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.

| NUMBER | | REPORT FILED ON BEHALF OF | CANDIDATE V | COMMITTEE 2: | LOBBYIST 3. |
|--|---|---|-----------------------------------|--|------------------|
| NAME OF FILING COMMITTEE, C. | ANDIDATE OF LORBVIST MAN 1) 9 +0 IF | | | | |
| STREET ADDRESS | FRIRWAY DE. | - | | | |
| CITY TELOWINE | TECTORED | | STATE ZIP CODE 129-9 - | | _ |
| TYPE OF REPORT (CHECK ONE) | NAME OF OFFICE SOUGHT BY CANDIDATE | DISTRICT NO. | PARTY | MO. DAY | YEAR |
| 6TH TUESDAY PRE-PRIMARY | MO. DAY YEAR | MO. DAY YEAR | 1 | FOR OFFICE L | JOIS ISE ONLY |
| 2ND FRIDAY PRE-PRIMARY | DATES OF REPORTING 10 30 15 TO | 11 23 15 | | | |
| 30 day Post-Primary | CASH BALANCE AT END | . 0 | | 1000 1000 | |
| 6th tuesday Pre-Election | OF REPORTING PERIOD: TOTAL AMOUNT OF FILER'S | \$ | | | |
| 2ND FRIDAY PRE-ELECTION | OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD | | | • | |
| 30 DAY POST-ELECTION | AMENDMENT YES REPORT? | NO NO | | | |
| ANNUAL REPORT | TERMINATION YES REPORT? | NO | | · | |
| | AFFID.4 | VIT SECTION | į. | | |
| S S Till tatement is filed of | on behalf of a <u>Political Committee <i>or</i> Car</u> on behalf of a <u>Candidate</u> , the Candidate on behalf of a <u>Contributing Lobbyist</u> , the | must sign here. Lobbvist must sir | an here. | | |
| Some to and su | T THE AGGREGATE RECEIPTS OR DISBURSEMENTS OF HABID PIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE RECEIPTS OF THIS | IUTHS INCURRED DURIN IE BEST OF MY KNOWLEI | G THE REPORTING | PERIOD INDICATED ABO DAME, COPRECT AND CO | MALETE. |
| SWORN TO AND SU | December 20/5 | , -Şi GİIAT | URE OF PERSON | SUBMITTING REPORT | |
| DAY OF | 107.11 | Phi | lip Mar | rdato | |
| Sandra J. Todt. Kommission Twp., r. R. Pennsylvania ASS R. Pennsylvan | T THE AGGREGATE RECEIPTS OR DISBURSSMENTS OF HAB HID FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO TO BESCRIBED BEFORE ME THIS SIGNATURE (PIRES MO. DAY YR. | Phi GID AREA CODE | IP Mar PRINTED 639 DAYTI | NAME 9436 ME TELEPHONE NUMB | ER |
| ¥ ŽIŽRTII - | SIGNATURE SIGNATURE MO. DAY YR. On behalf of a Candidate's Authorized Co | | | · · · · · · · · · · · · · · · · · · · | ER |
| I SWEAR (OR ASSIRED | | <u>mmittee,</u> