	CA	MPAIGN F	INANCE REP	ORT				
Name:		Government	That Works					
Address:		2600 Gracie	e Lone					
City, State, Z	Ap:	Macungie P	a 18062					
Candidate			Committee					
Type of Repo	ort		Election Date	Amend	ed	Termination		
2017 – ANNU	JAL REPORT					YES		
Termination	Report?							
Office Sough	t By Candidate	2	Party	County				
Lehigh Count	ty PAC			Lehigh				
	Sumn	nary of Reco	eipts & Expend	litures				
From:	1/1/2017		To: 12/312017					
A. Amount B	rought Forwar	d From Last	t Report		2,712	2.60		
B. Total Mon	etary Contribu	itions & Rec	eipts (from Sche	dule I)	2,600.00			
C. Total Fund	ds Available (S	um of Lines	A & B)		5,312.60			
D. Total Expenditures (from Schedule III)						5,312.60		
E. Ending Cash Balance (Subtract Line D from Line C)					0.00			
F. Value of In-Kind Contributions Received (from Schedule II)						0.00		
G. Unpaid De	ebts & Obligati	ions (from So	chedule IV)		(-370	0.67)		

^{*}Complete reports including signatures are on file in the Office of Voter Registration.

SCHEDULE I

PAGE 2 OF 🥞

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page			
Name of Filing Committee or Candidate	Reporting Peri		
GOVERDMENT THAT WORKS	From \\\\	120	TO 12/31/2017
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TOTAL for the Reporting Period	d (1)	\$	0
ZEECON HORIZINONS SECTION AND PART			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	160.00
TOTAL for the Reporting Period	d (2)	\$	100.60
SHE CONTRIBUTION TO VEHICLE SHOUTHING FOR A STANK OF THE BOX	200 (200 mg)		
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	2500.00
TOTAL for the Reporting Period	d (3)	\$	2,500.00
_			
Charles and the Edward States and States and the Contract of t		EFF	
TOTAL for the Reporting Period	d (4)	\$	0
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		\$	2,600.00

Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report

Cover Page, Item 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.)

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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.)

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DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

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SCHEDULE III

STATEMENT OF EXPENDITURES

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Name of Filing Committee or Candidate				Reporting	-	
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Enter Grand Total of Expenditures on Pag	1	Manage Cauge D	· l+	- n	1	PAGE TOTAL
Chief Gianu Iviai vi Expenditules vii i s	4e ı, -	Keport Cover F	age, Itr	em v.	F	\$ 3 1.37 58

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	
GOVERDMENT THAT L	Dorks		From	1112	DIT TO 12/3/2017
Name of Creditor					Outstanding Balance of De
Mailing Address 2600 GRACIE LODE City	DATE			S. N. Proposition and Co.	\$ 370.67
2000 GRACIE hose	DEBT INCURRED	10	E PAY	YEAR	
•	INCURRED	State		(Plus 4)	
Description of Debt		PA	18062	9504	
Description of Debt					
Leas To PAC of S	1,500.00 To	سلا	et E	kP125	
Traine or orealtor					Outstanding Balance of Del
Mailing Address	DATE	300	E GAY		
City	DEBT INCURRED				
		State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Det
Mailing Address					\$
merring Address	DATE	(46)	-5747		
City	INCURRED	State	Zin Code	(Plus 4)	
		Julia	- Lib Code	- \FIUS +/	
Description of Debt					**************************************
Name of Creditor					
Haine of Creditor					Outstanding Balance of Deb
Mailing Address	DATE	T. W.C.	i ov		\$
	DEBT INCURRED	Salar Inca in America			
City		State	Zip Code	(Plus 4)	
Description of Debt				•	
Name of Creditor					Outstanding Balance of Deb
Mailing Address					\$
maining Address	DATE	- 455	- 40		
City	INCURRED	State	Zip Code	(Plue A)	
			-	W 103 4/	
Description of Debt		1			
Name of Creditor					
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE			***	\$
	DEBT INCURRED	MC.			
City	, weekings	State	Zip Code	(Plus 4)	
Description of Debt					
Enter Grand Total of Unpaid Debts on Pa	ide 1 Renort Course	3aaa 11			PAGE TOTAL
Olipaid Debte Off Pa	and the state of t	-age, 11	em G.		\$ 370,67

Thomas S. Muller 2600 Gracie Lone Macungie, PA 18062

I hereby excuse the unpaid debt of \$370.67 with "Government That Works" and relinquish any claim for reimbursement.

Thomas S. Muller

1/25/17