

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
<b>Name:</b>		<i>Committee to Elect Thomas Creighton</i>		
<b>Address:</b>		<i>6917 Whitetail Ct</i>		
<b>City, State, Zip:</b>		<i>New Tripoli PA 18066</i>		
Report Filed By				
<b>Candidate</b>		<b>Committee</b>	<i>X</i>	
<b>Type of Report</b>		<b>Election Date</b>	<b>Amended</b>	<b>Termination</b>
2015 – Annual Report				
<b>Termination Report?</b>				
<b>Office Sought By Candidate</b>		<b>Party</b>	<b>County</b>	
<i>Lehigh County District Commissioner</i>		<i>R</i>	<i>Lehigh</i>	
Summary of Receipts & Expenditures				
<b>From:</b>	<i>01/01/2015</i>	<b>To:</b>	<i>12/31/2015</i>	
<b>A. Amount Brought Forward From Last Report</b>			<i>300.00</i>	
<b>B. Total Monetary Contributions &amp; Receipts (from Schedule I)</b>			<i>500.00</i>	
<b>C. Total Funds Available (Sum of Lines A &amp; B)</b>			<i>800.00</i>	
<b>D. Total Expenditures (from Schedule III)</b>			<i>500.00</i>	
<b>E. Ending Cash Balance (Subtract Line D from Line C)</b>			<i>300.00</i>	
<b>F. Value of In-Kind Contributions Received (from Schedule II)</b>			<i>0.00</i>	
<b>G. Unpaid Debts &amp; Obligations (from Schedule IV)</b>			<i>(7,500.00)</i>	

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

**CONTRIBUTIONS AND RECEIPTS****Detailed Summary Page**

Name of Filing Committee or Candidate <b>Committee to Elect Thomas Creighton</b>	Reporting Period From <b>1/1/15</b> To <b>12/31/15</b>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ <b>- 0 -</b>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
TOTAL for the Reporting Period (2)	\$ <b>- 0 -</b>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ <b>500.00</b>
All Other Contributions (Part D)	\$
TOTAL for the Reporting Period (3)	\$ <b>500.00</b>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
TOTAL for the Reporting Period (4)	\$ <b>- 0 -</b>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ <b>500.00</b>
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## 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.

Name of Filing Committee or Candidate <u>Committee to Elect Thomas Creighton</u>	Reporting Period From <u>1/1/15</u> To <u>12/31/15</u>
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				DATE			AMOUNT
Full Name of Contributing Committee <u>Friends of Gary Day</u>				MO.	DAY	YEAR	\$ <u>500.00</u>
Mailing Address <u>5934 Memorial Rd</u>				MO.	DAY	YEAR	\$
City <u>Germansville</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18053 -</u>		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$

PAGE TOTAL

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

\$

SCHEDULE III  
**STATEMENT OF EXPENDITURES**

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Name of Filing Committee or Candidate <u>Committee to Elect Thomas Creighton</u>	Reporting Period From <u>1/1/15</u> To <u>12/31/15</u>
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To Whom Paid <u>Suzanne P. Creighton</u>			MO. <u>6</u>	DAY <u>15</u>	YEAR <u>2015</u>	Amount \$ <u>500.00</u>
Mailing Address <u>6917 Whitetail Ct</u>			Description of Expenditure <u>Pay Loan</u>			
City <u>New Tripoli</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18066 -</u>				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL  
\$ 500.00

# 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 <i>Committee to Elect Thomas Creighton</i>	Reporting Period From <i>1/1/15</i> To <i>12/31/15</i>
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Name of Creditor <i>Suzanne P. Creighton</i>					Outstanding Balance of Debt \$ <i>7,500.00</i>	
Mailing Address <i>6917 Whitetail Ct</i>		DATE DEBT INCURRED	MO. <i>Various</i>	DAY	YEAR	
City <i>New Tripoli</i>			State <i>PA</i>	Zip Code (Plus 4) <i>18066-</i>		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City			State	Zip Code (Plus 4)		
Description of Debt						

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL  
\$ *7,500.00*