#### Commonwealth of Pennsylvania

## CAMPAIGN FINANCE REPORT

PAGE	1	OF	13
			(COVER PAGE)

Name of Office Sought by Candidate:    Name of Office Sought by Candidate:   DATE OF ELECTION   DATE OF ELEC	Filer Identification		Report	CANDIDATE 1.		intes:	Lob	BYIST
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TYPE OF REPORT    STH TUESDAY   1	Street Address: FAIRWAY	, DR	×					
TYPE OF REPORT  SHE FILMANY  SHE	and the same of th	1		1 " ' / '	Zip Co	50/9	***	
REPORT (place X to the right of report type)  Name of Office Sought by Candidate:  Name of Office Office Office Office Office Office Office Office Office Offic	TO THE PARTY OF TH	ŽNO ERIDA	V (1996) 4 2. (2)		AMEND	MENT I	55	givetti.
(place X to the right of report type)  Respection:  PART	REPORT PRE-PRIMARY	PAE PRIMA	RY S	POST PRIMARY	REPORT	2.6-6.0 1	4467	NO
the right of report type   ANNUAL   7.   FIEND   FIEND   PAPER   DISKET   DISK	#APPE-FISCHING						ES	NO
Name of Office Sought by Candidate:    Month Color   Late   Candidate   Code	the right of ANNUAL 7.	YEAR			PAP	ER W	DISK	ETTE
MONTGOING ILLY COUNTY CORRECT   1 23 2015   ISBE INSTRUCTIONS FOR SUMMARY OF Receipts and Expenditures from:    MOS DAY VEAR	Plant Calculation of the Control of	المستوجع بالمساكد	187.91	DATE OF ELECTIO	*******			County Code
Summary of Receipts and Expenditures from:    Moi DAY   YEAR   NOT DAY   YEAR		t e		MO. DAY YEAR	Non-noet		PER	46
Summary of Receipts and Expenditures from:    Moi DAY   YEAR   NOT DAY   YEAR	MONTGERALLY CO	enty C	oRCAEK.	11 03 2015		(SEE INST	RUCTIONS	
A Amount Brought Forward From Last Report  B. Total Monetary Contributions and Receipts (From Schedule I) \$ \( \frac{7}{200.79} \)  C. Total Funds Available (Sum of Lines A and B) \$ \( \frac{3}{200.79} \)  D. Total Expenditures (From Schedule III) \$ \( \frac{3}{20.79} \)  E. Ending Cash Balance (Subtract Line D from Line C) \$ \( \frac{7}{20.79} \)  F. Value of In-Kind Contributions Received (From Schedule II) \$ \( \frac{20}{20.700.500} \)  G. Unpaid Debts and Obligations (From Schedule IV) \$ \( \frac{20}{20.700.500} \)  AFFIDAVIT SECTION  Signature of Person Submitting Report  AFFIDAVIT SECTION  AFFIDAVIT SECTION		(State that have been been been	·	MO DAY YEAR	reach and the second se	OR OFFIC	E USE C	NLY
B. Total Monetary Contributions and Receipts (From Schedule I) \$ 4, 700.7?  C. Total Funds Available (Sum of Lines A and B) \$ 3 203.19  D. Total Expenditures (From Schedule III) \$ 27, 772,17  E. Ending Cash Balance (Subtract Line D from Line C) \$ 10, 431.62  F. Value of In-Kind Contributions Received (From Schedule II) \$ 20, 706,52  G. Unpaid Debts and Obligations (From Schedule IV) \$	and Expenditures from:	5 20 30	/ <u>5</u> To	11 23 2015				
B. Total Monetary Contributions and Receipts (From Schedule II) \$ 4, 700.79  C. Total Funds Available (Sum of Lines A and B) \$ 38, 203.19  D. Total Expenditures (From Schedule III) \$ 27, 772, 17  E. Ending Cash Balance (Subtract Line D from Line C) \$ /0, 431.62  F. Value of In-Kind Contributions Received (From Schedule II) \$ 20, 704.52  G. Unpaid Debts and Obligations (From Schedule IV) \$	A. Amount Brought Forward From Last Re	port	\$ 3	4002,40	,		; == :: :	
D. Total Expenditures (From Schedule III)  E. Ending Cash Balance (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received (From Schedule II)  G. Unpaid Debts and Obligations (From Schedule IV)  AFFIDAVIT SECTION  AFFIDAVIT SECTION  PAGE Tribusing a Committee report treasurer sign here. If this is a Candidate report, candidate sign here.  Total Expenditures (From Schedule III)  AFFIDAVIT SECTION  PAGE Tribusing a Committee report treasurer sign here. If this is a Candidate report, candidate sign here.  Signature of Description and subscribed before me this  Out of the Committee of Person Submitting Report  AICHAEL B. My RRAN  Signature of Person Submitting Report  MICHAEL B. My RRAN  Area Code Deytime Telephone Number	B. Total Monetary Contributions and Receip	pts (From Sche	dule () \$ (	1,200.79			K. W.	
