

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$
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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 <i>Jeff Coasis</i>	Reporting Period From _____ To _____
---	---

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

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

PAGE TOTAL
\$

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

PAGE TOTAL	\$
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Enter Grand Total of Part B 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 over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

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

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

PAGE TOTAL
\$

**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 _____
---------------------------------------	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

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

PAGE TOTAL
\$

**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 _____
---------------------------------------	---

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						

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

PAGE TOTAL
\$

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 From _____ To _____
---------------------------------------	---

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$
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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 _____
---------------------------------------	---

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

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

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

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

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

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
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
\$

SCHEDULE II
PART G

IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period
	From _____ To _____

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			\$
City	State	Zip Code (Plus 4)		-
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			\$
City	State	Zip Code (Plus 4)		-
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			\$
City	State	Zip Code (Plus 4)		-
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			\$
City	State	Zip Code (Plus 4)		-
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			\$
City	State	Zip Code (Plus 4)		-
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			\$
City	State	Zip Code (Plus 4)		-
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			\$
City	State	Zip Code (Plus 4)		-
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			\$
City	State	Zip Code (Plus 4)		-

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

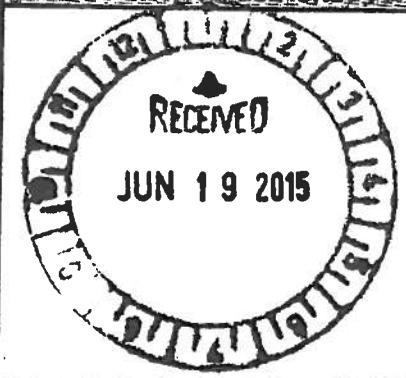
PAGE TOTAL
\$

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: <input type="checkbox"/>	Report Filed By: <input type="checkbox"/>	CANDIDATE ^{1.}	COMMITTEE ^{2.} <input checked="" type="checkbox"/>	LOBBYIST ^{3.}						
Name of Filing Committee, Candidate or Lobbyist: <u>Friends of Jeff Koesis</u>										
Street Address: <u>1916 Pelham Rd</u>										
City: <u>Bethlehem</u>		State: <u>PA</u>	Zip Code: <u>18018 - 1407</u>							
TYPE OF REPORT (place X to the right of report type)	1ST TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT	YES	NO	<input checked="" type="checkbox"/>
	4TH TUESDAY PRE-ELECTION	4.	4TH FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT	YES	NO	
	ANNUAL REPORT	7.	YEAR	<u>2015</u>	FILING METHOD (CHECK ONE) <input type="checkbox"/> PAPER <input checked="" type="checkbox"/> DISKETTE					

Name of Office Sought by Candidate: <u>Bethlehem City Council</u>			DATE OF ELECTION			District Number	Office Code	Party Code	County Code
			MO.	DAY	YEAR				
			<u>5</u>	<u>19</u>	<u>2015</u>				
(SEE INSTRUCTIONS FOR CODES)									

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY		
	<u>5</u>	<u>5</u>	<u>2015</u>		<u>6</u>	<u>19</u>	<u>2015</u>			
A. Amount Brought Forward From Last Report	\$		<u>3185.00</u>							
B. Total Monetary Contributions and Receipts (From Schedule I)	\$		<u>1500.00</u>							
C. Total Funds Available (Sum of Lines A and B)	\$		<u>4685.00</u>							
D. Total Expenditures (From Schedule III)	\$		<u>4593.60</u>							
E. Ending Cash Balance (Subtract Line D from Line C)	\$		<u>91.40</u>							
F. Value of In-Kind Contributions Received (From Schedule II)	\$		<u>208.00</u>							
G. Unpaid Debts and Obligations (From Schedule IV)	\$		<u>0</u>							

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, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn before me on _____ day of _____, 2015.

My Commission Expires _____

~~PART II - 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, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn before me on _____ day of _____, 2015.

My Commission Expires _____

1937

Area Code _____ Daytime Telephone Number _____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <u>Friends of Jeff Kocsis</u>	Reporting Period From <u>3/5/2015</u> To <u>6/18/2015</u>
--	--

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <u>0</u>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <u>150.00</u>
All Other Contributions (Part B)	\$ <u>1006.00</u>
TOTAL for the Reporting Period	(2) \$ <u>1150.00</u>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <u>0</u>
All Other Contributions (Part D)	\$ <u>350.00</u>
TOTAL for the Reporting Period	(3) \$

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ <u>0</u>

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 Page 1, Report Cover Page, Item B.)	\$ <u>1500.00</u>
--	-------------------

