

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.

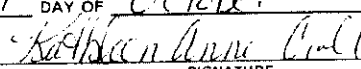
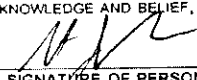
FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Stewart J. Greenleaf, Jr.</i>						
STREET ADDRESS <i>417 Bestram Road</i>						
CITY <i>Willow Grove</i>		STATE <i>PA</i>	ZIP CODE <i>19090</i>			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <i>Incumbent Controller</i>	DISTRICT NO.	PARTY <i>REP</i>	DATE OF ELECTION		
				MO.	DAY	YEAR
<input type="checkbox"/> 6TH TUESDAY PRE-PRIMARY				<i>11</i>	<i>3</i>	<i>15</i>
<input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY						
<input type="checkbox"/> 30 DAY POST-PRIMARY						
<input type="checkbox"/> 6TH TUESDAY PRE-ELECTION						
<input checked="" type="checkbox"/> 2ND FRIDAY PRE-ELECTION						
<input type="checkbox"/> 30 DAY POST-ELECTION						
<input type="checkbox"/> ANNUAL REPORT						
DATES OF REPORTING PERIOD		TO		FOR OFFICE USE ONLY		
MO. DAY YEAR		MO. DAY YEAR		RECEIVED OCT 22 11:19:00		
<i>9 15 15</i>		<i>10 19 15</i>				
CASH BALANCE AT END OF REPORTING PERIOD:				\$ <i>-0-</i>		
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:				\$ <i>-0-</i>		
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 <i>19<sup>th</sup></i> DAY OF <i>October</i> 20 <i>15</i>  SIGNATURE MY COMMISSION EXPIRES <i>Sept 29 2018</i> MO. DAY YR.	 SIGNATURE OF PERSON SUBMITTING REPORT <i>Stewart J. Greenleaf, Jr.</i> PRINTED NAME <i>215</i> <i>277-1000</i> AREA CODE DAYTIME TELEPHONE NUMBER
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COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 KATHLEEN ANNE CROLL, Notary Public  
 Wharton Twp., Montgomery County  
 My Commission Expires Sept. 29, 2018

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