PAGE 1 OF /3

CAMPAIGN FINANCE REPORT

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

Filer Identification				Repor Filed			CANDI	DATE	1	COMMI	TTEE	² ×	LOBB	YIST	3.
Number: Name of Filing Comm	ittee Candidate or Lo	bbyist:								L			L		
Fr /	ends of	· 3	11/ W	hite	510	1e						,			
Street Address:	Somerso														1
City	sdale		<u> </u>				State:	a		Zip Cod	1e: 46	_			
TYPE OF	6TH TUESDAY	1.	2ND FRIDA		² ^		DAY ST PRIM		3.	AMENDA REPORTA		YES		NO	X
REPORT	PRE-PRIMARY 6TH TUESDAY	4.	2ND FRIDA	Y /	1	30	DAY OST ELEC		6.	TERMINA REPORT	ATION	YES		NO	X
(place X to the right of report type)	PRE-ELECTION ANNUAL REPORT	7.	YEAR			FIL	NG ME	HOD		PAPI		X	DISK	ETTE	
Name of Office Soug						<u> </u>	DATE O	·		District	Offic	e	Party	Co	unty
	omery Co	unt	/				O. DA		EAR	Number	Code		Code R <i>EP</i>		ode 6
0.	othonota	1 - 1	,				5 19	20	115]				<u> </u>	
	0 21.01.0 22	<u> </u>											TIONS		ODES)
		M	D. DAY Y	EAR		3	10. DA	/ Y	EAR	<u> </u>	OR OF	TIGE	USE C	HUL T	
Summary of R and Expenditu	res from:	0	1 01 20	>15	То	, (2 04	20	15						I
· · · · · · · · · · · · · · · · · · ·	t Forward From La	st Rep	ort		\$		'/A			1			<u> </u>	:	
B. Total Monetary	Contributions and	Receip	ts (From Sch	edule I	\$ 5,750.00										
C. Total Funds Av	ailable (Sum of Lin	es A	and B)		\$	5,	750	00		- Commercia					
D. Total Expenditu	res (From Schedul	e III)			\$	1,7	32.	07							
E. Ending Cash Ba	lance (Subtract Line	e D fr	om Line C)		\$ 4,017,93										
F. Value of In-Ki	nd Contributions Re	ceived	(From Schee	dule II)							• •	رن	15.3		Ì
G. Unpaid Debts a	nd Obligations (Fro	m Sch	edule IV)		\$	2,	000	00					C.)		
PART I - If this	is a Committee re	port, t	reasurer sign	AFFIDA				ate re	port, c	andidate	sign he	re.			
I swear (or affirm) to correct and complete	hat this report, include.	ling the	attached sched	Jules, or	paper	or co	mputer d	iskette,	are to	the best o	f my kn	owledg	e and t	pelief 1	truë,
Sworn to and subsc	cribed before me this						_								
5th day	of May	_	20	15	ַ		ين	لم		نندا	ن				
7	m m	. /	1		1		Ed			f Person	Submitti ک/ک	ng Rep	ort		j
Vegenes	COMMON	WEALT	H OF PENNSY	LVANIA	. }		Ear	سن رر	<u> </u>	Printed N					
My commission ex	pires Virginia		rarial Seal vedale, Notary I	Public	215 896-7531										
My commission expires Virginia M. Nevedale, Notary Public MO. Whitpain Top. Y Montgomer County Area Code Daytime Telephone Number															
PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.															
l swear (or affirm) (P.L. 1333, No. 320)	that to the best of mo as amended.	y knowi	edge and belie	f this po	olitical	com	ittee has	not vie	plated a	iny provisi	ons of t	the Act	of Jun	e 3, 19	937
73人	cribed before me this	ANIA	_	.16	1			And	1-12	1/	/ 	4			
day	Constant L	1	\2	o <u>/ ~</u>	- [ب د د دا	110	Sign	atura of C	andidate	<u>.</u>	م ہے ۔	<u>/λ</u>	
Symbon	Budney Stored	2017 2017	<u> </u>		- }		011	- -	104	Printed N	<i>W </i> lame 13 9				
Ay compassion White		DA	/ / Y YR,		J		2/3 Area			80	Daytime			ımber	
THER	PE'I''														

