

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	<input type="checkbox"/> LOBBYIST												
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Seanne Soy</i>																	
STREET ADDRESS <i>76 S Antietam Pike</i>																	
CITY <i>Amyler</i>			STATE <i>PA</i>	ZIP CODE <i>19002</i>													
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY													
	1. <i>Recorder of Deeds</i>																
	2. <table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>10</td><td>20</td><td>15</td></tr> </table> TO <table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>11</td><td>23</td><td>15</td></tr> </table>		MO.	DAY	YEAR	10	20	15	MO.	DAY	YEAR	11	23	15	DATE OF ELECTION		
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5. <table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td></td><td></td><td></td></tr> </table>		MO.	DAY	YEAR				CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>									
MO.	DAY	YEAR															
6. <table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td></td><td></td><td></td></tr> </table>		MO.	DAY	YEAR				TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>									
MO.	DAY	YEAR															
7. <table border="1"> <tr><th>AMENDMENT REPORT?</th><th>YES</th><th>NO</th></tr> <tr><td><input checked="" type="checkbox"/></td><td></td><td><input checked="" type="checkbox"/></td></tr> <tr><th>TERMINATION REPORT?</th><th>YES</th><th>NO</th></tr> <tr><td><input checked="" type="checkbox"/></td><td></td><td><input checked="" type="checkbox"/></td></tr> </table>		AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				
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TERMINATION REPORT?	YES	NO															
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>															

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR EXPENDITURES OF THIS POLITICAL COMMITTEE OR CANDIDATE'S COMMITTEE DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 25 DAY OF November 2015

Dianna DiIullo
 Dianna DiIullo, Notary Public
 Norristown Boro, Montgomery County
 My Commission Expires March 16, 2016
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Seanne Soy
 SIGNATURE OF PERSON SUBMITTING REPORT
 PRINTED NAME

MY COMMISSION EXPIRES 3 MO. 16 DAY 2016 YR.

215 AREA CODE 290-9500 DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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 _____ DAY OF _____ 20____

 SIGNATURE

 PRINTED NAME

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

 AREA CODE _____ DAYTIME TELEPHONE NUMBER _____