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 20	150206				Rep File			CAN	NDII	DATE		COMN	ITTEE	✓ [LOBI	BYIST		
Name of Filing C	ommittee, Cand	idate or L	obbyi	st:		MULI	LEN	I, PAL	JL FRI	END	S OF								
Street Address:	PO BOX 217	71																	
City:	ASTON								State	:	PA			Zip Cod	ie: 19	014			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND PRIM	FRIDAY ARY	PRE-	. 2		30 DA		Р	OST-	3. X		AMENDM REPORT?		Yes	N	O	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	4. 2ND FRIDAY PRE- 5. 30 DAY ELECTION						Р				TERMINATION REPORT?		Yes	√ N	0		
report type)							_			PAPER		\checkmark	DISK	ETTE					
Name of Office S	ought by Candi	date:							DAT	E O	F ELE	CTIC	NC	District Number	Office Code	Par	ty Code	Code	
REPRESENTATI	VE IN THE GEN	ΕΡΔΙ ΔΟ	SEMBI	Y					МО		DAY	Y	EAR	161	STH	REP	1	23	
KEIKESENTATI	VE IIV THE GEN	LIVAL ASS	DEINDE	'						11		8	2016		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of		МО	DA	AY	YEAR				МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	irom:		4	12	20	016	Т	0		5		16	2016						
A. Amount Bro	ught Forward Fr	om Last F	Report					\$				12,	356.90						
B. Total Moneta	ary Contribution	s And Red	eipts	(From	Sched	dule	I)	\$					0.00						
C. Total Funds	Available (Sum	Of Lines A	and I	В)				\$				12,	356.90						
D. Total Expend	ditures (From Se	hedule I	(I)					\$				12,	356.90						
E. Ending Cash	Balance (Subtra	act Line D	From	Line C	:)			\$					0.00						
F. Value Of In-	Kind Contribution	ns Receiv	ed (Fi	rom Sc	hedul	e II))	\$					0.00						
G. Unpaid Debt	s And Obligation	ns (From	Sched	ule IV))			\$					0.00						
					AFF:	IDA	VI	T SE	CTIC	N									
PART I - If this is				_									_						
I swear (or affirm) correct and comple		ncluding th	e attac	hed sch	edules	filed	on	paper	or by e	lectr	onic m	ediun	n, are to t	he best o	f my know	/ledge	and bel	ief , tr	ue
Sworn to and subs	cribed before me t day of	his	20									:	Signature	of Perso	n Submitt	ing Rep	ort		_
	Signa	ture	_					- -						Prin	ted Name				_
My Commission Ex	pires							_		-				Ema	il				
	МО	D	AY		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		\perp
Part II- If this is	a report of a ca	ndidate's	autho	rized (Comm	ittee	e, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge a	nd belie	ef this	politi	cal	comm	ittee h	as no	ot viola	ted a	ny provisi	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subsc	ribed before me th day of	is	20										Si	ignature o	of Candida	te			_
	<u> </u>		_ 20 _					-						Printe	d Name				-
Signature								-											_
My Commission Exp	ires													Ema	II				
	МО	D	AY		YR			-			Area	Code		Da	aytime Te	lephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
MULLEN, PAUL FRIENDS OF	From:	<u>4/12/201</u>	<u>6</u> To:	<u>5/16/2016</u>
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
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

	this Part to itemize onl with an aggregate valu	-			-					
Name of Filing Comm	nittee or Candidate		Reporting Period							
			Fro	om:		То	:			
		L			DATE			AMOUNT		
Full Name of Contribut	ing Committee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4))							
	•	•				-		DAGE TOTAL		

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

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 of Candidate					Reporting Period From: To:					
					DATE		ı	AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0	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

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		A	MOUNT
Full Name of Contributing Committee				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	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	ne of Filing Committee or Candidate				Reporting Period						
			From: To:								
				D	ATE		АМ	OUNT			
Full Name of Contributor				мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plus	s 4)								
Employer Name		•		Occupat	tion		•				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (Plus 4)			
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page,	Section	on 3.			PA	GE TOTAL			
		, 131,				4	•	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 Ca	ndidate		Repor	ting Perio	od			
			From:			To:		
				D	ATE		А	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	·				•	•	
Enter Grand Total of Part E on	Schedule T Detailed	l Summary Page	Section	4			P	AGE TOTAL
zinci. Grana rotal or rait z on	ocilculate 1, Detailet	z cammary r uge,	Section				\$	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 Perio	od	
MULLEN, PAUL FRIENDS OF	From:	4/12/2016 To :	<u>5/16/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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,	<u> </u>	\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL	
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting l	Period				
					From:			To:	То:		
					•		DATE			AMOUNT	
Full Name of Contributor						МО	DAY	YEAR			
Mailing Address									\$ \$	0.00	
City	State		Zip Code(I	Plus 4)							
Employer of Contributor						Occupa	ition				
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	ption	of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00	

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period							
MULLEN, PAUL FRIENDS OF	MULLEN, PAUL FRIENDS OF				From <u>4/12/2016</u> To: <u>5</u>					
	DATE AMOUN									
To Whom Paid ASTON TOWNSHIP REPUBLICAN EXECUTIVE FINANCE COMM				DAY	YEAR					
Mailing Address PO BOX 2171			5	1	2016	\$	12,350.00			
City ASTON	State PA	Zip Code (Plus 4) 19014-	1	otion of Exp	enditure					
To Whom Paid TD BANK			МО	DAY	YEAR					
Mailing Address PO BOX 5094			5	2	2016	\$	6.90			

08054-

Zip Code (Plus 4)

Description of Expenditure

BANK FEE

State

NJ

City

MT LAUREL