CAMPAIGN FINANCE REPORT Name and Address of Filing Candidate or Committee Muller4Exec Name: Address: 2600 Gracie Lone Macungie PA 18062 City, State, Zip: Report Filed By X Committee Candidate **Election Date** Amended **Termination** Type of Report 2015 - Pre-Election 2nd Friday 11/03/2015 **Termination Report?** Office Sought By Candidate **Party** County Lehigh County Executive DLehigh **Summary of Receipts & Expenditures** 06/09/2015 To: 11/19/2015 From: 11,015.75 A. Amount Brought Forward From Last Report 0.00 B. Total Monetary Contributions & Receipts (from Schedule I) C. Total Funds Available (Sum of Lines A & B) 11,015.75 5,309.71 D. Total Expenditures (from Schedule III) 5,706.04 E. Ending Cash Balance (Subtract Line D from Line C) 0.00 F. Value of In-Kind Contributions Received (from Schedule II) G. Unpaid Debts & Obligations (from Schedule IV) 0.00

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

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate		Reporting Per		
MULLERY EXEC		From 6	1/2015	To 10/19/201
: INTEMIZED FONTRIBUTIONS AN	D RECEIPTS - \$50.00 OR LESS	PER CON	RIBUTO	
	TOTAL for the Reporting Period	d (1)	\$	O
2 CONTRIBUTIONS \$80.01 TO \$250	.00 (FROM PART A AND PART			
Contributions Received from Political	Committees (Part A)		\$	0
All Other Contributions (Part B)			\$	0
	TOTAL for the Reporting Period	d (2)	\$	0
Contributions Received from Political All Other Contributions (Part D)			\$	C C
	TOTAL for the Reporting Period	d (3)	\$	0
	TEREST EARNED, RETURNED C		s tenten.	PART B
TOTAL MONETARY CONTRIBUTIONS THIS REPORTING PERIOD (Add and en Boxes 1, 2, 3 and 4; also enter this Cover Page, Item B.)	nter amount totals from		\$	0

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate

Name of Filing Committee or Candidate				Reporting Period	
MULLERY Exe	ي د			From 69 2	2015 To John 20
Full Name of Contributing Committee				DATE	AMOUNT
			MO.	DAYES EVENT	\$
Mailing Address			MO.	DAY YEAR	***
City	State	Zip Code (Plus 4)			\$
	'	-	MO.	DAY YEAR	\$
Full Name of Contributing Committee			MO.	DAY	
Mailing Address					\$
			MO.	DAY YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY: YEAR	
Will Home of Contribution Committee					\$
ull Name of Contributing Committee			MO.	DAY YEAR	## *
failing Address			MO.	DAY YEAR	\$
lity					\$
ity	State	Zip Code (Plus 4)	MO.	DAY YEAR	
ull Name of Contributing Committee					\$
			MQ.	DAY	\$
ailing Address			MO.	DAY YEAR	
ity	State	Zip Code (Plus 4)			\$
·		Zip Code vrius 🛶	MO.	DAY YEAR	\$
ull Name of Contributing Committee			MO.		1 3
ailing Address					\$
-			MO.	DAY YEAR	4
ity	State	Zip Code (Plus 4)	MO.	DAYAR	\$
		<u> </u>	- Parka	DAY YEAR	\$
II Name of Contributing Committee					
ailing Address					\$
			MO.	DAY YEAR	\$
ty	State	Zip Code (Plus 4)	MO.	PAY	ļ *
II Name of Contributing Committee		-			\$
			MO.		\$
illing Address			MO.		3
ay				Barrer and a service and a ser	\$
,	State	Zip Code (Plus 4)	Mo	BOAY EN BYYAN	
I Name of Contributing Committee					\$
Iling Address			STATE OF STREET	### .7 T. ###	\$
mily Address			MO.		
у	State	Zip Code (Plus 4)			\$
		-	MO.	DAYAL SAYEAN	\$
ter Grand Total of Bont A on			<u></u>		PAGE TOTAL
ter Grand Total of Part A on	Schedule I, [Jetailed Summary	/ Page,	Section 2.	
3-502 (7-99)				I	\$ 0

