

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: ▶		Report Filed By: ▶		CANDIDATE ^{1.} <input checked="" type="checkbox"/>		COMMITTEE ^{2.} <input type="checkbox"/>		LOBBYIST ^{3.} <input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist: JEFF KOZISIS									
Street Address: 1916 Pelham Rd									
City: Bethlehem					State: PA		Zip Code: 18018 -		
TYPE OF REPORT (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY ^{1.}		2ND FRIDAY PRE-PRIMARY ^{2.} <input checked="" type="checkbox"/>		30 DAY POST PRIMARY ^{3.}		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	8TH TUESDAY PRE-ELECTION ^{4.}		2ND FRIDAY PRE-ELECTION ^{5.}		30 DAY POST ELECTION ^{6.}		TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	ANNUAL REPORT ^{7.}		YEAR ▶		FILING METHOD () CHECK ONE ▶		PAPER <input type="checkbox"/>		DISKETTE <input type="checkbox"/>

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

Summary of Receipts and Expenditures from: ▶			MO. DAY YEAR			MO. DAY YEAR			FOR OFFICE USE ONLY			
			2 11 15			To 5 5 2015						
A. Amount Brought Forward From Last Report				\$		0						
B. Total Monetary Contributions and Receipts (From Schedule I)				\$		0						
C. Total Funds Available (Sum of Lines A and B)				\$		0						
D. Total Expenditures (From Schedule III)				\$		0						
E. Ending Cash Balance (Subtract Line D from Line C)				\$		0						
F. Value of In-Kind Contributions Received (From Schedule II)				\$		0						
G. Unpaid Debts and Obligations (From Schedule IV)				\$		0						

AFFIDAVIT SECTION

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.

Notary Seal

Sworn to and subscribed to on _____ 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 _____
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ 0

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 0
TOTAL for the Reporting Period	(2)	\$ 0

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

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

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>	\$ 0
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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	Reporting Period From _____ To _____
---------------------------------------	---

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

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 _____
---------------------------------------	---

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

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 _____
---------------------------------------	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
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

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	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 Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	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	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	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	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 \$

**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

PAGE TOTAL \$

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

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)	\$ <u>0</u>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$ <u>0</u>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ <u>6</u>

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>	\$ <u>0</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	Reporting Period From _____ To _____
---------------------------------------	---

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

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				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 \$
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SCHEDULE III
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 \$

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 \$

CAMPAIGN FINANCE REPORT

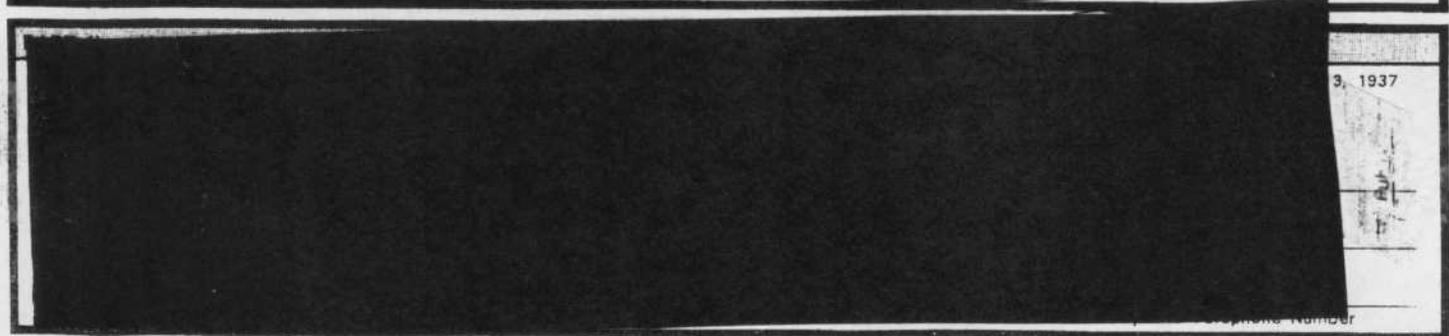
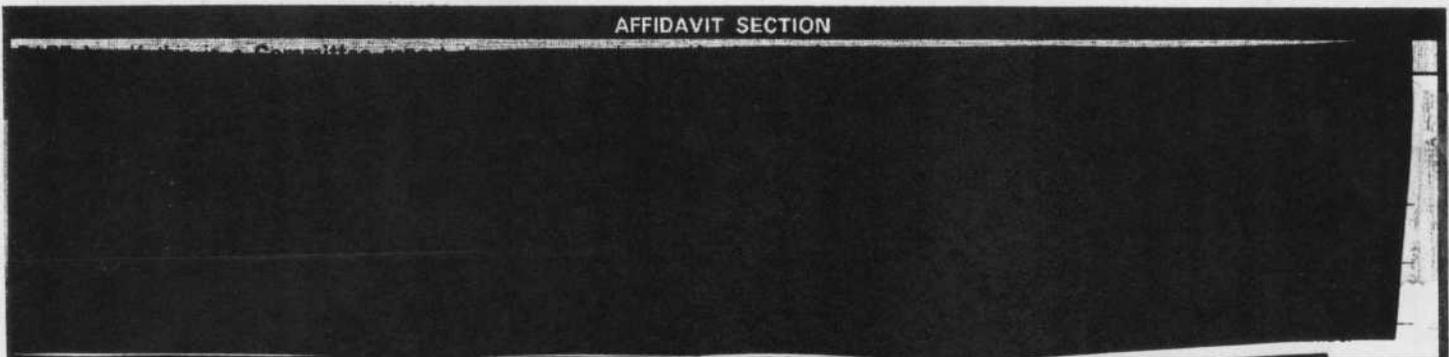
(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: ▶	Report Filed By: ▶	CANDIDATE ^{1.}	COMMITTEE ^{2.} <input checked="" type="checkbox"/>	LOBBYIST ^{3.}
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Jeff Kocsis</i>				
Street Address: <i>1916 Pelham Rd</i>				
City: <i>Bethlehem</i>		State: <i>PA</i>	Zip Code: <i>18018 - 1407</i>	

TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY ^{1.}	2ND FRIDAY PRE-PRIMARY ^{2.} <input checked="" type="checkbox"/>	30 DAY POST PRIMARY ^{3.}	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION ^{4.}	2ND FRIDAY PRE-ELECTION ^{5.}	30 DAY POST ELECTION ^{6.}	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	ANNUAL REPORT ^{7.}	YEAR <i>2015</i>	FILING METHOD () CHECK ONE ▶	PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>

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

Summary of Receipts and Expenditures from: ▶	MO. DAY YEAR <i>2 11 2015</i>	To	MO. DAY YEAR <i>5 5 2015</i>	FOR OFFICE USE ONLY
A. Amount Brought Forward From Last Report	\$ <i>0</i>			
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ <i>5220.00</i>			
C. Total Funds Available (Sum of Lines A and B)	\$ <i>5220.00</i>			
D. Total Expenditures (From Schedule III)	\$ <i>2031.98</i>			
E. Ending Cash Balance (Subtract Line D from Line C)	\$ <i>3185.00</i>			
F. Value of In-Kind Contributions Received (From Schedule II)	\$ <i>295.00</i>			
G. Unpaid Debts and Obligations (From Schedule IV)	\$ <i>0</i>			



CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <u>Friends of Jeff Koosis</u>	Reporting Period From <u>2/1/15</u> To <u>5/5/2015</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <u>1270.00</u>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <u>2950⁰⁰</u>
All Other Contributions (Part B)	\$ <u>200⁰⁰</u>
TOTAL for the Reporting Period	(2) \$ <u>3150⁰⁰</u>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <u>500⁰⁰</u>
All Other Contributions (Part D)	\$ <u>300⁰⁰</u>
TOTAL for the Reporting Period	(3) \$ <u>800⁰⁰</u>

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 <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>	\$ <u>5220.00</u>
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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 Friends of Jeff Koosis	Reporting Period From 2/1/2015 To 5/15/2015
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				DATE			AMOUNT	
Full Name of Contributing Committee	MO.	DAY	YEAR				\$	
Citizens For John Morgamelli	4	20	15				\$ 200.00	
Mailing Address 835 Baensdale Rd	MO.	DAY	YEAR				\$	
City Bethlehem	MO.	DAY	YEAR	State PA	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
\$ **200.00**

