#### Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE	1	OF	9
			(COVER PAGE)

	NOTE: This report mus	t be clear and	<del></del>	<del></del>	typed or prin	tea in	DIUG OF	DIACK IN	K.)			
Filer Identification Number:	-201025	9	Report Filed 8		CANDIDATE	1.	COMM	ITTEE	2.	robb	YIST	3,
Name of Filing Comm	1)5 OF VA	vcy	<u> </u>		KOL							
City: hANSD	ALC		)210E		State:		Zip Co	446		47	43	<del></del>
TYPE OF	6TH TUESDAY 1.	2ND FRID	AY :	<sup>2.</sup> 30	DAY	3.	AMEND		Carl R.			
REPORT	PRE-PRIMARY  OTH TUESDAY  4.	PRE-PRIM.	AY !		DAY	6.	TERMIN		YES		NO	
(place X to the right of report type)	PRE-ELECTION 7.	PRE-ELECT YEAR	TION	FILI	NG METHOD	V	REPORT	era	YES	DISK	NO	
Name of Office Sough	REPORT ::				ATE OF ELEC				<del></del>	DISKE	4 1 1	
· · · · · · · · · · · · · · · · · · ·	RDER OF DO	72)S			O. DAY YE	AR	District Number	Office Code OTH	ļ	Party Code SEP	Cour Coo	de
· · · · · · · · · · · · · · · · · · ·					1 00 20	125		(SEE IN		_		
Summary of R	eceipts M	O. DAY Y	EAR	м	O. DAY YE	AR	F	OR OFF	ICE L	BE O!	VLY	1.14
and Expenditur	es from:	19 20	015	То 🟒	1 23 20	15			-			
	Forward From Last Rep			\$ 2	5,208.	54						
	Contributions and Receip		edule I)	ş	7. 150	Ö				:		
	ilable (Sum of Lines A	and B)		\$ 35	358.	54				j,		
D. Total Expenditur	es (From Schedule III)			s 26	1496 1	0				. 1		
E. Ending Cash Bala	ance (Subtract Line D fr	om Line C)		\$ 5	862.4	4						
F. Value of In-Kin	d Contributions Received	(From Sched	dule II)	\$ 19	829,4	D						
G. Unpaid Debts an	d Obligations (From School	edule IV)		\$	-0-							
PART - If this is	a Committee report, tr	easurer sign	here. If	T SECTION	Candidate ren	ort ca	ndidate s	ion here				
I swear (or affirm) the correct and complete.	et this report, including the	attached schedu	ules, on pa	per or com	puter diskette, a	re to th	best7of	my know	ledge	and be	ief true	
Sworn to and subscri				/		(						•
day of	NOU	20/	16	) <u>(</u>		1	<i>!</i> —					
Guller	CE Stag	lan	6	} _	Signa Julia EL	ture of	Person Su	bmitting	Report			_
My commission expl		20,	19		215//	/ Pi _	rinted Nan	) (	96	46	Ý	_
			EV EEN E	NOTARIA			De	ytime Te	lephon	e Numb	er	<del>-</del>
PART II - If this is	report of a Candidat	e's Authorize		DVD_MODE	JOHNSON COLLEGE	nc D here				Figure 1		
(P.L. 1333, No. 320) as	amended.	dge and belief-	this politi	tal-commit	ne has not visio	ny	provision	s of the	Act of	June 3	, 1937	
Sworn to and subscri	bed before me this		15]	ر ا	1 ana	ek (	1/3	] 1 er V	9			
Eslem	& Stant	one	_		VANCY	Signar	_5	gdate ECA	\ {O}	2		-
My commission expir	MO. DAY	201 VR.	19		Area Code	Pr	278	2-30	05	5		_
NOTÁRIAL S	FAI			<del></del>			Day	time Tel	ephone	Numbe	r	

EllEEN E. STAGLIANO, Noral spanishent of State Bureau of Commissions, Elections and Legislation Noral source, Montgomen 266, Parth Office Building Harrisburg, PA 17120-0029 (717) 787-5280