PART B **ALL OTHER CONTRIBUTIONS**

\$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

Name of Filing Committee or Candidate				Reporting		-
MULLERYEXER	<u> </u>			From _	<u> 4912</u>	ois To 10/19/2015
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)	MO.	DAY		\$
		-		DAT	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	*
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
Full Name of Contributor		_		DAY		\$
					I EAD	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	<u> </u>
			11100			\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			No.	DAY	T YEAR	4
Mailing Address						\$
mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Full Name of Contributor			- Y ()	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	I Shaka I					\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			Mo.	BAY:	YEAR	
Mailing Address						\$
·			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	
Sull Name of Contribut		<u> </u>	<u> </u>			\$
Full Name of Contributor			MO,	ĐAY	YEAR	\$
Mailing Address			MG.	DAY	YEAR	
City	State	Zip Code (Plus 4)				\$
		Eip Code (Flus 4)	MO.	DAY	YSAR	\$
				<u> </u>		PAGE TOTAL
Enter Grand Total of Part B on So	hedule i,	Detailed Summary	/ Page.	Section	1 2.	\$ 0
SEB-502 (7-99)	•					• 0

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	***		F	Reporting		
MULLERHERRE				From _	19/5	015 To 10/19/2015
	-			DATE		AMOUNT
Full Name of Contributing Committee			MQ.	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		· · · · · · · · · · · · · · · · · · ·				\$
maining Address			MQ.	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						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	
] \$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address	•		MO.	DAY	YEAR	s
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
			4150			\$
Full Name of Contributing Committee	_		MO.	DAY	YEAR	\$
Mailing Address			MQ.	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		
Mailing Address						\$
			MO.	DAY	YEAR	\$
Dity	State	Zip Code (Plus 4) —		DAY	TAR	\$
		 -	7	· · ·		PAGE TOTAL
Enter Grand Total of Part C on Sche	dule I,	Detailed Summary	y Page,	Section	n 3.	\$
SEB-502 (7-99)		•	. •			

ALL OTHER CONTRIBUTIONS

PAGE 6 0F 12

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 of Candidate				Neporting	1 1-	
MULLERY Exac				From \(\sum_	19130	015 TO 10/19/2015
				DATE		AMOUNT
Full Name of Contributor					YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupat	ion		_
Employer Mailing Address/Principal Place of Business						w
			-			
Full Name of Contributor			MO.	DAY		\$
Malling Address			MO.	- PAYA		\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupat	tion	<u> </u>	
Employer Mailing Address/Principal Place of Business						
					-	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupa	tion		•
Employer Mailing Address/Principal Place of Business						May - 1,000 pt 11
Euil Name of Contributor			Mo.	DAY	YEAR	
Full Name of Contributor						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) 	HIG.	DAY	YEAR	\$
Employer Name			Occupa	tion	<u> </u>	
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor				I DAY	1 47 A.T.	
						\$
Mailing Address			MO.		YEAR	\$
City	State	Zip Code (Plus 4) 	NO.			\$
Employer Name			Occupa	ition		
Employer Mailing Address/Principal Place of Business						
						DACE TOTAL
Enter Grand Total of Part D on Sched	lule I,	Detailed Summar	ry Page), Sectic	on 3.	PAGE TOTAL \$

DSEB-502 (7-99)

