

CAMPAIGN FINANCE REPORT

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

Filer Identification Number: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}				
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Karen Geld Sanchez</i>												
Street Address: <i>354 Evergreen Road</i>												
City: <i>Jenkintown</i>				State: <i>PA</i>		Zip Code: <i>19046</i>						
TYPE OF REPORT (place X to the right of report type)	1ST TUESDAY PRE-PRIMARY		2ND FRIDAY PRE-PRIMARY		30 DAY POST-PRIMARY		AMENDMENT REPORT?		YES	NO		
	4. <input type="checkbox"/>		5. <input type="checkbox"/>		6. <input checked="" type="checkbox"/>		TERMINATION REPORT?		YES	NO		
	7. <input type="checkbox"/>		YEAR		FILING METHOD () CHECK ONE		PAPER		DISKETTE			
Name of Office Sought by Candidate: <i>Controller</i>					DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
					MO.	DAY	YEAR					
					<i>11</i>	<i>03</i>	<i>2015</i>					
(SEE INSTRUCTIONS FOR CODES)												
Summary of Receipts and Expenditures from:				MO. DAY YEAR			MO. DAY YEAR			FOR OFFICE USE ONLY		
				<i>10 20 2015</i>			To <i>11 23 2015</i>					
A. Amount Brought Forward From Last Report				\$ <i>4,194.47</i>								
B. Total Monetary Contributions and Receipts (From Schedule I)				\$ <i>11,155.00</i>								
C. Total Funds Available (Sum of Lines A and B)				\$ <i>15,349.47</i>								
D. Total Expenditures (From Schedule III)				\$ <i>9,391.49</i>								
E. Ending Cash Balance (Subtract Line D from Line C)				\$ <i>5,957.98</i>								
F. Value of In-Kind Contributions Received (From Schedule II)				\$ <i>0</i>								
G. Unpaid Debts and Obligations (From Schedule IV)				\$ <i>0</i>								

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

3rd day of *Dec* 20 *15*

Eileen E. Stagliano
Signature

My commission expires *3* *2019* YR.

NOTARIAL SEAL
EILEEN E. STAGLIANO, Notary Public
Jenkintown, Montgomery Co., PA

Karen Sanchez
Signature of Person Submitting Report

Karen Sanchez
Printed Name

267 Area Code *267-415-1199* Daytime Telephone Number

PART II - If this is a Committee report, authorized committee, candidate shall 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

3rd day of *Dec* 20 *15*

Eileen E. Stagliano
Signature

My commission expires *6* *3* *2019* YR.

NOTARIAL SEAL
EILEEN E. STAGLIANO, Notary Public
Jenkintown, Montgomery Co., PA

Mila M. Hayes
Signature of Candidate

Mila M. Hayes
Printed Name

410 Area Code *306-6183* Daytime Telephone Number

Department of State • Bureau of Commissions, Elections and Legislation
210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280
EILEEN E. STAGLIANO, Notary Public
Jenkintown, Montgomery Co., PA
My Commission Expires June 3, 2019

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Karen Geld Sanchez</i>	Reporting Period From <i>10/20</i> To <i>11/23/15</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>180.00</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <i>0</i>
All Other Contributions (Part B)	\$ <i>1,575.00</i>
TOTAL for the Reporting Period	(2) \$ <i>1,575.00</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>2,500.00</i>
All Other Contributions (Part D)	\$ <i>6,900.00</i>
TOTAL for the Reporting Period	(3) \$ <i>9,400.00</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ <i>0</i>

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ <i>16,155.00</i>
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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 <i>Friends of Karen Gold Sanchez</i>	Reporting Period From <i>10/20</i> To <i>11/23/15</i>
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ *0*

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 Karen Gird Sanchez				From 10/20 To 11/23/15				
				DATE			AMOUNT	
Full Name of Contributor				MO.	DAY	YEAR		
Carne and Michael Paston				10	21	15	\$ 200.00	
Mailing Address				MO.	DAY	YEAR	\$	
720 Eastwind Circle								
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Dresher		PA	19025 -					
Full Name of Contributor				MO.	DAY	YEAR	\$	
Kate and Vince Gillen				10	21	15	\$ 250.00	
Mailing Address				MO.	DAY	YEAR	\$	
1038 Singer Lane								
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
East Womton		PA	19401 -					
Full Name of Contributor				MO.	DAY	YEAR	\$	
Michele Rothenberg				10	23	15	\$ 250.00	
Mailing Address				MO.	DAY	YEAR	\$	
3517 Darby Road								
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Haverford		PA	19041 -					
Full Name of Contributor				MO.	DAY	YEAR	\$	
Mark Furletti				10	23	15	\$ 75.00	
Mailing Address				MO.	DAY	YEAR	\$	
1416 Wheat sheaf Lane								
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Abington		PA	19001 -					
Full Name of Contributor				MO.	DAY	YEAR	\$	
Howard Gordon				10	23	15	\$ 250.00	
Mailing Address				MO.	DAY	YEAR	\$	
5 Ridgerview Road								
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Newtown Square		PA	19073 -					
Full Name of Contributor				MO.	DAY	YEAR	\$	
Edward G. Rendell				10	23	15	\$ 100.00	
Mailing Address				MO.	DAY	YEAR	\$	
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
			-					
Full Name of Contributor				MO.	DAY	YEAR	\$	
John P. Rodgers				10	23	15	\$ 250.00	
Mailing Address				MO.	DAY	YEAR	\$	
15 Public Square, Ste. 210								
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Wilkes Barre		PA	18701 -					
Full Name of Contributor				MO.	DAY	YEAR	\$	
Deborah & Joseph Foster				10	28	15	\$ 200.00	
Mailing Address				MO.	DAY	YEAR	\$	
348 Trevor Lane								
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Pala Cynwyd		PA	19004 -					
							PAGE TOTAL	
							\$ 1,575.00	

