Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed (Mark X)	By Candida		Committee	<u>. </u>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Till.				<u>- </u>	
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Type of Report (Place x under report type)			'	· · · · · · · · · · · · · · · · · · ·	
1- 6 th Tuesday 2- 2 nd Friday 3- 30 Day Pre-Primary Primary	Post 4- 6th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
						<u> </u>
Date Of Election	Year	 	Amendment		<u> </u>	
(MM/DD/YYYY) 1. / 2 / 13		1 / 15	Report		Termination Report	
Summary of Receipts and From Date		·				
Expenditures				For	Office Use Only	-
161).	115	24 <u>165 -</u> 1	!			
A. Amount Brought Forward From Last Re		(1.07)				
B. Total Monetary Contributions and Rece	eipts 5	·				G., 1 1
(From Schedule i) C. Total Funds Available		8 / CZ				
(Sum of Lines A and B)	5 7 7	12.60				
D. Total Expenditures	- st / 4	203.32				
(From Schedule III)		206 3.32				
E. Ending Cash Balance (Subtract Line D from Line C)	\$	`.				1.0
F. Value of In-Kind Contributions Received		·				-
(From Schedule II)	_ 1.77	017.39				
G. Unpaid Debts and Obligations (From Schedule IV)	\$,					
(1.15) Self-cadie 14	100	Affidavit Sect	· ->			
Part 1- f this is a Committee report, treasurer significant	gn here. If this is a Can	didate conort cor	adidata s as h			
! swear (or affirm) that this report, including the	attached schedules on	paper, is to the b	est of my knowledg	re and belief to	e. correct and complet	e
Sworm to and subscribed before me this COMMONWEALTHOF PRINSYLVANIA						
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NORRISTOWN BORO MONTROMERY CHTY	d . !			Printed Name		•
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Part II- If this is a report of a Candidate's Authori	zed Committee, candid	fate shall sign her	е			
swear (or affirm) that to the best of my knowled amended.	lge and belief this polit	ical committee ha	as not violated any	orovisions of h	e Act of June 3, 1937 (P	L 1333, NO.370) as
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word commonwealth of Pennsylvania	-		- 1		\	:
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Moter Public] .		Signa		te \	-
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Ay Commission expires	4 /		610	1.	2000	
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SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
The second state of the second			
Total for the reporting period	(1)	Ś	
	_ ' ",		
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)	_	S	
		3	74.5
Al. Other Contributions (Part B)		s i	
Total for the reporting period	(2)	<u>-</u> ¦.	
		ì	
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
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Ali Other Contributions (Part D)		\$	
Total for the reporting period	(3)	- -	
	13)	j	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		-	
Total for the reporting period	(4)	\$	
Total Monetary Contributions and Receipts during this reporting period (Add and			4 0
enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Rep Cover Page, (tem B)	ort	\$:	
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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.

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PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

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PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

[Exclude contributions from political committees reported in Part A.)

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PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

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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.

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City		State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Contributing Con	nmittee			Date [MM/DD/YYYY] \$	
House #	Street Addres	s		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Com	mittee		Date [MM/DD/YYYY] \$		
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PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C) Filer Identification Number:

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SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD

DETAILED SUMMARY PAGE

		SOIVINARY PAGE
Filer Identification Number:	1 the State State	
		\$50.00 OR LESS PER CONTRIBUTOR
OTAL for the reporting period	(1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVE	D-VALUE OF \$50.01 TO \$2	50.00 (FROM PART F)
OTAL for the reporting period	(2)	3
3. IN-KIND CONTRIBUTION RECEIVED	VALUE OVER \$250.00 (FR	OM PART G)
OTAL for the reporting period	(3)	\$ 7,2911277
OTAL VALUE OF IN-KIND CONTRIBUTIONS D ERIOD (Add and enter amount totals from b n Page 1, Report Cover Page, Item F)	URING THIS REPORTING oxes 1, 2, and 3; also ente	* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

SCHEDULE II

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

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SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

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SCHEDULE III

		Sta	tement of E	Expenditures
Filer Identificati	on Number:		, 4	-xperiarca es
To Whom Paid				
				Date [MM/DD/YYYY] \$
House #	Street Address			
City		<u> </u>		Description of Expenditure
	• • •	State	Zip Code	
To Whom Paid				
House #	Street Address			
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Description of Expenditure

Date [MM/DD/YYYY]

Description of Expenditure

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Street Address

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State

Zip Code

Zip Code

House #

House #

City

To Whom Paid

City

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 Cr	-ditor	11 11 11 11 11 11 11 11 11		Outstanding Balance of De
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
lty		State	Zip	
Description	of Debt		Code	
lame of Cre	ditor			
ouse # Street Address			T	Outstanding Balance of De
_	Street Modifess		DATE DEBT INCURRED [MM/DD/YYYY]	\$
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use #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
,		State	Zip	
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