

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 <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Val Arkoosh						
STREET ADDRESS 530 Spring Ln						
CITY Wyndmoor			STATE PA	ZIP CODE 19038 - 8413		
TYPE OF REPORT (CHECK ONE) 6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY <input type="checkbox"/> 30 DAY POST-PRIMARY <input type="checkbox"/> 6TH TUESDAY PRE-ELECTION <input type="checkbox"/> 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/> 30 DAY POST-ELECTION <input type="checkbox"/> ANNUAL REPORT <input type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE County Commissioner		DISTRICT NO.	PARTY		
	DATE OF ELECTION					
	MO. DAY YEAR		MO. DAY YEAR			
	11 3 2015					
	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY			
	MO. DAY YEAR TO MO. DAY YEAR					
	6 9 2015 TO 10 19 2015					
CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>						
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>						
AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>						
TERMINATION REPORT? YES <input type="checkbox"/> NO <input 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) COMMONWEALTH OF PENNSYLVANIA TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS	NOTARIAL SEAL		SIGNATURE OF PERSON SUBMITTING REPORT	
22 DAY OF October	ELIZABETH SARSHIK Notary Public CITY OF PHILADELPHIA, PHILADELPHIA CNTY. My Commission Expires Mar 4, 2019		<i>Val Arkoosh</i>	
<i>[Signature]</i>			Valerie A. Arkoosh	
MY COMMISSION EXPIRES	MO. DAY YR.	AREA CODE	DAYTIME TELEPHONE NUMBER	
3 4 2019		215	291-0585	

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

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	SIGNATURE OF CANDIDATE	
DAY OF _____ 20____		
_____ SIGNATURE	PRINTED NAME	
MY COMMISSION EXPIRES	MO. DAY YR.	AREA CODE DAYTIME TELEPHONE NUMBER