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

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 <i>Friends of Karen Geld Sanchez</i>	Reporting Period From <i>10/20</i> To <i>11/23/2015</i>
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				DATE	AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR		
<i>Friends of Jason Sulus</i>	<i>10</i>	<i>22</i>	<i>15</i>	\$	<i>2,500</i>
Mailing Address	MO.	DAY	YEAR	\$	
<i>PO Box 1214</i>					
City	MO.	DAY	YEAR	\$	
<i>Normstown</i>					
State	MO.	DAY	YEAR	\$	
<i>PA</i>					
Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
<i>19404 -</i>					
Full Name of Contributing Committee	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State	MO.	DAY	YEAR	\$	
Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State	MO.	DAY	YEAR	\$	
Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State	MO.	DAY	YEAR	\$	
Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State	MO.	DAY	YEAR	\$	
Zip Code (Plus 4)	MO.	DAY	YEAR	\$	

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

PAGE TOTAL
\$2,500.00

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 Karen Field Sanchez				From 10/20 To 11/23/15			
				DATE		AMOUNT	
Full Name of Contributor				MO.	DAY	YEAR	\$
Stephen Cr. Pollock				10	21	15	\$ 400.00
Mailing Address				MO.	DAY	YEAR	\$
3756 Levy Lane							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Huntingdon Valley	PA	19006 -					\$
Employer Name				Occupation			
Zarwin, Baum PC				Attorney			
Employer Mailing Address/Principal Place of Business							
1818 Market St, 13th Fl Philadelphia, PA 19103							
Full Name of Contributor				MO.	DAY	YEAR	\$
Barry Cohen				10	21	15	\$ 500.00
Mailing Address				MO.	DAY	YEAR	\$
11 Riverside Drive, Apt. 5NW							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
New York	NY	10023 -					\$
Employer Name				Occupation			
Cohen Partners LLC				Insurance Broker			
Employer Mailing Address/Principal Place of Business							
104 West 40th Street, Suite 1001 New York New York 10018							
Full Name of Contributor				MO.	DAY	YEAR	\$
Curtis B and Jacinta M. Toll				10	23	15	\$ 500.00
Mailing Address				MO.	DAY	YEAR	\$
318 Emerson Drive							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Lafayette	PA	19444 -					\$
Employer Name				Occupation			
Greenberg Traurig LLP				Attorney - Partner			
Employer Mailing Address/Principal Place of Business							
2700 Two Commerce Square - 2001 Market Street Philadelphia, PA 19103							
Full Name of Contributor				MO.	DAY	YEAR	\$
Richard J. Green				10	26	15	\$ 1,000
Mailing Address				MO.	DAY	YEAR	\$
990 Rock Creek Road							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Bryn Mawr	PA	19010 -					\$
Employer Name				Occupation			
Firsttrust Bank				President			
Employer Mailing Address/Principal Place of Business							
15 East Ridge Pike Conshohocken, PA 19380							
Full Name of Contributor				MO.	DAY	YEAR	\$
Victor J. Maggitti, Jr.				10	26	15	\$ 3,000
Mailing Address				MO.	DAY	YEAR	\$
244 Blackburn Drive							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Berwyn	PA	19312 -					\$
Employer Name				Occupation			
VIMCO, Inc.				President			
Employer Mailing Address/Principal Place of Business							
300 Hansen Bress Road, King of Prussia, PA 19406							

