

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
<b>Name:</b>	<i>County Government that Works</i>			
<b>Address:</b>	<i>7644 Sweetwood Dr</i>			
<b>City, State, Zip:</b>	<i>Macungie PA 18062</i>			
Report Filed By				
<b>Candidate</b>		<b>Committee</b>		
<b>Type of Report</b>		<b>Election Date</b>	<b>Amended</b>	<b>Termination</b>
2015 – 2 <sup>nd</sup> Friday Pre-Election		11/03/2015		
<b>Termination Report?</b>				
<b>Office Sought By Candidate</b>		<b>Party</b>	<b>County</b>	
<i>PAC</i>			<i>Lehigh</i>	
Summary of Receipts & Expenditures				
<b>From:</b>	<i>06/09/2015</i>	<b>To:</b>	<i>10/19/2015</i>	
<b>A. Amount Brought Forward From Last Report</b>			<i>0.00</i>	
<b>B. Total Monetary Contributions &amp; Receipts (from Schedule I)</b>			<i>4,945.00</i>	
<b>C. Total Funds Available (Sum of Lines A &amp; B)</b>			<i>4,945.00</i>	
<b>D. Total Expenditures (from Schedule III)</b>			<i>537.24</i>	
<b>E. Ending Cash Balance (Subtract Line D from Line C)</b>			<i>4,407.76</i>	
<b>F. Value of In-Kind Contributions Received (from Schedule II)</b>			<i>2,324.71</i>	
<b>G. Unpaid Debts &amp; Obligations (from Schedule IV)</b>			<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

Reporting Period

From

To

County Government that Works 6/9/15 To 10/19/15

## 1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period

(1)

\$

505

## 2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)

Contributions Received from Political Committees (Part A)

\$

70

All Other Contributions (Part B)

\$

870

TOTAL for the Reporting Period

(2)

\$

940

## 3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)

Contributions Received from Political Committees (Part C)

\$

3500

All Other Contributions (Part D)

\$

0

TOTAL for the Reporting Period

(3)

\$

3500

## 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** (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)

\$

4,945



**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 <b>County Government that Works</b>				Reporting Period From <b>6/9/15</b> To <b>10/19/15</b>			
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Full Name of Contributor				DATE			AMOUNT
Full Name of Contributor	Mailing Address	City	State	MO.	DAY	YEAR	
<b>James Spang</b>	<b>435 Ridge Ave</b>	<b>Allentown</b>	<b>PA</b>	<b>9</b>	<b>17</b>	<b>15</b>	<b>\$ 100</b>
							<b>\$</b>
							<b>\$</b>
<b>Zenra Fallweiller</b>	<b>1201 Country Ln</b>	<b>Allentown</b>	<b>PA</b>	<b>9</b>	<b>17</b>	<b>15</b>	<b>\$ 100</b>
							<b>\$</b>
							<b>\$</b>
<b>James Spang</b>	<b>435 Ridge Ave</b>	<b>Allentown</b>	<b>PA</b>	<b>10</b>	<b>13</b>	<b>15</b>	<b>\$ 70</b>
							<b>\$</b>
							<b>\$</b>
<b>Eugene Nichols</b>	<b>916 Beth Lane</b>	<b>Allentown</b>	<b>PA</b>	<b>10</b>	<b>13</b>	<b>15</b>	<b>\$ 100</b>
							<b>\$</b>
							<b>\$</b>
<b>Ed Hozza</b>	<b>4347 Phillip St</b>	<b>Whitehall</b>	<b>PA</b>	<b>10</b>	<b>13</b>	<b>15</b>	<b>\$ 200</b>
							<b>\$</b>
							<b>\$</b>
<b>Hillary Smith</b>	<b>7144 Sweetwood Dr</b>	<b>Macungie</b>	<b>PA</b>	<b>10</b>	<b>5</b>	<b>15</b>	<b>\$ 100</b>
							<b>\$</b>
							<b>\$</b>
<b>Joyce Moore</b>	<b>4296 Glenwood Dr</b>	<b>Emmaus</b>	<b>PA</b>	<b>10</b>	<b>13</b>	<b>15</b>	<b>\$ 100</b>
							<b>\$</b>
							<b>\$</b>
<b>Richard Guhl</b>	<b>1450 S Jefferson St</b>	<b>Allentown</b>	<b>PA</b>	<b>10</b>	<b>14</b>	<b>15</b>	<b>\$ 100</b>
							<b>\$</b>
							<b>\$</b>