Reporting Period

PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate

~~~~~~	ERRC			From <u>V</u>	1613	615 To 10/19/2015
Full Name						
Mailing Address	<u> </u>					
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	Amount \$
Receipt Description				<u></u>	<u> </u>	-
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	Amount
Receipt Description				<u> </u>	<u></u>	\$
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
Receipt Description		<del>-</del>		<u> </u>		\$
Full Name						
Mailing Address						
City	I State I	- And Blue A				
Сіту	State	Zip Code (Plus 4) —	Mo.	DAY	YEAR	\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	Mo	DAY	YEAR	
Receipt Description					<u> </u>	\$
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	10.	DAY	XVA:	Amount
Receipt Description		_				\$
Enter Grand Total of Part	E en Cahadula I	Described Common		- 4101		PAGE TOTAL
Enter Grand   Otal Of Part SEB-502 (7-99)	E On Schedule i,	Detailed Summar	y Page, :	Section	14.	\$ 0

#### SCHEDULE II

PAGE 8 OF 12

## 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	Reporting Pe	riod	
MULLERY EXEC			To 10/19/2015
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF :	\$50.00 OR I	LESS PER	R CONTRIBUTION
TOTAL for the Reporting Perio	d (1)	\$	
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$60.01 TO \$20	50.00 (FRC)	A PART	
TOTAL for the Reporting Period	d (2)	\$	
2. IN-KING CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO			
THE TAXABLE STATES OF THE SECOND PARTY OF THE	M PARI G		
TOTAL for the Reporting Period	d (3)	\$	
		-	
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 II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period
MULLERY Exec	From 6/9/2015 To 10/9/2015
	DATE AMOUNT
Full Name of Contributor	MOTE EDAYER TYPARE S
Mailing Address	MO. DAY: TYEAR
City State I 7 in Code	\$
State Zip Code	(Plus 4) MO. DAY YEAR S
Description of Contribution:	
Full Name of Contributor	MO. POAY YEAR S
Mailing Address	MO. DAY SYEAR
OL.	\$
City State Zip Code	(Plus 4) MQ. DAY YEAR \$
Description of Contribution:	
Full Name of Contributor	S S
Mailing Address	MO. PAY YEAR
	\$
City State Zip Code	(Plus 4) MO. DAY YEAR \$
Description of Contribution:	
Full Name of Contributor	MO. DAY YEAR \$
Mailing Address	
	MO. DAY YEAR \$
City State Zip Code	
Description of Contribution:	- \$
Full Name of Contributor	
Mailing Address	\$
•	MO. DAY YEAR S
City State Zip Code	
Description of Contribution:	- \$
Full Name of Contributor	<b>羅沙蘭羅·沙羅國</b> /沙羅
Mailing Address	5
The state of the s	MO DAY YEAR S
City State Zip Code (	
Description of Contribution:	- \$
Inter Crand Total of But 5	PAGE TOTAL
Enter Grand Total of Part F on Schedule II, In-Kind C Summary Page, Section 2.	contributions Detailed \$
	• 0

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	-		"	sporting .	16/100	015 To 10/19/2015
MULLERYE	YKL				77	
				DATE	**************************************	AMOUNT
Full Name of Contributor			11/6.	DAY	TEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupati	on	_	
Employer Mailing Address/Principal Place of Bu	siness		Descripti	on of Con	tribution	
Full Name of Contributor			MO.	225 • 2. V 255	<b>53747.18</b>	s
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupati			
Employer Mailing Address/Principal Place of Bu	siness		Descript	ion of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor		. <u></u>	Occupati	on		
Employer Mailing Address/Principal Place of Bu	ısiness		Descript	ion of Cor	tribution	
Full Name of Contributor			110	DAY	YEAR	\$