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

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Friends of Bill Whiteside	From 01-01-15 To 05-04-15

1.	UNITEMIZED	CONTRIBUTIONS	AND RECEIPTS	- \$50.00 C	R LESS PER	CONT	RIBUTO	1
			TOTAL for t	he Reportin	g 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)	\$ 250.00
TOTAL for the Reporting Period (2)	\$ 250.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ 4,500.00
TOTAL for the Reporting Period (3	\$5,500.00

4.	OTHER RECEIPTS -	REFUNDS, INTERE	ST EARNED,	RETURNED	CHECKS,	ETC.	(FROM	PART E)	
		тот	AL for the R	Reporting Per	iod	(4)	s —	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.)	\$ 5,750.00

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.

			10	eporting	Daried	
Name of Filing Committee or Candidate	1 1.		"			, c =
Friends of Bill Whi	tesi de			From C	1-01-	15 To 05-04-15
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	
,		· · · · · · · · · · · · · · · · · · ·	11102	¥1.7,		\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	1	619	VEAD	
City	State		MQ.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	_
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	<u> </u>
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		<u>-</u>		, VG.		\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
-						\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Considering Committee	1		MQ.	DAY	YEAR	
Full Name of Contributing Committee				DAT	1.600	† \$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
6 :1	State	Zip Code (Plus 4)	<u> </u>	500	1,,,,,	*
City	31818		MO.	DAY	YEAR	\$
Full Name of Contributing Committee	· · · · · · · · · · · · · · · · · · ·		MO.	DAY	YEAR	\$
Mailing Address				DAY	YEAR	\$
A:	State	Zip Code (Plus 4)	 	1 5416	VESS	*
City	State	Zip Code (Flus 4)	MQ.	DAY	YEAR	\$
						PAGE TOTAL
Enter Grand Total of Part A on S	chedule i	. Detailed Summa	rv Page.	Section	on 2.	

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
Friends of Bill Whiteside	From 01-01-15 To 05-04-15

			DATE		AMOUNT
Full Name of Contributor		MO.	DAY	YEAR	6 0 50 00
Michael L. and Linda L. C. Mailing Address	lement	03	il	2015	\$ 250.00
2705 Potshop Road		MO.	DAY	YEAR	\$
Norristown P	te Zip Code (Plus 4) 2 / 9403 -	MO.	DAY	YEAR	\$
Full Name of Contributor		MO.	DAY	YEAR	\$
Mailing Address		,,,	DAY	UE ZA	3
maning Address		MO.	DAY	YEAR	\$
City	te Zip Code (Plus 4)	MO.	DAY	YEAR	*
					\$
Full Name of Contributor		MO.	DAY	YEAR	\$
Mailing Address		MO.	DAY	YEAR	\$
City	te Zip Code (Plus 4)	1			<u> </u>
3.5	- 21p code (Figs 4)	MO.	DAY	YEAR	s
Full Name of Contributor		MO.	DAY	YEAR	
		1		, CAN	\$
Mailing Address		MO.	DAY	YEAR	\$
City Sta	10 Code (8) (8)				***
City	te Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	<u> </u>	MO.	DAY	YEAR	
					\$
Mailing Address		MO.	DAY	YEAR	\$
City	te Zip Code (Plus 4)	MO.	DAY	YEAR	
					\$
Full Name of Contributor		MO.	DAY	YEAR	\$
Mailing Address		MO.	DAY	YEAR	
					\$
City	te Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor		Mo.	DAY	YEAR	T
			w-> t		\$
Mailing Address		MO.	DAY	YEAR	\$
City Sta	te] Zip Code (Plus 4)	MO.	DAY	YEAR	•
	-		UAT	TEAR	\$
Full Name of Contributor		MO.	DAY	YEAR	
Mailing Address		<u> </u>			\$
manning Address		MO.	DAY	YEAR	\$
City	te Zip Code (Plus 4)	MO.	DAY	YEAR	e
					\$
			_	i	PAGE TOTAL
Enter Grand Total of Part B on Schedule	I, Detailed Summary	Page,	Section	1 2.	\$ 250.00

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.