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 <u>Friends of Jeff KORSIS</u>	Reporting Period From <u>5/5/2015</u> To <u>6/19/2015</u>
--	--

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <u>8.00</u>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period	(2) \$ <u>206.00</u>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period	(3) \$

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, Report Cover Page, Item F.)	\$ <u>208.00</u>
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SCHEDULE II
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <u>Friends of Jeff Kocis</u>	Reporting Period From <u>5/5/2015</u> To <u>6/19/2015</u>
---	--

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<u>Sports Corner</u>	<u>4</u>	<u>25</u>	<u>15</u>	\$ <u>200.00</u>
Mailing Address <u>44 E Broad St</u>	MO.	DAY	YEAR	\$
City <u>Bethlehem</u> State <u>PA</u> Zip Code (Plus 4) <u>18018</u>	MO.	DAY	YEAR	\$

Description of Contribution:
T-shirts

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$

Description of Contribution:

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$

Description of Contribution:

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$

Description of Contribution:

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$

Description of Contribution:

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$

Description of Contribution:

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 200.00

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

Name of Filing Committee or Candidate <u>Friends of Jeff Kassis</u>	Reporting Period From <u>5/5/2015</u> To <u>6/19/2015</u>
--	--

				DATE			AMOUNT
Full Name of Contributor <u>Not Applicable</u>				MO.	DAY	YEAR	\$ <u>0</u>
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL \$

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 <u>Friends of Jeff Kocsis</u>	Reporting Period From <u>5/5/2015</u> To <u>6/19/2015</u>
--	--

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
<u>Friend of Bob Donchez</u>				\$
Mailing Address <u>377 Devonshire Dr</u>	MO.	DAY	YEAR	\$
City <u>Pottsville</u> State <u>PA</u> Zip Code (Plus 4) <u>18017 -</u>	<u>5</u>	<u>5</u>	<u>15</u>	\$ <u>150.00</u>
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$

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

PAGE TOTAL
\$ 150.00

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 Candidate <u>Friends of Jeff Kocsis</u>	Reporting Period From <u>5/15/2015</u> To <u>10/19/2015</u>
--	--

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
<u>Michelle Kocsis</u>	<u>1602 Geraldine St</u>	<u>Bethlehem</u>	<u>PA</u>	<u>18017</u>	<u>5</u>	<u>11</u>	<u>15</u>	<u>\$ 100.00</u>
<u>Joan Bertolino</u>	<u>240 Royal Manner Rd</u>	<u>Eunston</u>	<u>PA</u>	<u>18042</u>	<u>5</u>	<u>11</u>	<u>15</u>	<u>\$ 400.00</u>
<u>Katherine E Perkins</u>	<u>805 E 8th St</u>	<u>Bethlehem</u>	<u>PA</u>	<u>18015</u>	<u>5</u>	<u>8</u>	<u>15</u>	<u>\$ 150.00</u>
<u>HOAM WAGNER</u>	<u>2410 Woodstock Dr</u>	<u>Bethlehem</u>	<u>PA</u>	<u>18017</u>	<u>5</u>	<u>11</u>	<u>15</u>	<u>\$ 150.00</u>
<u>Matt. Papa</u>	<u>273 Westmans Hollow Rd</u>	<u>Andreas</u>	<u>PA</u>	<u>18211</u>	<u>5</u>	<u>11</u>	<u>15</u>	<u>\$ 100.00</u>
<u>Michael Santanaro</u>	<u>402 Hgh St</u>	<u>Bethlehem</u>	<u>PA</u>	<u>18018</u>	<u>5</u>	<u>14</u>	<u>15</u>	<u>\$ 100.00</u>
								\$
								\$
								\$
								\$
								\$
								\$

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

PAGE TOTAL
\$ 1,000.00

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES OVER \$250.00

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

Name of Filing Committee or Candidate Friends of Jeff Kensis	Reporting Period From 5/5/2015 To 6/19/2015
--	--

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	\$
NOT applicable				\$ 0
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

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

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 Friends of Jeff Kassis	Reporting Period From 5/5/2015 To 6/19/2015
--	--

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Sovereign Enterprise	5	20	2015	\$ 350.00
Mailing Address 1805 Troxell St	MO.	DAY	YEAR	\$
City Allentown	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 18109 -			\$
Employer Name LLC	Occupation			
Employer Mailing Address/Principal Place of Business see above				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

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

PAGE TOTAL
\$ 350.00

**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 <u>Friends of Jeff Kassis</u>	Reporting Period From <u>5/5/2015</u> To <u>6/19/2015</u>
--	--

