Commonwealth of Pennsylvania - Campaign Finance Report

1/12

| ŀ | Nun | nber | | | | | | er Identification Imber Ime of Filing Committee, Candidate or | | | | У | | ndida | _ | | IL SIIC | | | nitte | | | | X | | Lobi | yist | |
|----------|---|--|--------------|---------|-----------------------|----------|-------------------|---|-------------|------|---------------------|--------------------|------------------|---------------------|-------------|--------|------------------|--------|-------|--------------|----------------|------------------|----------|------------|----------------|-------------|-----------------|-------------|
| | Lobb | yist | | mitte | ee, Ca | ndi | idate d | or | Elec | t Sc | ott Zelov | | | | | | | | | • | | | | | | | | |
| ł | Stre | et Address | | | | | | | 220 | Ro: | se Lane | | | | | | | | | | | | | | | | | |
| | City | | | Hav | erford | i | | | | | | | Sta | te | PA | | | Zi | ip C | ode | 19 | 041 | | | | | · | |
| Ι | Туре | of Report | (Plac | e x u | ınder ı | rep | ort ty | oe) | | | | | | | | | | | | | | | | | | | | |
| ſ | | ^{ih} Tuesday Primary | | | riday nary | | - 30 Da rimary | - | | | uesday ection | | nd Fri - Elec | - | | O Da | ry Post | 7. | - An | nual | | oecial re-Ele | | Frida n | y | • | ial 34 -Elec | Day tion |
| | · | | | |] | | | | | | | | X | | | | | | | | | | | | | | | |
| | | of Election //DD/YYYY | | | | | 11/03/ | 2015 | Ye | ar | | 46, | REP, | Oth | Am Rep | | ment | | | | | ermin eport | | on | | | | |
| | | mary of Re | ceip | ts an | d | F | rom D | ate | | | | To Date | | For Office Use Only | | | | | | | | | | | | | | |
| } | A. A | mount Bro | ught | Forv | vard F | Froi | • | 9/2015 Repor | | \$ | | /19/2 54,22 | | | | | | | · · | | · | | | , | | | | |
| ŀ | | otal Monet | - | Contr | ibutio | ons | and R | eceipts | , | \$ | | 1,00 | | | | | | | | | | | | | | | | |
| ŀ | C. To | . Total Funds Available Sum of Lines A and B) | | | | | \$ | | 65,22 | 3.4 | | | | | | | | | | | | | | | | | | |
| | (Fro | D. Total Expenditures From Schedule III) E. Ending Cash Balance | | | | | \$ | | 4,85 | 0 | | | | | | | | | | | | 1 | 5 | | | | | |
| | (Sub | . Ending Cash Balance Subtract Line D from Line C) Majue of In-Kind Contributions Received | | | | | \$ | | 60,37 | 3.4 | | | | | | | | | | | | | P∃ 3: | | . . | | | |
| | Malue of In-Kind Contributions Received From Schedule II) Append Debts and Obligations | | | | - | \$ | | 0 | | | - | | | | | | | | | | | 24 | | | | | | |
| 1 | | n Schedul | e IV) | . : | | | | | | | | 0 | Áffida | vit Se | ction | | | | | | | | | | | | | |
| 1 | 77.00 | 4 15 46 | Comi | mitte | e repo | rt, t | treasur | er sign h | ere. l | ft | is is a Ca | ndida | te con | ort c | n Side | ate si | gn here | !- | | | | | | | | | | |
| 100 7 | First If this is a Committee report, treasurer sign her Swear (or affirm) that this report, including the attack to and subscribed before me this day of 20 | | | | | | | | ched | scł | nedules o | n pap | er, is t | to the | best | J my | + | ſva_ | A. | | | | | nd com | ıplet | .e. | | |
| NOTARIAL | 1 1 1 1 1 1 1 1 1 1 | S - | <u>શ</u> | ature | ىم | ع | ٠٤ | | | | - | | | <u>Jo</u> | el Coo |) S | Anatur na Tro | easur | er | ed Na | | ng rep | ort | | | | | |
| COMMO | Ownship | Dommission | expire | | 1 - 1 9 MO. | <u>5</u> | DAY | رح YR | | | • | | | 48 | Area C | ode | _ ` | | | | 7-777 aytim | | pho | ne Nur | mbe | ır | | |
| ┖╌┿ | Part | II- If this is a | repoi | rt of a | Candi | idat | te's Au | thorized | Com | mi | t tee , cand | lidate | shall | sign h | ere. | | | | | | | | | | | | | |
| | Swe | ear (or affirm nded. | n) that | t to th | ne best | of | my kno | owiedge | and l | beli | ef this po | litical | comr | nittee | has n | ot vic | olated a | iny pi | rovis | ions o | f the | Act of | June | e 3, 19 | 37 (| P.L. 13 | 33, N | O.320) as |
| | | rn to and sul | | | | | | 15 | | | ٠, | | | _ | | 1. | | ignati | Urec | 2 of Can | didate | 2 | 2 | b | _ | \angle | | |
| | | Joa. | € igr | natur | . \ | <u>_</u> | س | ••• | _ | | . | | | _ | Scott 10 | Zelo | ≠ | Pri | inted | 1 Nam 256 | e , | | | | | | | |
| ļ | My Commission expires ON IS 2017 MO. DAY YR. | | | | | | | | | | | _ | Area C | Code | | | | | | | phor | ne Num | nber | r | | | | |
| | | | - | - | THA | | FINN | IYLVA | NIA | | | | | | | | | | | | | | | | | | | |

