



Filing ID #10019004

FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

FILER INFORMATION

Name: Justin Jay Simmons
Status: Congressional Candidate
State/District: PA15

FILING INFORMATION

Filing Type: Candidate Report
Filing Year: 2017
Filing Date: 09/28/2017

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
(Valic) Lehigh Valley Hospital and Health Network		\$15,001 - \$50,000	None		
(Valic) Lehigh Valley Hospital and Health Network Inc		\$15,001 - \$50,000	None		
DESCRIPTION: Tax Sheltered 403(B) Vanguard INSTL TGT RET 2045					
Commonwealth of Pennsylvania Deferred Comp 457 Plan		\$50,001 - \$100,000	None		
DESCRIPTION: Tax deferred - defined contribution					
IRA Wells Fargo		\$1,001 - \$15,000	None		
PA Treasury 529 College Savings Program		\$1,001 - \$15,000	None		
LOCATION: PA					
DESCRIPTION: Private four year college average tuition level					
Savings Account		\$50,001 - \$100,000	Interest	\$1 - \$200	\$1 - \$200
U.S. Savings Bond series EE		\$50,001 - \$100,000	Interest	\$15,001 - \$50,000	\$15,001 - \$50,000

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year

SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
PA House of Representatives	Self	\$84,579.20	\$64,858.86
Lehigh Valley Hospital and Health Network	Spouse salary	\$50,307.86	\$41,272.37

SCHEDULE D: LIABILITIES

None disclosed.

SCHEDULE E: POSITIONS

None disclosed.

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

Trusts: Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

☐ Yes
☒ No

Exemption: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes
☒ No

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Justin Jay Simmons , 09/28/2017