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 Friends of Jeff Kroskus	Reporting Period From 2/1/2015 To 5/15/2015
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Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
Bruce Hagenbuch	1145 Sunset View Dr	Bethlehem	PA	18017 -	4	3	15	\$ 100.00
Dave Malware	Stefko Blvd	Bethlehem	PA	18017 -	3	3	15	\$ 100.00
Bernie Brown	3169 Glendon Rd	Bethlehem	PA	18017 -	4	15	15	\$ 100.00
Robert Donatelli	32 N 6 th St.	Allentown	PA	18101 -	5	1	15	\$ 100.00
Chris Spadoni	1413 Easton Ave	Bethlehem	PA	18018 -	4	16	15	\$ 100.00
Ryan Dean	300 E 34 th St Apt 3H	New York	NY	10016 -	4	16	15	\$ 100.00
Bob Lopez	328 7th St	Bethlehem	PA	18018 -	3	15	2015	\$ 100
								\$
								\$
								\$

PAGE TOTAL
\$ **700.00**

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

**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 <i>Friends of Jeff Kocsis</i>	Reporting Period From <i>3/14/2015</i> To <i>5/5/2015</i>
--	--

				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				
<i>Donna Loughney</i>	<i>4</i>	<i>17</i>	<i>2015</i>				\$ <i>100.00</i>
Mailing Address <i>1615 Electric St</i>				MO.	DAY	YEAR	\$
City <i>Dunmore</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18509-</i>		MO.	DAY	YEAR	\$
<i>Denise Bedics</i>	<i>4</i>	<i>14</i>	<i>2015</i>				\$ <i>150.00</i>
Mailing Address <i>3809 Dundee Rd</i>				MO.	DAY	YEAR	\$
City <i>Bethlehem</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18020 -</i>		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
				MO.	DAY	YEAR	\$

Enter Grand Total of Part B 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 <u>Friends of Jeff Karsis</u>	Reporting Period From <u>2/1/2015</u> To <u>5/31/2015</u>
--	--

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<u>Michelle Karsis</u>	<u>2</u>	<u>12</u>	<u>15</u>	\$ <u>100.00</u>
Mailing Address <u>1602 Grandline St</u>	MO.	DAY	YEAR	\$
City <u>Bethlehem</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18017 -</u>		\$
<u>Linda Baldauff</u>	<u>2</u>	<u>15</u>	<u>15</u>	\$ <u>100.00</u>
Mailing Address <u>634 S Blakely St</u>	MO.	DAY	YEAR	\$
City <u>Dunmore</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18510 -</u>		\$
<u>Sam Bertolino</u>	<u>2</u>	<u>22</u>	<u>15</u>	\$ <u>250.00</u>
Mailing Address <u>2410 Royal Manner Rd</u>	MO.	DAY	YEAR	\$
City <u>Easton</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18042 -</u>		\$
<u>Michael Nolt</u>	<u>2</u>	<u>24</u>	<u>15</u>	\$ <u>200.00</u>
Mailing Address <u>3734 Oakland Rd</u>	MO.	DAY	YEAR	\$
City <u>Bethlehem</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18020 -</u>		\$
<u>David Boyer</u>	<u>2</u>	<u>22</u>	<u>15</u>	\$ <u>100</u>
Mailing Address <u>240 Belcher Royal manner rd</u>	MO.	DAY	YEAR	\$
City <u>Easton PA</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18042 -</u>		\$
<u>Allison Froelich</u>	<u>2</u>	<u>15</u>	<u>15</u>	\$ <u>200.00</u>
Mailing Address <u>7219 Coventry Ct</u>	MO.	DAY	YEAR	\$
City <u>Riversdale</u>	State <u>NY</u>	Zip Code (Plus 4) <u>07477</u>		\$
<u>James Boland</u>	<u>2</u>	<u>24</u>	<u>15</u>	\$ <u>100.00</u>
Mailing Address <u>1709 Clay Ave</u>	MO.	DAY	YEAR	\$
City <u>Dunmore</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18509 -</u>		\$
<u>Heidi R Bodus (Zurick)</u>	<u>2</u>	<u>27</u>	<u>15</u>	\$ <u>100.00</u>
Mailing Address <u>734 Delaware Ave</u>	MO.	DAY	YEAR	\$
City <u>Bethlehem</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18015 -</u>		\$

