

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.}		LOBBYIST ^{3.} <input checked="" type="checkbox"/>		
Name of Filing Committee, Candidate or Lobbyist: Mads & Jeanne Soy										
Street Address: 76 S Bethlehem Pike										
City: Amble					State: PA		Zip Code: 19002			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY ^{1.}	<input type="checkbox"/>	2ND FRIDAY PRE-PRIMARY ^{2.}	<input type="checkbox"/>	30 DAY POST PRIMARY ^{3.}	<input type="checkbox"/>	AMENDMENT REPORT?	YES	NO <input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION ^{4.}	<input type="checkbox"/>	2ND FRIDAY PRE-ELECTION ^{5.}	<input checked="" type="checkbox"/>	30 DAY POST ELECTION ^{6.}	<input type="checkbox"/>	TERMINATION REPORT?	YES	NO <input checked="" type="checkbox"/>	
	ANNUAL REPORT ^{7.}	<input type="checkbox"/>	YEAR	<input type="checkbox"/>	FILING METHOD () CHECK ONE <input type="checkbox"/>	PAPER	DISKETTE			
Name of Office Sought by Candidate: Recorder & Deeds					DATE OF ELECTION		District Number	Office Code	Party Code	County Code
					MO. DAY YEAR 11 3 15					
										(SEE INSTRUCTIONS FOR CODES)
Summary of Receipts and Expenditures from:		MO. DAY YEAR 6 9 15	To	MO. DAY YEAR 10 19 15	FOR OFFICE USE ONLY					
A. Amount Brought Forward From Last Report		\$	7153.16							
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	12775.00							
C. Total Funds Available (Sum of Lines A and B)		\$	19928.16							
D. Total Expenditures (From Schedule III)		\$	15206.73							
E. Ending Cash Balance (Subtract Line D from Line C)		\$	4721.43							
F. Value of In-Kind Contributions Received (From Schedule II)		\$	0							
G. Unpaid Debts and Obligations (From Schedule IV)		\$	2500							

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

23 day of October 20 25

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 THOMAS JOSEPH KOHLER, Notary Public
 Upper Merion Twp., Montgomery County
 My Commission Expires August 5, 2017

8/5/17
 DAY YR.

Dianna DiIlio
 Signature of Person Submitting Report

Dianna DiIlio
 Printed Name

215 290-5151
 Area Code 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

23 day of October

COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Dianna DiIlio, Notary Public
 Norristown, Montgomery County
 My Commission Expires March 16, 2016
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Jeanne Soy
 Signature of Candidate

Jeanne Soy
 Printed Name

215 290-9500
 Area Code Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Jeanne Sorg</i>	Reporting Period From 6/9/15 <i>6/9/15</i> To <i>10/19/15</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>200</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <i>700</i>
All Other Contributions (Part B)	\$ <i>3875</i>
TOTAL for the Reporting Period	(2) \$ <i>4575</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>500</i>
All Other Contributions (Part D)	\$ <i>7500</i>
TOTAL for the Reporting Period	(3) \$ <i>8000</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ <i>0</i>