Name of Filing Committee or Candidate		ue over \$250.00 i				
Friends of Bill WI	Reporting Period					
777E1133 07 3.11 W.		2 10 <u>02-04-17</u>				
Full Name of Contributing Committee	· · · · · · · · · · · · · · · · · · ·			DATE		AMOUNT
Citizens for Don Mailing Address	nelly		Mo.	DAY /6	YEAR 2015	\$ 1,000.00
Meiling Address PO Box 367	7		MO.	DAY	YEAR	\$
PO BOX 367 Giry Horsham	State	Zip Code (Plus 4) / 9044 -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	1,00	7 70 7 7	MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		-	240	pav.	l vete	Y
			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
(Full Name of Contains in Committee			1 440	614	2615	•
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Many of Contribution Committee		_				*
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	·
		-				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
Full Name of Contributing Committee			MQ.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	L		MO.	DAY	YEAR	
-			WIO.	J. OAT	TEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	&
						\$
						PAGE TOTAL

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

\$ 1,000.00

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
Friends of Bill Whiteside	From 01-01-15 To 05-04-15

				DATE		AMOUNT
Full Name of Contributor John F and mary S. Mailing Address	E be	rle	мо. 03	DAY 27	YEAR 2015	\$ 2,500,00
2002 West Rock Road	/		MO.	DAY	YEAR	\$
Pekasie	Pa	Zip Code (Plus 4) 18944 -	Mo.	DAY	YEAR	\$
Employer Name Grim Biehn & Thatcher Employer Mailing Address/Principal Place of Business	·		Occupation A £	torn	eý	
Employer Mailing Address/Principal Place of Business 104 S. Six th St, Po Box	21:	5, Perkasia,				
	ACCOUNTS OF		MO.	DAY	YEAR	\$ 2,000.00
Full Name of Contributor W. W. III am Whiteside, 111 Meiling Address		-t	03 Mo.	DAY	2015 YEAR	
217 Jefferson Avenue						\$
Horsham	Fa	Zip Code (Plus 4) /9044 -	MO.	DAY	YEAR	\$
Employer Name Self Employed			Occupation / T		svit	ing
Employer Mailing Address/Principal Place of Business 217 Jefferson Arenue, Ho	orsh	an Pa 19044	<i>;</i>			
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name		<u> </u>	Occupation	lon	<u> </u>	
Emptoyer Mailing Address/Principal Place of Business				- <u></u>		
Full Name of Contributor	***************************************		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer Name			Occupation	on	l	
Employer Mailing Address/Principal Place of Business			1			
Full Name of Contributor			MO.	DAY	YEAR	_
	******************************					\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupation	on		
Employer Mailing Address/Principal Place of Business						

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ 4,500,00

Reporting Period

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.

Friends of Bill	iends of Bill Whiteside			From 01-01-15 To 05-04-1			
Name							
ailing Address							
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
		-				\$	
eceipt Description							
ill Name							
							
laiting Address							
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
eceipt Description		_				\$	
aceipt Description						·	
ull Name							
Mailing Address							
Mailing Address							
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount c	
Receipt Description			11		<u></u>	\$	
everyt weddirption		···					
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	₩O.	DAY	YEAR	Amount \$	
Receipt Description	<u> </u>						
	<u> </u>						
Full Name							
Mailing Address							
	10	(%)	* ***			Amount	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Receipt Description			<u></u>		<u>. </u>		
- 11 A1							
Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
only.		-			1,50	\$	
Receipt Description	· · · · · · · · · · · · · · · · · · ·						
		<u> </u>				PAGE TOTAL	

Name of Filing Committee or Candidate

SCHEDULE II

PAGE 8 OF 13

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 Peri	od	
Friends of Bill Whiteside	From Ot-C)1-15	To 05-04-15
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE C	OF \$50.00 OR L	ESS PEI	R CONTRIBUTOR
TOTAL for the Reporting Po	eriod (1)	\$ —	0 -
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO	\$250.00 (FROM	PART	F)
TOTAL for the Reporting P	eriod (2)	\$	0 -
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00	(FROM PART G)	
TOTAL for the Reporting P	eriod (3)	\$ —	0 -
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, and 3; also enter on Page 1, Report Cover Page, Item F.)	2,	\$	0-

