

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 Number: <input type="checkbox"/>	Report Filed By: <input type="checkbox"/>	CANDIDATE ¹	COMMITTEE ² <input checked="" type="checkbox"/>	LOBBYIST ³
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF DR. PHIL				
Street Address: 607 FAIRWAY DR.				
City: TELFORD		State: PA	Zip Code: 18969	

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 <input type="checkbox"/> NO <input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION ⁴	2ND FRIDAY PRE-ELECTION ⁵ <input checked="" type="checkbox"/>	30 DAY POST-ELECTION ⁶	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	ANNUAL REPORT ⁷	YEAR <input type="checkbox"/>	FILING METHOD () CHECK ONE <input checked="" type="checkbox"/>	PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>

Name of Office Sought by Candidate: MONTGOMERY COUNTY CORONER	DATE OF ELECTION MO: 11 DAY: 03 YEAR: 2015	District Number	Office Code COR	Party Code REP	County Code 46
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Summary of Receipts and Expenditures from: <input type="checkbox"/>	MO: 6 DAY: 9 YEAR: 2015	To	MO: 10 DAY: 19 YEAR: 2015	FOR OFFICE USE ONLY
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A. Amount Brought Forward From Last Report	\$	20,020.00
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	20,474.70
C. Total Funds Available (Sum of Lines A and B)	\$	40,494.30
D. Total Expenditures (From Schedule II)	\$	6,492.30
E. Ending Cash Balance (Subtract Line D from Line C)	\$	34,002.40
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0

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 true, correct and complete.

Sworn to and subscribed before me this 21 day of NOVEMBER, 2015

KAREN M. HECKMAN, Notary Public
 East Norriton Twp., Montgomery County
 My Commission Expires March 22, 2019

My commission expires 3-22-2019
 MO. DAY YR.

Michael B. Myrra
 Signature of Person Submitting Report
MICHAEL B. MYRRA
 Printed Name
 610 Area Code
 539-8903 Daytime Telephone Number

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, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this 21 day of NOVEMBER, 2015

KAREN M. HECKMAN, Notary Public
 East Norriton Twp., Montgomery County
 My Commission Expires March 22, 2019

My commission expires 3-22-2019
 MO. DAY YR.

Philip Mandato
 Signature of Candidate
Philip Mandato
 Printed Name
 610 Area Code
 639-9436 Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate FRIENDS OF DR. PHIL	Reporting Period From 6/8/15 To 10/19/15
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ 300.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 550.00
All Other Contributions (Part B)	\$ 9,120.00
TOTAL for the Reporting Period	(2) \$ 9,670.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ -0-
All Other Contributions (Part D)	\$ 10,500
TOTAL for the Reporting Period	(3) \$ 10,500

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ 4.70

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 8.)	\$ 20,474.70
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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 FRIENDS OF DR. PHIL	Reporting Period From 6/9/15 To 10/19/15
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
CITIZENS FOR DONNELLY	9	28	15	\$ 50.00
Mailing Address P.O. Box 367	MO.	DAY	YEAR	\$
City HORSHAM	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19044-			\$
TEAMSTERS LOCAL 384 PAC	9	18	15	\$ 250. ⁰⁰
Mailing Address 2910 HANNATH AVE	MO.	DAY	YEAR	\$
City NORRISTOWN	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19401-			\$
FRIENDS OF BOB MENSCH	8	31	15	\$ 250. ⁰⁰
Mailing Address P.O. Box 94	MO.	DAY	YEAR	\$
City EAST GREENVILLE	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 18041-			\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			\$