PAGE 1
\$ 1150.00

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

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 Friends of Jeff KOCSIS	Reporting Period From 2/15/15 To 5/15/15
--	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Rita Kocher	2	23	15	\$ 100.00
Mailing Address 14 Extonville Rd	MO.	DAY	YEAR	\$
City Yardville	MO.	DAY	YEAR	\$
State NJ	Zip Code (Plus 4) 08620			\$
Philip Berhman	2	25	15	\$ 100.00
Mailing Address 172 Second St	MO.	DAY	YEAR	\$
City Norman	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 18061 -			\$
Frank Blatznik	3	14	15	\$ 100.00
Mailing Address 2138 Robers St	MO.	DAY	YEAR	\$
City Bethlehem	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 18017 -			\$
Craig Kocsis	2	18	15	\$ 50.00
Mailing Address 625 Briarwood Ln	MO.	DAY	YEAR	\$ 75.00
City Camp Hill	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 17011 -			\$
Sill Balic	3	11	15	\$ 100.00
Mailing Address 5141 Meadowview Dr	MO.	DAY	YEAR	\$
City Macungie	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 18062 -			\$
James Wishdick	3	23	15	\$ 100.00
Mailing Address 2310 Walnut Ave	MO.	DAY	YEAR	\$
City Allentown	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 18107 -			\$
Zach Santing	3	20	15	\$ 100.00
Mailing Address 930 Lawrence St	MO.	DAY	YEAR	\$ 50.00
City Bethlehem	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 18015 -			\$
Carlos Santing	3	14	15	\$ 75.00
Mailing Address 1794 Market Drive	MO.	DAY	YEAR	\$
City Easton	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 18045 -			\$

PAGE TOTAL
\$ **850.00**

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 <i>Friends of SEPP Kousis</i>	Reporting Period From <i>2/1/2015</i> To <i>5/5/2015</i>
--	---

				DATE			AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR				\$
<i>Lehigh Valley Association of Realtors</i>	<i>5</i>	<i>1</i>	<i>2015</i>				<i>\$ 500.00</i>
Mailing Address	MO.	DAY	YEAR				\$
<i>10 S Commerce way</i>							\$
City				MO.	DAY	YEAR	\$
<i>Bethlehem</i>							\$
State							\$
<i>PA</i>							\$
Zip Code (Plus 4)							\$
<i>18017</i>							\$
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)							\$
							\$

PAGE TOTAL	<i>\$ 500</i>
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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 2/1/15 To 5/5/15
--	---

				DATE			AMOUNT
Full Name of Contributor Tom Baeker				MO.	DAY	YEAR	\$ 300
Mailing Address 1007 Prospect Ave				MO.	DAY	YEAR	\$
City Bethlehem	State PA	Zip Code (Plus 4) 18018-		MO.	DAY	YEAR	\$
Employer Name Self-Employed				Occupation			
Employer Mailing Address/Principal Place of Business 1007 Prospect Ave							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
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
\$ **300.00**

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 <i>Friends of Jeff Kocsis</i>	Reporting Period From <i>2/1/15</i> To <i>5/15/2015</i>
--	--

Full Name <i>Not Applicable</i>

Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$ <i>0</i>
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						

PAGE TOTAL
\$

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

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 <i>Friends of Jeff Kocsis</i>	Reporting Period From <i>2/1/15</i> To <i>5/5/15</i>
--	---

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <i>45.00</i>

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

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>	\$ <i>295.00</i>
--	------------------

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

Name of Filing Committee or Candidate Friends of Jeff Krass	Reporting Period From 2/1/15 To 5/5/15
---	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Anthony Spagnola	4	16	15	\$ 250.00
Mailing Address 895 West Macana	MO.	DAY	YEAR	\$
City Bethlehem State PA Zip Code (Plus 4) 18017	MO.	DAY	YEAR	\$
Description of Contribution: Pizza + Beverages				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	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 \$

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

Name of Filing Committee or Candidate <i>Friends of Jeff Kocsis</i>	Reporting Period From <i>2/1/15</i> To <i>5/15/15</i>
--	--

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

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Jeff Kocsis	Reporting Period From 2/1/2015 To 5/5/2015
--	---