Reporting Period

SCHEDULE II PART F

Name of Filing Committee or Candidate

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Friends of Bill Whiteside					From 01-01-15 To 05-04-15				
				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:	<u>.1</u>		1						
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	MO.	DAY	YEAR				
					1	\$			
Mailing Address			MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	MQ.	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	PASY	\$			
Description of Contribution:					<u>.</u>				
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address			MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$			
Description of Contribution:			<u>. L</u>		L				
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address			Mo.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4) 	MQ.	DAY	YEAR	\$			
Description of Contribution:									
Full Name of Contributor			MO.	DÁY	YEAR	\$			
Mailing Address		······································	MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
Description of Contribution:	1	<u></u>	1	<u> </u>	1.	<u> </u>			
						PAGE TOTAL			
Enter Grand Total of Part F on Sched Summary Page, Section 2.	dule II	, In-Kind Contribut	ions De	tailed	j	\$ -0-			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting	Period	
Friends of Bill Wh		From C	- 10- اخ	15 TO 05-04-15		
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	s
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
Employer of Contributor			Occupa	tion		
Employer Mailing Address/Principal Place of Busine	055		Descrip	tion of Cor	tribution	
Full Name of Contributor			MO.	DAY	YEAR	s
Mailing Address			MO.	DAY	YEAR	
						1 \$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupa	tion	<u> </u>	<u> </u>
Employer Mailing Address/Principal Place of Busine	Descrip	tion of Car	tribution			
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	VEAR	4
	3,0,0		MO.	DAY	YEAR	\$
Employer of Contributor			Occupa	tion		
Employer Mailing Address/Principal Place of Busine	***		Descrip	tion of Car	tribution	
Full Name of Contributor			MQ.	DAY	YEAR	<u> </u>
Tall Halle of Contributor			- NO.	DAY	7EAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	s
Employer of Contributor		_	Occupat	tion		#
Employer Mailing Address/Principal Place of Busine	3\$\$		Descrip	tion of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor		······································	Occupat	tion	•	
Employer Mailing Address/Principal Place of Busine	:53		Descrip	tion of Con	tribution	
						PAGE TOTAL
Enter Grand Total of Part G on Sci	hedule II,	In-Kind Contrib	utions D	etailed		
Summary Page, Section 3.						\$ O

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period										
Friends of Bill Whitesia	Friends of Bill Whiteside					From 01-01-15 To 05-04-15					
Area One Republican	C	ommittee	мо. 63	13	YEAR 2015	Amount \$ 50.00					
Mailing Address				on of Expe	nditure						
Schwenksville, Pa 19473	Pa	Zip Code (Plus 4)									
PNC Bank			мо. 63	DAY 19	YEAR 2015	Amount \$ 70.15					
Mailing Address 249 5th Avenue, Ste. 30			Descripti	on of Exp	enditure	ing Fee					
P, Etsburgh	Fa	Zip Code (Plus 4) 15222 -									
To Whom Paid	`	1 ,	MO.	DAY	YEAR	Amount					
Montgomery County Council f	or K	ep. Women	۵3	22	2015	\$ 25.00					
PO Box 510				on of Exp ca a t							
Lafayette Hill	Pa	Zip Code (Plus 4) /9444_									
To Whom Paid	,	a 11	MO.		YEAR	Amount					
Montgomery County Repub.	licai	n Committee	03		2015	\$ 1,000.00					
860 Penllyn Blue Bell Pi	Ke,	# 240		on of Exp		5 Clob					
Blue Bell	State	Zip Code (Plus 4) 19422 —									
Norristown Republican	Cor	nmittee			20/5	Amount \$ 35.00					
Mailing Address 915 W. Airy Street				on of Expe							
Norristown	Pa	Zip Code (Plus 4) 1940/									
To Whom Paid Trappe GOP			MD.	DAY C/	YEAR 2015	Amount \$ 49.00					
Mailing Address 130 W. Main St., Suite	144	-346		on of Exp							
Trappe	I STATE	Zip Code (Plus 4) 19426-									
To Whom Paid			MO.	DAY	YEAR	Amount					
Friends of Ed Diasio			OU	09	2015	\$ 20.00					
202 Somerset Ct.		-		on of Exp							
Lansdale	Fa	Zip Code (Plus 4) 19446 -									
To Whom Paid Area 2 Republican Com.	m, t	tee	MO.	OS O	YE \R	Amount \$ ごる・OO					
Mailing Address 1000 Candelora Drive				on of Exp		ring Fundraiser					