NOTARIAL SEAL
JODY L. KELLEY, Notary Public
Township of Lower Merion, Montgomery County
My Commission Expires January 15, 2017

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

| Filer Identification Number Elect Scott Zelov | | |
|--|----|-------|
| 1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor | | |
| Total for the reporting period (1) | \$ | 0 |
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B) | | |
| Contributions Received from Political Committees (Part A) | \$ | О |
| All Other Contributions (Part B) | \$ | 0 |
| Total for the reporting period (2) | \$ | О |
| 3. Contributions Over \$250.00 (From Part C and Part D) | • | |
| Contributions Received from Political Committees (Part C) | \$ | 0 |
| All Other Contributions (Part D) | \$ | 500 |
| Total for the reporting period (3) | \$ | 500 |
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | - | |
| Total for the reporting period (4) | \$ | 500 |
| 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) | \$ | 1,000 |

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.

| rijer iden | itimcation Numbi | Elect Scott | : Zelov | | | |
|----------------------|-------------------------|----------------|---------|----------|-------------------|-------------------|
| | **** | | | | | Amount |
| Full Nam Committe | ne of Contribut tee | ing | | | Date [MM/DD/YYYY] | \$ |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ |
| City | | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Full Nan Commit | ne of Contribut tee | ing | | | Date [MM/DD/YYYY] | \$ |
| House # | , | Street Address | | | Date [MM/DD/YYYY] | \$ |
| City | | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Fuil Nan Commit | | _ | | | Date [MM/DD/YYYY] | \$ |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ |
| City | | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Full Nan Commit | ne of Contribut ttee | | | | Date [MM/DD/YYYY] | \$ |
| House # | * | Street Address | | | Date [MM/DD/YYYY] | \$ |
| City | | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Full Nar Commit | me of Contribu ttee | ting | | • | Date [MM/DD/YYYY] | \$ |
| House # | # | Street Address | | , | Date [MM/DD/YYYY] | \$ |
| City | | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Full Na Commi | me of Contribu ttee | iting | | | Date [MM/DD/YYYY] | \$ |
| House 4 | # | Street Address | | | Date [MM/DD/YYYY] | \$ |
| City | | <u> </u> | State | Zip Code | Date [MM/DD/YYYY] | \$ |

