Commonwealth of Pennsylvania CAMPAIGN FINANCE REPORT

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

| Filer Identification | ` \ | | Repo Filed | | CANDIDATE 1 | COMN | IITTEE | 2. + | LOBE | YIST | 3. | |
|--|--|---------------------------------------|-----------------------------------|-------------|---------------------------------------|--|------------------------|---------------------------------|---------------------|------------------|--|--------------------------|
| Name of Filling Comm Frends of Street Address: | tewart Green | obyist: P | | | | | | | | | | |
| 417Bartra | m Road P.O. | Box 155 | | | | | | | | | | |
| Willow G | • | • | | | State: PA | Zip Co | de: 090 | _ | - 018 | 5 | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | | FRIDAY | 2. | 30 DAY POST PRIMARY | 3. AMEND | | YES | | NO | + | |
| (place X to | 6TH TUESDAY PRE-ELECTION | | FRIDAY | 5. | 30 DAY POST ELECTION | TERMIN REPORT | | YES | | NO | 7 | |
| the right of report type | ANNUAL REPORT | 7. Yi | EAR | | FILING METHOD () CHECK ONE | PAP | ER | X | DISK | ETTE | | |
| Name of Office Soug | nt by Candidate: nt Controlle1 | | | | DATE OF ELECTION DAY YEAR | R | Office Code OT H | 1 2 | Party Code EP | 4 | | |
| Summary of R and Expenditur | | MO. DAY | | То | MO. DAY YEAR | R | OR OF | FICE | USE O | NLY | | |
| A. Amount Brough | t Forward From Las | t Report | | \$ [| 2,361.48 | | | | | | | |
| ļ <u>.</u> | Contributions and R | · · · · · · · · · · · · · · · · · · · | m Schedule I | Ť | | : | | - | | † | | |
| | ailable (Sum of Line | | | | 1,361.48 | | | | 1. | 5 | | ļ |
| | res (From Schedule | | | | 00-00 | | | | (| 3 | | |
| | lance (Subtract Line | | | _ | ,961.48 | _ | | | | _ | | |
| F. Value of In-Kind Contributions Received (From Schedule II) \$ 0 | | | | | | | | | NORRIS My | | | |
| G. Unpaid Debts ar | nd Obligations (From | Schedule I | <i>/</i>) | \$ <i>0</i> | | . | | | | | Wy C | ا ۾ |
| DAD+ III | | | | | ECTION is a Candidate repor | t anadidata | | | e Se wife w | 1. g-1. g ≠ 1. l | ⊊ . <u>⊼</u> . | |
| | | | <u> </u> | | or computer diskette, are | | | | e and be | | BCRO. | R M |
| 19th day o | Manead of Signature | allians | 20 <u>/5</u> - 20/(0 YR. | } | Signatu Justin 6/0 Area Code | Printed Na | ine (| - 20 | 200 | | Expires Aug 13, 2016 | ENNIFER MARREAD GALLIANO |
| PART II - It this | is a report of a Ca | ndidate's A | thorized Co | mmitte | e, candidate shall sign | here. | i Silvery Free | 1 11 11 19C 1 11 11 11 11 11 | anejote jest | ##1. | | |
| | nat to the best of my | | | | committee has not violate | | | | of June | 3, 19 | ¥ | KAT |
| Sworn to and subsc | cribed before me this of October Color Rance of Signature | <u> ((</u> 29 | _ 20 <u>/5</u> 20/8 | } | | Signature of C + J. G. Pec Printed No. | | | 0 | | hilipain Twp., Monty Commission Expires | NOTARIAL S |
| my Commission 6X) | Mo. | DAY | YR. | J | Area Code | | Daytime 1 | | | nber | Omy C | SEAL |

