

CAMPAIGN FINANCE REPORT

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

Filer Identification Number: ▶		Report Filed By: ▶		CANDIDATE ^{1.}	COMMITTEE ^{2.} <input checked="" type="checkbox"/>	LOBBYIST ^{3.}
Name of Filing Committee, Candidate or Lobbyist: <u>Friends of Stewart Greenleaf</u>						
Street Address: <u>417 Bartram Road, P.O. Box 155</u>						
City: <u>Willow Grove</u>			State: <u>PA</u>	Zip Code: <u>19090 - 0155</u>		
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY ^{1.}	2ND FRIDAY PRE-PRIMARY ^{2.}	30 DAY POST PRIMARY ^{3.}	AMENDMENT REPORT?	YES	NO <input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION ^{4.}	2ND FRIDAY PRE-ELECTION ^{5.} <input checked="" type="checkbox"/>	30 DAY POST ELECTION ^{6.}	TERMINATION REPORT?	YES	NO <input checked="" type="checkbox"/>
	ANNUAL REPORT ^{7.}	YEAR	FILING METHOD () CHECK ONE ▶	PAPER	<input checked="" type="checkbox"/>	DISKETTE
Name of Office Sought by Candidate: <u>Incumbent Controller</u>			DATE OF ELECTION		District Number	Office Code
			MO.	DAY	YEAR	
			<u>11</u>	<u>3</u>	<u>2015</u>	<u>OTH REP</u>
					Party Code	County Code
						<u>46</u>
			(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from: ▶		MO.	DAY	YEAR	FOR OFFICE USE ONLY	
		<u>9</u>	<u>15</u>	<u>2015</u>	To <u>10 19 2015</u>	
A. Amount Brought Forward From Last Report				\$	<u>12,361.48</u>	
B. Total Monetary Contributions and Receipts (From Schedule I)				\$	<u>0</u>	
C. Total Funds Available (Sum of Lines A and B)				\$	<u>12,361.48</u>	
D. Total Expenditures (From Schedule III)				\$	<u>400.00</u>	
E. Ending Cash Balance (Subtract Line D from Line C)				\$	<u>11,961.48</u>	
F. Value of in-Kind Contributions Received (From Schedule II)				\$	<u>0</u>	
G. Unpaid Debts and Obligations (From Schedule IV)				\$	<u>0</u>	

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief correct and complete.

Sworn to and subscribed before me this 19th day of October 2015

Jennifer Mauread Galliano
Signature
My commission expires Aug. 13th 2016
MO. DAY YR.

Justin A. Bayer
Signature of Person Submitting Report

Justin A. Bayer
Printed Name
610 275-2000
Area Code Daytime Telephone Number

NOTARIAL SEAL
 JENNIFER MAUREAD GALLIANO
 Notary Public
 MORRIS COUNTY
 My Commission Expires Aug 13, 2016

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall 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, 1987 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this 19th day of October 2015

Kathleen Anne Croll
Signature
My commission expires Sept. 29 2018
MO. DAY YR.

Stewart J. Greenleaf, Jr.
Signature of Candidate

Stewart J. Greenleaf, Jr.
Printed Name
215- 977-1000
Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 KATHLEEN ANNE CROLL, Notary Public
 Wharton Twp., Montgomery County
 My Commission Expires Sept. 29, 2018

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <u>Friends of Stewart Greenleaf</u>	Reporting Period From <u>9/15/15</u> To <u>10/12/15</u>
------------------------------------------------------------------------------	------------------------------------------------------------

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period	(1)	\$ 0
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2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)

Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 0
TOTAL for the Reporting Period	(2)	\$ 0

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)

Contributions Received from Political Committees (Part C)		\$ 0
All Other Contributions (Part D)		\$ 0
TOTAL for the Reporting Period	(3)	\$ 0

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)

TOTAL for the Reporting Period	(4)	\$ 0
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TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 0
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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 <i>Friends of Stewart C. Greenleaf</i>	Reporting Period From <i>9/15/15</i> To <i>10/19/15</i>
---------------------------------------------------------------------------------	------------------------------------------------------------

