Commonwealth of Pennsylvania CAMPAIGN FINANCE REPORT

PAGE 1 OF ___

(COVER PAGE)

(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.	COMMIT	755	Z	1 OBBY	IST
Name of Filing Committee, Candidate or Lobbyist:	Sanch	1-7					•		
Street Address: DO DO	arra	2							····
356 Evergreen Road									
City: Tacking to			State: PA_	İ	Zip Code	46			
TYPE OF STH TUSSPAY 1. 2NO FRIO		- 4n	DAY THE	3.	AMENDM		YES	i i i i i i i i i i i i i i i i i i i	
TYPE OF REPORT PRE-PRIMARY	ARY		ST PRIMARY	_	REPORT			3 m	erini Stinii
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Name of Office Sought by Candidate:		6/2/17	ATE OF ELECT	71 2 10 14 17	District Number	Office Code		Party Code	County Code
Controller			O. DAY						
CUTTION		/	1 03 20	13					OR CODES)
	EAR	Ň	O. DAY YE	ANIE		OF OF	FICE	JSE O	
Summary of Receipts		го 🖊	1 23 20	215			· · ·		
A. Amount Brought Forward From Last Report	6	4,	194.41				i i		
B. Total Monetary Contributions and Receipts (From Sch	nedule I) \$	11.	155.00						
C. Total Funds Available (Sum of Lines A and B)	\$	15,3	349.47					:	ı
D. Total Expenditures (From Schedule III)	\$	9.	391,49					, ř	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	5.	157.98						
F. Value of In-Kind Contributions Received (From Sche	dule II) \$		<u> </u>						!
G. Unpaid Debts and Obligations (From Schedule IV)	8		X						
	AFFIDAVII	SECTI	ON		as property	7. 11.	14.14		
1 swear (or affirm) that this report, including the attached sche									
Sworn to and subscribed Cafore/Ine this			1 /						
	15	1	Karen	۱.	20	nU	Ke.	2	
Edew & Stuglians	·		Zaren		f Person S		ng Rep	ort	
- Signature		} '	Caltri		Printed Na				
My commission explaint ARIA SEAL PRINCE YR.	019) –	Area Code			aytime	115 Teleph	one Nun	nber
Collisional Mountaines wood		11 (12), Kya - 12		520101015	ibbergerat kandin	MMORINA WA	and the same		**********
I swear (or affirm) that to the best of my knowledge and belie									
I swear (or affirm) that to the best of my knowledge and belle (P.L. 1333, No. 320) as amended.	et this politi	cai comii	t to the list of the		iy provisio	,,, <u>,,</u> 0, (ille Fiot		. 0, 100.
Sworn to and subscribed before me this	, <		M. /	B	d				_
day of Will	20 / 5	\dashv	I his	Signi	ture of Co	andidate)		
Evilen & Staglan	16	} _`	/11.la	<u>///. </u>	Printed Na	115			
My commission expires 3 2. MO. DAY YR.	019	_	Area Code		_300	saytima	18.	3 hone Nur	nber
MO. DAY YR.			7111 0000			-,			

NOTARIAL SEAL Department of State
Bureau of Commissions, Elections and Legislation

EILEEN E. STAGLIANO, Notary Martie
Gffice Building
Harrisburg, PA 17120-0029
(717) 787-5280

DSEB Nogrations, Montgomery Co., PA

My Commission Expires June 3, 2019

SCHEDULE I

PAGE 2 OF _____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Reporting Per	riod
	20 To 11/23/15
FIRSHIS WILLIAM CALIN CITTLE	
WHITEMIZED CONTRIBUTIONS AND RECEIPTS \$50.00 OR LESS PER CON	TRIBUTOR
TOTAL for the Reporting Period (1)	16
	· · · · · · · · · · · · · · · · · · ·
2 CONTRIBUTIONS \$50.01 TO \$280.00 FROM PART A AND PART B	h
Contributions Received from Political Committees (Part A)	s Q
All Other Contributions (Part B)	\$ 1,575.00
TOTAL for the Reporting Period (2)	\$ 1.575.00
SE CONTRIBUTIONS OVER \$250.00 FROM PART C AND PART D	
Contributions Received from Political Committees (Part C)	\$ 2,500.00
All Other Contributions (Part D)	\$ 4,900,00
TOTAL for the Reporting Period (3	\$ 9,400-00
COTHER RECEIPTS - RETUNDS INTEREST - ARNED RETURNED SHECKS, E	C GROM PART E
TOTAL for the Reporting Period (4	1 1 -
CONTRIBUTIONS AND DECEIPTS DURING	
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.)	\$ 11,155.00

