Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 201	50206			Repo Filed		CA	NDI	DATE		COM	AITTEE	Y	LUBE	1131	
Name of Filing C	ommittee, Cand	idate or L	obbyist:		FRIEN	DS OF	PAUL	. MU	LLEN							
Street Address:																
City:	ASTON						State	e:	PA			Zip Co	de: 19	9014		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 DA		F	POST-	3.		AMENDI REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.	30 DA		F	POST-	6. X		TERMINA REPORT		Yes	No	✓
report type)	ANNUAL REPOR	T 7.	Year 2015				NG MI CHEC					PAPER		$ \checkmark $	DISKE	ΓΤΕ
Name of Office S	ought by Candid	late:	•		·		DAT	ΈO	F ELE	CTIO	N	District Number	Office Code	Part	ty Code	County Code
DEDDECENTATI	VE IN THE GENI	EDAL ACC	SEMBLY				МО		DAY	YE	AR	161	STH	REP		23
REPRESENTATI	VL IN THE GEN	LKAL ASS	DEMOET					11		3	2015		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR			МО		DAY	YI	EAR	FC	OR OFFI	CE USE	ONLY	
Expenditures	from:		10 20	20	015	то		11	2	23	2015					
A. Amount Bro	ught Forward Fr	om Last F	Report			\$				51,3	370.67					
B. Total Moneta	ary Contribution	s And Red	ceipts (Fron	n Sche	dule I)	\$;				0.00					
C. Total Funds Available (Sum Of Lines A and B)						\$;			51,3	370.67					
D. Total Expenditures (From Schedule III)						\$;			2,8	300.00					
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)		\$				48,5	70.67					
F. Value Of In-	Kind Contributio	ns Receiv	ed (From S	chedul	le II)	\$					0.00					
G. Unpaid Debt	s And Obligation	s (From	Schedule IV	/)		\$	1				0.00			1		
				AFF	IDAV	IT SE	CTI	NC								
PART I - If this is		-	_								_					
I swear (or affirm) correct and comple		icluding th	e attached sc	hedules	filed o	n paper	or by	elect	ronic me	edium	, are to t	he best o	of my kno	wledge a	and belie	ef , true
Sworn to and subs	cribed before me to day of	nis	20							S	Signature	of Perso	n Submit	ting Rep	ort	
	Signa	turo				_						Prin	ted Name	e		
My Commission Ex	-	ture										Ema	il			
	мо	D	AY	YR					Are	a Coc	le	Daytin	ne Teleph	none Nui	nber	
Part II- If this is	a report of a ca	ndidate's	authorized	Comm	nittee,	Candid	ate s	hall	sign he	ere.						
I swear (or affirm) No 320) as amende		f my knowl	edge and beli	ief this	politica	l comm	ittee l	nas n	ot violat	ed an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before me th	is	20								s	ignature	of Candid	ate		
						_						Printe	ed Name			
My Commission Exp	Signatur	e				_						Ema	nil			—
,						_										
	МО	D	PAY	YR					Area	Code		D	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF PAUL MULLEN	From:	10/20/201	<u>5</u> To:	11/23/2015
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	(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
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

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 Candidat	Name of Filing Committee or Candidate		eporting	Period			
		Fr	om:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			мо	DAY	YEAR		
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

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 Commit	ee or Candidate			Rep	orting P	eriod			
			From: To) :			
			•			DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
				- 1					
Mailing Address				╛				\$	0.00
Mailing Address City	State	Z	Zip Code (Plus 4)					\$	0.00

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

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting	Period				
			From:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	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	1			Repo	orting Pe	riod			
				Fron	n:		To):	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	s 4)					
Employer Name	•	•			Occupa	tion			
Employer Mailing Address/Principal Pl	ace of Business		City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumn	nary Page,	Section	on 3.			\$	PAGE TOTAL 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 Candidate		Report	ing Peri	od			
			From:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	4.			\$	0.00

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 Peri	od						
FRIENDS OF PAUL MULLEN	From:	10/20/2015 To:	11/23/2015					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	₹						
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)								
TOTAL for the Reporting Pe	eriod (2)	\$	0.00					
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)								
TOTAL for the Reporting Pe	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 Candi	idate		Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•	•			
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL	
Section 2.						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	porting	Period			
				Fro	m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting F	Period		
FRIENDS OF PAUL MULLEN	From	10/20/2015	То:	11/23/2015

					DATE		AMOUNT
To W	nom Paid			мо	DAY	YEAR	
BROC	BROOKHAVEN SPORTING GOODS T/A E FOOTWEAR			MO	DAI	ILAK	
Mailing Address			10	30	2015	\$ 2,800.00	
City	BROOKHAVEN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
		PA	19015	TSHIRT	S		
							PAGE TOTAL
Ente	r Grand Total of Expend	\$ 2,800.00					