

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.}		LOBBYIST ^{3.} <input checked="" type="checkbox"/>		
Name of Filing Committee, Candidate or Lobbyist: MUNTCO 2015										
Street Address: Pu Box 621										
City: Blue Bell					State: PA		Zip Code: 19422-			
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 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	ANNUAL REPORT ^{7.}		YEAR ▶		FILING METHOD () CHECK ONE ▶		PAPER <input type="checkbox"/> DISKETTE <input checked="" type="checkbox"/>			
Name of Office Sought by Candidate: County Commissioner					DATE OF ELECTION		District Number MUNTCO-MONTGOMERY CTY	Office Code OTH	Party Code REP	County Code 40
					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 15 15		FOR OFFICE USE ONLY			
A. Amount Brought Forward From Last Report				\$		12,644.83		2015 OCT 25 PM 3:25 		
B. Total Monetary Contributions and Receipts (From Schedule I)				\$		0				
C. Total Funds Available (Sum of Lines A and B)				\$		12,644.83				
D. Total Expenditures (From Schedule III)				\$		10,544.83				
E. Ending Cash Balance (Subtract Line D from Line C)				\$		1000				
F. Value of In-Kind Contributions Received (From Schedule II)				\$		0				
G. Unpaid Debts and Obligations (From Schedule IV)				\$		7,427.87				

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 and subscribed before me this

[Signature] day of **October** 20 **15**

[Signature]

Signature of Person Submitting Report

ERIC HULL

Printed Name

610

Area Code

393-4338

Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Rosemary V. Coccia, Notary Public
 Plymouth Township, Montgomery County
 My Commission Expires October 18, 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, 1937 (P.L. 1333, No. 320) as amended.

Sworn and subscribed before me this

[Signature] day of **October** 20 **15**

[Signature]

Signature of Candidate

SCOTT ZUP

Printed Name

My commission expires

MO. DAY YR. **10-18-16**

(610)

Area Code

256-4110

Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

Department of State
 Rosemary V. Coccia, Notary Public
 Plymouth Township, Montgomery County
 My Commission Expires October 18, 2016

State • Bureau of Commissions, Elections and Legislation
 Building • Harrisburg, PA 17120-0029 • (717) 787-5280

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.} <input type="checkbox"/>		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.} <input type="checkbox"/>			
Name of Filing Committee, Candidate or Lobbyist: <u>MUNTCO 2015</u>											
Street Address: <u>PO Box 621</u>											
City: <u>Blue Bell</u>					State: <u>PA</u>		Zip Code: <u>19422-</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 <input type="checkbox"/> 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	ANNUAL REPORT ^{7.}		YEAR <input type="checkbox"/>		FILING METHOD <input type="checkbox"/> CHECK ONE <input checked="" type="checkbox"/>		PAPER <input type="checkbox"/> DISKETTE <input checked="" type="checkbox"/>				
Name of Office Sought by Candidate: <u>County Commissioner</u>					DATE OF ELECTION MO. DAY YEAR <u>11 3 15</u>			District Number <u>MUNTS-00001 CT</u>			
								Office Code <u>OTH</u>			
								Party Code <u>REP</u>			
								County Code <u>40</u>			
(SEE INSTRUCTIONS FOR CODES)											
FOR OFFICE USE ONLY											
Summary of Receipts and Expenditures from: <input type="checkbox"/>			MO. DAY YEAR <u>6 9 15</u>			To			MO. DAY YEAR <u>10 15 15</u>		
A. Amount Brought Forward From Last Report				\$ <u>12,644.83</u>							
B. Total Monetary Contributions and Receipts (From Schedule I)				\$ <u>0</u>							
C. Total Funds Available (Sum of Lines A and B)				\$ <u>12,644.83</u>							
D. Total Expenditures (From Schedule III)				\$ <u>12,544.83</u>							
E. Ending Cash Balance (Subtract Line D from Line C)				\$ <u>100.00</u>							
F. Value of In-Kind Contributions Received (From Schedule II)				\$ <u>0</u>							
G. Unpaid Debts and Obligations (From Schedule IV)				\$ <u>7,427.87</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 true, correct and complete.

Sworn to and subscribed before me this 20 day of October, 2015

Rosemary V. Coccia Signature
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Rosemary V. Coccia, Notary Public
 My commission expires 10 18 16

Eric Heel Signature of Person Submitting Report
ERIC Heel Printed Name
610 Area Code 393-4338 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 20 day of October, 2015

Rosemary V. Coccia Signature
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Rosemary V. Coccia, Notary Public
 My commission expires 10 18 16

Stephen Tolbat Jr Signature of Candidate
Stephen Tolbat Jr Printed Name
610 Area Code 635-8292 Daytime Telephone Number

Department of State • Bureau of Commissions, Elections and Legislation
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Rosemary V. Coccia, Notary Public
 Plymouth Township, Montgomery County
 My Commission Expires October 18, 2016

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate MUSTO 2015	Reporting Period From 6/9/15 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)	\$ 0

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

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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SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Montro 2015	Reporting Period From 6/3/15 To 10/15/15
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To Whom Paid	MO.	DAY	YEAR	Amount
Hollowell & BRANSTETIA	7	14	15	\$ 12544.89
Mailing Address 3031 Lusaw ST	Description of Expenditure (Campaign Expense)			
City Camp Hill	State PA	Zip Code (Plus 4) 17011 -		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL \$ 12544.89

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 MUNTER 2015	Reporting Period From 6/9/15 To 10/13/15
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Name of Creditor Hollowell d BRANSTETTER				Outstanding Balance of Debt \$ 7427.87	
Mailing Address 3031 Wsaw ST	DATE DEBT INCURRED	MO. 4	DAY 28	YEAR 15	
City Camp Hill		State PA	Zip Code (Plus 4) 17011-		
Description of Debt Campaign Expense					

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
\$ 7427.87