SCHEDULE 1

PAGE 2 OF /L

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| lame of Filing Committee or Candidate | | Reporting Per | | |
|---|--|--|----------------------|---|
| Friends of Stewart Green | alan f | From 911 | 5/15 | To 10/19/15 |
| Tichos of Diever Orce | ulea 1 | | | |
| . UNITEMIZED CONTRIBUTIONS A | AND RECEIPTS - \$50.00 OR LES | S PER CONT | RIBUTC | R |
| | TOTAL for the Reporting Perio | od (1) | \$ 0 | |
| 2. CONTRIBUTIONS \$50.01 TO \$25 | 50.00 (FROM PART A AND PART | 8) | | |
| Contributions Received from Politica | Services of the services of th | <u>inter i Maria de la Maria de la Parti</u> | \$ 0 | <u>Ку. Пур бого установно може на выстроина</u> |
| All Other Contributions (Part B) | | | \$ <i>0</i> | |
| | TOTAL for the Reporting Perio | od (2) | \$ 0 | |
| | , , | | | |
| | | | | |
| 3. CONTRIBUTIONS OVER \$250.00 | | | | |
| 3. CONTRIBUTIONS OVER \$250.00 Contributions Received from Politica | (FROM PART C AND PART D) | | \$ 0 | |
| | (FROM PART C AND PART D) | | | |
| Contributions Received from Politica | (FROM PART C AND PART D) | od (3) | \$ 0 | |
| Contributions Received from Politica | (FROM PART C AND PART D) | od (3) | \$ <i>(</i>) \$ 0 | |
| Contributions Received from Politica All Other Contributions (Part D) | (FROM PART C AND PART D) | | \$ 0 \$ 0 \$ 0 | Y PART E |
| Contributions Received from Politica All Other Contributions (Part D) | (FROM PART C AND PART D) al Committees (Part C) TOTAL for the Reporting Perio | CHECKS, ET | \$ (FROI | V PART E) |
| Contributions Received from Politica All Other Contributions (Part D) | (FROM PART C AND PART D) al Committees (Part C) TOTAL for the Reporting Period INTEREST EARNED, RETURNED | CHECKS, ET | \$ 0 \$ 0 \$ 0 | y PART E |
| Contributions Received from Politica All Other Contributions (Part D) | (FROM PART C AND PART D) al Committees (Part C) TOTAL for the Reporting Period INTEREST EARNED, RETURNED TOTAL for the Reporting Period | CHECKS, ET | \$ 0 \$ 0 \$ 0 | V PART E |

Cover Page, Item B.)

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 Candidate | | R | eporting | | | |
|---------------------------------------|---------------------------------------|--|----------|---------------|----------|--------------------|
| Friends of Stewart Ce reev | leaf | | | From <u>9</u> | 115/15 | To 10/19/15 |
| | | | | DATE | | AMOUNT |
| Full Name of Contributing Committee | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | 10 manuar 2 | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MO. | DAÝ | YEAR | \$ |
| Full Name of Contributing Committee | | | MO. | DAY | YEAR | . |
| | · · · · · · · · · · · · · · · · · · · | | | | | \$ |
| Mailing Address | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) — | MQ. | DAY | YEAR | \$ |
| Full Name of Contributing Committee | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | мо. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributing Committee | <u>.</u> | | MO. | DAY | YEAR | |
| Mailing Address | | | MO | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | |
| | | - | | | | \$ |
| Full Name of Contributing Committee | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | <u></u> | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MQ. | DAY | YEAR | \$ |
| Full Name of Contributing Committee | | | MO. | DAY | YEAR | \$ |
| Mailing Address | · | | MQ. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributing Committee | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributing Committee | l | | MO. | DAY | YEAR | |
| Mailing Address | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| | | - | | <u> </u> | <u> </u> | PAGE TOTAL |
| Enter Grand Total of Part A on Sc | hedule I, | Detailed Summar | y Page, | Sectio | n 2. | \$ <i>O</i> |
| | | | | | | |

Reporting Period

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.)