PAGE 2 OF 9

#### SCHEDULE I

## CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate FRIEDUBS OF NANCY J. BECKER	Prom/0/19	)20	<u> 15-то 11/23/2015-</u>
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBUT	ron -
TOTAL for the Reporting Period	(1)	\$	0-
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART E	)	4	
Contributions Received from Political Committees (Part A)		\$	250°
All Other Contributions (Part B)		\$	-0-
TOTAL for the Reporting Period	(2)	\$	251) 00
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)  Contributions Received from Political Committees (Part C)  All Other Contributions (Part D)		\$	2,900 °° 4,000. °°
TOTAL for the Reporting Period	(3)	\$	6,900
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CH	IECKS, ET	C. (FF	ROM PART E)
TOTAL for the Reporting Period	(4)	\$	1 -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.)		\$	7,150

PAGE <u>3</u> OF <u>9</u>

#### 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.

Name of Filing Committee or Candidate  (RIE) UDS OF NANCY	TR	DE OKEDE		From /	2/19/2	0150 11/23/2015
1 MILION UF 100110-	<u></u>			DATE		AMOUNT
Full Name of Contributing Committee	COUNT	evenour Com.	MD.	DAY U3	YEAR 2015	\$ 250°
Marting Address  THE THE MARIE ALP OF	<u></u>		Mo.	DAY	YEAR	\$
30 0 /// DV	State	Zip Code (Plus 4) /9/03-	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	16.17	1112	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	11		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Melling Address			мо.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	<del></del>		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
Clty	State	Zip Code (Plus 4)	MO.	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	\$
Mailing Address			MO.	DAY	YEAR :	\$
City	State	Zip Code (Plus 4)	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	\$
Enter Grand Total of Part A on Sc	hedule	, Detailed Summa	ry Pag	e, Sectio	on 2.	* 250

#### 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.

Varie of Filing Committee or Candidate	- <del>1</del>	- 120x40	Į <sup>r</sup>	Reporting	Period	<i>!</i> 	11/22/2
FRIENDS OF NANCY	<u>J.</u>	<b>LICKER</b>		From <u>/</u>	0/17/2	1015	то ///23/21
III Name of Contributing Committee		, , , , , , , , , , , , , , , , , , , ,	MO.	DATE			AMOUNT
AUNT GONORY COUNT	16	DUVOL SOLLO	10 10	DAY / 34	2015	\$	5000
2244 OAK TERRAC	1		MO.	DAY	YEAR	\$	
LANSDALE	State	Zip Code (Flus 4)	MO.	DAY	YEAR	\$	
ull Name of Contributing Committee	<u> </u>		Mo.	DAY	YEAR	+	
Silling Address	AU (	(GAIMITTEE		03	2015	\$	2,0000
1798 MEHDOW COLON	DR.		Mo.	DAY	YEAR	\$	7
MUSUALE	State	Zip Code (Plus 4) /9446-	MO.	DAY	YEAR	\$	<del></del>
	<del>X v j.</del>	11.176	MO.	DAY	YEAR	+	11 . 10
A LOUBLICAU (UMA) OF	THE	TANKE		04	2015	\$	4000
500 PAKKULEN DR			lvio.	DAY	YEAR	\$	
WYUNEWOOD	Sinta	Zip Code (Plus 4) 19096 -	MQ.	DAY	YEAR	- s	····
Ill Name of Contributing Committee	10 2.1	1////	MO.	DAY	YEAR	<del>                                     </del>	
ailing Address	<del></del>					\$	
ty		<u></u>	MQ.	DAY	YEAR	\$	
ty	State	Zip Code (Plus 4)	MO.	DAY.	YEAR	\$	
III Name of Contributing Committee			MO.	DAY	YEAR	<del>                                     </del>	
ailing Address			MO.			\$	
ty	·		NIU.	DAY	YEAR	\$	
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
II Name of Contributing Committee	<del></del>		MO.	DAY	YEAR		
offing Address			MO.			\$	···········
y	* *******			DAY	YEAR	\$	
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
I Name of Contributing Committee			MO.	DAY	YEAR -		
Hing Address			MO.	DAY	YEAR	\$	
у	State	Zip Code (Plus 4)				\$	
	3.5.	Zip Code (Fide 4)	MO.	DAY	YEAR	\$	
Name of Contributing Committee			Mo.	DAY	YEAR		
ling Address		<del></del>	MO.	DAY	YEAR	<u> </u>	
у	State	Zip Code (Plus 4)				\$	
·		With mone in the At	MO.	DAY	YEAR	_	
,		<del>-</del>				\$	