				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Full Name of Contributing Committee							
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					
Full Name of Contributing Committee							
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					
Full Name of Contributing Committee							
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					
Full Name of Contributing Committee							
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					
Full Name of Contributing Committee							
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					
Full Name of Contributing Committee							
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					
Full Name of Contributing Committee							
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					
Full Name of Contributing Committee							
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					
Full Name of Contributing Committee							
Mailing Address							
City	State	Zip Code (Plus 4)					
		-					

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

PAGE TOTAL \$ 0

PART B 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 or Candidate <i>Friends of Stewart Greenleaf</i>	Reporting Period From <i>9/15/15</i> To <i>10/19/15</i>
------------------------------------------------------------------------------	------------------------------------------------------------

			DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City						\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City						\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City						\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City						\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City						\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City						\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City						\$
State						\$
Zip Code (Plus 4)						\$
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City						\$
State						\$
Zip Code (Plus 4)						\$

PAGE TOTAL
\$ 0

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

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 <i>Friends of Stewart Greenleaf</i>	Reporting Period From <i>9/15/15</i> To <i>10/15/15</i>
------------------------------------------------------------------------------	------------------------------------------------------------

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					

PAGE TOTAL
\$ 0

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PART D
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 <i>Friends of Stewart Greenleaf</i>	Reporting Period From <i>9/15/15</i> To <i>10/17/15</i>
------------------------------------------------------------------------------	------------------------------------------------------------

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ <i>0</i>

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.

Name of Filing Committee or Candidate <i>Friends of Stewart Greenleaf</i>	Reporting Period From <i>9/15/15</i> To <i>10/12/15</i>
------------------------------------------------------------------------------	------------------------------------------------------------

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$

Receipt Description

PAGE TOTAL
\$ 0

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

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 <i>Friends of Stewart Greenleaf</i>	Reporting Period From <i>9/15/15</i> To <i>10/1/15</i>
------------------------------------------------------------------------------	-----------------------------------------------------------

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <i>0</i>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$ <i>0</i>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ <i>0</i>

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.)		\$ <i>0</i>
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**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>Friends of Stewart Greenleaf</i>	Reporting Period From <i>9/15/15</i> To <i>10/12/15</i>
------------------------------------------------------------------------------	------------------------------------------------------------

				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR	\$			
Mailing Address	MO.	DAY	YEAR	\$			
City	MO.	DAY	YEAR	\$			
State Zip Code (Plus 4)							
Description of Contribution:							
Mailing Address	MO.	DAY	YEAR	\$			
City	MO.	DAY	YEAR	\$			
State Zip Code (Plus 4)							
Description of Contribution:							
Mailing Address	MO.	DAY	YEAR	\$			
City	MO.	DAY	YEAR	\$			
State Zip Code (Plus 4)							
Description of Contribution:							
Mailing Address	MO.	DAY	YEAR	\$			
City	MO.	DAY	YEAR	\$			
State Zip Code (Plus 4)							
Description of Contribution:							
Mailing Address	MO.	DAY	YEAR	\$			
City	MO.	DAY	YEAR	\$			
State Zip Code (Plus 4)							
Description of Contribution:							
Mailing Address	MO.	DAY	YEAR	\$			
City	MO.	DAY	YEAR	\$			
State Zip Code (Plus 4)							
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 0

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate <u>Friends of Stewart Greenleaf</u>	Reporting Period From <u>9/15/15</u> To <u>10/19/15</u>
------------------------------------------------------------------------------	------------------------------------------------------------

				DATE	AMOUNT		
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL

\$ 0

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Friends of Stewart Greenleaf</i>	Reporting Period From <i>9/15/15</i> To <i>10/12/15</i>
------------------------------------------------------------------------------	------------------------------------------------------------

	MO.	DAY	YEAR	Amount
To Whom Paid <i>Republican Committee of Lower Merion and Narberth</i>	<i>10</i>	<i>5</i>	<i>15</i>	<i>\$ 400.00</i>
Mailing Address <i>90 Cricket Avenue</i>	Description of Expenditure <i>Contribution</i>			
City <i>Narberth</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19003 -</i>		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 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.

Name of Filing Committee or Candidate <i>Friends of Stewart Greenleaf</i>	Reporting Period From <i>9/15/15</i> To <i>10/12/15</i>
------------------------------------------------------------------------------	------------------------------------------------------------

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		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		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							

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL

\$ 0