E. Ending Cash Balance (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received (From Schedule II)  G. Unpaid Debts and Obligations (From Schedule IV)  AFFIDAVIT SECTION  Support Flor affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and believed to and subacribed before me this  Signature  Area Code  Daytime Telephone Number  Area Code  Daytime Telephone Number	C. Total Funds Available (Sum of Lines A	and B)	\$ 3	8,203.19		-	* / **	
F. Value of In-Kind Contributions Received (From Schedule II) \$ 20,706.52  G. Unpaid Debts and Obligations (From Schedule IV) \$	D. Total Expenditures (From Schedule III)		\$ 2	7.772,1	2	• •		
AFFIDAVIT SECTION  AFFIDATION  AFFIDAVIT SECTION  A	E. Ending Cash Balance (Subtract Line D fr	rom Line C)	\$ /	0, 431.62				
AFFIDAVIT SECTION  PAGE 15 this is a Committee report treasurer sign here. If this is a Condidate report candidate sign here.  Source for affirm that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and believed to an authorize the second templete.  Signature of Person Submitting Report  Signature of Person Submitting Report  MCHAEL B. MURRAY  Frinted Name  Area Code  Daytime Telephone Number	F. Value of In-Kind Contributions Received	d (From Schedu	ile II) \$ 2	0,706.5	2		V 3	
This is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.  Some for affirm that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and believed and property of the complete.  Legislation of the complete of the comple	G. Unpaid Debts and Obligations (From Sch	redule IV)	\$	and O meson				
Signature of Person Submitting Report  Signature of Mo. DAY YR.  Area Code  To refirm that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and believed and complete.  When the control of the control					on the state of the state of	er och einmennen.		
Signature of Person Submitting Report  Signature of Person Submitting Report  WICHAEL B. WRRAN  Signature of Person Submitting Report  Finited Name  Printed Name  MO. DAY YR.  Area Code  Daytime Telephone Number								
Signature of Person Submitting Report  Wichael B. Myrray  Signature  Signatur		a sacrate and and and	ios, on paper ar	1).	10	0	aga misa pa	weeks as well
Signature of Person Submitting Report  MICHAEL B. MURRAN  Printed Name  Printed Name  OF STATE OF STATE OF SUBMITTING REPORT  FOR SIGNATURE OF PERSON Submitting Report  OF STATE OF STATE OF SUBMITTING REPORT  Printed Name  Printed Name  OF STATE OF STATE OF SUBMITTING REPORT  Area Code  Daytime Telephone Number	5 5 1 1	7 /- an	15-1	TU D. U	A	$\mathcal{U}_{m}$	יות נו ני	
Signature  Signature  Signature  Signature  Signature  Printed Name  Printed Name  Printed Name  Area Code  Daytime Telephone Number			5 -	Signature	of Person S	ubmitting Ri		1.
MEGammicsion expires Feb 13 2018   G/O G/O Beytime Telephone Number	Signature Signature	Lind 1	<b>∠</b> } →	MUNHEL	Printed Na	<i><u> MY</u></i>	CICAL	1—
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	Becommission expires 13	7-2118	2 _	<u>6/0</u>		o 53	nham Num	503
	\$ <b>2</b> 8 8			,		oftine tale	priorite i teat	
AAT II Tothis is a report of a Candidate's Authorized Committee, candidate shall sign here.							Alaman Alaman Alaman	
Lawer (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, 电路 1333, No. 320) as amended.	(a) 1333, No. 320) as amended.	eage and belief t	ms political com	mittee has not violated	any provisio	ns of the A	Ct of June	3, 1937
Assert to and subscribed before me this		/	10-1	,	1	)		
day of Signature of Candidate	s of letter		<u> </u>	17/2/5/5	mature MCa	ndidate		
Signeture Printed Name	Signeture Signeture	w. 111	<u> </u>	Prinip	Printed Na	2 CKC 2		
The commission expires		) 20 VR.	28 J _	Aree Code		2576 aytimo Tale	1430 phone Num	ber
	and the same of							es Physical Association and the second
Department of State  Bureau of Commissions, Elections and Legislation	Department of S							
210 North Office Building # Harrisburg, PA 17120-0029 # (717) 787-5280	Zig Worth Office B   Xig Worth Office B   Xig Worth Office B   Xig Worth Office B	uwaing 😿 Ha	irisburg, PA	1/12U-DUZA & ()	(1) /6/~5	200		