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

PAGE TOTAL
\$ 550.⁰⁰

PART B
ALL OTHER CONTRIBUTIONS

PAGE _____ OF _____

\$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 FRIENDS OF DR. PHIL	Reporting Period From 6/9/15 To 10/19/15
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Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
CHRISTOPHER P = PAMELA S. MULLANEY	P.O. Box 250	RED HILL	PA	18076 - 1310	9	15	15	\$ 150.00
DICK BRINER					9	18	15	\$ 50.00
W.B. REALTY PARTNERSHIP	P.O. Box 667	SKIPPACK	PA	19474 -	9	23	15	\$ 150.00
MARY S. SHORLEY	152 SANDY HILL RD	PLYMOUTH MEETING	PA	19462 - 2005	10	1	15	\$ 50.00
SUSAN J. McLAUGHLIN	2926 WHITEHALL RD	NOTICETOWN	PA	19403 -	9	28	15	\$ 50.00
ALMAR JACUR	435 HILL RD	BLUE BELL	PA	19422 -	9	15	15	\$ 50.00
KATHLEEN TORRETTA	1065 APPLEBY CT	BLUE BELL	PA	19422 -	9	18	15	\$ 200.00
PATRICIA & LARRY STONE	31 Applewood Ln	BOYERTOWN	PA	19512 -	9	17	15	\$ 90.00

PAGE TOTAL
\$ 790.00

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

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 FRIENDS OF DR. PHIL	Reporting Period From 6/9/15 To 10/19/15
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Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
PAUL C. PIANTONE	101 E. MAIN ST.	NORRISTOWN	PA	19401-	9	10	15	\$ 50.00
RICHARD E & DIANE M. LONGO	7 WEISHIRE DR	EGG HARBOR TWP.	NJ	08234-	9	9	15	\$ 100.00
FELIX S. & NANCY MANDATO	64 HEATH HERRWOOD DR.	TRERFER	PA	19403-	9	10	15	\$ 250.00
DOLORIS M. & CHARLES G. LARE	2635 HEDRICK RD	HARLEYSVILLE	PA	19438-	9	13	15	\$ 100.00
MARIO MELE	1250 PINEY CREEK RD	FOOT WASHINGTON	PA	19034-	9	21	15	\$ 250.00
RAMON & FRANCES PRINCE	1207 NOTTINGHAM DR.	WEST CHESTER	PA	19380-	9	20	15	\$ 150.00
CHARLES & JOSEPHINE SOWDER	55 TRAVERSE DR.	PLYMOUTH MTS	PA	19462-	9	18	15	\$ 150.00
JON D. & JUDITHANNE W. FOX	2115 GUERNSEY AVE	ABINGTON	PA	19001-	9	21	15	\$ 100.00

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

PAGE TOTAL \$ 1,150.00

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 FRIENDS OF DR. PHIL	Reporting Period From 6/19/15 To 10/19/15
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Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
MADÉLINE PARIS	135 UPLAND RD	HAVERTOWN	PA	19083-	9	21	15	\$ 100.00
ANNETTE & ROBERT GRIFFITH	1640 STOCKTON RD	MEADOWBROOK	PA	19046-	9	21	15	\$ 250.00
JASON & ANDREA C. CORROPOLESO	139 ABBEY DR.	ROYERSFORD	PA	19468-	9	21	15	\$ 90.00
THOMAS K & JUDITH A. LEIDY					9	22	15	\$
SANFORD L. ALDERFER	2660 SHELLY RD	HARLEYSVILLE	PA	19438-	9	22	15	\$ 100.00
LENORA V. BRUND	1422 SANDERWOOD RD.	CONSHOHOCKEN	PA	19428-	9	25	15	\$ 50.00
PAUL GREGORY & NANCY WEST SHELLY	736 CLEMENT RD	TELFORD	PA	18969-	9	24	15	\$ 100.00
JAMES MCKELVEY	148 SEASIDE CIR.	PONTE VEDRA BEACH	FL	32082	9	25	15	\$ 50.00

PAGE TOTAL
\$ 740.00

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

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 FRIENDS OF DR. PHIL	Reporting Period From 6/9/15 To 10/19/15
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Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
ELIZABETH R. GOLDEN	148 SEASIDE CIRCL	PONTE VEDRA BEACH	FL	32082-	7	24	15	\$ 50.00
HERESA CAFFERY LEPORE	2325 E. BYCK RD	PENNSBURG	PA	18073-	9	28	15	\$ 100.00
TEAMSTERS LOCAL 3								\$
MARCE & DENISE PELYCH	1678 OLD SKIPPAK RD	HARLENSVILLE	PA	18438-	9	28	15	\$ 250.00
FELIX S. MANDATO JR.	1448 S. 16TH ST.	PHILADELPHIA	PA	19146-	9	28	15	\$ 150.00
LORAIN M. O'NEIL	1204 NORTHBRIDGE CT.	PHOENIXVILLE	PA	19442-	9	28	15	\$ 150.00
PATRICIA A. MOSESSE	140 AVONDALE RX	NORRISTOWN	PA	19403-	9	29	15	\$ 100.00
WILLIAM C & CYNTHIA J. BOEGH	116 REGENCY DR	NORRISTOWN	PA	19403-	9	28	15	\$ 150.00