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

PAGE TOTAL

\$ 5400.00

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 <i>Friends of Karen Gold Sanchez</i>	Reporting Period From <i>10/20</i> To <i>11/23/15</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Matthew and Kelly McClure</i>	<i>10</i>	<i>23</i>	<i>15</i>	\$ <i>1,000</i>
Mailing Address <i>3903 Vaux Street</i>	MO.	DAY	YEAR	\$
City <i>Philadelphia</i>	MO.	DAY	YEAR	\$
State <i>PA</i>	Zip Code (Plus 4) <i>19129 -</i>			
Employer Name <i>Ballard Spahr LLP</i>	Occupation <i>Attorney</i>			
Employer Mailing Address/Principal Place of Business <i>1735 Market Street 51st Floor Philadelphia, PA 19103-7599</i>				
<i>Pamela & Michael Clarke</i>	<i>10</i>	<i>28</i>	<i>15</i>	\$ <i>500.00</i>
Mailing Address <i>506 Lantern Lane</i>	MO.	DAY	YEAR	\$
City <i>Philadelphia</i>	MO.	DAY	YEAR	\$
State <i>PA</i>	Zip Code (Plus 4) <i>19128 -</i>			
Employer Name <i>Rudolph Clarke LLC</i>	Occupation <i>Rudolph Clarke LLC</i>			
Employer Mailing Address/Principal Place of Business <i>350 Sentry Parkway East, Building 130, Suite 110-A Blue Bell, PA 19422</i>				
	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				
	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				
	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

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

PAGE TOTAL
\$ *1,500.00*

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.

Name of Filing Committee or Candidate <i>Friends of Karen Geld Sanchez</i>	Reporting Period From <i>10/20</i> To <i>11/23</i>
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Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL \$ <i>Ⓚ</i>

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 <i>Friends of Karen Geld. Sanchez</i>	Reporting Period From <i>10/20</i> To <i>11/23/15</i>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>0</i>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period	(2) \$ <i>0</i>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period	(3) \$ <i>0</i>

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ <i>0</i>
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**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>Friends of Karen Gred Sanchez</i>	Reporting Period From <i>10/20</i> To <i>11/23</i>
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				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:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	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	YEAR	\$
		-					
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	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	YEAR	\$
		-					
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$ <i>Q</i>

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate <i>Friends of Karen Gald. Sanchez</i>	Reporting Period From <i>10/20</i> To <i>11/23/15</i>
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				DATE			AMOUNT
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				Description of Contribution			
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				Description of Contribution			
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				Description of Contribution			
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				Description of Contribution			
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				Description of Contribution			

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

PAGE TOTAL \$ <i>0</i>

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Friends of Karen Geld Sanchez</i>	Reporting Period From <i>10/20</i> To <i>11/23/15</i>
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To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
<i>HRDC</i>	<i>10</i>	<i>20</i>	<i>15</i>	<i>\$100.00</i>	
Mailing Address <i>P.O. Box 132</i>					
City <i>Abington</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19001-</i>		<i>Check # 140</i>	
To Whom Paid <i>Friends of Karen Geld Sanchez</i>	<i>10</i>	<i>21</i>	<i>15</i>	<i>\$ 20.00</i>	
Mailing Address <i>356 Evergreen Road</i>					
City <i>Tenkintown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19046-</i>		<i>dessert for meet and greet (debit card)</i>	
To Whom Paid <i>Paypal</i>	<i>10</i>	<i>21</i>	<i>15</i>	<i>\$ 65.79</i>	
Mailing Address <i>2211 N. 1st Street</i>					
City <i>San Jose</i>	State <i>CA</i>	Zip Code (Plus 4) <i>95131 -</i>		<i>paypal fees</i>	
To Whom Paid <i>Paypal</i>	<i>10</i>	<i>23</i>	<i>15</i>	<i>\$18.65</i>	
Mailing Address <i>2211 N. 1st Street</i>					
City <i>San Jose</i>	State <i>CA</i>	Zip Code (Plus 4) <i>95131 -</i>		<i>paypal fees</i>	
To Whom Paid <i>Wawa Gasoline</i>	<i>10</i>	<i>22</i>	<i>15</i>	<i>\$ 25.20</i>	
Mailing Address <i>4121 Skippack Pike</i>					
City <i>Skippack</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19473</i>		<i>lawn sign delivery</i>	
To Whom Paid <i>Paypal</i>	<i>10</i>	<i>26</i>	<i>15</i>	<i>\$19.33</i>	
Mailing Address <i>2211 N. 1st Street</i>					
City <i>San Jose</i>	State <i>CA</i>	Zip Code (Plus 4) <i>95131 -</i>		<i>paypal fees</i>	
To Whom Paid <i>Wawa Gasoline</i>	<i>10</i>	<i>26</i>	<i>15</i>	<i>\$ 25.32</i>	
Mailing Address <i>1015 DeKalb</i>					
City	State	Zip Code (Plus 4) <i>-</i>		<i>lawn sign delivery</i>	
To Whom Paid <i>Karen Geld Sanchez</i>	<i>10</i>	<i>27</i>	<i>15</i>	<i>\$ 35.00</i>	
Mailing Address <i>356 Evergreen Road</i>					
City <i>Tenkintown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19046-</i>		<i>Kevin Dougherty fundraiser</i>	

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

PAGE TOTAL
\$254.29

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate <i>Friends of Karen Geld Sanchez</i>	Reporting Period From <i>10/20</i> To <i>11/23/15</i>
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To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
<i>Karen Geld Sanchez</i>	<i>10</i>	<i>23</i>	<i>15</i>	<i>\$ 25.00</i>	<i>Ballard Fundraiser (parking fee)</i>
Mailing Address <i>356 Evergreen Road</i>					
City <i>Tenkintown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19046</i>			
<i>Friends of Karen Geld Sanchez</i>	<i>11</i>	<i>02</i>	<i>15</i>	<i>\$ 18.94</i>	<i>debit - Cookies from ACME (Plaza event)</i>
Mailing Address <i>356 Evergreen Road</i>					
City <i>Tenkintown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19046-</i>			
<i>Karen Geld Sanchez</i>	<i>11</i>	<i>03</i>	<i>15</i>	<i>\$150.35</i>	<i>Net Whistle - Election Night Food</i>
Mailing Address <i>356 Evergreen Road</i>					
City <i>Tenkintown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19046</i>			
<i>Karen Geld Sanchez</i>	<i>11</i>	<i>02</i>	<i>15</i>	<i>\$ 28.82</i>	<i>Wawa Gasoline (campaigning)</i>
Mailing Address <i>356 Evergreen Road</i>					
City <i>Tenkintown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19046-</i>			
<i>Paypal</i>	<i>11</i>	<i>16</i>	<i>15</i>	<i>\$ 6.10</i>	<i>paypal fees</i>
Mailing Address <i>2211 N. 1st Street</i>					
City <i>San Jose</i>	State <i>PA</i>	Zip Code (Plus 4) <i>25731 -</i>			
<i>Shapiro / Arkoosh</i>	<i>10</i>	<i>26</i>	<i>15</i>	<i>\$ 8500.00</i>	<i>check #142</i>
Mailing Address <i>21 E. Airy Street</i>					
City <i>Normstown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19401 -</i>			
<i>Cheltenham Printing</i>	<i>10</i>	<i>30</i>	<i>15</i>	<i>\$ 157.94</i>	<i>palm cards check #143</i>
Mailing Address <i>518 Ryers. Ave.</i>					
City <i>Cheltenham</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19012-</i>			
<i>Abington Educational Foundation</i>	<i>11</i>	<i>19</i>	<i>15</i>	<i>\$ 150.00</i>	<i>check # 146</i>
Mailing Address <i>900 Highland Ave</i>					
City <i>Abington</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19001-</i>			

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

PAGE TOTAL
\$ 9,037.00

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Friends of Karen Gold Sanchez</i>	Reporting Period From <i>10/20</i> To <i>11/23/15</i>
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To Whom Paid	MO.	DAY	YEAR	Amount
<i>Emerge</i> Mailing Address <i>44 Montgomery Street, Suite 2010</i>	<i>11</i>	<i>19</i>	<i>15</i>	<i>\$ 100.00</i>
City <i>San Francisco</i>	State <i>CA</i>			Zip Code (Plus 4) <i>94104-</i>
Description of Expenditure <i>fundraiser</i>				
<i>check #145</i>				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State			Zip Code (Plus 4)
Description of Expenditure				
-				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State			Zip Code (Plus 4)
Description of Expenditure				
-				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State			Zip Code (Plus 4)
Description of Expenditure				
-				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State			Zip Code (Plus 4)
Description of Expenditure				
-				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State			Zip Code (Plus 4)
Description of Expenditure				
-				
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$
City	State			Zip Code (Plus 4)
Description of Expenditure				
-				

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

PAGE TOTAL <i>\$ 100.00</i>

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.

Name of Filing Committee or Candidate <i>Friends of Karen Gald Sanchez</i>	Reporting Period From <u> </u> To <u> </u>
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Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address			DATE DEBT INCURRED		MO.	DAY	YEAR
City			State	Zip Code (Plus 4)			
Description of Debt							

Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address			DATE DEBT INCURRED		MO.	DAY	YEAR
City			State	Zip Code (Plus 4)			
Description of Debt							

Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address			DATE DEBT INCURRED		MO.	DAY	YEAR
City			State	Zip Code (Plus 4)			
Description of Debt							

Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address			DATE DEBT INCURRED		MO.	DAY	YEAR
City			State	Zip Code (Plus 4)			
Description of Debt							

Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address			DATE DEBT INCURRED		MO.	DAY	YEAR
City			State	Zip Code (Plus 4)			
Description of Debt							

Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address			DATE DEBT INCURRED		MO.	DAY	YEAR
City			State	Zip Code (Plus 4)			
Description of Debt							

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL
\$