### **CAMPAIGN FINANCE REPORT** Name and Address of Filing Candidate or Committee Name: County Government that Works Address: 7644 Sweetwood Dr City, State, Zip: Macungie PA 18062 Report Filed By Candidate Committee **Type of Report** Termination **Election Date** Amended 2015 – Annual Report YES **Termination Report?** Office Sought By Candidate **Party** County PAC $\overline{D}$ Lehigh Summary of Receipts & Expenditures From: 11/24/2015 To: 12/31/2015 A. Amount Brought Forward From Last Report 587.77 B. Total Monetary Contributions & Receipts (from Schedule I) 0.00 C. Total Funds Available (Sum of Lines A & B) 587.77 D. Total Expenditures (from Schedule III) 587.77 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 Debts & Obligations (from Schedule IV) 0.00

<sup>\*</sup>Complete reports including signatures are on file in the Office of Voter Registration.

# SCHEDULE | CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

New Art Filter Committee							
Name of Filing Committee or Candidate  Name of Filing Committee or Candidate  From #	124/15 10/2/31/15						
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR							
TOTAL for the Reporting Period (1	s (S						
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)							
Contributions Received from Political Committees (Part A)	s (X						
All Other Contributions (Part B)	\$ (2)						
TOTAL for the Reporting Period (2	\$ (7)						
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	\$ 0						
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ET	C. (FROM PART E)						
TOTAL for the Reporting Period (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 Cover Page, Item B.)	\$ 0						

#### SCHEDULE II

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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  (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Reporting Peri	0d 15 to 12/31/15				
	•					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR						
TOTAL for the Reporting Period	d (1)	s				
		7				
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	0.00 (FROM	PART F)				
TOTAL for the Reporting Period		\$ (%				
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M 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.)		\$ 0				

#### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	m	-tintlu		eporting From	Period	15 to 12/3/15
To Whom Paid  TO Whom Paid  TO Whom Paid  TO Whom Paid	WY	) FIPIXOD	MO.	DAY	YEAR	Amount \$
Mailing Address		r 400 g	Désembri	on of Expe	enditure Y	$\cap$
City Of DO	\$ <b>1</b>	Zip Code (Plus 4) —				
To Whom Paid X 11 TOV 1Phian		untu	MO.	DAY	YEAR / S	Amount / 9 54
Mailing Address WPP TWOO	K	7	Descripio		enditure	$\gamma$
Macionali	17	Zip Code (Plus 4)			,	,
To William Paid Of Dan t	ax	1201	Mo.	DAY	YEAR	\$ 218.10
Meiling Address  City A 10 10 10 10 10 10 10 10 10 10 10 10 10	500	Zip Code ((Plus 4)	)			7
HIDNTHIN	W)	1811)4-				
To Whom Paid  Mailing Address			MO.	DAY on of Expe	YEAR	\$
City	State	Zip Code (Plus 4)	Description 1		- Inditure	
	O.O.C	-				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description	on of Exp	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description	on of Expe	enditure	
City	State	Zip Code (Plus 4) —				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description	on of Expe	enditure	<b>.</b>
City	State	Zip Code (Plus 4) —				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description	on of Expe	inditura	
City	State	Zip Code (Plus 4) —				
Enter Grand Total of Expenditures on Pag	je 1, i	Report Cover Pa	age, Ite	m !		PAGE TO AL  SET 77