

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
Name:		<i>County Government that Works</i>		
Address:		<i>7644 Sweetwood Dr</i>		
City, State, Zip:		<i>Macungie, PA 18062</i>		
Report Filed By				
Candidate		Committee	<i>X</i>	
Type of Report		Election Date	Amended	Termination
2015 – 30 Day Post Election		11/03/2015		
Termination Report?				
Office Sought By Candidate		Party	County	
<i>Lehigh County PAC</i>		<i>D</i>	<i>Lehigh</i>	
Summary of Receipts & Expenditures				
From:	<i>10/20/2015</i>	To:	<i>11/23/2015</i>	
A. Amount Brought Forward From Last Report			<i>3,700.13</i>	
B. Total Monetary Contributions & Receipts (from Schedule I)			<i>10,425.00</i>	
C. Total Funds Available (Sum of Lines A & B)			<i>14,125.13</i>	
D. Total Expenditures (from Schedule III)			<i>13,537.36</i>	
E. Ending Cash Balance (Subtract Line D from Line C)			<i>587.77</i>	
F. Value of In-Kind Contributions Received (from Schedule II)			<i>0.00</i>	
G. Unpaid Debts & Obligations (from Schedule IV)			<i>0.00</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 <u>County Government that Works</u>	Reporting Period From <u>10/20/15</u> To <u>11/23/15</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <u>50</u>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <u>100 0</u>
All Other Contributions (Part B)	\$ <u>100</u>
TOTAL for the Reporting Period	(2) \$ <u>100</u>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <u>8525</u>
All Other Contributions (Part D)	\$ <u>1750</u>
TOTAL for the Reporting Period	(3) \$ <u>10,275</u>

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

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.)	\$ <u>10,425</u>
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PART B
ALL OTHER CONTRIBUTIONS

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\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate County Government that Works	Reporting Period From 10/20/15 To 11/23/15
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor Patrick Taylor				10	25	15	\$ 100
Mailing Address requested				10	25	15	\$
City	State	Zip Code (Plus 4)		10	25	15	\$
Full Name of Contributor				10	25	15	\$
Mailing Address				10	25	15	\$
City	State	Zip Code (Plus 4)		10	25	15	\$
Full Name of Contributor				10	25	15	\$
Mailing Address				10	25	15	\$
City	State	Zip Code (Plus 4)		10	25	15	\$
Full Name of Contributor				10	25	15	\$
Mailing Address				10	25	15	\$
City	State	Zip Code (Plus 4)		10	25	15	\$
Full Name of Contributor				10	25	15	\$
Mailing Address				10	25	15	\$
City	State	Zip Code (Plus 4)		10	25	15	\$
Full Name of Contributor				10	25	15	\$
Mailing Address				10	25	15	\$
City	State	Zip Code (Plus 4)		10	25	15	\$
Full Name of Contributor				10	25	15	\$
Mailing Address				10	25	15	\$
City	State	Zip Code (Plus 4)		10	25	15	\$
Full Name of Contributor				10	25	15	\$
Mailing Address				10	25	15	\$
City	State	Zip Code (Plus 4)		10	25	15	\$
Full Name of Contributor				10	25	15	\$
Mailing Address				10	25	15	\$
City	State	Zip Code (Plus 4)		10	25	15	\$

PAGE TOTAL

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

\$ 100

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						Reporting Period From To			
						DATE			
						AMOUNT			
Full Name of Contributing Committee Muller For Exec						MO.	DAY	YEAR	\$
Mailing Address 2000 Grace Lane						MO.	DAY	YEAR	\$
City Macon		State GA	Zip Code (Plus 4) 31206			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	\$
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.									PAGE TOTAL \$ 8525

PART D
ALL OTHER CONTRIBUTIONS

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OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate County Government that Works				Reporting Period From 10/20/15 To 11/23/15				
				DATE			AMOUNT	
Full Name of Contributor Dan McCarthy				MO.	DAY	YEAR	\$ 500	
Mailing Address 210 N 27th St				MO.	DAY	YEAR		
City Allentown		State PA	Zip Code (Plus 4) 18104		MO.	DAY	YEAR	\$
Employer Name Self				Occupation Attorney				
Employer Mailing Address/Principal Place of Business 702 Hamilton St Suite 300 Allentown								
Full Name of Contributor Christine McCarthy				MO.	DAY	YEAR	\$ 1250	
Mailing Address 210 N 27th St				MO.	DAY	YEAR		
City Allentown		State PA	Zip Code (Plus 4) 18104		MO.	DAY	YEAR	\$
Employer Name				Occupation Retired				
Employer Mailing Address/Principal Place of Business								
Full Name of Contributor				MO.	DAY	YEAR	\$	
Mailing Address				MO.	DAY	YEAR		
City		State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation				
Employer Mailing Address/Principal Place of Business								
Full Name of Contributor				MO.	DAY	YEAR	\$	
Mailing Address				MO.	DAY	YEAR		
City		State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation				
Employer Mailing Address/Principal Place of Business								
Full Name of Contributor				MO.	DAY	YEAR	\$	
Mailing Address				MO.	DAY	YEAR		
City		State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation				
Employer Mailing Address/Principal Place of Business								

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

PAGE TOTAL
\$ 1750

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 County Government that Works	Reporting Period From 10/20/15 To 11/23/15
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
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
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STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate County Government that Works	Reporting Period From 10/20/15 To 11/23/15
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To Whom Paid Advantage Pep LLC	MO. 10	DAY 24	YEAR 15	Amount \$ 876.78	Description of Expenditure reimbursement for event costs/robo calls
Mailing Address 2285 Schoenersville Rd. STE 205					
City Bethlehem		State PA		Zip Code (Plus 4) 18017	
To Whom Paid Joanne Jackson					
MO. 10				DAY 29	
YEAR 15				Amount \$ 85.60	
Mailing Address 4195 Estates Dr.					
City Center Valley		State PA		Zip Code (Plus 4) 18034	
To Whom Paid LV Print Center					
MO. 10				DAY 26	
YEAR 15				Amount \$ 11811.20	
Mailing Address 306 Broadhead Ave. Bear					
City Bethlehem		State PA		Zip Code (Plus 4) 18015	
To Whom Paid Joanne Jackson					
MO. 11				DAY 16	
YEAR 15				Amount \$ 50	
Mailing Address 4195 Estates Dr.					
City Center Valley		State PA		Zip Code (Plus 4) 18034	
To Whom Paid LV Print Center					
MO. 10				DAY 29	
YEAR 15				Amount \$ 470.30	
Mailing Address 306 Broadhead Ave. Bear					
City Bethlehem		State PA		Zip Code (Plus 4) 18015	
To Whom Paid www.payit2.com					
MO. 10				DAY 25	
YEAR 15				Amount \$ 10.72	
Mailing Address Online donation fees					
City		State		Zip Code (Plus 4) -	
To Whom Paid Advantage Pep LLC					
MO. 11				DAY 23	
YEAR 15				Amount \$ 202.47	
Mailing Address 2285 Schoenersville Rd. STE 205					
City Bethlehem		State PA		Zip Code (Plus 4) 18017	
To Whom Paid Facebook					
MO. 10				DAY 31	
YEAR 15				Amount \$ 30.29	
Mailing Address Ad Buy.					
City		State		Zip Code (Plus 4) -	

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

PAGE TOTAL

\$ 13537.36