Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE	1	QF	7
			(COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification	Report	CANDIDATE	COMMITTEE	LOBBYIST 3.			
Name of Filing Committee, Candidate or Lobbylst:	Filed By:		COMMINITEE	U LOBBRIST			
Street Address UBC & 631	The state of the s						
Blue Bell		State: PA	Zip Code:) <u> </u>			
TYPE OF STH TUESDAY 1. 2ND FRIDA	1 1	FOST PRIMARY	AMENDMENT	YES NO			
OTH TUESDAY 4. 2NO FRIDA (place X to PRE-ELECTION PRE-ELECT	AY 5.	30 DAY 6.	TERMINATION	YES NO			
the right of report type) ANNUAL 7. YEAR REPORT	Į.	LING METHOD CHECK ONE	PAPER	DISKETTE			
Name of Office Sought by Candidate: County Commissioner		DATE OF ELECTION MO. DAY YEAR // 3 15	MUMBER Code	Code Code			
Summary of Receipts Mo. DAY YE	EAR .	MO. DAY, YEAR		FICE USE ONLY			
A. Amount Brought Forward From Last Report	To	10/18/17		22			
B. Total Monetary Contributions and Receipts (From Sche	edule I) \$	1.644.83	8				
C. Total Funds Available (Sum of Lines A and B)	\$	<u> </u>	-	23			
D. Total Expenditures (From Schedule III)	\$	13,644,89	19-45	Y 1			
E. Ending Cash Balance (Subtract Line D from Line C)	8	13,544,83					
F. Value of In-Kind Contributions Received (From Schedu	1 '	w.w					
G. Unpaid Debts and Obligations (From Schedule IV)	s s		·	· · · · · · ·			
O See In Seriousia 177	٦	7,437.87					
PART I - If this is a Committee report, treasurer sign h	AFFIDAVIT SECT	TION	M. B. Marian				
I swear (or affirm) that this report, including the attached schedu correct and complete.	les, on paper or o	omputer diskette, are to t	moldate sign here	J.			
MONWEAUTH OF NOTATION OF THE THE THIS SWORD STORE THE THIS STORE THE THE THIS STORE THE THIS STORE THE THE THE THE THE THIS STORE THE THE THE THE THE THIS STORE THE THE THE THE THE THE THE THE THE TH	15) [u]	Enc Heck	Person Submitting				
PART II - this is a report of a Candidate's Authorized	d Committee,	oandidate shall sign here	9				
Sworn to 3nd subscriber references. Sworn to 3nd subscriber references this subscriber references the subscriber references the subscriber references the subscriber references the subscriber references to the subscribe	his political comm	Sw T	ure of Candidate Vinted Name	Act of June 3, 1937			

NOTARIAL Sequentment of State Bureau of Commissions, Elections and Legislation

Rosemary V. Cocc@1(Nobrarth)POffice Building Harrisburg, PA 17120-0029 (717) 787-5280 Plymouth Township, Montgomery County DSEB My Commission Expires October 18, 2016