#### SCHEDULE (

### CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate  FRIENDS OF DR DIVIL	Reporting Per		To 11/25/15
	11011 2 01	- <del> </del>	
12 JUNITEM ZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CON	TRIBUTÓI	
TOTAL for the Reporting Period	i (1)	\$	
		i i a ni metamatigasi. A	
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	B)		
Contributions Received from Political Committees (Part A)		\$	-0 -
All Other Contributions (Part B)		\$	300,00
TOTAL for the Reporting Period	i (2)	\$	
	egran er faglikkter (då at 1954 e.g.).		
30 CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$ 2	909,00
TOTAL for the Reporting Period	(3)	\$ 4	200.00
		,	
4 OTHER RECEIPTS - REFUNDS, INTEREST EARNED RETURNED CH	BECKS LET G	ERON	<b>Pari</b>
TOTAL for the Reporting Period	(4)	\$	.79
	Carlos Anna Carlos		
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 8.)		\$ 4,	200.79

MANUAL CONTROL OF A CONTROL OF

#### 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	7.4	1,1		From 10/35	115 to 11/08/15
	electric de la Constitución de l	The second of the second of the second of the second	فالمستقل بإزاري	DATE	AMOUNT
Full Name of Contributing Committee			# MO:	DAYSCUVEAR	\$
Majling Address	<b>y</b>		MO.	HABY YEAR	
City	State	Zip Code (Plus 4)	. Mo.	DAY YEAR	100
					\$
Full Name of Contributing Committee			MO.	DAY DAY	\$
Mailing Address			MO	DAY YEAR	\$
City	State	Zip Code (Plus 4)	» MÖ	DAY YEAR	s
Full Name of Contributing Committee			. MO:	DAY	\$
Mailing Address			Mo:	SHOWN WEAR	
City	State	Zip Code (Plus 4)	<u>"Mo"</u>	TEDAY AYEAR	\$
			( vingáran)	M AND DAY OF THE ARE	the second secon
Full Name of Contributing Committee			milje	- DAM - ISTEAM	\$
Mailing Address			-MO.	DAY	\$
City	State	Zip Code (Plus 4)	MD.	DAY YEAR	\$
Full Name of Contributing Committee	alan mem		<b>沙杨</b> 0.	GAY YEAR	<b>\$</b>
Mailing Address			GWD.	DAY YEAR	<b>\$</b>
City	State	Zip Code (Plus 4)	∴ MOL	DAY YEAR	s
			- Summer	E REDAVAS VVEAR	to the second se
Full Name of Contributing Committee					\$
Mailing Address	•		E MO	DAY	\$
City	State	Zip Code (Plus 4)	∴ MO≘	TOAYA NYEAT	<b>\$</b>
Full Name of Contributing Committee			Moz	TE ESDAYON PEYEARS	\$
Mailing Address			OMP	TEAN YEAR	\$
City	State	Zip Code (Plus 4)	- Mo	- CDAY! YEAR	\$
Full Name of Contributing Committee			MO.	HEDAYE EYEAR	The state of the s
Mailing Address			/Mo/	DAY	
City	State	Zip Code (Plus 4)	. Mo:	J - DAY YEAR	7
					\$ .
Enter Grand Total of Part A on Sche	dule I.	, Detailed Summary	/ Page	, Section 2.	\$ - O -
					A STATE OF THE PROPERTY OF THE