| Friends of Stewart Greenles | | From 9/15/15 To 10/19/15 | | | | |
|---------------------------------------|--------------|--------------------------|----------|-------------|---------------------------------------|--------------|
| | | | | DATE | | AMOUNT |
| Full Name of Contributor | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | |
| | | - | | | | \$ |
| Full Name of Contributor | | | MO. | DAY | YEAR | \$ |
| Mailing Address | <u> </u> | | MO. | DAY | YEAR | • |
| (C) | State | Zip Code (Plus 4) | 1.00 | ا کی ا | VEAB | \$ |
| City | State | - Lib Cone (Ling 4) | MQ. | DAY | YEAR | \$ |
| Full Name of Contributor | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | MO. | DAY | YEAR | |
| | | | | | | \$ |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | | | MO. | DAY | YEAR | \$ |
| · · · · · · · · · · · · · · · · · · · | | | | DAV | YEAR:: | 3 |
| Mailing Address | | | MO. | DAY | TEAR | \$ |
| City | State | Zip Code (Plus 4) | MQ. | DAY | YEAR | \$ |
| Full Name of Contributor | 1 1 | | MO. | DAY | YEAR | |
| Full Name of Contributor | | | | | | \$ |
| Mailing Address | | | MQ. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | |
| | | _ | | | | \$ |
| Full Name of Contributor | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | MO | DAY | YEAR " | \$ |
| City | State | Zip Code (Plus 4) | MO: | DAY | YEAR | • |
| · · · · · · · · · · · · · · · · · · · | | - | 7337 | | T T T T T T T T T T T T T T T T T T T | \$ |
| Full Name of Contributor | | | MO, | DAY | YEAR | \$ |
| Mailing Address | . | | MO. | DAY | YEAR | |
| | State | Zip Code (Plus 4) | | | | \$ |
| City | , state | Zip Code (Fids 4/ | MO | DAY | YEAR | \$ |
| Full Name of Contributor | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | Mo: | DAY | YEAR | |
| | | | | | | \$ |
| City | State | Zip Code (Plus 4) | Mo. | DAY | YEAR | \$ |
| | | | | | | PAGE TOTAL |
| Enter Grand Total of Part B on Sci | hedule I, | Detailed Summa | ry Page, | Sectio | n 2. | \$ () |
| | · | | | | l | |

Name of Filing Committee or Candidate

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 over \$250.00 in the reporting period.

| Name of Filing Committee or Candidate | | | Re | porting | Period | 19 |
|---------------------------------------|----------|------------------------|----------|---------|-------------|-------------|
| Friends of Stewart Greenle | eat | | | From _ | 115/15 | To 10/18/15 |
| | | | | DATE | | AMOUNT |
| Full Name of Contributing Committee | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | - No. of 88 at 1917 | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributing Committee | | | Mo. | DAY | YEAR | \$ |
| Mailing Address | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MO | DAY | YEAR | |
| | | - | | | | \$ |
| Full Name of Contributing Committee | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) — | MO. | DAY | YEAR | \$ |
| Full Name of Contributing Committee | <u> </u> | | MQ. | DAY | YEAR | \$ |
| Mailing Address | | | ∴ MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Ptus 4) | MO, | DAY | YEAR | \$ |
| | | <u> </u> | | | | ¥ |
| Full Name of Contributing Committee | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Full Name of Contributing Committee | <u> </u> | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| | | | | | VEXW | |
| Full Name of Contributing Committee | | | MO. | UAT | YEAR | \$ |
| Malling Address | | | MO. | DAY | RABY | \$ |
| City | State | Zip Code (Plus 4) | МО | DAY | YEAR | \$ |
| Full Name of Contributing Committee | | | MO. | DAY | YEAR | \$ |
| Mailing Address | = | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| | 1 | | <u>.</u> | | | PAGE TOTAL |
| Enter Grand Total of Part C on Sche | dule I, | Detailed Summary | y Page, | Sectio | n 3. | \$ <i>O</i> |
| | | | | | | |

