CAMPAIGN FINANCE REPORT Name and Address of Filing Candidate or Committee For The People Name: PO Box 1881 Address: Allentown PA 18105 City, State, Zip: Committee Candidate Amended **Termination Election Date Type of Report** 2016 - Annual Report **Termination Report?** County Party Office Sought By Candidate Lehigh Lehigh County PAC Summary of Receipts & Expenditures 12/31/2016 11/29/2016 To: From: A. Amount Brought Forward From Last Report 5,059.31 B. Total Monetary Contributions & Receipts (from Schedule I) 1.87 C. Total Funds Available (Sum of Lines A & B) 5,061.18 447.30 D. Total Expenditures (from Schedule III) 4,613.88 E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (from Schedule II) 0.00 0.00 G. Unpaid Debts & Obligations (from Schedule IV)

^{*}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	Reportin	g Period		***************************************
FOR THE PEOPLE	From:	11/29/2	016 To :	12/31/2016
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)			· · · · · · · · · · · · · · · · · · ·	
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	Period	(4)	\$	1.87
Total Monetary Contributions and Receipts During this Reporting Period (Add and totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page	enter amo e, Item B.)	ount	\$	1.87

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			Reporting Period					
			Fro	om:		To):	
					DATE			AMOUNT
Full Name of Contributing Committee				MO	DAY	YEAR		
				HU	DAT	TEAK		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL 0.00

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			Reporting Period From: To:					
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						· · · · · · · · · · · · · · · · · · ·
<u></u>								PAGE TOTAL
Enter Grand Total of Part	: A on Schedule I, I	Detailed Summary Pag	je, Se	ection 2	2.		\$	0.00

Contributions Received From Political Committees

OVER \$250.00

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

Name of Filing Committee o	ame of Filing Committee or Candidate		Reporting	g Period			<i></i>	
			From:			To:		
				D#	TE		A	MOUNT
Full Name of Contributing (Committee			МО	DAY	YEAR		- N
Mailing Address	14- manufatharia				Nine Nine		\$	0.00
City	State	Zip Code	(Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part	C on Schedule I, Detaile	ed Summary Pag	ge, Section	n 3.			\$	0.00

ALL OTHER CONTRIBUTIONS

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			Repo	Reporting Period				
			Fron	n:		То	:	
				D/	ATE		AMO	UNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion	•		
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Code ((Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAG	SE TOTAL
		, 200					\$	0.00

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 Candida	Name of Filing Committee or Candidate					Reporting Period					
			Repor	ting Peri	od						
FOR THE PEOPLE			From:	11/29/2016 To : 12/31/2016							
Full Name					ATE	AMOUNT					
Embassy Bank				МО	DAY	YEAR					
Mailing Address PO Box 20405							\$	0.47			
City Lehigh Valley	State	Zip Code (I	Plus 4)	11	30	2016					
,	PA	18002									
Receipt Description interest on a	ccount for Sept	<u></u>			1,	<u> </u>					
Full Name Embassy Bank				МО	DAY	YEAR					
Litibassy balik											
Mailing Address PO Box 20405							\$	0.48			
	State	7		11	30	2016					
City Lehigh Valley	1	Zip Code (F	lus 4)			2010					
	PA	18002									
Receipt Description interest on a	ccount for October						<u> </u>				
Full Name					DAY						
Embassy Bank				MO	DAT	YEAR	-				
Mailing Address PO Box 20405				-			\$	0.47			
				11	30	2016					
City Lehigh Valley	State	Zip Code (P	lus 4)	11	30	2010					
	PA	18002									
Receipt Description interest from	account for November		L								
Full Name				мо	DAY	YEAR					
Embassy Bank				mo	DAI	IEAR					
Mailing Address PO Box 20405		* *************************************					\$	0.45			
City Lehigh Valley	State	Zip Code (P	us 4)	12	31	2016					
City Lehigh Valley	PA	18002				į					
		1 20002									
Receipt Description interest on ac	ccount for December										

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

PAGE 8

PAGE TOTAL

\$ 1.87

SCHEDULE II

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 Po	eriod	
FOR THE PEOPLE	From:	11/29/2016 То:	12/31/2016
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS	PER CONTRIBUT	OR	
TOTAL for the Reporting P	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	RT F)		
TOTAL for the Reporting P	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting P	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F **IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period						
				DATE			AMOUNT		
Full Name of Contributor			МО	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	†						

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

Description of Contribution:

Section 2.

PAGE TOTAL

\$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period	d			
	From:	To:			

			From:		To:		
				DATE			AMOUNT
			МО	DAY	YEAR		
	······································					\$	0.00
State		Zip Code(Plus 4)					5.00
		1	Occupa	tion			
ncipal Place of	City	State	Zip 4)	Code(Plus	Descri	ption of C	ontribution
G on Schedule II	, In-Kind	Contributions Det	ailed				PAGE TOTAL 0.00
	incipal Place of	ncipal Place of City G on Schedule II, In-Kind	ncipal Place of City State G on Schedule II, In-Kind Contributions Det.	State Zip Code(Plus 4) Occupanticipal Place of City State Zip 4) G on Schedule II, In-Kind Contributions Detailed	State Zip Code(Plus 4) Occupation Occupa	State Zip Code(Plus 4) Occupation Occupation Incipal Place of City State Zip Code(Plus Descri	State Zip Code(Plus 4) Occupation Incipal Place of City State Zip Code(Plus Description of Code State City State Zip Code(Plus Description of Code State City State City State City Code(Plus Description of Code State City Code(Plus Description of Code State City City City City City City City City

STATEMENT OF EXPENDITURE

Name of Filing Committee or Candidate				Reporting Period						
FOR THE PEOPLE				11/29	9/2016	То:	12/31/2016			
enterente de la companya de la comp		NATE			AMOUNT					
To Whom Paid Embassy Bank										
Mailing Address PO Box 20405				8	2016	†	447.30			
City Lehigh Valley	State	Zip Code (Plus 4)	Descrip	ption of Exp	enditure	·				
	PA	18002	event e	expenses						
			<u>. I </u>				PAGE TOTAL			
Enter Grand Total of Expend	itures on Page 1, Re	port Cover Page, Item D	•			\$	447.30			