CAMPAIGN FINANCE REPORT

PAGE 1 OF

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification	1			Repo Filed			CANDIDATE	1.	сомм	ITTEE	2.	LOBE	SYIST	3.	
Name of Filing Comm				1				1	I		<u>レ</u>	·			
Street Address	<u> </u>) I <u>S</u>				·····	· · · · · · · · · · · · · · · · · · ·								
City: 10 8cx 611						1	State:		Zin Coo	1e					
BIV	(Bell				State: PA				iqual -						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2NO FRIDA PRE-PRIMA		2.	30	DAY ST PRIMARY	3.	AMENDI REPORT		YES		ОИ	V	
(place X to	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA		5.		DAY ST ELECTION	6.	TERMIN REPORT		YES		NO		
the right of report type)	ANNUAL REPORT	7.	YEAR				IG METHOD CHECK ONE		PAPER		DISI		ETTE		
Name of Office Sough	nt by Candidate:						ATE OF ELEC	2.12.12.00	District Number	Office Code		Party	Cou		
<u> </u>	1	•				MC	DAY Y	EAR	M6413-	Δn	H	DE (NI.	de U	
Count	7 Um	11 <u>S</u> S	inner			11	3 15		CT	(SEE IN	STRUC	TIONS			
Summan of D		МО	DAY Y	EAR		МС	DAY Y	EAR	F	OR OF	FICE L	ISE O	NLY		
Summary of Re and Expenditur	es from:	Ġ	9 15		То	10		_							
A. Amount Brought	Forward From La	st Repo	ort		\$	17	644.89								
B. Total Monetary	Contributions and F	Receipt	s (From Sche	edule I)	\$		O								
C. Total Funds Ava	ilable (Sum of Line	s A ar	nd B)		\$	13.	644.83								
D. Total Expenditur	es (From Schedule	111)			5 13,544,89										
E. Ending Cash Bala	ance (Subtract Line	D fro	m Line C)	,	ş		100.00								
F. Value of In-Kin	d Contributions Red	eived	(From Sched	lule II)	\$		-()·								
G. Unpaid Debts an	d Obligations (Fron	Sche	dule IV)	·	\$	-	7,437.87)							
				AFFIDA	VIT SE							-		!	
PART I - If this is	a Committee rep	ort, tre	easurer sign l	here.	lf this	is a C	andidate rep	ort, ca	ndidate s	ign her	8.				
I swear (or affirm) the correct and complete.	et this report, includi	ng the a	attached achedu	ules, on	paper o	rcomp	outer diskette, i	are to th	ne best of	my kno	wiedge	and be	lief tru	ie,	
Sworn to m subscri	ibed before me this	1	. ,												
day of	CREAT	w	20	15)].		Eui 1	Hec	1						
Tara	or as to	4	/All	W				teci	Person St	tbmitting	Repor	t			
COMMONWEALTH OF PENESYLVANIAN TO THE					7		,		rinted Nam	ne O 3					
	AL SEALA	DAY	YR.	2	J		61() Area Code		<u></u>	名 <u>」</u> ytime T	G 3 3	B Numi	her		
Diversity Township	U			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
AACOMMISSIONESOIS I swent (or affirm) the (P.L. 1333, No. 320) as	t to the best of my	knowled	ge and belief	this pol	inittee	ommitte	didate shall si	gny here afed eny	provision	s of the	Act of	June	 3, 1937		
Swarn to and subscr		1		,,-	/		1//	<i>{</i> / _						- 1	
XX XX	CH	W	20_	<u>/J</u>	<u>,</u>] ^ .			Signati	UTA OL CAN	alia a -					
/ 10	Signature	X	10ce	UL	}	<u></u>	Tephen	70	16by	didate	2 /			_]	
My commission/expir	1/1/	DAY	- 18-h	5].	<u>(</u>	Area Code	Pi	rinted Nen	<u> </u>	890	î.L			
							88 CO08		Da	ytime T	elephon	e Numb	er		

Department of State

Bureau of Commissions, Elections and Legislation

COMMONWEALT OF PENNSYLVANIA

Harrisburg, PA 17120-0029

(717) 787-5280

DSEB- 902 (7-99) NOTARIAL SEAL Rosemary V. Coccia, Notary Public Plymouth Township, Montgomery County My Commission Expires October 18, 2016

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

PAGE 2 OF

Detailed Summary Page

Name of Filing Committee or Candidate	6		
Month Just	Reporting Per From 69		To 10/19/17
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBUT	OR
TOTAL for the Reporting Period	j (1)	\$	0
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	R1		
Contributions Received from Political Committees (Part A)	<u> </u>		
		\$	<u> </u>
All Other Contributions (Part B)		\$	U
TOTAL for the Reporting Period	(2)	\$	\mathcal{O}
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	O
TOTAL for the Reporting Period	(3)	\$	O
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CH	ECVC ETC	(FDC)	
			M PARI E
TOTAL for the Reporting Period	(4)	\$	O
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.)		\$	δ