PART B All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

| | | Flect Scott Zelov | | *************************************** | | | |
|----------|-------------------|-------------------|-------|---|----------|---------------|--|
| | | | | | | | |
| Full Nam | ne of Contributor | | | | | M/DD/YYYY] \$ | |
| House # | Stre | et Address | | | Date [MA | M/DD/YYYY] \$ | |
| City | | | State | Zip Code | | M/DD/YYYY] \$ | |
| full Nam | ne of Contributor | | 1 | | Date [MA | W/DD/YYYY] \$ | |
| House # | Stre | et Address | | | Date [MA | W/DD/YYYY] \$ | |
| City | | | State | Zip Code | | W/DD/YYYY] \$ | |
| Full Nam | ne of Contributor | | | | Date [Mi | W/DD/YYYY] \$ | |
| House # | Stre | et Address | | | | M/DD/YYYY] \$ | |
| City | | | State | Zip Code | Date (MI | M/DD/YYYY] \$ | |
| Full Nan | ne of Contributor | | • | • | Date [Mi | M/DD/YYYY] \$ | |
| House # | Stri | eet Address | | | Date [Mi | M/DD/YYYY] \$ | |
| City | | | State | Zip Code | | M/DD/YYYY] \$ | |
| Fuil Nar | me of Contributor | | | | | M/DD/YYYY] \$ | |
| House # | Stre | eet Address | | | | M/DD/YYYY] \$ | |
| City | | | State | Zip Code | | M/DD/YYYY] \$ | |
| Full Nar | me of Contributor | | | | | M/DD/YYYY] \$ | |
| House # | # Str | eet Address | | | | M/DD/YYYY] \$ | |
| City | | | State | Zip Code | Date [M | M/DD/YYYY] | |

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.

| filer iden | tification Number | Elect Scott Zelov | | | | |
|----------------------|--------------------------|-------------------|--------------|----------|-------------------|----|
| | | | | | | |
| Full Nam | | | | | Date [MM/DD/YYYY] | \$ |
| | iting Committee | 1 | | | | |
| House # | S | treet Address | | | Date [MM/DD/YYYY] | \$ |
| City | | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Full Nam | e of | | | | Date [MM/DD/YYYY] | \$ |
| | uting Committee | | | | | 1 |
| House # | S | treet Address | | <u> </u> | Date [MM/DD/YYYY] | \$ |
| City | | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Full Nam | ve of | | | | Date [MM/DD/YYYY] | \$ |
| | ne of uting Committee | : | _ | | | |
| House # | S | itreet Address | | | Date [MM/DD/YYYY] | \$ |
| City | | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Full Nam Contribu | ne of uting Committee | • | | | Date [MM/DD/YYYY] | \$ |
| House # | 5 | Street Address | | | Date [MM/DD/YYYY] | \$ |
| City | | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Full Nan Contribu | me of uting Committee | • | | | Date [MM/DD/YYYY] | \$ |
| House # | • | Street Address | | | Date [MM/DD/YYYY] | \$ |
| City | 1 | L | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Full Nan Contrib | me of outing Committe | e | | | Date [MM/DD/YYYY] | \$ |
| House f | * | Street Address | | | Date [MM/DD/YYYY] | \$ |
| City | | | State | Zip Code | Date [MM/DD/YYYY] | \$ |

PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

| ull Mar | ne of Contril | wife. | ſ | • | | | | Date [MM/D | n Avvvv1 | \$ | |
|-------------------|-----------------|-----------|---|-----------------|------------------------|-------------------|---------------|------------|----------|----------|--|
| 411 1 76 1 | ne or contill | AL LOS | Robert Bur | ch | | | | | | - • | 500 |
| | | | | | | | | 06/2 | - | | |
| House # | 840 | Stre | et Address | I | | | | Date [MM/D | D/YYYY] | \$ | |
| | 840 | | | First Avenue, S | irst Avenue, Suite 200 | | | | | | |
| City | | . | | State | IPA . | Zip Code | 19406 | Date [MM/I | \$ | | |
| 1 | King of Prussia | | | | PA | | 19406 | | | | |
| mploy | er Name | | | Red Badge, In | c. | | | Occupation | CEO | | |
| | er Mailing A | | | 940 First Aven | un Cuita | 200, King of Prus | in DA 10406 | I | <u> </u> | | |
| | al Place of Bu | | | 840 FIFST AVE | iue, suite | 200, King of Prus | sid, PA 19400 | | | | |
| Full Nar | ne of Contril | outor |] | | | | | Date [MM/C | D/YYYY] | \$ | |
| | | | | | | | | | | | |
| louse # | F | Stre | et Address | ; | | | . • | Date [MM/0 | D/YYYY] | \$ | |
| | | | | | | | | | | | |
| City | . I | | | State | T | Zip Code | Ţ | Date (MM/I | D/YYYY] | \$ | |
| | | | | | | | | | | 1 | |
| Employ | er Name | | | T | | - | | Occupation | | <u> </u> | |
| Employ | er Mailing A | ddress | / | 1 | | | | | .1 | | |
| Principa | el Place of Bu | siness | | | | | | | | | |
| Full Nar | ne of Contri | outor | | | | | | Date [MM/I | D/YYYY] | \$ | |
| | | | | | | | | | | | |
| House # | • | Stre | et Address | 5 | | | | Date [MM/I | D/YYYY] | \$ | |
| | | | | | | | | | | | |
| City | | L | | State | 7 | Zip Code | <u> </u> | Date [MM/I | D/YYYY] | \$ | |
| - | | | | | | | | | | | |
| Employ | er Name | | | | <u> </u> | | | Occupation | | | - |
| Fmnlo | er Mailing A | ddross | , | | | | | | 1 | | |
| | al Place of B | | | | | | | | | | |
| Full Na | ne of Contri | butor | | - | | | | Date [MM/I | DD/YYYY] | \$ |] |
| | | | | | | | | | | |] |
| | | | 1 | | | | | Date [MM/I | | \$ | 1 |

Zip Code

State

City

Employer Name

Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY]

Occupation

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Elect Scott Zelov

| Full Nam | | Friends of Cary McCl | | | | | | | | | |
|-----------|--|-----------------------|---------------------|-----------------------|---|-------------------|--|--|--|--|--|
| House # | 90 St | reet Address Cricket | Avenue | | | | | | | | |
| City | <u> </u> | Ardmore | State | Zip PA Code | 19003 | Date [MM/DD/YYYY] | \$ 500 | | | | |
| | | Ardinore | | Code | 19003 | 07/19/2015 | 500 | | | | |
| Receipt | Description | Return of "Elect Scot | t Zelov" donation o | check | | | | | | | |
| Full Nam | e | | | *, ** | | | | | | | |
| House # | St | reet Address | dress | | | | | | | | |
| City | l | | State | Zip Code | | Date [MM/DD/YYYY] | \$ | | | | |
| Receipt I | Description | | <u> </u> | <u> </u> | -1 | | | | | | |
| Full Nam | e | | | | | | | | | | |
| House # | St | reet Address | • | • | | | | | | | |
| City | | | State | Zip Code | | Date [MM/DD/YYYY] | \$ | | | | |
| Receipt I | Description | | L | | | | | | | | |
| Full Nam | е | | | | | | | | | | |
| House # | St | reet Address | | | | | | | | | |
| City | | | State | Zip Code | | Date [MM/DD/YYYY] | \$ | | | | |
| Receipt | Description | | <u> </u> | | (- , , , , , , , , , , , , , , , , , , | | | | | | |
| Full Nam | ie | | | | | | · · · · · · | | | | |
| House # | Si | reet Address | | | | | | | | | |
| City | ************************************** | | State | Zip Code | | Date [MM/DD/YYYY] | \$ | | | | |
| Receipt | Description | | | L | <u>.</u> | | ************************************** | | | | |
| Full Nam | e | | | | | | | | | | |
| House # | St | reet Address | | | | | | | | | |
| City | | | State | Zip Code | | Date [MM/DD/YYYY] | \$ | | | | |
| Receipt | Description | | | | | | | | | | |