PAGE TOTAL
\$ 950.00

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

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 FRIEND OF DR. PHIL	Reporting Period From 6/9/15 To 10/19/15
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Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
GREGORY S. RENE E A	815 MILL ST	QUAKERTOWN	PA	18951-	9	28	15	\$ 150.00
MARTIN C. DERBBIE Hightower	2370 OVERLOOK LANE	HARLEYSVILLE	PA	19438-	9	28	15	\$ 150.00
DAVID B. WILLIAMS	35 ROMA LN	TELFORD	PA	18969-				\$ 90.00
LEDERACH FINANCIAL, LLC	950 HALDAMEN RD	SCHWANKSVILLE	PA	19426-	9	28	15	\$ 100.00
MARCY L. TOPPEL	367 HAMTON CIR	GILBERTSVILLE	PA	19525-	9	28	15	\$ 100.00
JANE MOLL & L. SCOTT WHITMAN	56 HEATHERWOOD HILLS ROAD	ANDERSON	PA	19403-	9	29	15	\$ 100.00
ANDREW C. & GAIL LEWIS	4092 BUNKER HILL DR. S.	COOPERSBURG	PA	18036-	9	29	15	\$ 100.00
JOSEPH R. HAMMOND & AMY A.	746 SPRING MOUNT ROAD	SCHWENKSVILLE	PA	19473-	9	27	15	\$ 100.00

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

PAGE TOTAL	\$ 890.00
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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 FRIENDS OF DR. PHIL	Reporting Period From 6/9/15 To 10/19/15
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Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
KEVIN BOWE	1964 MAIN AVENUE	CONSHOHOCKEN	PA	19428	9	27	15	\$ 150.00
GORDON W. JR, JENNIFER H. PEACOCK					9	27	15	\$ 50.00
BRIAN PATRICK MILES	1130 LONGHORN CIRCLE	BLUE BELL	PA	19422	9	28	15	\$ 50.00
DANIEL LEWIS	5360 SAUCUN RIDGE RD	COOPERBURG	PA	18036	9	28	15	\$ 100.00
DANE MANDATO	64 HEATHERWOOD LN	AUDUBON	PA	19443	9	28	15	\$ 100.00
RAYMOND PRINCE	1207 NOTTINGHAM DR.	WEST CHESTER	PA	19380				\$ 50.00
CRAIG & CATHY REEDY	2188 KARAN WY	CLEARWATER	FL					\$
								\$
								\$
								\$
								\$

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

PAGE TOTAL	\$ 500.00
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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 FRIENDS of DR. Phil	Reporting Period From 06/09/15 To 10/19/15
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Full Name of Contributor Mailing Address City State Zip Code (Plus 4)	DATE			AMOUNT
	MO.	DAY	YEAR	
W.B. Realty Partnership P.O. Box 867 SkiPpack PA 18974	06	23	2015	\$ 250.00
BRIAN Shaughnessy 236 Harleysville Pike Souderton PA 18964	06	26	2015	\$ 150.00
Stanley H. Geiger 124 Veronica Ln Lansdale PA 19445	06	25	2015	\$ 250.00
Philip and MARGARET MANDATO 309 Spring Circle Norristown PA 19403	06	25	2015	\$ 250.00
Michael S. O'Keefe 583 Godshall Road Telford PA 18969	06	15	2015	\$ 250.00
Derek Loux 609 Ridge Road Telford PA 18969	06	16	2015	\$ 150.00
Joseph F. Wallin 233 Country Club Lane Telford PA 18969	06	15	2015	\$ 125.00
George R. Briner 675 Creamery Road Telford PA 18969	06	11	2015	\$ 125.00