PART A

PAGE ___OF ___

Reporting Period

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.

me of Filing Committee or Candidate Friends of Karen	Geld 5	rinchez	F	rom <i>[0]</i>	20	To ///23/15
				DATE /	YEAR I	AMOUNT
II Name of Contributing Committee			Carried Co. Co. Sec.	-	A SECOND	\$
siling Address			MO.	DAY	YEAR	\$
-						*
ty	State	Zip Code (Plus 4)	мо	DAY	YEAR	\$
			MO.	DAY	YEAR	
II Name of Contributing Committee						\$
siling Address			MO.	DAY	YEAR	\$
		Zip Code (Plus 4)		DAY	YEAR	<u> </u>
ity	State	Zip Cade (Fias 4/	* MO	DAY	TEAR	\$
			MO.	DAY	YEAR	
il Name of Contributing Committee						\$
ailing Address			мо.	DAY	YEAR	\$
	State	Zip Code (Plus 4)	MO	DAY	YEAR	•
ity	State	Zip 0000 1: 100 -7	MV.	UAT.	- Contraction	\$
ull Name of Contributing Committee			MO.	DAY	YEAR	
uil Name of Contributing Committee						\$
failing Address			MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	<u> </u>
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uil Name of Contributing Committee			MO.	DAY	YEAR	
All Mattia of Chattipotting Committee						\$
Mailing Address			MO.	DAY	YEAR	\$
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Sity		_	, Alovasa			\$
full Name of Contributing Committee			MO.	DAY	YEAR	A
					7 7 7 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO,	DAY	YEAR	
arr y		· ——				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
				on the last of the last of		y
Mailing Address			· MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
,						\$
Full Name of Contributing Committee			- MO.	EDAY	YEAR	\$
			MO.	DAY	YEAR	_
Mailing Address						† \$
City	State	Zip Code (Plus 4)	- MO,	DAY	YEAR	
·	<u> </u>		_1	<u> </u>		\$
Enter Grand Total of Part A or				Castin	1	PAGE TOTAL
						\$ <i>(</i> /\/

DSEB-502 (7-99)

AGE_____ OF____

PART B 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 Friends Of Kurin Geld	Sunchoz.	From D		то ///23/15
Frences of Julian Civia &	made-	DATE		AMOUNT
Full Name of Contributor		MO DAY		\$ 200-00
Mailing Address)	10 3/		
120 East WIND CIRCLE				\$
City State	Zip Code (Plus 4)	MO. DAY	YEAR	\$
Drisher PA	14025 -		VEAD ::	3
Full Name of Contributor 1/200 (201/00		DAY BOAY B	15	\$ 250-00
Full Name of Contributor Kate and Vince Gillen Mailing Address			YEAR	•
1038 Singer Lane				\$
City	Zip Code (Plus 4)	MO. DAY	YEAR	\$
East Nom ton PA	19401 -	/SMO.77 MDAY	YEAR:	
Full Name of Contributor Michaele Kothenbera		10 23	/5	\$ 250.00
Mailing Address		<u> </u>	YEAR	\$
3517 Darby Koad			01218	
	Zip Code (Plus 4) 904 -	MO. DAY	YEAR	\$
	1 10 11	RIMO. SE LEDAY	YEAR	
Full Name of Contributor Mark Furly H Mailing Address		10 23	15	\$ 75.00
Mailing Address		MO. DAY	iYEAR :	S
1416 Wheatsheaf Lane	Zip Code (Plus 4)	an MO	2/2/2 5	*
Abinatom PA	19001 -	MOVE TORY	OTEAN OF	\$
	1,000	S (MOJE) HEDAYING	YEAR	* * * * * * * * * *
Full Name of Contributes FULLY STORYSOF			15	\$250-00
MINISTER AND PROPERTY OF THE P		MO. TE TIDAY	YEAR	\$
5 Riage view Road	Zin Code (Plue A)	FIMO.UL DAY	YEAR	
New town Sinare TH	Zip Code (Plus 4) 19073 -	ASMO. SAME TO A TOTAL	TEAR S	\$
100-100-100-100-100-100-100-100-100-100		MOTERIDAY	YEAR!	A
Full Name of Contributor Polyce Maring Address			15	\$ 100-00
Maling Address		MO. W. DAY	YEAR	\$
City State	Zip Code (Plus 4)	MO. DAY	YEAH #	
City	· _			\$
Full Name of Contributor,		MO. DAY		\$ 250.00
Topo P. Redners			15 NEAR II	\$ 250.00
15 Public Square, Ste, 210		- NO. 11 13 OA 13 203	CERTAIN	\$
State	Zip Code (Plus 4)	MO. W MAY	YEAR	_
Wilkes Barre PA	18701 -			\$
Est Nove of Contributor		WO DAY	TEAR #	\$ 200-00
Deborah & Toseph Foster		10 28	YEAR :	
348 Trevor Lane				\$
City	Zip Code (Plus 4)	# MOTH INDAY	YEAR	¢
Pala Cynwyd PA	19004 -			\$ PAGE TOTAL
			_	\$ 1,575.0C
Enter Grand Total of Part B on Schedule I	, Detailed Summar	y Page, Section	2.	* 115 15. De