  

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.	PAGE TOTAL <b>\$ 870</b>
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## CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

**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 County Government that Works	Reporting Period From 6/9/15 To 10/19/15
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				DATE			AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	
Hillary for Lehigh County				9	18	15	\$ 750
Mailing Address				MO.	DAY	YEAR	
7644 Sweetwood Dr							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Macungie		PA	18062				\$
Full Name of Contributing Committee				MO.	DAY	YEAR	
Hillary for Lehigh County				10	2	15	\$ 750
Mailing Address				MO.	DAY	YEAR	
7644 Sweetwood Dr							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Macungie		PA	18062				\$
Full Name of Contributing Committee				MO.	DAY	YEAR	
UFCHS 1776				10	19	15	\$ 2000
Mailing Address				MO.	DAY	YEAR	
3031A Walton Rd							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Plymouth Meeting		PA	19462				\$
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  
\$ 3500

**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 <i>County Government that Works</i>	Reporting Period From <i>6/9/15</i> To <i>10/19/15</i>
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**1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR**TOTAL for the Reporting Period (1) \$ *Ø***2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)**TOTAL for the Reporting Period (2) \$ *Ø***3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)**TOTAL for the Reporting Period (3) \$ *2324.71*

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.)

\$ *Ø*

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

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Name of Filing Committee or Candidate <u>County Government that Works</u>	Reporting Period From <u>6/9/15</u> To <u>10/19/15</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor <u>Muller &amp; Exec</u>							\$ <u>2324.71</u>
Mailing Address <u>2600 Gracie Lane</u>				MO.	DAY	YEAR	\$
City <u>Macungie</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18052</u>		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
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  
\$

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>County Government That Works</b>	Reporting Period From <b>6/9/15</b> To <b>10/19/15</b>
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To Whom Paid <b>CV Print Center</b>	MO <b>9</b>	DAY <b>28</b>	YEAR <b>15</b>	Amount <b>\$ 339.20</b>
Mailing Address <b>306 Broadhead Ave</b>	Description of Expenditure <b>palm cards</b>			
City <b>Bethlehem</b>	State <b>PA</b> Zip Code (Plus 4) <b>18015</b>			
To Whom Paid <b>www Payit 2. com</b>	MO <b>10</b>	DAY <b>19</b>	YEAR <b>15</b>	Amount <b>\$ 24.82</b>
Mailing Address	Description of Expenditure <b>online donation fees</b>			
City	State Zip Code (Plus 4) <b>-</b>			
To Whom Paid <b>Peoples First Credit Union</b>	MO <b>10</b>	DAY <b>7</b>	YEAR <b>15</b>	Amount <b>\$ .50</b>
Mailing Address <b>1530 8th Ave</b>	Description of Expenditure <b>inquiry fee</b>			
City <b>Bethlehem</b>	State <b>PA</b> Zip Code (Plus 4) <b>18018</b>			
To Whom Paid <b>Advantage Rep LLC</b>	MO <b>10</b>	DAY <b>17</b>	YEAR <b>15</b>	Amount <b>\$ 109</b>
Mailing Address <b>2255 Schoenersville Rd Ste 205</b>	Description of Expenditure <b>reimbursement for event costs</b>			
City <b>Bethlehem</b>	State <b>PA</b> Zip Code (Plus 4) <b>18015</b>			
To Whom Paid <b>Kelly Bawer</b>	MO <b>10</b>	DAY <b>17</b>	YEAR <b>15</b>	Amount <b>\$ 103.72</b>
Mailing Address <b>134 Howertown Rd Apt 2</b>	Description of Expenditure <b>parade supplies reimbursement</b>			
City <b>Catasauqua</b>	State <b>PA</b> Zip Code (Plus 4) <b>18032</b>			
To Whom Paid	MO	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State Zip Code (Plus 4) <b>-</b>			
To Whom Paid	MO	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State Zip Code (Plus 4) <b>-</b>			
To Whom Paid	MO	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State Zip Code (Plus 4) <b>-</b>			

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

PAGE TOTAL

\$ 537.24