Mailing Address	<u> </u>		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer of Contributor			Occupat			
Employer Mailing Address/Principal Place of Bo	usiness		Descript	ion of Co	ntribution	
Full Name of Contributor			MC.	- 174Y	#AX / / (##	\$
Mailing Address			Mo.	DAY		\$
City	State	Zip Code (Plus 4)	MO.	DAY	PAYEAR	\$
Employer of Contributor			Occupat			
Employer Mailing Address/Principal Place of 8	usiness		Descrip	tion of Co	ntribution	
	0-1-1-1-1	In Kind Cantal	untions "	atailad		PAGE TOTAL
Enter Grand Total of Part G on Summary Page, Section 3.	Schedule II	i, in-Kind Contrit	outions L	Deliase		\$ 0
DSEB-502 (7-99)						

### SCHEDULE III

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting		
MULLERYERE				From 💃	19/20	15 TO 10/19/2015
			···			
To Whom Paid  Copent Town Derrey  Mailing Address			MO.	27	2015	Amount \$ 200.00
Mailing Address	-		' '	otion of Exp		
City	State	Zip Code (Plus 4)	7,	SUT OF	<u> </u>	2025ORSWIF
DEMOCRATIC COURS OF COURT	C		MO.	DAY		Amount \$35.00
Mailing Address			Descri	otion of Exp	enditure	
City	State	Zip Code (Plus 4) —		OCJE L	>K 83-1/2	(0)31
To Whom Paid  WILLORY OF LEWISH COUST	<del>ر</del> ۲۰۰		MO.	7	2015	Amount \$500.00
Mailing Address	-			otion of Exp		مرما هداوي
City	State	Zip Code (Plus 4)			30 ~62	7777
To Whom Paid			MO.	DAY	YEAR	
APUND-RGL PEP			9	24 otion of Exp	2015	\$500.00
Mailing Address			_		_	TRIBOTION
City	State	Zip Code (Plus 4)			حود می	111001100
To Whom Paid  RULD TOWN DEMOCRATIC ( Mailing Address	^~~		MO.	-	YEAR 2015	Amount \$ 500,00
Mailing Address			Descri	otion of Exp	enditure	
City	State	Zip Code (Plus 4) —				
To Whom Paid			MO.	DAY	YEAR	
MERLS OF WALLS			Descri	etion of Exp	2015	\$ 250.00
maning / No. 100				2005		•
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY		
Mailing Address			Descri	tion of Exp	205 enditure	\$ 2,324.71
1118 Usias Blue			93	• ~~e~	0206	MATERIALS FOR
City	State	Zip Code (Plus 4)				Ther Works"
To Whom Paid	18	18109 -	MO.			Amount
				:::: :::::::::::::::::::::::::::::::::		\$
Mailing Address	-		Descri	ption of Exp	enditura	
City	State	Zip Code (Plus 4)		·		
	<u> </u>					PAGE TOTAL
Enter Grand Total of Expenditures on Page	ge 1,	Report Cover Pa	age, I	tem D.		\$ 5,309,71

# 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	and the second s		Reporting Period			
MULLERHEXEC			From 🍆	19/2015 To 10/19/20		
News of Continu						
Name of Creditor				Outstanding Balance o		
Mailing Address	DATE	MQ.	DAY	L \$ /EAR		
City	DEBT INCURRED	,				
Sity		State	Zip Code (Pl	us 4)		
Description of Debt			<del>-</del>	us 4)		
Name of Creditor						
				Outstanding Balance of		
Mailing Address	DATE	MO.	DAY			
City	INCURRED			15 4)		
		State	Zip Code (Plu	18 4)		
Description of Debt						
Name of Creditor						
Mailing Address				Outstanding Balance of \$		
·	DATE DEBT	MO.	DAY Y	EAR		
City	INCURRED	1000		4)		
		State	Zip Code (Plus	s 4)		
Description of Debt						
Name of Creditor						
or or area and a second of the				Outstanding Balance of		
Mailing Address	DATE	Same of the same		\$		
ity	DEBT	MO.	DAY YE			
ity		State	Zip Code (Plus	4)		
Description of Debt						
ame of Creditor						
lailing Address				Outstanding Balance of \$		
anning Address	DATE DEBT	MO.	DAY YE	PA COMPANY		
ity	INCURRED	<u> </u>				
		State	Zip Code (Plus	4)		
escription of Debt						
ame of Creditor						
eiling Address				Outstanding Balance of (		
annia vortazz	DATE	MO.	DAY YEA			
ty	INCURRED					
		State	Cip Code (Plus	4)		
scription of Debt		<del></del>				
				DACE TOPIC		
nter Grand Total of Unpaid Debts on Pa	ge 1. Report Cover	Dage It-	m C	PAGE TOTAL		
		aãe, 1(8	m G.	\$ 0		