DSEB-502 (7-99)

PART C

AGE / OF /

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.

lame of Filing Committee or Candidate	_ , .		Reporting Pe	/	dada
Fixends of Karen C	Seld Sand	shez_	From <u>/ 0</u> /	130	_ то <u>11/23/2015</u>
The state of the s			DATE		AMOUNT
Il Name of Contributing Committee	1/45		10 22	YEAR S	a,500
IN Name of Contributing Committee	445			YEAR	
PO BOX 1214					P
My tong tong	State	Zip Code (Plus 4) 4404 -	MO. DAY	YEAR	\$
ull Name of Contributing Committee	1//	7-17-1	HE MOSSILEE DAYSE IN	YEAR	•
uii Nama or Contributing Committee					\$
failing Address			DAY	YEAR	\$
ity	State	Zip Code (Plus 4)	MO. DAY	YEAR	*
·		-			\$
ull Name of Contributing Committee			MO. DAY	YEAR	\$
Mailing Address			MODELDAY	YEAR	e
					\$
Sity	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$
Full Name of Contributing Committee			MO DAY	YEAR	
-Uli Name of Contributing Committee					\$
Mailing Address			MO. DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	<u> </u>
		-			\$
Full Name of Contributing Committee			MO. DAY	YEAR	\$
Mailing Address			MO. DAY	YEAR	\$
		Zip Code (Plus 4)			-
City	State	Zip Code (Flus 4)	MO. DAY	YEAR	\$
Full Name of Contributing Committee			MO. DAY	YEAR	¢
				YEAR	\$
Mailing Address			MQ. DAY	TEAR	\$
City	State	Zip Code (Plus 4)	MO: DAY	YEAR	\$
		_	MG. DAY	VEXD	
Full Name of Contributing Committee			COMPONENT CONTRACT) EAM	\$
Mailing Address			MO.	YEAR	\$
City	State	Zip Code (Plus 4)	MONE ELOAYA	YEAR	***************************************
w.,,		<u>-</u>			\$
Full Name of Contributing Committee			MO.	YEAR	\$
Mailing Address			MO. DAY	YEAR	<u> </u>
					\$
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$
					PAGE TOTAL
Enter Grand Total of Part C o	_ Ochodolo 1	Detailed Summa	ny Daga Sastion	, ,	2500.00
Enter Grand Total of Part C o	n Schedule i	, Detailed Summa	iy Faye, Section		CIDOU.

DSEB-502 (7-99)