Zip Code (Plus 4) 19464 ---

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

PAGE TOTAL \$ 1,2 9 9, 15

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		1		Reporting	-			
Friends of Bill White	S10	e		From _(01-01-	15 TO 05-05	4-15	
To Whom Paid	<u> </u>							
Hatfield Republican (Zom,	miltee	MO.	16	YEAR 2015			
1704 Koffel Road			Description of Expenditure Donation- Fundraiser					
Hatfield	State	Zip Code (Plus 4) / 9440 -	100	7 (4 4	<u>u - </u>	DAGTHISE		
To Whom Paid StapleS' Mailing Address	4		MO.		YEAR	Amount		
Mailing Address				17	panditure			
Willow Grove	State	Zip Code (Plus 4)		vitar				
To Whom Paid Upper Moreland Repub Mailing Address			MO.	DAY	YEAR	Amount		
Mailing Address 14 Everett Avenue City	//ca	1 Committee	Descripti	tion of Expe		\$ 30.00		
Willow Grove	Pa	Zip Code (Plus 4) / 9090 -	0	ona t	:100			
To Whom Paid PNC Bank Mailing Address			MO.	DAY	YEAR	Amount		
249 5th Avenue, Ste. 30	>					\$ 81.62 ing Fee		
Pittsburgh	State	Zip Code (Plus 4) 15222 —		<u> </u>	,,,,	my ru		
To Whom Paid Cheltenham Twp. Republic Mailing Address	an i	Droanization	мо. 05		YEAR 2015	Amount \$ 50.00		
PO BOX 30246			Description	ion of Expe	enditure	3 2 -	<u></u>	
Elkins Park	State	Zip Code (Plus 4) 19027-		1816	, , ,			
To Whom Paid Area 5 Republican Co. Mailing Address	mm	ittee	мо. 04	DAY 26	YEAR	Amount \$ 50.00		
533 Britton Drive (Chairi	man	·)	Description	ion of Expe	enditure	3 00 0		
King of Frussia	State	Zip Code (Plus 4) 1946 -						
To Whom Paid ATRO			MO.	DAY 24	YEAR 2015	Amount \$ 50.00		
PO Box 615 (Chair ma	<u>n)</u>		Description	on of Exper	enditure	\$ 5000		
Abington	State Pa	Zip Code (Plus 4) /900/ _)ona t	2100		_	
Conshohocken Cafe	<u></u>		MO.	DAY	2015	Amount 28,49	7	
To Whom Paid Conshohocken Cafe Mailing Address 521 Fayette St. City			Descriptio	on of Exper	inditura	\$ ~		
Conshohocken	State	Zip Code (Plus 4) / 9428 -			7			

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

PAGE TOTAL \$ 432.92

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	
Friends of Bill Whiteside			From C	<u> </u>	15 To 05-04-15
Name of Creditor					Outstanding Balance of Debt
W. William Whiteside, III Meiling Address 217 Lefferson Are		<u></u>			\$ 2,000,00
Mailing Address	DATE DEST	MO.	DAY	YEAR	
City	INCURRED	O.3 State	Zip Code	20/5	
Horsham		Pa	19044_	(Plus +)	***
Loan to Campaign					
Neme of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY	YEAR	<u>[</u>
	DEBT	mo.	1 25:	TEAN	-
City	Intonice	State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor					
Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE	MO.	DAY	YEAR	
	DEBT INCURRED				
City		State	Zip Code	(Plus 4)	1
Description of Debt					1
Name of Creditor					Outstanding Balance of Debt
					\$
Mailing Address	DATE DEST	MQ.	DAY	YEAR	-
City	INCURRED	State	Zip Code	(Plus 4)	1
Description of Debt				• !	
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY	YEAR	\$
·	DEBT	14132	L.A.	1500	
City		State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor					
Name or Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT	. MO.	DAY	YEAR	3
A1.	INCURRED		Ι'	<u> </u>	
City		State	Zip Code —	(Plus 4)	
Description of Debt					
	_			1	PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1	, Report Cover	Page, I	tem G.	,	\$ 2,000.00