# 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	1 1			Reporting	Period //a/⊴an	115 To 11/25/15
FRIENDS OF DR PI	1	en andere de la latera de latera della later		Company (Company)	1087 60 60	Znacki sa objekt na koli koja je koja koja pokaja i indograva je koja koja je koja je koja je koja je koja je
Full Name of Contributor	ary or engineering for the	Care a record in the factories and the factories and record in the factories and the	S MO	DATE	YEAR	AMOUNT
Meiling Address			10	13	2015	
Meiling Address	***************************************	y and and making the high page was a second manner	MO.	DAY	YEAR	
Meiling Address  1/2: We Main St.  City	1 6423	Zip Code (Plus 4)		Ottoma i temperatura	F 150-170-3 1	
Norriston	State	19701 -	MON	₩ P DAY	YEAR	<b>†</b> \$
Full Name of Contributor	11.			DAY		7/2
Full Name of Contributor  AMA OF THOMAS  Meiling Address	11/19.	n-101440	10	2	2015	\$ 200,00
2409 HORSHAM	(29)	5.	MO	DAY	YEAR	\$
City ,	State	TIP COME (PIUS 4)	MO	PAY	YEAR	
HATZORO		19040-			<u> </u>	\$
Full Name of Contributor	economical seco		S.MO.	DAY	YEAR	\$
Malling Address					1940C08220	
watting Magaza			The INCOME	DAY	YEAH	<b>\$</b>
City	State	Zip Code (Plus 4)	I MO.	DAY	YEAR	
		_				<b>7 \$</b>
Full Name of Contributor			- MOL	DAY	YEAR	\$
Mailing Address			. MO.		YEAR	\$
City	State	Zip Code (Pius 4)	- Max	DAY	ZEAH!	
		faire.				\$
Full Name of Contributor	7 - 100 - 5, 24 a	and the second transfer of the second of the second	® MO.	DAY	YEAR	\$
Mailing Address			-7/2000A	DAY-	i de se esta di la	*
Mailing Modings			7. 101 Oc. 2	T Transfer of the second		S
City	State	Zip Code (Plus 4)	i Masi	DAY	YEAR	
	1	_				\$
Full Name of Contributor		State of the second	MO	DAY	YEAR	\$
<b>1</b>					a veste es	7
Melling Address			- W1957	DAY	MAICANES	\$
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	<u> L</u>	_				\$
Full Name of Contributor			. MO?	DAY	YEAR	S
Mailing Address			#isMoi h	DAY	. VENDE	1
				<b>-</b>	Sir Ge Coppies	\$
City	State	Zip Code (Plus 4)	© MO®	DAY	YEAR	
						\$
Full Name of Contributor			€MO.	PAY	YEAR	\$
Mailing Address			MO	DAY	YEAR	
<del>-</del>			ACCUSE FRANCES			\$
City	State	Zip Code (Plus 4)	Mo	DAY	YEAR	
				n excession and		\$
						PAGE TOTAL
Enter Grand Total of Part B on Schee	dule I,	Detailed Summar	y Page,	Section	2.	<b>\$</b> 300,

