|   | CAI                   | MPAIGN F  | INANCE REP            | ORT        |        |   |  |
|---|-----------------------|---|-----------------------|------------|--------|---|--|
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,            | Name and A            | ddress of Fi  | ling Candidate        | or Com     | mitte  | e   |  |
| Name:<br>Address:<br>City, State, Z           | /ip:                  | Committee to Elect Scott Grim<br>646 Hanover Ave<br>Allentown PA 18109<br>Report Filed By |                       |            |        |   |  |
| Candidate                                     |                       |   | Committee             |            |        | X   |  |
| Type of Repo                                  | of Report Election Da |   | Election Date         | te Amended |        | Termination                                   |  |
| 2016 – Annual Report                          |                       |   |                       |            |        | 01/13/2017                                    |  |
| Termination                                   | Report?               |   |                       |            |        | YES   |  |
| Office Sought By Candidate                    |                       | e   | Party                 | County     | County |   |  |
| Lehigh County Coroner                         |                       |   | D                     | Lehigh     |        |   |  |
|   | Sum                   | mary of Rec   | eipts & Expend        | litures    |        |   |  |
| From:   | 01/01/2016            |   | <b>To:</b> 12/31/2016 |            |        |   |  |
| A. Amount B                                   | Brought Forwa         | rd From Las   | st Report             |            | 574.78 |   |  |
| B. Total Mon                                  | etary Contrib         | utions & Re   | ceipts (from Scho     | edule I)   | 0.00   | , <u>, , , , , , , , , , , , , , , , , , </u> |  |
| C. Total Funds Available (Sum of Lines A & B) |                       |   |                       | 574.78     |        |   |  |
| D. Total Expenditures (from Schedule III)     |                       |   |                       | 574.78     |        |   |  |
| E. Ending Ca                                  | nsh Balance (S        | ubtract Line  | D from Line C)        |            | 0.00   |   |  |
| F. Value of I                                 | n-Kind Contri         | butions Rece  | ived (from Sche       | dule II)   | 0.00   |   |  |
| G. Unpaid De                                  | ebts & Obligat        | tions (from S   | chedule IV)           |            | 0.00   |   |  |
| •   | ç                     | · · · · · · · · · · · · · · · · · · ·   | e on file in the Of   |            |        |   |  |

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

PAGE 2 OF 3

## **CONTRIBUTIONS AND RECEIPTS**

**Detailed Summary Page** 

Name of Filing Committee or Candidate

Reporting Period From <u>01.01.2014</u> To <u>12.31.2014</u>

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

TOTAL for the Reporting Period

(1) \$

| 2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART & AND PART B) |    |
|---|----|
| Contributions Received from Political Committees (Part A)     | \$ |
| All Other Contributions (Part B)                              | \$ |
| TOTAL for the Reporting Period (2)                            | \$ |

| 3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)   |    |
|---|----|
| Contributions Received from Political Committees (Part C) | \$ |
| All Other Contributions (Part D)                          | \$ |
| TOTAL for the Reporting Period (3)                        | \$ |

| 4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECK | S, ETC | . (FROM PART E |
|--|--------|----------------|
| TOTAL for the Reporting Period                               | (4)    | \$             |

| TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING<br>THIS REPORTING PERIOD (Add and enter amount totals from<br>Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report | \$ _0 - |
|--|---------|
| Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report  |         |
| Cover Page, Item B.)   |         |

Contract All And State All And

| PAGE | 3 | OF | 3 |
|------|---|----|---|
| PAGE |   | OF | 1 |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate       |       |                                       |                                | Reporting   | Period         |                    |
|---|-------|---------------------------------------|--------------------------------|-------------|----------------|--------------------|
| Committe to Restert South M. G.R.M.         |       |                                       | From D1.01. 2016 To 12.31.2016 |             |                |                    |
|   |       |                                       |                                |             |                |                    |
| To Whom Paid                                | 15    |                                       | MO.                            | DAY         | YEAR           | Amount 0           |
| Cotizions tore Bill tust                    | 4     | ·                                     | 01                             | 30          | 2014           | Amount<br>\$ 300.2 |
| Mailing Address<br>11 Red hind DRIVE        |       |                                       |                                | tion of Exp |                |                    |
| City  | State | Zip Code (Plus 4)                     | LON                            | t Riber     | TION           |                    |
| Hacher1                                     | MO    | 64401-                                |                                |             |                |                    |
| To Whom Phid                                |       |                                       | MO.                            | DAY         | YEAR           | Amount et          |
| Count to Elect Dankel A.                    | Bug   | lie                                   | 11.                            | 16.         | 2014           | Amount             |
| Mailing Address<br>1814 D. PENNSY/VANIA ST  | 20    |                                       |                                | tion of Exp |                | /                  |
| City Alloutour                              | State | Zip Code (Plus 4)                     |                                |             |                |                    |
| To Whom Raid                                |       | n i s i s                             | MO.                            | DAY         | YEAR           | Amount             |
| HMATRICAN KED (1255 of The CLARTER          | 2 Lef | igh Valley                            | 11.                            | ile.        | 2010           | \$ 174.78          |
| Mailing Address                             | i     |                                       |                                | tion of Exp |                |                    |
| City  | State | Zip Code (Plus 4)                     | 10                             | NATION      | $\nu_{}$       |                    |
| Allon Jan                                   | /A    | Zip Code (Plus 4)<br>18/04 -          |                                |             |                |                    |
| To Whom Paid                                |       |                                       | MO.                            | DAY         | YEAR           | Amount             |
|   |       | · · · · · · · · · · · · · · · · · · · |                                |             |                | \$                 |
| Mailing Address                             |       |                                       | Descript                       | tion of Exp | enditure       |                    |
| City  | State | Zip Code (Plus 4)                     |                                |             |                |                    |
|   |       | -                                     |                                |             |                |                    |
| To Whom Paid                                |       |                                       | MO.                            | DAY         | YEAR           | Amount             |
| Mailing Address                             |       |                                       | Descript                       | ion of Exp  | enditure       | \$                 |
|   |       |                                       |                                |             |                |                    |
| City  | State | Zip Code (Plus 4)                     |                                |             |                |                    |
|   |       |                                       |                                |             |                |                    |
| To Whom Paid                                |       |                                       | MO,                            | DAY         | YEAR           | Amount             |
| Mailing Address                             |       |                                       | Descript                       | ion of Exp  | enditure       | \$                 |
|   |       |                                       |                                |             |                |                    |
| City  | State | Zip Code (Plus 4)                     | T                              |             |                |                    |
|   |       | -                                     |                                |             |                |                    |
| To Whom Paid                                |       |                                       | MO:                            | DAY         | YEAR           | Amount<br>\$       |
| Mailing Address                             |       |                                       | Descript                       | ion of Exp  | enditure       | <u>.</u>           |
|   |       |                                       |                                |             | <u></u>        |                    |
| City  | State | Zip Code (Plus 4)                     |                                |             |                |                    |
| To Whom Paid                                |       |                                       | MO                             | - may       | YE «A          | Amount             |
|   |       |                                       |                                |             | and the second | \$                 |
| Mailing Address                             |       |                                       | Descript                       | ion of Exp  | enditura       |                    |
| City  | State | Zip Code (Plus 4)                     | <b> </b>                       |             |                |                    |
|   | 2.018 |                                       |                                |             |                |                    |
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