ALL OTHER CONTRIBUTIONS

PAGE 6 OF 1L

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 | • | | l Re | iporting i | / / . ^- | - 10/.2/10 |
|--|----------|-----------------------|------------|---------------|----------|-------------|
| Friendsof Stewart Weenleat | <u></u> | | | From <u>4</u> | 15/15 | To 10/19/15 |
| | | | | DATE | | AMOUNT |
| ull Name of Contributor | | | MO. | DAY | YEAR | \$ |
| failing Address | | | MO. | DAY | YEAR | \$ |
| 31 st. | State | Zip Code (Plus 4) | MO. | DAY | YEAR | |
| City | 21916 | 21p 0000 (F103 4/ | MO. | | | \$ |
| mployer Name | | | Occupation | on | | |
| mployer Mailing Address/Principal Place of Business | <u> </u> | | | | | |
| ull Name of Contributor | | | MO. | DAY | YEAR | \$ |
| | | | 1 00 | DAY | YEAR | |
| Mailing Address | | | MO. | UM.T. |) SAR | \$ |
| Sity | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| mployer Name | | | Occupation | on | | 3 |
| | | | <u> </u> | | | |
| Employer Mailing Address/Principal Place of Business | 1 | | | | _ | |
| full Name of Contributor | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | MO. | DAY | YEAR | |
| | | | | · . | | \$ |
| Sity | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Employer Name | .1 | | Occupati | on | 1 | |
| Employer Mailing Address/Principal Place of Busines: | S | | | | | |
| | | | | | | |
| Full Name of Contributor | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | MO. | DAY | YEAR | \$ |
| | - C | 7:n Code (Olive A) | | | - Ve - 6 | |
| City | State | Zip Code (Plus 4) | MO | DAY | YEAR | \$ |
| Employer Name | | | Occupati | on | | |
| Employer Mailing Address/Principal Place of Busines | s | | | | | |
| - The state of the | | | | | | |
| Full Name of Contributor | | | MO | DAY | YEAR | \$ |
| Mailing Address | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | |
| | | | Occupat | ion | |] \$ |
| Employer Name | | | Occupat | 1011 | | |
| Employer Mailing Address/Principal Place of Busines | :5 | | | | | |
| | | | | | | PAGE TOTAL |
| Enter Grand Total of Part D on Sch | edule I, | Detailed Summa | ry Page, | Section | on 3. | \$ () |

DSEB-502 (7-99)

PART E 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.

| Con le P Con le | lidate | | Reportin | ng Period | <i>عدا</i> در ب | |
|--|-----------|------------------------|--------------------------|-----------|--|--|
| Tiends of Stewart | Greenleaf | From | From 9/15/15 To 10/12/15 | | | |
| | | | | | | |
| II Name | | | | | | |
| ailing Address | | | · | | | |
| ity | State | Zip Code (Plus 4) | MO. DA | Y YEAR | Amount | |
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| eceipt Description | | | | | | |
| ii Name | | | | | | |
| ailing Address | | | | | | |
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| ìty | State | Zip Code (Plus 4) — | MO. DA | 1 JEAN | \$ | |
| eceipt Description | | | • | | | |
| ull Name | | | | | | |
| | | | ***** | | | |
| Mailing Address | | | | | | |
| Dity | State | Zip Code (Plus 4) | MO. DA | YEAR | Amount \$ | |
| eceipt Description | | | | | Ą | |
| | | | | | | |
| uil Name | | | | | | |
| failing Address | | | | | | |
| iity | State | Zip Code (Plus 4) | MO. DA | Y YEAR | Amount | |
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| eceipt Description | | | | | | |
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| ull Name | | | | | | |
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| ruil Name Mailing Address | State | Zip Code (Plus 4) | MO: D/ | AY YEAR | Amount \$ | |
| full Name Mailing Address | State | | MO. D/ | AY YEAR | Amount \$ | |
| Mailing Address Dity Receipt Description | State | | MO. D/ | YEAR | Amount \$ | |
| ull Name Mailing Address Sity Receipt Description | State | | MO. D/ | AY YEAR | Amount \$ | |
| ull Name Mailing Address Sity Receipt Description | State | | MO: D | YEAR | \$ | |
| ull Name Mailing Address City Receipt Description Full Name Mailing Address | State | | | AY YEAR | \$ Amount | |
| ull Name Mailing Address Dity Receipt Description Full Name Mailing Address | | | | | \$ | |
| ull Name Mailing Address Sity Receipt Description | | | | | \$ Amount | |