PART D

PAGE / OF &

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	1-21-
Friends of Karen Geld Sanchez	From 10/20	то 11/23/15
	DATE	AMOUNT
STEPHEN GI. POLLOCK	MO DAY YEAR	\$ 400.00
Mailing Address	MO. DAY YEAR	\$
3156 LIN Lane		*
Huntion dan Valley PA 19006	MC. DAY YEAR	\$
Employer Navier Brum Pr	Occupation HTONNEY	
Employer Mailing Address Principal Place of Business 1818 Market St 13th Fl Philadelphia	PA 19/03	
Full-Name of Contributor	MO. E. DAY YEAR	\$ /
Barry Cohell	10 A 15	\$ 500.00
11 Riverside Drive, Apt. 5NW		\$
City State, Zip Code (Plus 4) 1/2 n/ 1/2/ K Zip Code (Plus 4)	MOSE REDAY BYEAR	\$
Cohan Partners LLC	Insurance E	Broker
Employer Mailing Address/Principal Place of Business 104 Wast 40th STIAPT, Suita 1001 New York	/ /	
Full Name of Consciputor	MO./ DAY YEAR	
Curtis Band Tacinta M. Toll	10 23 15	\$ 500.00
Mailing Address 3/9 Smanson Drive		\$
City State Zip Code (Plus 4) At 19444 -	MO. DAY YEAR	\$
Employer Name Orten Dera Trauria LLP	AHorney Pa	Aner
Employer Mailing Address/Principal Place of Business 2700 Two Comments Saurie - 2001 Market St.		N. PH 19103
Full-Name of Contributor -	MO. DAY DAY	
KILIVERY II GINEN	10 26 15	\$ 1000
and Rock Creek Road	MON DAY! YEAR	s″
City State Zip Code (Plus 4)	MOVE PROPERTY OF THE PROPERTY	\$
Employed Name P	President	1.
Employer Mailing Address/Principal Place of Business	. / /	
15 East Ridge like Conshohocken, At	19428	-3
Full Name of Contributor Magaith, To	10 3/a (5	\$3,000
Mailing Address Black Burn Drive	ALMO, IN ELIDAY III DIVEAR	\$
City State Zip Code (Plus 4)	SEMONE BUDAYER SYEAR	\$
Berwin Employer Name	Occupation	
Employer Mailing Address/Principal Place of Susiness	President	
300 Housen Horess Road, King of Fruss		PAGE TOTAL
Enter Grand Total of Part D on Schedule I, Detailed Summa	ry Page, Section 3.	\$ 5400.00
DSEB-502 (7-99)		

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 F		//
Friends of Karen Geld	Sw	choz_		From /	120	то ///23/15
				DATE '		AMOUNT
Full Name of Contributor And Kelly McC	lure		/0	23	/5 /	\$ 1000
Mailing Address 2002 Varie Storest			MC	3.A¥	W/EAR	\$
City Dla / Labia	State	Zip Code (Plus 4)	MC.	DAY	VEAR	\$
Employer Name	///	19109	Occupa	1 //	I /	
Employer Mailing Address Principal Place of Business				Homey		
1735 Market Street 5/st F	loor	Philade lonu		1	3-7 <u>5</u>	
Full Hame of Contributor Michael Cla	rkl		/S	28	15	\$ 500.00
Mailing Address Lantern Lane			36 G.		YEAR	\$
City Philodalphia	State	Zip Code (Plus 4) 19128 -	MO	DAY	YEAR	\$
Employer Name Kudalala (lawl)	1/	V 77 9 2	Occupa	doloh	Mak	Ke, LLC
Employer Mailing Address/Principal Place of Business 350 Sental Park Will Fast	a	11 a 120 Sui		10-A	Blue	Bell, PA 19422
Full Name of Contributor	KUI	1	≥ MC	BAY	WYEAR.	
Full Name of Contigutor		<u> </u>	M .O.		YEAR	\$
Mailing Address		·				\$
City	State	Zip Code (Plus 4)	8413	DAY	YEAR	\$
Employer Name	 		Occupa	tion		
Employer Mailing Address/Principal Place of Business			1			
Full Name of Contributor			BACL.	DAY	YEAR	•
			NEG.	DAY	YEAR	\$
Mailing Address						\$
City	State	Zip Code (Plus 4)	\$40	CAY	YEAR	\$
Employer Name			Occup	tion		
Employer Mailing Address/Principal Place of Business	.		.1			, and the second
Full Name of Contributor			**************************************	DAY	WEAR.	\$
Mailing Address			86 0	CAY	YEAR	
	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
City	State	Zip Code trius 47				\$
Employer Name			Occup	ation		
Employer Mailing Address/Principal Place of Business			 			

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

\$ (500.00

PAGE ___OF ___

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 Kare						
Name						
ling Address						
У	State	Zip Code (Plus 4)	MO.	AY 1	EAR	Amount \$
ceipt Description						4
II Name						
ailing Address						
ity	State	Zip Code (Plus 4)	Mo.	YAY "	YEAR	Amount
aceipt Description			<u> </u>		- ***	\$
iceipt Description						
uli Name						
Nailing Address		_".	*******			
(4.7	State	Zip Code (Plus 4)	I MO. I	DAY	YEAR	Amount
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
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deceipt Description Wailing Address City Receipt Description City Receipt Description Full Name Mailing Address Mailing Address	State	Zip Code (Plus 4)	MOCES IN	DAY	YEAR	Amount \$