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ <i>12775</i>
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Date	Name	Address Line 1	City	State	Zip	Amount	Occupation	Employer	Address
PART A									
9/29/2015	Friends of Linda Hee	1517 Edge Hill Road	Abington	PA	19001	100			
8/19/2015	Kohler PAC	353 Signal Hill Road	King of Prussia	PA	19406	100			
9/9/2015	Plan W PA	1231 Highland Avenue	Fort Washington	PA	19034	250			
8/19/2015	Friends of Steve McCarter	791B Park Ave	Elkins Park	PA	19027	250			
PART B									
8/19/2015	Joel Bernbaum	132 Cornell Road	Bala Cynwyd	PA	19004	75			
9/28/2015	William Leopold	516 Oak Rd	Menton Station	PA	19066	100			
8/15/2015	Gregory Moll	615 Gage Lane	North Wales	PA	19454	100			
7/14/2015	Daniel Murhoff	328 Wadsworth Avenue	Philadelphia	PA	19119	100			
8/24/2015	J.E. Anacker	471 Hill Road	Green Lane	PA	18054	100			
8/19/2015	David Dormont	153 Union Ave	Bala Cynwyd	PA	19004	100			
8/19/2015	Ira Neil Richards	2106 Basswood Drive	Lafayette	PA	19444	100			
8/19/2015	Law Offices of R. Emmett Madden	711 West Avenue	Jenkintown	PA	19046	100			
8/18/2015	Douglas Pize	1579 Maple Ave	Paoli	PA	19301	100			
8/19/2015	Robert A. Rovner	175 Bustleton Pike	Feasterville	PA	19053	100			
8/19/2015	David and Michelle Berk	37 West Avenue Suite 205	Wayne	PA	19087	100			
9/17/2015	Patrick Doran	2228 Hillcrest Road	Drexel Hill	PA	19026	100			
9/17/2015	David and Celeste Helm	437 Yoder Road	Hartetsville	PA	19436	150			
8/19/2015	Beverly M. Hahn	1621 Winchester Drive	Blue Bell	PA	19422	200			
8/20/2015	Gail Humphrey	32 Butterfly Lane	Lewistown	PA	19054	200			
8/19/2015	Wesley Pearlstine, LLP	460 Norristown Road Suite 110	Blue Bell	PA	19422	200			
9/11/2015	Gary Wezzy	500 Old York Road	Jenkintown	PA	19046	200			
9/30/2015	Gerard Brian Quinn	59 Mary Jane Lane	Newtown Square	PA	19073	250			
7/7/2015	Patrick J Costello	119 Holly Drive	Hatboro	PA	19040	250			
7/31/2015	Karl S. Myers	830 Clover Drive	North Wales	PA	19454	250			
8/17/2015	Obernayer Rehnann Maxwell & Hippe LLP	One Penn Center 19th Floor	Philadelphia	PA	19103	250			
9/16/2015	David and Brenda Lalage	1701 Harris Road	Laverock	PA	19038	250			
9/17/2015	Gavin and Susanne Lenz	206 Spruce Street	Philadelphia	PA	19106	250			
10/6/2015	Bayard and Frances Storey	1919 Brandypine Street	Philadelphia	PA	19130	250			
PART C									
9/21/2015	Chapter 830 Drive	12298 Townsend Road	Philadelphia	PA	19154	500			
PART D									
9/26/2015	KYONG Kim	725 Lawrence Lane	Ambler	PA	19002	500	Self Employed	Consultant	Information Requested
8/17/2015	Scott Freda	348 Franklin Court	Ambler	PA	19002	500	Self Employed	Consultant	348 Franklin Court, Ambler, PA 19002
8/19/2015	Michael and Pamela Clarke	506 Lantieri Lane	Philadelphia	PA	19128	500	Attorney	Rudolph Clarke	350 Sentry Parkway East Building 630, Suite 110-A, Blue Bell, PA 19422
8/19/2015	Wendy Rodstein	337 Cambridge Road	Plymouth Meeting	PA	19462	500	Attorney	Fox Rothschild	10 Sentry Pkwy #200, Blue Bell, PA 19422
9/28/2015	Sellersville Junction Development, LP	8 Devonshire Court	Blue Bell	PA	19422	500			
8/20/2015	Fox Rothschild	2000 Market Street 20th Floor	Philadelphia	PA	19103	1000			
10/21/2015	Jonathan and Eileen Sanel	1700 Tuckertown Road	Oreshier	PA	19025	1500	Information Requested	State Representative	Elkins Park, PA
7/28/2015	Jeanne Sog and Richard Taylor	76 South Berthelen Pike	Ambler	PA	19002	2500	Legislative Aide		
						7500			

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	Reporting Period From _____ To _____
---------------------------------------	---

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	\$
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 \$
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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	Reporting Period From _____ To _____
---------------------------------------	---

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

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

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	Reporting Period From _____ To _____
---------------------------------------	---

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)				
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)				
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)				

PAGE TOTAL
\$

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	Reporting Period From _____ To _____
---------------------------------------	---

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

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	Reporting Period
	From _____ To _____

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						

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

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 Period From _____ To _____
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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 <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</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	Reporting Period From _____ To _____
---------------------------------------	---

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

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

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

				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	\$
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SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friedt + Plane Sog	Reporting Period From 6/9/15 To 10/20/15
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To Whom Paid Plane Sog	MO. 9	DAY 22	YEAR 15	Amount \$ 105
Mailing Address 76 S. Bethlehem Pike				
Description of Expenditure reimbursement				
City Amble	State PA	Zip Code (Plus 4) 17002		

To Whom Paid Shapiro Arkosh	MO. 9	DAY 23	YEAR 15	Amount \$ 7000
Mailing Address 21 E. Arty Street				
Description of Expenditure contribution				
City Norriton	State PA	Zip Code (Plus 4) 19401		

To Whom Paid PJ Whelihan	MO. 9	DAY 30	YEAR 15	Amount \$ 567.00
Mailing Address 799 Peking Pike				
Description of Expenditure event expense				
City Blue Bell	State PA	Zip Code (Plus 4) 19422		

To Whom Paid MCOE	MO. 9	DAY 23	YEAR 15	Amount \$ 2500
Mailing Address 21 East Arty Street				
Description of Expenditure contribution				
City NORRITON	State PA	Zip Code (Plus 4) 19401		

To Whom Paid Shapiro Arkosh	MO. 10	DAY 16	YEAR 15	Amount \$ 5000
Mailing Address 21 E. Arty				
Description of Expenditure contribution				
City NORRITON	State PA	Zip Code (Plus 4) 19401		

To Whom Paid Paypal	MO. 10	DAY 19	YEAR 15	Amount \$ 37.73
Mailing Address 2221 N. Fox Lane +				
Description of Expenditure fees				
City San Jose	State CA	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 \$ 15206.73

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>Fred & Jeanne Long</i>	Reporting Period From _____ To _____
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Name of Creditor <i>Jeanne Long</i>					Outstanding Balance of Debt \$ <i>2500</i>	
Mailing Address <i>76 S Bethlehem Pl</i>	DATE DEBT INCURRED	MO. <i>9</i>	DAY <i>21</i>	YEAR <i>15</i>		
City <i>Amble</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19002</i>				
Description of Debt <i>loan + campaign</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						

PAGE TOTAL
\$

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