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

| Filer Identification Number: | Elect Scott Zelov | | |
|--------------------------------|--|---------|-------------------------|
| | | | |
| 1. UNITEMIZED IN-KINI | D CONTRIBUTIONS RECEIVED-VALUE OF \$5 | 0.00 C | PR LESS PER CONTRIBUTOR |
| TOTAL for the reporting period | (1) | \$ | 0 |
| 2. IN-KIND CONTRIBUT | IONS RECEIVED-VALUE OF \$50.01 TO \$250 | .00 (FI | ROM PART F) |
| TOTAL for the reporting period | d (2) | \$ | О |
| 3. IN-KIND CONTRIBUT | ION RECEIVED-VALUE OVER \$250.00 (FROM | / PAR | TG) |
| TOTAL for the reporting period | d (3) | \$ | 0 |
| | ITRIBUTIONS DURING THIS REPORTING nt totals from boxes 1, 2, and 3; also enter , Item F) | \$ | 0 |

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

| Filer identifi | cation Number: | Elect Scott Zelov | | | | |
|----------------|-------------------|-------------------|-------|----------|-------------------|---------|
| | | | | | | |
| Full Name | of Contributor | | | | Date [MM/DD/YYYY] | \$ |
| House # | Stre | et Address | | | Date [MM/DD/YYYY] | \$ |
| City | | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Description | n of Contribution | n | | | | |
| Full Name | of Contributor | | | | Date [MM/DD/YYYY] | \$ |
| House # | Stre | et Address | | | Date [MM/DD/YYYY] | \$ |
| City | | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Description | n of Contributio | n . | 1 | | | <u></u> |
| Full Name | of Contributor | | - | | Date [MM/DD/YYYY] | \$ |
| House # | Stre | et Address | | | Date [MM/DD/YYYY] | \$ |
| City | | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Descriptio | n of Contributio | n | | | | 3 1 |
| Full Name | of Contributor | | | | Date [MM/DD/YYYY] | \$ |
| House # | Stre | et Address | | | Date [MM/DD/YYYY] | \$ |
| City | | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Description | on of Contributio | n | | | | diament |
| Full Name | of Contributor | | | | Date [MM/DD/YYYY] | \$ |
| House # | Stro | eet Address | | | Date [MM/DD/YYYY] | \$ |
| City | <u> </u> | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Description | on of Contributio |)n | | | | |

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

| Filer Identification Number: | Elect Scott Zelov | |
|------------------------------|-------------------|--|
| | | |
| | | |

| Full Nai | ne of Contribut | tor | · · · · · · · · · · · · · · · · · · · | | | Date [MM/DD/ | | \$ | |
|-------------------|--------------------------------|-------------------|---------------------------------------|----------|----------|-----------------------------------|---------------|----------|---|
| House # | | Street Address | | | | Date [MM/DD/ | YYYY] | \$ | |
| City | | L | State | Zip Code | | Date [MM/DD/ | YYYY] | \$ | |
| Employ | er Name | | | | | Occupation | | | |
| | er Mailing Add FBusiness | ress / Principal | | | | Description of Contribution | | | |
| Full Na | me of Contribu | tor | | | | Date [MM/DD/ | YYYY] | \$ | 1 |
| House (| | Street Address | | | | Date [MM/DD/ | YYYY] | \$ | |
| City | 1 | | State | Zip Code | | Date [MM/DD/ | YYYY] | \$ | |
| Employ | er Name | | | | <u>l</u> | Occupation | | <u> </u> | |
| Employ Place o | er Mailing Add f Business | ress / Principal | | | | Description of Contribution | | | |
| Full Na | me of Contribu | tor | | | | Date [MM/DD/ | YYYY] | \$ | |
| House | F | Street Address | | | | Date (MM/DD/ | YYYY] | \$ | |
| City | | <u> </u> | State | Zip Code | | Date [MM/DD/ | YYYY] | \$ | |
| Employ | er Name | | | | | Occupation | | | |
| | er Mailing Ado f Business | lress / Principal | | | | Description of Contribution | | | |
| Full Na | me of Contribu | itor | | | | Date (MM/DD/ | / | \$ | |
| House | # | Street Address | | | | Date [MM/DD/ | | \$ | |
| City | | I | State | Zip Code | | Date [MM/DD/ | /**** | \$ | |
| Emplo | yer Name | | | | | Occupation | | • | |
| | yer Mailing Ado of Business | dress / Principal | | | | Description of Contribution | | | |

