	CAN	MPAIGN F	INANCE REP	PORT			
	Name and Ad	ldress of Fi	ling Candidate	or Com	mitte	e	
Name: Committee to Elect Thomas Creighte Address: 6917 Whitetail Ct					ı		
City, State, 2							
		Repo	rt Filed By				
Candidate			Committee			X	
Type of Report			Election Date	Amended		Termination	
2015 – Annua	al Report						
Termination	Report?						
Office Sought By Candidate			Party	County	ounty		
Lehigh Coun	ty District Comn	nissioner	R	Lehigh			
	Summ	ary of Rec	eipts & Expend	itures			
From: 01/01/2015 To:			To:	12/31/2015			
A. Amount Brought Forward From Last Report					300.00		
B. Total Monetary Contributions & Receipts (from Schedule I)					500.00		
C. Total Funds Available (Sum of Lines A & B)					800.00		
D. Total Expenditures (from Schedule III)					500.00		
E. Ending Cash Balance (Subtract Line D from Line C)					300.00		
F. Value of In-Kind Contributions Received (from Schedule II)					0.00		
G. Unpaid De	bts & Obligation	ons (from Sc	hedule IV)		(7,50	0.00)	

^{*}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 Committee to Elect Thomas Creighton	Reporting Per		то 12/31/15
U			
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBUT	OR
TOTAL for the Reporting Period	(1)	\$	-0-
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART I	8)	· · · · · · · · · · · · · · · · · · ·	
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
TOTAL for the Reporting Period	(2)	\$	-0-
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)			
Contributions Received from Political Committees (Part C)		\$	500.00
All Other Contributions (Part D)		\$	
TOTAL for the Reporting Period	(3)	\$	500.00
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CH	ECKS, ET(. (FRC	OM 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.)		\$	500.00

PAGE	3	ΩF	5
		Ψ.	

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.

Committee to Elect	Thom	ias Creighton	ľ	From	1/1/19	To 12/31/15
		U		DATE		AMOUNT
Full Name of Contributing Committee	1		MO.	DAY	YEAR	
Full Name of Contributing Committee Friends of Gary Mailing Address	lay		6	15	2015	\$ 500.00
Mailing Address			MO.	DAY	YEAR	
5934 Memorial Rd						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	_
Germansville	PA	18053 -				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Pull Name of Contributing Committee			mo.	1 271	TEAR	\$
Mailing Address			 			
			MO.	DAY	YEAR	\$
City	T Chada	2 - 6 - 4 - (6) 1)	↓			T
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	e
		<u> </u>	1			\$
Full Name of Contributing Committee			MO.	DAY	YEAR	4
						\$
Mailing Address			MO.	DAY	YEAR	_
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		<u></u>	, mo.	1 0/11	1	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address		·····	ļ			•
Mailing Address			MO.	DAY.	YEAR	\$
			L	1		4
City	State	Zip Code (Plus 4)	MQ.	DAY.	YEAR	
		-		Í		\$
Full Name of Contributing Committee			MO.	DAY	YEAR	_
				† -:··-		\$
Mailing Address			MO.	DAY	YEAR	
					1,57,31	\$
City	State	Zip Code (Plus 4)	110	- DAY	VEAD	
,		_	MO.	DAY	YEAR	\$
						•
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
			<u> </u>			9
Mailing Address			MO.	DAY	YEAR	¢
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	*
		-	I			\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
•						\$
Mailing Address		***	MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
,		_	- mo.	VAT	TEAR	\$
		·····				
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address						T
Mercula Address			MO.	DAY	YEAR	\$
				1		—
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
				<u></u>		4
						PAGE TOTAL
			_	_		_
Enter Grand Total of Part C on Sch	edule i,	Detailed Summary	Page,	Section	າ 3.	\$

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
Committee to Elect Thomas Creighton				From 1/1/15 To 12/31/15			
		0			/ /		
To Whom Paid P. Creiblitan			MO.	DAY 15	VEAR 2015	Amount 500,00	
G9/7 Whitetail C+			Descrip	tion of Ex	penditure	שוטער ביי	
New Tripoli	D'A	Zip Code (Plus 4)		y Lo	an		
To Whom Paid		14-04	MO.	DAY	YEAR	Amount	
Mailing Address		<u> </u>	Descrip	tion of Ex	penditure	\$	
City	State	Zip Code (Plus 4)	-	<u> </u>			
To Whom Paid			MO.	DAY	YEAR	Amount \$	
Mailing Address			Descrip	tion of Ex	penditure	9	
City	State	Zip Code (Plus 4)		· · · · · · · · · · · · · · · · · · ·			
To Whom Paid	<u> </u>		1,00				
			MO.	DAY	YEAR	Amount \$	
Mailing Address			Descript	ion of Exp	penditure		
City	State	Zip Code (Plus 4)	 				
To Whom Paid	<u></u>		MO.	DAY	YEAR	Amount	
Mailing Address						\$	
City			Descript	ion of Exp	enditure		
City	State	Zip Code (Plus 4)					
To Whom Paid			MO.	DAY	YEAR	Amount	
Mailing Address						\$	
City			Descript	on of Exp	enditure		
5.17	State	Zip Code (Plus 4)			· · · · · · · · · · · · · · · · · · ·		
To Whom Paid			MO.	DAY	YEAR	Amount	
Mailing Address			Descripti	on of Exp	enditure	\$	
City	See a T			on o	enortu, e		
	State	Zip Code (Plus 4)					
To Whom Paid			MO.	DAY	YEAR	Amount	
Mailing Address		•	Description	on of Expe	enditure	\$	
Dity	State	Zip Code (Plus 4)					
		Zip Gude (Fius 4)					
			L			PAGE TOTAL	
Enter Grand Total of Expenditures on Pag	e 1, R	leport Cover Pa	age, Ite	m D.	ł	\$ 500.00	

PAGE 5 OF 5

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.

Committee to Elect Thomas Cred	Satera	ľ	Reporting From		5 to 12/31/15
Controlled to Clear Monay (16)	U	<u> </u>			
Name of Creditor	. 				Outstanding Balance of Debt
Mailing Address Creighton	DATE	The state of the s			\$ 7.500.00
6917 Whitetail CT	DEBT	MD.	Plous	YEAR	
City A/ Till	1.10020	(5)%	Zip Code	(Plus 4)	
Description of Debt		17/	18066-		
Description of Debt					
Name of Creditor	· · · · · · · · · · · · · · · · · · ·				Outstanding Balance of Debt
			Fri Espain		\$
Mailing Address	DATE	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Pius 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
					\$
Mailing Address	DATE DEBT	Mo.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt					
					Outstanding Balance of Debt
Name of Creditor					\$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
Cin	INCURRED	State	Zip Code	(Plus 4)	
City					
Description of Debt			-		
					O sassadia a Dalassa at Dalas
Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE	MO.	DAY	YEAR	
	DEBT INCURRED	State	Zip Code	(Plus A)	
City		3.8.6	- Zip 0000	(1 100 4)	
Description of Debt					
					Outstanding Delivers of S. I.
Description of Debt Name of Creditor					
	DATE	MO.	DAY	YEAR	\$
Name of Creditor	DATE DEBT INCURRED				\$
Name of Creditor	DEBT	MO.	DAY		\$
Name of Creditor Mailing Address	DEBT				\$
Name of Creditor Mailing Address City	DEBT				
Name of Creditor Mailing Address City	DEBT INCURRED	State	Zip Code		