SCHEDULE II

PAGE ____OF___

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

Friends of Kuren Geld, Sinche2	Reporting Peri	od W	то 11/23/15
WE UNITEMIZED IN KIND CONTRIBUTIONS RECEIVED VALUE OF	\$50.00 OR L		PER JEONI HIBUTOR
TOTAL for the Reporting Perio	od (1)	\$	\mathcal{Q}
PHINAKIND CONTRIBUTIONS RECEIVED TO VALUE OF \$5000 TO \$2	50.00 (FROA	PA	
TOTAL for the Reporting Period	od (2)	\$	4
3 N-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FR	OM PART C		
TOTAL for the Reporting Perio	od (3)	\$	N .
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)		\$	Ø

PAGE ____OF ___

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Perio	d O
Friends of Karen On	9/1	Simble	From <u> 0 20</u>	то ///2.3
			DATE	ÁMOUNT
Full Name of Contributor			HEMOTHS INDOMYSE PLYE	\$
Mailing Address			EMO. E DAY WAYE	S S
City	State	Zip Code (Plus 4)	MÓ. DAY YE	\$
Description of Contribution:	<u>, , , , , , , , , , , , , , , , , , , </u>			
Full Name of Contributor			MOZ I DAY	XIII
				\$
Mailing Address			MO. DAY YE	\$ ***
City	State	Zip Code (Plus 4)	MO DAY YE	AR III
		-		\$
Description of Contribution:				
Full Name of Contributor			MO. DAY YE	AR S
Mailing Address			MO. DAY YE	\$
City	State	Zip Code (Plus 4)	MO. DAY YE	AR S
Description of Contribution:				
Full Name of Contributor			MO. DAY YE	Artin S
Moillon Address			MO. DAY YE	ARE
Mailing Address				\$
City	State	Zip Code (Plus 4)	MO. DAY	S S
Description of Contribution:	<u> </u>		<u> </u>	
Description of Contribution.				
Full Name of Contributor			MO. DAY YE	S
Mailing Address			MO. DAY YE	AR
				\$
City	State	Zip Code (Plus 4)	MO. DAY YE	<u> </u>
Description of Contribution:	ļ			
Full Name of Contributor			32 MO WOAY IN	\$
Mailing Address			EMMOSE EMPAYAR IN	公職 S
	1			
City	State	Zip Code (Plus 4)	4号(0号) 5KO/(V4号 18V)	\$
Description of Contribution:	1	<u> </u>		
				PACE TOTAL
Enter Grand Total of Part F on Sched	dule I	l, In-Kind Contribu	itions Detailed	PAGE TOTAL
Summary Page, Section 2.				\mathbf{L}^{\bullet} \mathcal{U}

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate Friends OF Kurn Call	1 <	rinhoz	B	Reporting f	0/20	то /1/23/15	
THE CHELL		11 LIVE		DATE		AMOUNT	
Full Name of Contributor			MO.	MEDAYAT	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor	<u> </u>		Occupation	ion			
Employer Mailing Address/Principal Place of Business			Descript	ion of Cont	tribution		
Elliptoyer manning reactions.							
Full Name of Contributor			MO	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	МО	DAY	YEAR	\$	
Employer of Contributor	<u> </u>		Occupation	ion		-	
Employer Mailing Address/Principal Place of Business			Descript	tion of Con	tribution		
			200 000				
Full Name of Contributor			MO	DAY	YEAR	\$	
Mailing Address		Marin	MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupati	ion	<u> </u>		
Employer Mailing Address/Principal Place of Business			Descript	tian 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			Occupation				
Employer Mailing Address/Principal Place of Business			Descript	tion of Con	ntribution	A CONTRACTOR OF THE CONTRACTOR	
Full Name of Contributor			MO	DAY	YEAR	\$	
Mailing Address			. Mo.	d DAY	YEARE	s	
City	State	Zip Code (Plus 4)	MD.	HOAY	ENTEARE	\$	
Employer of Contributor	لــــــــــــــــــــــــــــــــــــــ		Occupat	tion	<u></u>		
Employer Mailing Address/Principal Place of Business			Descrip	tion of Cor	ntribution		
Enter Grand Total of Part G on Scher		I, in-Kind Contrib			· ;	PAGE TOTAL	