To Whom Paid	MO.	DAY	YEAR	Amount
Alyssa Nole	2	11	2015	\$ 28.91
Mailing Address: 1916 Pelham Rd				
Description of Expenditure: Reimbursement for Staples				
City: Bethlehem	State: PA	Zip Code (Plus 4): 18018 -1407		
Description of Expenditure: office supplies				
Alyssa Nole	2	17	2015	\$ 11.00
Mailing Address: 1916 Pelham Rd				
Description of Expenditure: Reimbursement for Committee				
City: Bethlehem	State: PA	Zip Code (Plus 4): 18018 -1407		
Description of Expenditure: check fees				
Jeff Kocsis	2	16	2015	\$ 11.66
Mailing Address: 1916 Pelham Rd				
Description of Expenditure: Reimbursement for printing				
City: Bethlehem	State: PA	Zip Code (Plus 4): 18018 -1407		
Description of Expenditure: fees at Staples				
Alyssa Nole	2	15	2015	\$ 7.52
Mailing Address: 1916 Pelham Rd				
Description of Expenditure: Reimbursement for WebSite				
City: Bethlehem	State: PA	Zip Code (Plus 4): 18018 -1407		
Description of Expenditure: fees at Go Daddy. Com				
Alyssa Nole	2	17	2015	\$ 42.71
Mailing Address: 1916 Pelham Rd				
Description of Expenditure: Reimbursement for copying				
City: Bethlehem	State: PA	Zip Code (Plus 4): 18018 -1407		
Description of Expenditure: +supplies at Staples				
Alyssa Nole	2	18	2015	\$ 69.75
Mailing Address: 1916 Pelham Rd				
Description of Expenditure: Reimbursement for copying +				
City: Bethlehem	State: PA	Zip Code (Plus 4): 18018 -1407		
Description of Expenditure: supplies at Staples				
Alyssa Nole	2	24	2015	\$ 21.18
Mailing Address: 1916 Pelham Rd				
Description of Expenditure: Reimbursement for business				
City: Bethlehem	State: PA	Zip Code (Plus 4): 18018 -1407		
Description of Expenditure: cards at Staples				
Jeff Kocsis	3	6	2015	\$ 25.00
Mailing Address: 1916 Pelham Rd				
Description of Expenditure: Reimbursement for the				
City: Bethlehem	State: PA	Zip Code (Plus 4): 18018 -1407		
Description of Expenditure: county filing fee				

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

PAGE TOTAL
\$ 217.73

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period			
Friends of Jeff Kocsis				From 2/1/2015 To 5/31/2015			
To Whom Paid		Mailing Address		MO.	DAY	YEAR	Amount
Staples		2138 W Union Blvd		3	11	2015	\$ 46.11
City		State	Zip Code (Plus 4)	Description of Expenditure			
Bethlehem		PA	18018 -2011	Copying Costs for flyers			
To Whom Paid		Mailing Address		MO.	DAY	YEAR	Amount
Staples		2138 W Union Blvd		3	29	2015	\$ 99.89
City		State	Zip Code (Plus 4)	Description of Expenditure			
Bethlehem		PA	18018 -2011	Print shop costs + supplies			
To Whom Paid		Mailing Address		MO.	DAY	YEAR	Amount
Sign Rocket		340 Broadway Ave		3	16	2015	\$ 672.50
City		State	Zip Code (Plus 4)	Description of Expenditure			
St. Paul Park		MN	55071 -1840	Campaign Signs			
To Whom Paid		Mailing Address		MO.	DAY	YEAR	Amount
Alyssa Nole		1916 Pelham Rd		3	15	2015	\$ 10.59
City		State	Zip Code (Plus 4)	Description of Expenditure			
Bethlehem		PA	18018 -1407	Reimbursement for website renewal fees at GoDaddy.com			
To Whom Paid		Mailing Address		MO.	DAY	YEAR	Amount
Staples (Online)		2138 W Union Blvd		3	28	15	\$ 160.57
City		State	Zip Code (Plus 4)	Description of Expenditure			
Bethlehem		PA	18018 -2011	Copy + Print services for Post Cards			
To Whom Paid		Mailing Address		MO.	DAY	YEAR	Amount
Staples (Online)		2138 W Union Blvd		3	27	2015	\$ 63.20
City		State	Zip Code (Plus 4)	Description of Expenditure			
Bethlehem		PA	18018 -2011	Print shop services for Banners			
To Whom Paid		Mailing Address		MO.	DAY	YEAR	Amount
Lehigh County Employees Federal Credit Union		455 Hamilton St		3	30	15	\$ 12.00
City		State	Zip Code (Plus 4)	Description of Expenditure			
Allentown		PA	18101 -1014	Check copying fee			
To Whom Paid		Mailing Address		MO.	DAY	YEAR	Amount
Santander Bank		924 Eaton Ave		3	29	15	\$ 3.11
City		State	Zip Code (Plus 4)	Description of Expenditure			
Bethlehem		PA	18018 -1800	Misc. Bank fees in relation to withdrawal + payment of services			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
							\$ 1067.97