PAGE TOTAL
\$ 1550.00

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

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				Reporting Period		
Friends of Dr. Phil				From 06/09/15 To 10/19/15		
Full Name of Contributor	DATE			AMOUNT		
	MO.	DAY	YEAR			
Anthony BRUNO	06	22	2015	\$ 125.00		
Mailing Address	MO.	DAY	YEAR	\$		
113 INDIAN Ridge Lane				\$		
City	MO.	DAY	YEAR	\$		
Telford				\$		
State	MO.	DAY	YEAR	\$		
PA				\$		
Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
18969 -				\$		
Full Name of Contributor	MO.	DAY	YEAR	\$		
THOMAS D. Klock	06	22	2015	\$ 125.00		
Mailing Address	MO.	DAY	YEAR	\$		
650 Northfield Lane				\$		
City	MO.	DAY	YEAR	\$		
Harleysville				\$		
State	MO.	DAY	YEAR	\$		
PA				\$		
Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
19438 -				\$		
Full Name of Contributor	MO.	DAY	YEAR	\$		
MARIO Mele	06	15	2015	\$ 125.00		
Mailing Address	MO.	DAY	YEAR	\$		
1250 Pinetown Road				\$		
City	MO.	DAY	YEAR	\$		
Fort Washington				\$		
State	MO.	DAY	YEAR	\$		
PA				\$		
Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
19034				\$		
Full Name of Contributor	MO.	DAY	YEAR	\$		
P. Thomas Padden	06	14	2015	\$ 50.00		
Mailing Address	MO.	DAY	YEAR	\$		
2122 OAKLAND DRIVE				\$		
City	MO.	DAY	YEAR	\$		
NORRISTOWN				\$		
State	MO.	DAY	YEAR	\$		
PA				\$		
Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
19403 -				\$		
Full Name of Contributor	MO.	DAY	YEAR	\$		
Leo Leonetti	06	22	2015	\$ 75.00		
Mailing Address	MO.	DAY	YEAR	\$		
				\$		
City	MO.	DAY	YEAR	\$		
				\$		
State	MO.	DAY	YEAR	\$		
				\$		
Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
-				\$		
Full Name of Contributor	MO.	DAY	YEAR	\$		
Simply BeWell LLC	06	16	2015	\$ 100.00		
Mailing Address	MO.	DAY	YEAR	\$		
P.O. Box 365				\$		
City	MO.	DAY	YEAR	\$		
SKIPPACK				\$		
State	MO.	DAY	YEAR	\$		
PA				\$		
Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
19474 -				\$		
Full Name of Contributor	MO.	DAY	YEAR	\$		
BRIAN Holtzinger	06	15	2015	\$ 100.00		
Mailing Address	MO.	DAY	YEAR	\$		
105 Somerset DRIVE				\$		
City	MO.	DAY	YEAR	\$		
Blue Bell				\$		
State	MO.	DAY	YEAR	\$		
PA				\$		
Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
19422 -				\$		
Full Name of Contributor	MO.	DAY	YEAR	\$		
Albert DeGennaro	06	21	2015	\$ 100.00		
Mailing Address	MO.	DAY	YEAR	\$		
1745 Forest Creek Drive				\$		
City	MO.	DAY	YEAR	\$		
Blue Bell				\$		
State	MO.	DAY	YEAR	\$		
PA				\$		
Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
19422 -				\$		
PAGE TOTAL				\$ 800.00		

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

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 Friends of Dr. Phil	Reporting Period From 06/09/15 To 10/19/15
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
PAUL GREGORY Stelly Mailing Address: 738 CLEMENS ROAD City: Telford State: PA Zip Code (Plus 4): 18969 -	06	18	2015	\$ 125.00
MERLE D. BAINBRIDGE Mailing Address: 268 UNION STREET City: Royersford State: PA Zip Code (Plus 4): 19468 -	06	25	2015	\$ 125.00
MARK BAINBRIDGE Mailing Address: 301 PLEASANT VALLEY DRIVE City: Souderton State: PA Zip Code (Plus 4): 18964 -	06	25	2015	\$ 125.00
DAVID TOBIAS Mailing Address: 177 S. HUNSBERGER LANE City: Souderton State: PA Zip Code (Plus 4): 18964 -	06	23	2015	\$ 125.00
GARY TURNER JR. Mailing Address: 117 INDIAN RIDGE LANE City: Telford State: PA Zip Code (Plus 4): 18969 -	06	22	2015	\$ 125.00
MARK R. CUMMINS Mailing Address: 1994 KNIGHT ROAD City: GREEN LANE State: PA Zip Code (Plus 4): 18054 -	06	08	2015	\$ 125.00
Full Name of Contributor: _____ Mailing Address: _____ City: _____ State: _____ Zip Code (Plus 4): _____	MO.	DAY	YEAR	\$
Full Name of Contributor: _____ Mailing Address: _____ City: _____ State: _____ Zip Code (Plus 4): _____	MO.	DAY	YEAR	\$
Full Name of Contributor: _____ Mailing Address: _____ City: _____ State: _____ Zip Code (Plus 4): _____	MO.	DAY	YEAR	\$

