

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
Name:		<i>Citizens for Joe Hanna</i>		
Address:		<i>645 Hamilton St, Suite 204</i>		
City, State, Zip:		<i>Allentown PA 18101</i>		
Report Filed By				
Candidate		Committee	<i>X</i>	
Type of Report		Election Date	Amended	Termination
2015 – Annual Report				
Termination Report?				
Office Sought By Candidate		Party	County	
<i>Lehigh County Sheriff</i>		<i>R</i>	<i>Lehigh</i>	
Summary of Receipts & Expenditures				
From:	<i>11/24/2015</i>	To:	<i>12/31/2015</i>	
A. Amount Brought Forward From Last Report			<i>17,613.03</i>	
B. Total Monetary Contributions & Receipts (from Schedule I)			<i>0.00</i>	
C. Total Funds Available (Sum of Lines A & B)			<i>17,613.03</i>	
D. Total Expenditures (from Schedule III)			<i>574.66</i>	
E. Ending Cash Balance (Subtract Line D from Line C)			<i>17,038.37</i>	
F. Value of In-Kind Contributions Received (from Schedule II)			<i>0.00</i>	
G. Unpaid Debts & Obligations (from Schedule IV)			<i>(3,000.00)</i>	

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

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	0
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)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	0

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE**

--	--

IN-KIND CONTRIBUTIONS RECEIVED FROM OTHER SOURCES (1)		
TOTAL for the reporting period (1)	\$	0

IN-KIND CONTRIBUTIONS RECEIVED FROM OTHER SOURCES (2)		
TOTAL for the reporting period (2)	\$	0

IN-KIND CONTRIBUTIONS RECEIVED FROM OTHER SOURCES (3)		
TOTAL for the reporting period (3)	\$	0

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

File Number	
-------------	--

From Whom Paid	National Penn Bank			Date (MM/DD/YYYY)	11/30/2015	\$	15
House #	835	Street Address	Hamilton St Ste 100	Description of Expenditure			
City	Allentown	State	PA	Zip Code	18101	Bank Service Charge	
From Whom Paid	Joseph Hanna			Date (MM/DD/YYYY)	12/18/2015	\$	543
House #	1840	Street Address	Farmstead Lane	Description of Expenditure			
City	Macungie	State	PA	Zip Code	18062	Reimb.Snowball Event, Fed Ex Fee, Syrian Arab Fundraiser	
From Whom Paid	Buckno Lisicky & Company			Date (MM/DD/YYYY)	12/18/2015	\$	16.66
House #	645	Street Address	Hamilton St Ste 204	Description of Expenditure			
City	Allentown	State	PA	Zip Code	18101	Postage Reimbursement	
From Whom Paid				Date (MM/DD/YYYY)		\$	
House #		Street Address		Description of Expenditure			
City		State		Zip Code			
From Whom Paid				Date (MM/DD/YYYY)		\$	
House #		Street Address		Description of Expenditure			
City		State		Zip Code			
From Whom Paid				Date (MM/DD/YYYY)		\$	
House #		Street Address		Description of Expenditure			
City		State		Zip Code			
From Whom Paid				Date (MM/DD/YYYY)		\$	
House #		Street Address		Description of Expenditure			
City		State		Zip Code			
From Whom Paid				Date (MM/DD/YYYY)		\$	
House #		Street Address		Description of Expenditure			
City		State		Zip Code			

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 Debtor					
----------------	--	--	--	--	--

Name of Creditor	Joseph Hanna					Outstanding Balance of Debt
House #	1840	Street Address	Farmstead Lane	DATE DEBT INCURRED (MM/DD/YYYY)	11/11/2014	3,000
City	Macungie	State	PA	Zip Code	18062	
Description of Debt	Campaign Loan					

Name of Creditor						Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED (MM/DD/YYYY)		
City		State		Zip Code		
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED (MM/DD/YYYY)		
City		State		Zip Code		
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED (MM/DD/YYYY)		
City		State		Zip Code		
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED (MM/DD/YYYY)		
City		State		Zip Code		
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #		Street Address		DATE DEBT INCURRED (MM/DD/YYYY)		
City		State		Zip Code		
Description of Debt						