CAMPAIGN FINANCE STATEMENT

File this in lieu of full report *only* if aggregate receipts, expenditures, or Liabilities incurred each <u>did not exceed \$250.00</u> during the reporting period.

Name and Address of Filing Candidate or Committee

Name: Friends of Mike Schware Address: Po Box 4464 City, State, Zip: Allentown PA 18105-4464 Report Filed By Candidate Committee X **Type of Report Election Date** Termination Amended 2015 - Annual Report TERMINATION REPORT? Office Sought By Candidate **Party County** Lehigh County District Commissioner R Lehigh Cash Balance at end of Reporting Period: 260.00 Total Amount of Filer's Outstanding Debts or 0.00 Liabilities at the End of Reporting Period: 01/01/2015 From: 12/31/2015 To:

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