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Jeff Kocsis	Reporting Period From 2/1/15 To 5/5/2015
--	---

To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
Alyssa Nole	5	3	2015	\$ 29.90	Reimbursement for copying fees at Staples
Mailing Address 1916 Reiham Rd					
City Bethlehem	State PA	Zip Code (Plus 4) 18018 -1407			
Alyssa Nole	5	3	2015	\$ 21.81	Reimbursement for copying fees at Staples
Mailing Address 1916 Reiham Rd					
City Bethlehem	State PA	Zip Code (Plus 4) 18018 -1407			
Price Rite	5	3	2015	\$ 31.29	Letter drop-event - supplies
Mailing Address 1001 8th Ave					
City Bethlehem	State PA	Zip Code (Plus 4) 18018 -2808			
El Greco's Pizza	5	3	2015	\$ 89.50	Letter drop event - food
Mailing Address 2115 Stefro Blvd					
City Bethlehem	State PA	Zip Code (Plus 4) 18017 -5414			
Bethlehem Volunteer Association	5	3	2015	\$ 123.00	Letter Drop event - location fees
Mailing Address 6 Hillmond St					
City Bethlehem	State PA	Zip Code (Plus 4) 18018 -2104			
Bethlehem Business Forms	5	5	2015	\$ 31.75	stickers for campaign
Mailing Address PO Box #1250					
City Bethlehem	State PA	Zip Code (Plus 4) 18018 -			
To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
Mailing Address				\$	
City	State	Zip Code (Plus 4)			
To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
Mailing Address				\$	
City	State	Zip Code (Plus 4)			

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

PAGE TOTAL
\$ 327.25

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Jeff Koosis	Reporting Period From 2/1/2015 To 5/5/2015
--	---

To Whom Paid	MO.	DAY	YEAR	Amount
Staples	4	4	2015	\$ 40.28
Mailing Address 2138 W Union Blvd				
Description of Expenditure Copying fees for flyers				
City Bethlehem	State PA	Zip Code (Plus 4) 18018-2011		
Alyssa Nole	4	11	2015	\$ 16.94
Mailing Address 1916 Pelham Rd				
Description of Expenditure Reimbursement for supplies at Staples				
City Bethlehem	State PA	Zip Code (Plus 4) 18018-1407		
Alyssa Nole	4	11	2015	\$ 16.44
Mailing Address 1916 Pelham Rd				
Description of Expenditure Reimbursement for fundraising event supplies from Dollar Tree				
City Bethlehem	State PA	Zip Code (Plus 4) 18018-1407		
Staples	4	12	15	\$ 29.63
Mailing Address 2138 W Union Blvd				
Description of Expenditure Copying fees for flyers				
City Bethlehem	State PA	Zip Code (Plus 4) 18018-2011		
Alyssa Nole	4	16	2015	\$ 99.23
Mailing Address 1916 Pelham Rd				
Description of Expenditure Reimbursement for fundraising event supplies from Sam's Club				
City Bethlehem	State PA	Zip Code (Plus 4) 18018-1407		
Staples	4	19	2015	\$ 40.18
Mailing Address 2138 W Union Blvd				
Description of Expenditure Copying fees for flyers				
City Bethlehem	State PA	Zip Code (Plus 4) 18018-2011		
Staples	4	25	2015	\$ 76.54
Mailing Address 2138 W Union Blvd				
Description of Expenditure Copying fees for flyers				
City Bethlehem	State PA	Zip Code (Plus 4) 18018-2011		
Vista Print (online)	4	21	2015	\$ 102.79
Mailing Address 95 Hayden Ave				
Description of Expenditure Post Card order				
City Lexington	State MA	Zip Code (Plus 4) 02421-7942		

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

PAGE TOTAL
\$ 422.03

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 <i>Friends of Jeff Kocsis</i>	Reporting Period From <i>2/1/15</i> To <i>5/31/15</i>
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Name of Creditor <i>NOT Applicable</i>					Outstanding Balance of Debt \$ <i>0</i>
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 \$