Statement of Expenditures

| Filer Identification Number: | | | | |
|------------------------------|--------------------|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | lElect Scott Zelov | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| lo Wi | om | Paid | | <u></u> | | | | Date [MM/DD/YYYY] | \$ | | |
|-----------------------|------------|----------------|-------------------------|---------------|-------------------------|----------------------------|---------------------------------|----------------------------|----------|-----|--|
| | | | Friends of Lower Merion | | | | | 06/16/2015 | | 100 | |
| House # 90 | | 0 | Street Address Co | 9 | Description of Expendit | Description of Expenditure | | | | | |
| City | Ardıı | nore | State Zip | | Zip Code | 19003 | Fundraiser | Fundraiser | | | |
| To W | iom | Paid | Cirillo for Judge | | • | Date [MM/DD/YYYY] | \$ | 250 | | | |
| | | | | | | | | 07/02/2015 | | | |
| House # 624 | | 24 | Street Address | ad | Description of Expendit | Description of Expenditure | | | | | |
| City | Meri | ion Statio | n | State | PA | Zip Code | 19066 | Donation | Donation | | |
| To Whom Paid | | Paid | | | | | | Date [MM/DD/YYYY] | 500 | | |
| | | | Friends of Tiffany O'I | Neill | | | 07/19/2015 | | ×00 | | |
| House # 504 | | 04 | Street Address | arriton Road | | | Description of Expendit | Description of Expenditure | | | |
| City | Вгуп | Mawr | | State | PA | Zip Code | 19010 | Donation | Donation | | |
| To Whom Paid | | Paid | | | | | <u></u> | Date [MM/DD/YYYY] | \$ | | |
| | | | Friends of Cary McCl | ain | | | | 07/19/2015 | | 500 | |
| House # 90 | | 90 | Street Address | ricket Avenu | ie | | Description of Expenditure | | | | |
| City | Ardı | more | | State | PA | Zip Code | 19003 | Donation | Donation | | |
| To Whom Paid | | | Friends of Bill White | side | | | Date [MM/DD/YYYY] 08/20/2015 | \$ | 250 | | |
| Hous | e # | 524 | Street Address | lazelhurst Ro | oad | | | Description of Expendit | ure | | |
| City | Mer | rion Static | on | State | PA | Zip Code | 19066 | Donation | Donation | | |
| To Whom Paid | | Paid | Cirillo for Judge | <u> </u> | | | Date [MM/DD/YYYY] 09/17/2015 | \$ | 500 | | |
| House # 624 | | 624 | Street Address | Hazelhurst Ro | oad | | Description of Expenditure | | | | |
| City | Me | erion Station | | State | PA | Zip Code | 19066 | Donation | Donation | | |
| To Whom Paid | | n Paid | Republican Commit | tee of Lower | Merion and | Narberth | Date [MM/DD/YYYY] 09/24/2015 | \$ | 2,500 | | |
| House # 90 Street Add | | Street Address | Cricket Aver | nue | | | Description of Expenditure | | | | |
| City | Ard | lmore | | State | PA | Zip Code | 19003 | Donation | | | |
| To Whom Paid | | n Paid | Montgomery Count | ty Republicar | Committee | | Date [MM/DD/YYYY] | \$ | 250 | | |
| | se# | 860 | Street Address | Penilyn Blue | Bell Pike, Su | ite 240 | | Description of Expend | ture | | |
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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.

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