SCHEDULE II

PAGE & OF 12

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 Per | iod | |
|--|---------------|---------|--------------------------|
| Friends of Stewast Greenleuf | | | To 10/1/15 |
| | | | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$ | 50.00 OR I | .ess pe | R CONTRIBUTOR |
| TOTAL for the Reporting Period | d (1) | \$ 0 | |
| | | | |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2 | 50.00 (FROM | PART | F) |
| TOTAL for the Reporting Period | d (2) | \$ 0 | |
| | | | |
| 3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO | M PART G | | 4679 773 1 3 4 4 4 4 4 4 |
| TOTAL for the Reporting Period | d (3) | \$0 | |
| | | | |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.) | | \$ 0 | |

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate | | Reporting Period | | | | |
|--|--------------|--|----------|----------|----------------------|---------------|
| Friends of Stewart Greenlew | L | | | From | 11511 | 5 TO 10/12/15 |
| The state of the s | | | | DATE | | AMOUNT |
| Full Name of Contributor | | | MĐ. | | YEAR | \$ |
| Mailing Address | | | MO. | DAY. | YEAR | - |
| | | | | <u> </u> | 1500 | \$ |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| | | - | | | [| |
| Description of Contribution: | | | | | | |
| Full Name of Contributor | | · · · · · · · · · · · · · · · · · · · | MQ. | DAY | YEAR | * |
| | | | | | | \$ |
| Meiling Address | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | -MQ. | DAY | YEAR | _ |
| | | <u> </u> | | | | \$ |
| Description of Contribution: | | | | | - , , , , | |
| Full Name of Contributor | | | MO. | DAY | YEAR | |
| | | | | | | \$ |
| Mailing Address | | | MO. | DAY | YEAR | \$ |
| Con | State | Zip Code (Plus 4) | ļ.,, | 6.0 | VELS | * |
| City | State | 21p Coud (Flus 4) | MO. | DAY | YEAR | \$ |
| Description of Contribution: | 1 | | 1 | L . | | |
| | | | | | | |
| Full Name of Contributor | | | Mo. | DAY | YEAR | \$ |
| Mailing Address | | | MO. | DAY | YEAR | \$ |
| | , | | 1 | | | |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR. | \$ |
| Description of Contribution: | } | | <u> </u> | | 1 | <u> </u> |
| | | | | | | |
| Full Name of Contributor | | | MO. | DAY | YEAR | \$ |
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| inging Audiess | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MO. | DÄY | YEAR | |
| | | - | | | | \$ |
| Description of Contribution: | | | | | | |
| Full Name of Contributor | | # 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | MO. | DAY | YEAR | |
| | | | | | | \$ |
| Mailing Address | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | <u> </u> |
| | | - | | | | \$ |
| Description of Contribution: | | | | | | |
| | | | | | | PAGE TOTAL |
| Enter Grand Total of Part F on Sched | dule II | , In-Kind Contribut | ions De | tailed | | |
| Summary Page, Section 2. | | | | | | \$ 0 |