## PART D ALL OTHER CONTRIBUTIONS

PAGE \_\_\_\_\_\_ OF \_\_\_\_\_

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	1 /- 1-1
FRIENDS OF MANCY J. LECKER	From 10/19/2	2015 TO 11/23/2015
	DATE	AMOUNT
Full Name of Contributor / 4424N	MO. DAY YEAR 10 24 2015	* 2000°
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	
LANSUALE 1/A 19446-		\$
Employer Name KUBIN, MULLIN, MAXWEZL + LUPIN	Occupation +TTORNOY	
Employer Mailing Address/Principal Place of Business	19445	
Full Name of Contributor HUNCH IN FIFTLOWER TIT	MO. DAY YEAR	+\$ 2,000 TO
Meiling Address	MO. DAY YEAR	\$
City Stars Zip Code (Plus 4)	MO. DAY YEAR	
Herestoy PA 17033 -		\$
Employer Name  441100051 + B2ANSTEDED	Occupation  ALTICAL (	EUSUC, HUT
Employer Mailing Address/Principal Place of Business	17411	VV J - C / 1// U l
3031 LOGAN ST, (AMD HILL, MA	/ / U //	
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MQ. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business	<u> </u>	
Full Name of Contributor	MO. DAY YEAR	<b>-</b>
Mailing Address	MO DAY VEC	<b>\$</b>
	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor	MO. DAY YEAR	<b>- </b> \$
Malling Address	MO. DAY YEAR	
City State Zip Code (Plus 4)	MO. DAY YEAR	
		\$
Employer Name	Occupation	
Employer Malling Address/Principal Placa of Business	1	
		***

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

\$ 4000

#### SCHEDULE II

PAGE 6 OF 9

# 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** 

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 C	
	OR LESS PER CONTRIBUTOR
TOTAL for the Reporting Period	(1) \$
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FF	ROM PART EL
TOTAL for the Benedic B	(2) \$
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250,00 (FROM PART	
TOTAL for the Beauty	(3) <b>s</b> 19, 379, 40
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS	7770571
REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ 19,529.40

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate		-		Reportin	ng Period	
FRIEDUSS OF MANEY		DECKER		From	10/19	/2015 To // /23/2013
				DAT		
Full Name of Contributor		/ /	MO.	DAY		AMOUNT
Mailing Address	Cyc	14	70	24	2015	\$ 4,357 90
CITY LIZ STATE ST			MO.	DAY		S 15 471 20
11.	State	Zip Code (Plus 4)	1/0	3/	2015	1 10, 711.
MAKISBURG	14	17/01 -	<u>мо.</u>	DAY	YEAR	\$
E circles of Contributor	,	1	Occupa	tion)		
KEPUBLICHU TARIN	0-	PA		HOLL	TCAL	PARIY
Employer Mailing Address/Principal Place of Business	/		Descri	otion of C	ontribution	
Full Name of Contributor	7.82	15 MURGIT			D - 1	LOLINEAR PHUNC
Malling Address			MO.	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	
City	1 5444-					\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	<u> </u>	L	Occupa	tion		
Smalove M-III						
Employer Mailing Address/Principal Place of Business			Descrip	tion of Co	ntribution	· · · · · · · · · · · · · · · · · · ·
Full Name of Contributor						
- The state of contributor			MO.	DAY	YEAR	\$
Mailing Address	<del></del> -	<del></del>	MQ.	DAY	12545	
City			.,,,,	1 001	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	
Employer of Contributor					1	\$
			Occupat	ion		· · · · · · · · · · · · · · · · · · ·
Employer Mailing Address/Principal Place of Business	····-	· · · · · · · · · · · · · · · · · · ·	Descript	ion of Co	ntribution	
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address						\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	*
Employer of Contributor					-1500	\$
			Occupati	on	<del></del>	
mployer Mailing Address/Principal Place of Business			<u> </u>			
			Descripti	on of Con	tribution	
ult Name of Contributor			MO.	DAY	YEAR	
Mailing Address					TEAR	\$
			MO.	DAY	YEAR	_
lty S	State	Zip Code (Plus 4)	1			\$
mployer of Contributor	_	-	MO.	DAY	YEAR	\$
			Occupation	en l		
nplayer Mailing Address/Principal Place of Business						
		-	Description	on of Cont	ribution	
nter Grand Total of Part G on Sebadu						PACE TOTAL