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

PAGE TOTAL
\$ **750.00**

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 FRIENDS OF DR PHIL	Reporting Period From 6/9/15 To 10/19/15
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$

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

PAGE TOTAL
\$ **-0-**

PART D
ALL OTHER CONTRIBUTIONS

PAGE _____ OF _____

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 FRIENDS OF DR. PHIL	Reporting Period From 6/9/15 To 10/19/15
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	\$
THOMAS K LEIDY ; JUDITH LEIDY	9	22	15	\$ 500.00
Mailing Address 316 LEIDY RD	MO.	DAY	YEAR	\$
City SOUDERTON	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 18964-			\$
Employer Name	Occupation			\$
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	\$
WILLIAM C & CYNTHIA J. BOEGLY	9	28	15	\$
Mailing Address 116 Regency Drive	MO.	DAY	YEAR	\$
City NORRISTOWN	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19403-			\$
Employer Name	Occupation			\$
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	\$
JAMES J. JR ; TRACEY B. WHITE	8	24	15	\$ 500.00
Mailing Address 21 MEREDITH RD	MO.	DAY	YEAR	\$
City PHOENIXVILLE	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19460-			\$
Employer Name	Occupation			\$
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	\$
DONALD C ; RACHEL ZAJACK	9	9	15	\$ 500.00
Mailing Address 1300 E. RIDGE PK	MO.	DAY	YEAR	\$
City PLYMOUTH MEETING	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19462-			\$
Employer Name SELF	Occupation EQUIPMENT RENTAL			\$
Employer Mailing Address/Principal Place of Business 1300 E RIDGE PK PLYMOUTH MEETING PA 19462				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	\$
JUSTICE SANDRA SCHULTZ NEWMAN	9	23	15	\$ 500.00
Mailing Address 1120 GINKO LANE	MO.	DAY	YEAR	\$
City GLADWYNE	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19035-			\$
Employer Name	Occupation JUDGE			\$
Employer Mailing Address/Principal Place of Business				

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

PAGE TOTAL
\$ 2,000

2

PART D
ALL OTHER CONTRIBUTIONS

PAGE _____ OF _____

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 FRIENDS OF DR. PHIL	Reporting Period From 6/9/15 To 10/19/15
---	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
PHILIP A. & MARGARET MANDAR	9	28	15	\$ 500.00
Mailing Address 309 SPRING CIRCLE	MO.	DAY	YEAR	\$
City NOARISTOWN	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19463			\$
Employer Name	Occupation RETIRED			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
DELVAL PROPERTIES ASSOCIATE	6	17	15	\$ 3,000.00
Mailing Address 710 GERMANTOWN PK	MO.	DAY	YEAR	\$
City PLYMOUTH MEETING	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19462			\$
Employer Name DELVAL PROPERTIES	Occupation PROPERTY MGMT			
Employer Mailing Address/Principal Place of Business 710 GERMANTOWN PK PLYMOUTH MEETING PA 19462				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
KENNETH A GROSS JR	6	12	15	\$ 2,000.00
Mailing Address 762 E. MAIN ST	MO.	DAY	YEAR	\$
City LANSDALE	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19446			\$
Employer Name SELF EMP	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
JOHN B HAINES, IV	6	16	15	\$ 2,000.00
Mailing Address 2052 LUCON RD P.O. 196	MO.	DAY	YEAR	\$
City SKIPPOCK	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19474			\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
JOHN R & NINA KIRKHOUSE	6	24	15	\$ 1,000.00
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			\$
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
\$ 8,500.00