SCHEDULE II PAGE 10 OF 1L PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | | Reporting Period | | | | |
|--|-----------------|------------------------|--------------------------|-----------------------------|------------------|----------------------|--|--|--|
| Frienderf Stewart Greenlea | <u>£</u> | | From 9/15/15 To 10/19/15 | | | | | | |
| | | | | DATE | | AMOUNT | | | |
| Full Name of Contributor | | | MO. | DAY | YEAR | \$ | | | |
| Mailing Address | | | Mo. | DAY | YEAR | \$ | | | |
| 7.10 | C+-^ | Zin Code letter d | 1 | | \ <u>\</u> | - | | | |
| City | State | Zip Code (Plus 4) — | MO | DAY | YEAR | \$ | | | |
| Employer of Contributor | <u> </u> | | Occupati | ion | <u>,</u> | | | | |
| Employer Mailing Address (Painting Principles | | | Descrice | tion of Con | tribution | | | | |
| Employer Mailing Address/Principal Place of Business | | | | | | | | | |
| Full Name of Contributor | | | MO. | DAY | YEAR | \$ | | | |
| Mailing Address | Meiling Address | | | | YEAR | | | | |
| • | | | MO. | DAY | | \$ | | | |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ | | | |
| Employer of Contributor | | | Occupat | ion | | | | | |
| | | | 4,236,2 | | | | | | |
| Employer Mailing Address/Principal Place of Business | | | | tion of Con | noitudin | | | | |
| Full Name of Contributor | | | MO. | DAY | YEAR | ¢ | | | |
| | | | | | | \$ | | | |
| Mailing Address | | | MO, | DAY | YEAR | \$ | | | |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | | | | |
| | | | | | | \$ | | | |
| Employer of Contributor | | | Occupat | tion | | | | | |
| Employer Mailing Address/Principal Place of Business | | | Descript | Description of Contribution | | | | | |
| | | | | - | T | | | | |
| Full Name of Contributor | | | MO. | DAY | YEAR | \$ | | | |
| Mailing Address | | | MQ. | DAY | YEAR | <i>c</i> | | | |
| | Te | Zin Code (D) | 1 | | - Vere | \$ | | | |
| City | State | Zip Code (Plus 4) — | мо, | DAY | YEAR | \$ | | | |
| Employer of Contributor | | | Occupat | tion | | | | | |
| Employer Martin Address 19 | | | De' | tion of Cor | tribution | | | | |
| Employer Mailing Address/Principal Place of Business | | | Pescup | | | | | | |
| Full Name of Contributor | **** | | MO. | DAY | RABY | \$ | | | |
| Mailing Address | | | MO | DAY | YEAR | | | | |
| | | | | | | \$ | | | |
| Clty | State | Zip Code (Plus 4) — | MO. | DAY | YEAR | \$ | | | |
| Employer of Contributor | | | Occupat | tion | <u></u> | <u></u> | | | |
| | | | | stion of Cor | atribust == | | | | |
| Employer Malling Address/Principal Place of Business | | | Descrit | or Co | | | | | |
| | | | | 1 -2 | | PAGE TOTAL | | | |
| Enter Grand Total of Part G on Sche- Summary Page, Section 3. | dule li | i, in-Kind Contrib | utions [| etailed | | \$ <i>(</i>) | | | |
| Callinary 1 ago, Coulon C. | | | | | | | | | |