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

\* 19, 829, 40

#### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name_of Filing Committee or Candidate  I-KIETUDS OF LANCY J. BECKER	Reporting Period From 10/19/2015 To 11/23/2015
To Whom Peid  OBTH (OALCS ELOM. SCHOOL  Meiling Address	MO. DAY YEAR Amount TO Sescription of Expenditure
OCITY WALES State Zip Code (Plus 4)	FUNDRAISOR
To Whom Paid (*CRU) Mailting Address	MO. DAY YEAR Amount  O 20 205 \$ 30  Description of Expenditure
City 2244 OAK IERRACE SIXI) Zip Code (Plus 4)	
TO Whom Party	DINNER /EETING  MD. DAY YEAR AMOUNT, TO BE
To Whom Parts    SD   SCOUT   ROOP 303	MO. DAY YEAR Amount  10 20 2015 \$ 157 %  Description of Expenditure
SUMNEYTOWN /KE Stayle Zip Code (Plus 4)  ANSOALE  A 19446-	FANDRALSER
10 Whom Fala RC	MO. DAY YEAR Amount 8, 000 00
Malling Address  SULLYN  City  SOLO POUNTYN  STORY COMO PRINT AND	Description of Expenditure
To Whore Paid 1 0 1	CAMPAIGN EXP.
Mailing Address	MO. DAY YEAR Amount 18/ 6.8  Description of Expenditure
City State   Zip Code (Plus 4)	CHIIPHIGN
To Whorn Paid 1944-	MO. DAY YEAR AMOUNT
Mailing Address	Description of Expenditure
City NORRISTOWN State Zip Code (Plus 4)	CHAIPH GN
10 Whom Paid 505	MO. DAY YEAR AMOUNT OF O
Mailing Address SUMNLYTOWN PIKE	Description of Expenditure  (HAULH 6 4)
Lity State Zip Code (Plus 4)  LULPSUILLE VIT 19443	MISIALE
To Whom Paid  OKPUS (HKIST) CHURCH SCHOOL  Mailing Address.	MO. DAY YEAR Amount (1) 29 20/5 \$ 9/7) 22
City Steffe Zip.Code (Plus 4)	Description of Expenditure
LAUSDALE PA 19446	HINDRHISCR
Enter Grand Total of Expenditures on Page 1, Report Cover Page	PAGE TOTAL \$ 21, 1/6, 60

#### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate  -RIDUSS OF NANCY	T	- PETOKO		From $\frac{10}{2}$	2/19/2	2015 to 11/23/2015
			<del></del>			Amount
KIDUSS OF BILL WHI	MES	IDE	MO.	//	YEAR Y	\$ 204,50
Mailing Address				n of Expen		!
City HORSHOM	Siste	Zip Code (Plus 4)	Novi	4Ril	MAIL	11.06
To Whom Paid (10211)	<u> </u>		MO.	6at	YEAR	Amount CC
Mailing Address	<i>y,</i> —	<u> </u>	Descriptio	on of Expel	nditure	
CHY 2244 (AK / CRPACE	State	Zip Code (Plus 4)	1	UNER	· Ale	ETTW6
TO WHOM PAID	VI	17971	MO.	DAY		Amount / / A A
MALLOWELL & BRAN	1516	2770/		23 on of Expe		
3031 LOGAN JIN	2027 151#19	Zip Code (Plus 4)	7	- /	71-161	<u>V</u>
CAMP FILL	M	17011-	MO.	BO (	ALL.	Amount
To Whom Raid  IPPENZ MORION YCPUBLI  Mailing Address  2	1012	U MARTY	10	on of Expe	201	\$ 45. 10
170 HLLOUDALE KD	7 27,976	Zip Code (Plus 4)		on or car	morra.	
KIOC OF 124551A	State		1-4	WDR+	415 CR	
To Whom Paid			· Mo.	DAY	YEAR	Amount \$
Mailing Address			Descripti	ion of Expe	enditure	
City	State	Zip Code (Plus 4)				
To Whom Peid		<u></u>	MO.	DAY	YEAR	Amount
Mailing Address	··		Descripti	ion of Exp	enditure	\$
City	State	Zip Code (Plus 4)			<del></del>	
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address				ion of Expe		\$
City	State	Zip Code (Plus 4)		·		
To Whom Paid		-	MO.	C ZAV	1	
Malling Address				DAY on of Expe	YE AR	Amount \$
City	State	Zip Code (Plus 4)		30 OI LAF-	indition e	
		#IP 0000				
Enter Grand Total of Expenditures on Pa	age 1,	Report Cover I	Page, Ite	m D.		PAGE TOTAL SO