#### 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  FRIENDS OF DICE	74	ho, man		From <u>/</u>	2/2 3/	/ <u>////////////////////////////////////</u>
				DATE		AMOUNT
Full Name of Contributing Committee	•		MO.	DAY	· YEAR	\$
Mailing Address	· <u></u>		₩ MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	\$
Full Name of Contributing Committee			SOUMO?	DAY	∴YEAR ∄	\$
Mailing Address		and the second section of the section of the second section of the second section of the section of the second section of the sectio	MOa	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				S DAY	YEAR :	\$
Mailing Address	V 50	Zjp Code (Plus 4)	MO.		YEAR	\$
City	State	Zip Code (Flus 4)	MO.		YEAR	\$
Full Name of Contributing Committee				DAY		\$
Mailing Addrass	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
City	State		MO	DAY	YEAR	\$
Full Name of Contributing Committee			MO.			\$
Mailing Address	State	Zip Code (Plus 4)	MO,	DAY	YEAR	\$
City	2(8(6	21p CO20 6-105 47	Mo.		YEAR	\$
Full Name of Contributing Committee				E CONY		\$
Mailing Address	State	Zip Code (Plus 4)	MO.	DAY	YEAR YEAR	\$
City	Siate		C. 7811111-111	DAY		\$
Full Name of Contributing Committee  Meiling Address			MG.		YEAR	\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR.	\$
City		•	5 MD			\$
Full Name of Contributing Committee  Mailing Address	,,,, ·································		MO.		YEAR	\$
Maring Address City	State	Zip Code (Plus 4)	. Mo.		YEAR	\$
A11		·				\$ PAGE TOTAL
Enter Grand Total of Part C on Sched	lule I,	Detailed Summary	/ Page	, Section	1 3.	s - O -

DSEB-502 (7-98)

#### PART D **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  From /0/20/	15 To 11/23/15
FRIENDS OF DR THIL	DATE	AMOUNT
Full Name of Contributor MARIO MELE	MO DAY YEAR	\$ 500,00
Mailing Address	MO. DAY YEAR	\$
12 Car This is a discount of the	MO CODAY VEAR	*
City State Zip Code (Plus 4) FIRST MACKING TOWN TOWN THE 19059		\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		
	ENMOVED AS CAYOUT AVEABLE	. 62/7
Full Name of Contributor, AMERICANS OF ITALIAN HEALTHY	9 24 2515	\$ 2500'00
Malling Address  ACO ACOCIONOS OF ATRICANTAL  Malling Address  ACOCIONOS OF ATRICANTAL  State Zip Code (Plus 4)	MOST CAY STRAIN	<b>\$</b> .
City State Zip Code (Plus 4)	MO DAY YEAR	±.
	Occupation	\$
Employer Name		
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor	ENGRE EDWARD AVENES	\$
	EAMORE SEDANS WATERES	
Mailing Address		\$
City State Zip Code (Plus 4)	MO BAY YEAR	\$
Employer Name	Occupation	A CONTRACTOR OF THE PARTY OF TH
Employer Mailing Address/Principal Pieca of Business	The state of the s	
Employer maining Address Timeles		The state of the s
Full Name of Contributor	MO SE DAY	\$
Mailing Address	MO. DAY YEAR	\$
State   Zip Code (Plus 4)	MO DAY YEAR	
City		\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business	I	
	MO. Z DAY BYEAR	
Full Name of Contributor		\$
Mailing Address		\$
City State Zip Code (Plus 4)	MG. DAY YEAR	\$
Employer Name	Decupation	A STATE OF THE STA
		y water to the same of the sam
Employer Mailing Address/Principal Place of Business		
Enter Grand Total of Part D on Schedule I, Detailed Summary	/ Page, Section 3.	\$ 3,900,00

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DSEB-502 (7-99)

# 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  FRIENDS OF DRI	J.4	116.	Reportir From	ng Period <u>jo/2.e/</u>	15 To 11/28/15
Full Name BRYN MATTIME	17	EVST -	24	lenes	ery
Mailing Address 108 LANCASTE	12.	Ave.		•	
Mailing Address 108 LANCASTE City BRYN MAHR	State	7900 (Plus 4)	10 25	LOIS	Amount , 79
Receipt Description	,	L.C. S. Marie Company	·		- The state of the
Full Name		(Asim in serim genera Europea), filo filo filo filo filo filo con en en el	en en marajo more de Herano Nebilio de Ar	Margarita, program vivi	
Mailing Address				<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
City	State	Zip Code (Plus 4)	MO. TE DAY	LAYEAR	Amount \$
Receipt Description	<u> </u>		<u> </u>		en e
Full Name	محبضا النبيذ سيع				
Mailing Address			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
City	State	Zip Code (Plus 4)	MO? DAY	YEAR	Amaunt \$
Receipt Description	l	<u> </u>	<u> </u>		<b>4</b>
Full Name					The state of the s
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Clty	State	Zip Code (Plus 4)	MG CAY	YEAR	Amount \$
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City	State	Zip Code (Pitts 4) —	MO DAY	YEAR	Amoun: <b>\$</b>
Receipt Description					
40.00			Mary and the beautiful and the second		PAGE TOTAL
Enter Grand Total of Part E on Schedu	ule I,	<b>Detailed Summary</b>	Page, Section	on 4.	\$

