

liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>V. Scott Zelov</b>						
STREET ADDRESS <b>220 ROSE LANE</b>						
CITY <b>Haverford</b>		STATE <b>PA</b>	ZIP CODE <b>19041</b>			
TYPE OF REPORT (CHECK ONE)  1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/> 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE <b>Mont. Cty Commissioner</b>		DISTRICT NO. <b>46</b>	PARTY <b>REP</b>	DATE OF ELECTION	
					MO. DAY YEAR <b>11 03 2015</b>	
	DATES OF REPORTING PERIOD		MO. DAY YEAR <b>06 09 2015</b>	TO	MO. DAY YEAR <b>10 19 2015</b>	FOR OFFICE USE ONLY
	CASH BALANCE AT END OF REPORTING PERIOD:		\$ <u>0</u>			
	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <u>0</u>			
			AMENDMENT REPORT? YES NO <input checked="" type="checkbox"/>			
			TERMINATION REPORT? YES NO <input checked="" type="checkbox"/>			
OCT 13 03 PM 3:24						

**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

22nd DAY OF October 2015

Judy L. Kelley  
SIGNATURE

MY COMMISSION EXPIRES 01-15-2017  
MO. DAY YR.

V. Scott Zelov  
SIGNATURE OF PERSON SUBMITTING REPORT

V. Scott Zelov  
PRINTED NAME

610 256-4120  
AREA CODE DAYTIME TELEPHONE NUMBER

**PART II -**

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
SIGNATURE

MY COMMISSION EXPIRES \_\_\_\_\_  
MO. DAY YR.

\_\_\_\_\_  
SIGNATURE OF CANDIDATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
AREA CODE DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 JOUDY L. KELLEY, Notary Public  
 Township of Lower Merion, Montgomery County, PA  
 My Commission Expires January 15, 2017