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Friends of Karen Geld Samhez	From 10/20 To 11/23/15
J. ICION OF JEUCH CHILL	
To Whom Paid	Mo. DAY YEAR Amount
To Whom Paid AROC	10 20 15 \$/00.00
Mailing Address O. Box 132	Déscription of Expenditure
City // State Zip Code (Plus 4)	
Apinaton PA 19001-	Check # 140
	MO. YEAR Amount
Friends of Karen Geld Sanchez Mailing Address	MO. DAY YEAR Amount Day 15 \$ 20-00 Description of Expenditure
356 Evertineen Koud	dessert for neet and greet
Tenkintown State Zip Code (Plus 4) (Tenkintown OA 19046-	(debit card)
To Whom Raid	MO. DAY YEAR Amount \$ 5.79
Pay Poul Mailing Address N/ 15t < tons	Description of Expenditure
1 XXII IV. 1 SIME	paypal fees
San Tase State Zip Cade (Plus 4)	
	10 J3 15 \$ 18 Ca5
Majira Adress	Description of Expenditure
To Whom Paid Pay Color Pay Pay	pay for fels
	1771
Sani Tose CA 95131 -	<u> </u>
Mailing Address 3.	10 22 16 \$ 35-20
Mailing Address	Description of Expenditure
Mailing Address HI2/ Skippuck Pike State Zip Code (Plus 4)	lown sign delivery
Skippick PA 19473	/
To Whom Paid	MO: DAY YEXA Amount \$ 19.33
Mailing Address 2211 N. 15 Street	Description of Expenditure
2211 N. 15 Street	payper, fees
City State Zip Code (Plus 4)	July 1
San Tose VA 95131-	
To Whom Paid	MO DAY YEAR Amount
Wayna Gasp/hl	Description of Expenditure
1015 Dekalb	laun sign delivery
City State Zip Code (Plus 4)	
Karen Geld Sanchez	MO. DAY YEST Amount 10 27 15 \$.35.00
Mailing Address	Levin Dougherty Lindraiser
3.56 Everanen Koad City State Zip Code (Plus 4)	Kevin Dougherty fundraiser
Tenkintolen PA 19046-	
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover P	Page, Item D. \$254, 29

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Friends of Koven Geld, Sunckez	From 10/20 To 11/23/15
To Whom Paid	MO DAY HYEAR Amount
To Whom Paid Green Geld Sanche 7 Mailing Address	10 13 15 \$ 25.00
Mailing Address	R. II. A. T. A. W. C. C.
356 Evergreen Road City State Zip Code (Plus 4)	Balland Fundraiser
Tenkintown PA 19046	(parking fee)
	MO AYA ZYEAR Amount
Friends of Kaven Geld Sanchez Mailing Address	11 02 15 \$ 18.99
35% Everanen Road	Description of Expenditure Albit - Cookes from ACME
City , / / State Zip Code (Plus 4)	$1 / \alpha i$ A / C
Tenkintown At 19046-	(Paza event)
To Whom Paid	MO. DAY YEAR Amount 1/ 03 15 \$/50.35
Mailing Address Mailing Address	Description of Expenditure
356 Everainer A KARK	Wet Whistle - Election
City State Zip Code (Plus 4)	Night Food
Tenkintalin PA 190415	MO/X DAY YEAR Amount
Kan Grad Sanchez Mailing Address	11 Da 15 \$ X8-80
Mailing Address	Description of Expenditure
356 EVELGEREN ROWL STORE TO CODE (Plus A)	Would Grusoline
Tenkintown State Zip Code (Plus 4) PA 19046-	(campaignize)
	MO. I DAY YEAR Amount
Parloud	11 16 15 \$6,10
To Whom Paid Pay Pul Mailing Address 15t Street	Description of Expenditure
ECITY = I State (Zin Code (Pilis 4)	puppel fees
San Tose 1/4 a5131 -	'
To Whom Pald 4 / /	MO. BANK YEAR Amount
Shaning Arkoush	10 26 15 \$ 8500-00
Mailing #ddress // / / / / /	Check #142
City / I Stage Zip Code (Fius 4)	Check 70 100
1/01/150WN PA 19901-	
To Whom Paid	10 30 /5 \$ 157.94
Motting Address	Description of Expenditure
518 Ryers. Ave.	nalm cards
City State Zip Code (Plus 4) PA 19012-	Chark #143
To William Paid	1 19 15 \$ 50.00
Hoington Educational Foundation	Description of Expenditura
goo Hahland Ave	
City State Zip Code (Plus 4)	check # 146
Abinaton PA 19001-	
Enter Grand Total of Expenditures on Page 1, Report Cover P	age, Item D. PAGE TOTAL \$ 9,037,00

SCHEDULE III

PAGE OF ____

STATEMENT OF EXPENDITURES

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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.

ame of Filing Committee or Candidate	,		Reporting	Portod	/ 1
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