#### SCHEDULE II

PAGE 8 OF 13

# 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  FRIENDS OF DR. THIL	Reporting Parls From 10/2	od <u>0/15</u> To <u>///28/75</u>
MUNITEMIZED IN KIND CONTRIBUTIONS RECEIVED	1	ESS PER CONTRIBUTOR
TOTAL for the Ro		
Z IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF TOTAL for the R		s
TIN-KIND CONTRIBUTION RECEIVED! A VALUE OVER	The same of the sa	
TOTAL for the R	eporting Period (3)	\$ 26,706.52
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING REPORTING PERIOD (Add and enter amount totals from and 3; also enter on Page 1, Report Cover Page, Item 1	Boxes 1, 2,	\$ 20,705,52

	a		12
PAGE		O٤	_/

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate				Reporting	Period	
FRIENDS OF TER F	Hill	f excepted		Frem _	10/28	1/15 To 11/23/15
Table 14 Table 24 Table 15 Ta	e mar a entre ta	**************************************		DATE	<u> </u>	AMOUNT
Full Name of Contributor			./∈М⊝:	DAY	- YEAH	\$
Mailing Address			# MOS	DAY	YEAR	\$
City	State	Zip Code (Pius A)	мо.	DAY	YEAR	
Description of Contribution	<u> </u>					*
Description of Contribution						
Full Name of Contributor			IV-MOS	DAY)	YEAR	\$
Melling Address	w	and the second s	i-MC.	DAY	YEAH	<b>\$</b>
				Carlo	Stragonal Advis	4
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Description of Contribution:	1			1	<u> </u>	
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# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

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DSEB-502 (7-99)

#### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period From 10/01/15 To 11/3/15
FRIENDS OF DR- PHIL	From Coffee 10
To Whom Paid  AMERICANE OF THALIBLE HERITAGE  Mailing Address	Description of Expenditure
Mailing Address  ADDRESS  City  State   Zip Code (Plus 4)	Derwhile w.
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CORUSA COMMUNICATIONS	MO DAY YEAR Amount  S Description of Expanditure
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730 GERMANTOWN TK	DONATION
City State Zip Code (Plus 4) LAYATETEN HILLS FA VIAN -	
To Whom Paid APRO	10 72 275 \$ 50, 00
Mailing Address Box 615	Description of Expenditure
City State Zip Code (Plus 4)	
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City State Zig Code (Plus 4)	
NARGARITA	MAD DAY YEAR Amount 42, 17
Mailing Address Symmeter John Mc	Description of Expenditure
City LANSDALE PA Zip Code (Plus 4)	
Enter Grand Total of Expenditures on Page 1, Report Cover Page	PAGE TOTAL \$27,673, 7

#### SCHEDULE III

### STATEMENT OF EXPENDITURES

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# 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	7.6.	Reporting Period	
FRIENDS OF DATE	H & Comment	From 10/2	0/15 To 11/23/15
Name of Craditor			Outstanding Balance of De
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ter Grand Total of Unpaid Debts on Page	1. Report Cover	Page Item C	PAGE TOTAL
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Montgomery County Election Board One Montgomery Plaza, Suite 602 P.O. Box 311 Norristown, PA 19404-0311

RE: Friends of Dr. Phil Committee Expense Report

#### Dear Sir/Madame:

Enclosed please find the 2015 30 Day Post- Election Report for the period ending November 23, 2015, for the above referenced political committee. This statement has been completed to the best of my ability with the information that has been provided to me to this date.

If you have any questions or concerns, please do not hesitate to contact me.

**Enclosures** 

Michael B. Murray

Treasurer