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	-			Reporting	Period	
Monto 2015	From 68 15 To 10/19/18					
11101/16 2011					01111	10 10/11/11/10
TO WHOM Paid Hellowell & BRANSTETIC			Mo.	DAY 14	15	\$ 14544.K
Martina Addroce			`	tion of Exp		
3031 Lusau ST	State	Zip Code (Plus 4)	4)	wberty	1 EX	Der767
Camp Hill	State	โว้งกั -		•		•
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address		, , , , , , , , , , , , , , , , , , ,	Descrip	tion of Exp	enditura	
City	State	Zip Code (Plus 4) —				
To Whom Paid			мо.	DAY	YEAR	Amount
Mailing Address		· · · · · · · · · · · · · · · · · · ·	Descrip	tion of Exp	enditure	\$
City	State	Zip Code (Plus 4)				
To Whom Paid		-				
, a thinking and			MO.	DAY.	YEAR	Amount
Mailing Address			Descript	lon of Exp	enditure	<u> </u>
City	State	Zip Code (Plus 4)	 			
To Whom Paid						
10 MAUDIT FRIG			MO.	DAY	YEAR	Amount
Meiling Address			Descript	lon of Exp	anditura	\$
City						
Gity	State	Zip Code (Plus 4)				
To Whom Paid						
TV THOM FEIG			MO.	DAY	YEAR	Amount
Mailing Address			Descript	ion of Expe	nditure	\$
City				70.1 01 02.00		
City	State	Zip Code (Plus 4) —				
To Whom Paid			MO.	DAY	VEAR	Amount
Mailing Address					TEMP	\$
			Descripti	on of Expe	nditure	
City	State	Zip Code (Plus 4)	 			
						
To Whom Paid			MO.	DAY	YE 4R	Amount
Mailing Address			Descripti	on of Expe	-414	\$
X			Dezer pri	on or Expe	nairma	
City	State	Zip Code (Plus 4)				
	L		L			PAGE TOTAL
Enter Grand Total of Expenditures on Pag	e 1, R	eport Cover P.	age, ite	m D.		
· ·	•					\$ 12,544.88

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		Reporting Period	
MUNTO JUIS		From <u>6</u> /3	15 TO 10/18/15
Hallowell & BANNSTETTE			Outstanding Balance of Deb
Mailing Address	DATE		\$ 7,427,87
3031 lugar ST	DEBT	MO. DAY YEAR	
Can HII		State Zip Code (Plus 4)	
Description of Debt	· · · · · · · · · · · · · · · · · · ·	PA 17011-	
Earpain Expuses			
Namo of Creditor			Outstanding Balance of Debi
Mailing Address	DATE	MO. DAY YEAR	
City	DEBT INCURRED	MO. DAY YEAR	
		State Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
Mailing Address	DATE		\$
City	DEBT	MO. DAY YEAR	
		State Zip Code (Plus 4)	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
Mailing Address	DATE		\$
City	DEBT INCURRED	MO. DAY YEAR	
		State Zip Code (Plus 4)	
Description of Debt			
N			
Name of Creditor			Outstanding Balance of Debt
Mailing Address	DATE	MO. DAY YEAR	\$
City	DEBT	MO. DAY YEAR	
,		State Zip Code (Plus 4)	
Description of Debt			
Vame of Creditor			
or creator			Outstanding Balance of Debt
Meiling Address	DATE	MO. DAY YEAR	\$
ity	DEBT INCURRED	MO. DAY YEAR	
·		State Zip Code (Plus 4)	
escription of Debt			and the second of the second o
			ľ
inter Grand Total of Uppoid During			PAGE TOTAL
inter Grand Total of Unpaid Debts on Page 1,	Report Cover	Page, Item G.	\$ 7427.87
			1.001101