

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 type="checkbox"/>	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST <input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist: <u>Scipio Lewis</u>				
Street Address: <u>1916 R/han Rd</u>				
City: <u>Gettysburg</u>		State: <u>PA</u>	Zip Code: <u>17304</u>	
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY 1.	2ND FRIDAY PRE-PRIMARY 2.	30 DAY POST PRIMARY 3.	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input 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 checked="" type="checkbox"/>
	ANNUAL REPORT 7.	YEAR <input type="checkbox"/>	FILING METHOD (CHECK ONE) <input type="checkbox"/>	PAPER <input type="checkbox"/> DISKETTE <input type="checkbox"/>
Name of Office Sought by Candidate: <u>City Council</u>		DATE OF ELECTION		District Number
		MO. DAY YEAR		Office Code
		<u>5 19 15</u>		Party Code
				County Code
(SEE INSTRUCTIONS FOR CODES)				

Summary of Receipts and Expenditures from: <input type="checkbox"/>	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY 
	<u>6</u>	<u>18</u>	<u>2015</u>		<u>6</u>	<u>23</u>	<u>15</u>	
A. Amount Brought Forward From Last Report				\$	<u>0</u>			
B. Total Monetary Contributions and Receipts (From Schedule I)				\$	<u>0</u>			
C. Total Funds Available (Sum of Lines A and B)				\$	<u>0</u>			
D. Total Expenditures (From Schedule III)				\$	<u>0</u>			
E. Ending Cash Balance (Subtract Line D from Line C)				\$	<u>0</u>			
F. Value of In-Kind Contributions Received (From Schedule II)				\$	<u>0</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.

PART II - If this is a Committee report, the Treasurer'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).

Sworn to and subscribed before me this _____ day of _____ 20____

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>	\$
---	----

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
				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)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.	PAGE TOTAL \$
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**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
\$

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)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
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 _____
---------------------------------------	---

				DATE			AMOUNT
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							
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 \$

**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 \$
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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>	\$
--	----

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

				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
\$

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 \$

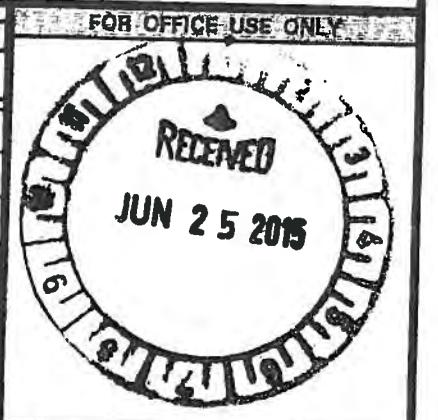
Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

(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 ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}	
Name of Filing Committee, Candidate or Lobbyist: <u>Friends of Jeff Kocsis</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)	6TH TUESDAY PRE-PRIMARY ^{1.}	2ND FRIDAY PRE-PRIMARY ^{2.}	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 checked="" type="checkbox"/> NO <input type="checkbox"/>					
	ANNUAL REPORT ^{7.}	YEAR <input checked="" type="checkbox"/> 2015		FILING METHOD <input checked="" type="checkbox"/> PAPER <input 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					
		5		19		2015			
(SEE INSTRUCTIONS FOR CODES)									

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR
	6	18	2015		6	23	2015
A. Amount Brought Forward From Last Report				\$	91.40		
B. Total Monetary Contributions and Receipts (From Schedule I)				\$	0		
C. Total Funds Available (Sum of Lines A and B)				\$	91.40		
D. Total Expenditures (From Schedule III)				\$	91.40		
E. Ending Cash Balance (Subtract Line D from Line C)				\$	0		
F. Value of In-Kind Contributions Received (From Schedule II)				\$	8.00		
G. Unpaid Debts and Obligations (From Schedule IV)				\$	0		



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 correct and complete.

[Redacted Signature Area]

Notarial Seal
 Marlon C. Nole, Notary Public
 Salisbury Twp., Berks County of State
 My Commission Expires March 14, 2018
 211 North Office Building
 Harrisburg, PA 17120-0029 • (717) 787-5280

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <u>Friends of Jeff Kossis</u>	Reporting Period From <u>6/18/15</u> To <u>6/23/15</u>
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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>0</u>
All Other Contributions (Part B)		\$ <u>0</u>
	TOTAL for the Reporting Period	(2) \$ <u>0</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>0</u>
	TOTAL for the Reporting Period	(3) \$ <u>0</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 (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>0</u>
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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 Koosis</u>	Reporting Period From <u>6/18/2015</u> To <u>6/23/2015</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>0</u>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ <u>0</u>

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>8.00</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 Kocsis</u>	Reporting Period From <u>01/18/15</u> To <u>01/23/15</u>
--	---

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

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

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

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

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

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
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 \$ <u>0</u>

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

Name of Filing Committee or Candidate Friends of Jeff Koosis	Reporting Period From 6/18/15 To 11/23/15
--	--

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
non-applicable							
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				MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)					
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				MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)					
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				MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)					
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				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 \$ 0

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 Koosis</u>	Reporting Period From <u>6/18/15</u> To <u>6/23/15</u>
--	---

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
<u>Non applicable</u>				\$ <u>0</u>
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 A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ <u>0</u>

**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 <i>Friends of Jeff Kossis</i>	Reporting Period From <i>6/18/15</i> To <i>6/23/15</i>
--	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	\$
<i>non applicable</i>				<i>Ø</i>
Mailing Address				\$
City				\$
Employer Name	Occupation			\$
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	\$
				\$
Mailing Address				\$
City				\$
Employer Name	Occupation			\$
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	\$
				\$
Mailing Address				\$
City				\$
Employer Name	Occupation			\$
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	\$
				\$
Mailing Address				\$
City				\$
Employer Name	Occupation			\$
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	\$
				\$
Mailing Address				\$
City				\$
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
\$ *Ø*

**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 Kossis</u>	Reporting Period From <u>6/18/2015</u> To <u>6/23/2015</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						

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

PAGE TOTAL	\$ <u>0</u>
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STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Jeff Kosis	Reporting Period From 01/18/2015 To 10/23/2015
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To Whom Paid	MO.	DAY	YEAR	Amount
Alyssa J Nade	02	23	2015	\$ 90.40
Mailing Address 3736 Oakland Rd	Description of Expenditure donation to Lehigh County Humane Society.			
City Bethlehem	State PA	Zip Code (Plus 4) 18020 -		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City				

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

PAGE TOTAL
\$ 91.40

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 Kocsis	Reporting Period From 6/18/2015 To 10/23/2015
--	--

Name of Creditor Non applicable				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
\$ 0