

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
Name:		<i>Muller4Exec</i>		
Address:		<i>2600 Gracie Lone</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 – Pre-Election 2 nd Friday		11/03/2015		
Termination Report?				
Office Sought By Candidate		Party	County	
<i>Lehigh County Executive</i>		<i>D</i>	<i>Lehigh</i>	
Summary of Receipts & Expenditures				
From:	<i>06/09/2015</i>	To:	<i>11/19/2015</i>	
A. Amount Brought Forward From Last Report			<i>11,015.75</i>	
B. Total Monetary Contributions & Receipts (from Schedule I)			<i>0.00</i>	
C. Total Funds Available (Sum of Lines A & B)			<i>11,015.75</i>	
D. Total Expenditures (from Schedule III)			<i>5,309.71</i>	
E. Ending Cash Balance (Subtract Line D from Line C)			<i>5,706.04</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>MURDER 4 FREE</u>	Reporting Period From <u>6/9/2015</u> To <u>10/9/2015</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period	(1)	\$	0
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2. CONTRIBUTIONS \$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
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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.)	\$	0
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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

MULLERY ELLER

Reporting Period

From 6/9/2015 To 10/9/2015

Full Name of Contributing Committee			DATE			AMOUNT
			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	\$
		-				\$
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 A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL

\$ 0

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 MULLER 4 EXCC	Reporting Period From 6/9/2015 To 10/19/2015
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			DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$

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

PAGE TOTAL

\$ 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 <u>MULLER HERRE</u>	Reporting Period From <u>6/9/2015</u> To <u>10/19/2015</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$
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.

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 MULLER4 EXEC	Reporting Period From 6/9/2015 To 10/19/2015
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
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							\$
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							\$
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							\$
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
\$ **0**

PART E
OTHER RECEIPTS

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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 MULLERHERZ	Reporting Period From 6/9/2015 To 10/19/2015
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Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL

\$ **0**

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVEDUSE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.**Detailed Summary Page**

Name of Filing Committee or Candidate <u>MULLER4 EXEC</u>	Reporting Period From <u>6/9/2015</u> To <u>10/9/2015</u>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$

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

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period	(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.)	\$ <u>0</u>
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SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

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Name of Filing Committee or Candidate <u>MULHERY EXEC</u>	Reporting Period From <u>6/9/2015</u> To <u>10/19/2015</u>
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Full Name of Contributor				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	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 (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	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 (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	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 (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 0

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

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Name of Filing Committee or Candidate <div style="font-family: cursive; font-size: 1.2em;">MULLER 4 EXCEL</div>	Reporting Period From <u>6/9/2015</u> To <u>10/19/2015</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL

\$ 0

SCHEDULE III
STATEMENT OF EXPENDITURES

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Name of Filing Committee or Candidate MULLER EXEC	Reporting Period From 6/9/2015 To 10/19/2015
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To Whom Paid COPLEY TOWN WATCH	MO.	DAY	YEAR	Amount
Mailing Address	7	27	2015	\$ 200.00
City	Description of Expenditure			
State	"NIGHT OUT" SPONSORSHIP			
Zip Code (Plus 4)				
-				
To Whom Paid	MO.	DAY	YEAR	Amount
DEMOCRATIC CAUCUS OF COVINGTON COMMISSIONERS	8	3	2015	\$ 35.00
Mailing Address	Description of Expenditure			
City	CAUCUS BREAKFAST			
State				
Zip Code (Plus 4)				
-				
To Whom Paid	MO.	DAY	YEAR	Amount
HILLARY OF LEHIGH COUNTY	9	2	2015	\$ 1,500.00
Mailing Address	Description of Expenditure			
City	CAMPAIGN CONTRIBUTION			
State				
Zip Code (Plus 4)				
-				
To Whom Paid	MO.	DAY	YEAR	Amount
ADVANTAGE PEP	9	24	2015	\$ 500.00
Mailing Address	Description of Expenditure			
City	CAMPAIGN CONTRIBUTION			
State				
Zip Code (Plus 4)				
-				
To Whom Paid	MO.	DAY	YEAR	Amount
ALLESTOWN DEMOCRATIC COMMITTEE	10	7	2015	\$ 500.00
Mailing Address	Description of Expenditure			
City	CONTRIBUTION			
State				
Zip Code (Plus 4)				
-				
To Whom Paid	MO.	DAY	YEAR	Amount
MEALS ON WHEELS	10	8	2015	\$ 250.00
Mailing Address	Description of Expenditure			
City	SPONSORSHIP			
State				
Zip Code (Plus 4)				
-				
To Whom Paid	MO.	DAY	YEAR	Amount
WATZ CORPORATION	10	8	2015	\$ 2,324.71
Mailing Address	Description of Expenditure			
City	PROMOTIONAL MATERIALS FOR			
State	"COUNTY GOVT TURN WORKS"			
Zip Code (Plus 4)	PA 18109 -			
-				
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
\$ 5,309.71

SCHEDULE IV
STATEMENT OF UNPAID DEBTS

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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 <u>MULLER EXEC</u>	Reporting Period From <u>6/1/2015</u> To <u>10/19/2015</u>
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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						
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
\$ 0