Full Name <u>Not Applicable</u>
Mailing Address

City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$
Receipt Description						

Full Name
Mailing Address

City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$
Receipt Description						

Full Name
Mailing Address

City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$
Receipt Description						

Full Name
Mailing Address

City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$
Receipt Description						

Full Name
Mailing Address

City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$
Receipt Description						

Full Name
Mailing Address

City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	Amount \$
Receipt Description						

Full Name
Mailing Address

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.	PAGE TOTAL \$
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STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period			
Friends of Jeff Kocsis				From <u>5/5/2015</u> To <u>6/19/2015</u>			
To Whom Paid			MO.	DAY	YEAR	Amount	
Bethlehem Business Forums			5	28	15	\$ 1,921.42	
Mailing Address			Description of Expenditure				
PO Box 4250			mailed				
City	State	Zip Code (Plus 4)					
Bethlehem	PA	18018-					
To Whom Paid			MO.	DAY	YEAR	Amount	
Bethlehem Business Forum			5	20	15	\$ 31.75	
Mailing Address			Description of Expenditure				
PO Box 4250			stickers				
City	State	Zip Code (Plus 4)					
Bethlehem	PA	18018-					
To Whom Paid			MO.	DAY	YEAR	Amount	
Bethlehem Business Forums			5	28	15	\$ 2308.48	
Mailing Address			Description of Expenditure				
PO Box 4250			mailed				
City	State	Zip Code (Plus 4)					
Bethlehem PA	PA	18018-					
To Whom Paid			MO.	DAY	YEAR	Amount	
TANCOS Bureaus			5	19	15	\$ 43.66	
Mailing Address			Description of Expenditure				
2330 Jacksonville Rd			Bureaus				
City	State	Zip Code (Plus 4)					
Bethlehem	PA	18018					
To Whom Paid			MO.	DAY	YEAR	Amount	
Ultreas Pizza			5	19	15	\$ 66.00	
Mailing Address			Description of Expenditure				
2115 Skelco Blvd			PIZZA & Food				
City	State	Zip Code (Plus 4)					
Bethlehem	PA	18017					
To Whom Paid			MO.	DAY	YEAR	Amount	
Dollar Tree			5	11	15	\$ 1.04	
Mailing Address			Description of Expenditure				
2124 West Union Blvd			note pads				
City	State	Zip Code (Plus 4)					
Bethlehem	PA	18018					
To Whom Paid			MO.	DAY	YEAR	Amount	
Staples			5	15	15	\$ 49.19	
Mailing Address			Description of Expenditure				
2138 W. Union Blvd			Flyers				
City	State	Zip Code (Plus 4)					
Bethlehem	PA	18016-					
To Whom Paid			MO.	DAY	YEAR	Amount	
Staples			5	11	15	\$ 82.34	
Mailing Address			Description of Expenditure				
2138 West Union Blvd			Flyers				
City	State	Zip Code (Plus 4)					
Bethlehem PA	PA	18018-					

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 4504.10

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Jeff Koosis	Reporting Period From 5/5/2015 To 6/19/2015
--	--

To Whom Paid Staples	MO. 5	DAY 18	YEAR 2015	Amount \$ 46.64
Mailing Address 2138 W Union Blvd				
Description of Expenditure				
City Bethlehem	State PA	Zip Code (Plus 4) 18018 -		

To Whom Paid Dunkin Donuts	MO. 5	DAY 19	YEAR 2015	Amount \$ 42.81e
Mailing Address 1870 Catasaugus Rd				
Description of Expenditure Food + drink for volunteers				
City Bethlehem	State PA	Zip Code (Plus 4) 18017-		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) -		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL \$ 89.50

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$
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SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate Friends of Jeff Kocwis	Reporting Period From 5/5/2015 To 6/19/2015
--	--

Name of Creditor NOT Applicable				Outstanding Balance of Debt \$ 0		
Mailing Address		DATE DEBT INCURRED		MO.	DAY	YEAR
City		State		Zip Code (Plus 4)		
Description of Debt						

Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address		DATE DEBT INCURRED		MO.	DAY	YEAR
City		State		Zip Code (Plus 4)		
Description of Debt						

Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address		DATE DEBT INCURRED		MO.	DAY	YEAR
City		State		Zip Code (Plus 4)		
Description of Debt						

Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address		DATE DEBT INCURRED		MO.	DAY	YEAR
City		State		Zip Code (Plus 4)		
Description of Debt						

Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address		DATE DEBT INCURRED		MO.	DAY	YEAR
City		State		Zip Code (Plus 4)		
Description of Debt						

Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address		DATE DEBT INCURRED		MO.	DAY	YEAR
City		State		Zip Code (Plus 4)		
Description of Debt						

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL \$
