

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST <input type="checkbox"/>						
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST FRIENDS OF LINDA M. HEE										
STREET ADDRESS 1517 EDGE HILL ROAD										
CITY ABINGTON	STATE PA	ZIP CODE 19001								
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION						
				MO.	DAY	YEAR				
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>				11	05	2013				
2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>				FOR OFFICE USE ONLY						
30 DAY POST-PRIMARY <input type="checkbox"/>				RECEIVED 2014 JAN 30 AM 9:21 OFFICE OF VOTER SERVICES HARRISBURG, CO. PA						
6TH TUESDAY PRE-ELECTION <input type="checkbox"/>	DATES OF REPORTING PERIOD									
2ND FRIDAY PRE-ELECTION <input type="checkbox"/>	MO.	DAY	YEAR				TO	MO.	DAY	YEAR
30 DAY POST-ELECTION <input type="checkbox"/>	01	01	2013					12	31	2013
ANNUAL REPORT <input checked="" type="checkbox"/>	CASH BALANCE AT END OF REPORTING PERIOD: \$ 205.77									
	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$.00									
	AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>						
	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>						

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 27th DAY OF January 2016

David H. Flomp
 SIGNATURE

DAVID H. FLOMP
 PRINTED NAME

215 576-1512
 AREA CODE DAYTIME TELEPHONE NUMBER

MY COMMISSION EXPIRES 12 27 16
 MO. DAY YR.

NOTARIAL SEAL
PART II (NOIN A SEAL)
 If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.
 NORRISTOWN BORO., BERKSHIRE COUNTY
 My Commission Expires Dec 27, 2016

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 28th DAY OF January 2014

Linda M. Hee
 SIGNATURE OF CANDIDATE

Linda M. Hee
 PRINTED NAME

267 738-2234
 AREA CODE DAYTIME TELEPHONE NUMBER

MY COMMISSION EXPIRES 10-18-2016
 MO. DAY YR.