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | Reporting Period | | | | | |
|--|--------|-------------------|--------------------------|------------|---|----------------------------|--|
| Friends of Stewart Greenleaf | | | From 9115/15 To 10/19/15 | | | | |
| | | | | | | | |
| To Whom Paid | 1. | 11 -6 2-11 | MO. | | YEAR | Amount \$ 400.00 | |
| To Whom Paid Publican Committee of Lower Merion Mailing Address | and | Narverth | Descriptio | n of Expe | nditure | \$ 9,00.00 | |
| 90 Cricket Avenue | | | | ribut | | | |
| | State | Zip Code (Plus 4) | | | | | |
| Nachetth | PA | (9003 - | ļ | | | | |
| To Whom Peid | | | MO. | DAY | YEAR | Amount \$ | |
| Mailing Address | | | Description | on of Expe | nditure | 3 | |
| | | | | | | | |
| City | State | Zip Code (Plus 4) | | | | | |
| | | - | Ļ., | | | T A | |
| To Whom Paid | | | MO. | DAY | YEAR | Amount \$ | |
| Mailing Address | | | Description | n of Expe | anditure | 4 | |
| _ | | | | | | | |
| City | State | Zip Code (Pius 4) | 1 | | | | |
| | | | | DAY. | YEAR | Amount | |
| To Whom Paid | | | MO. | DAT. | TEAR | \$ | |
| Mailing Address | | | Description | on of Exp | enditure | | |
| | | | | | | | |
| City | State | Zip Code (Plus 4) | } | | | | |
| To Whom Paid | | | Mo. | DAY | YEAR | Amount | |
| 10 Whom raid | | | | | 147.17 | \$ | |
| Mailing Address | | | Description | on of Exp | enditure | 100 | |
| | State | Zip Code (Plus 4) | <u> </u> | | | | |
| Сну | State | | | | | | |
| To Whom Paid | | | MO. | DAY | YEAR | Amount | |
| | | | | | | \$ | |
| Mailing Address | | | Description | on of Exp | enditure | • | |
| City | State | Zip Code (Plus 4) | | | | | |
| | | | | | | | |
| To Whom Paid | 1 | | MO. | PAY | YEAR | Amount | |
| | | | | | 1 | \$ | |
| Mailing Address | | | Descripti | on of Exp | enditure | | |
| City | State | Zip Code (Plus 4) | + | | | Advantation & Transmission | |
| | | | <u> </u> | | | | |
| To Whom Paid | - | | MO. | DAY | YE 4A | Amount | |
| | | | Dagariati | an of Exp | enditura | \$ | |
| Mailing Address | | | Descripti | on or EXP | end (or e | | |
| City | State | Zip Code (Plus 4) | | | *************************************** | | |
| | | | | <u></u> | | | |
| | | | | | | PAGE TOTAL | |
| Enter Grand Total of Expenditures on Pa | age 1, | Report Cover F | Page, Ite | em D. | | \$400.00 | |

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to Itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

| Friends of Stewart Greenleaf | | | From | | 5 To 10/12/15 |
|---|--------------------------|---------------------------------------|----------|----------|--------------------------------|
| Name of Creditor | | | | ., | Outstanding Balance of Debt |
| Mailing Address | DATE DEBT INCURRED | MG. | DAY | YEAR | |
| City | INCORNED | State | Zip Code | (Plus 4) | |
| Description of Debt | | <u> </u> | · | | |
| Name of Creditor | | | | | Outstanding Balance of Debt |
| Mailing Address | DATE DEBT INCURRED | MO. | DAY | YEAR | |
| City | | State | Zip Code | (Plus 4) | |
| Description of Debt | | | | | |
| Name of Creditor | | | | | Outstanding Balance of Debt \$ |
| Mailing Address | DATE DEBT INCURRED | MO. | DAY | YEAR | |
| City | | State | Zip Code | (Plus 4) | |
| Description of Debt | | · · · · · · · · · · · · · · · · · · · | | | |
| Name of Creditor | | | | | Outstanding Balance of Debt \$ |
| Mailing Address | DATE DEBT INCURRED | мо. | DAY | YEAR | |
| City | INCOMES | State | Zip Code | (Plus 4) | |
| Description of Debt | | • | | | |
| Name of Creditor | | | | | Outstanding Balance of Debt |
| Mailing Address | DATE DEBT INCURRED | MO. | DAY | YEAR | |
| City | | State | Zip Code | | |
| Description of Debt | | | | | |
| Name of Creditor | *** | | | | Outstanding Balance of Debt |
| Mailing Address | DATE DEBT INCURRED | MO. | DAY | YEAR | |
| City | MOORED | State | Zip Code | (Plus 4) | |
| Description of Debt | | ····· | | | |
| | | | | | PAGE TOTAL |
| Enter Grand Total of Unpaid Debts on Page 1 | , Report Cover | Page, | Item G. | | \$ <i>O</i> |