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 FRIENDS OF DR. PHIL	Reporting Period From 6/9/15 To 10/19/15
---	---

Full Name CONTINENTAL BANK						
Mailing Address SEWANTOWN PK						
City EAST NORRITON	State PA	Zip Code (Plus 4) 19403 -	MO.	DAY	YEAR	Amount \$ 4.70
Receipt Description INTEREST						

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 \$ 4.70

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 FRIENDS OF DOCTOR PHIL	Reporting Period From 6/9/15 To 10/19/15
--	---

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

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

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ —

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 FRIENDS OF DR PHIL	Reporting Period From 6/9/15 To 10/19/15
--	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.	PAGE TOTAL \$ - 0 -
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SCHEDULE II
PART G

PAGE _____ OF _____

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate FRIENDS OF DR PHIL	Reporting Period From 6/9/15 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	\$
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 FRIENDS OF DR. PHIL	Reporting Period From 6/9/15 To 10/19/15
---	---

To Whom Paid INDIAN VALLEY Country CLUB	MO. 6	DAY 28	YEAR 15	Amount \$ 1827.⁰⁰
Mailing Address 650 BERBEY RD		Description of Expenditure FUND RAISER		
City TELFORD	State PA	Zip Code (Plus 4) 18969-		Description of Expenditure FOOD & BEVERAGES

To Whom Paid GHNPS	MO. 6	DAY 22	YEAR 15	Amount \$ 200.⁰⁰
Mailing Address 312 ALUMNI AVE		Description of Expenditure ADVERTIZEMENT		
City HARLEYSVILLE	State PA	Zip Code (Plus 4) 19438-		Description of Expenditure LEON MOYER

To Whom Paid GNPAL - Greater Norristown PAL	MO. 8	DAY 15	YEAR 15	Amount \$ 500.⁰⁰
Mailing Address P.O. Box 685		Description of Expenditure SPONSOR FOR FUND RAISER		
City NORRISTOWN	State PA	Zip Code (Plus 4) 19401-		

To Whom Paid HALLOWEL AND BROMSTETTER	MO. 8	DAY 15	YEAR 15	Amount \$ 750.⁰⁰
Mailing Address 268 WALNUT SPRINGS CT		Description of Expenditure MARKETING		
City W. CHESTER	State PA	Zip Code (Plus 4) 19380-		Description of Expenditure PALM CARDS

To Whom Paid HALLOWEL AND BROMSTETTER	MO. 8	DAY 31	YEAR 15	Amount \$ 2,179.³⁶
Mailing Address 268 WALNUT SPRINGS CT		Description of Expenditure MARKETING		
City W. CHESTER	State PA	Zip Code (Plus 4) 19380-		Description of Expenditure PALM CARDS

To Whom Paid MERC RISING SUN	MO. 9	DAY 11	YEAR 15	Amount \$ 1,000.⁰⁰
Mailing Address ALLEN TOWN RD		Description of Expenditure FUND RAISING EVENT		
City B TELFORD	State PA	Zip Code (Plus 4) 18969-		

To Whom Paid Miscellaneous	MO. 10	DAY 1	YEAR 15	Amount \$ 35.⁹⁴
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
\$ 6492.30

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 FRIENDS OF DR. PHIL	Reporting Period From 6/9/15 To 10/19/15
---	---

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** -

October 23, 2015

VIA U. S. Mail

Montgomery County Election Board
One Montgomery Plaza, Suite 602
P.O. Box 311
Norristown, PA 19404-0311

2015 OCT 22 PM 1:53

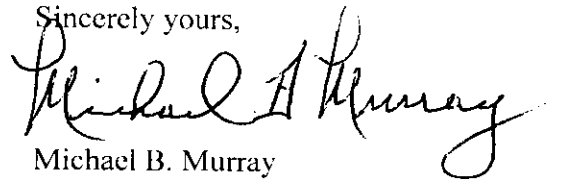
RE: Friends of Dr. Phil Committee Expense Report

Dear Sir/Madame:

Enclosed please find the 2015 2nd Friday Pre- Election Report for the period ending October 19, 2015, for the above referenced political committee. This statement has been completed to the best of my ability with the information that has been provided to me to this date.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely yours,



Michael B. Murray
Treasurer

Enclosures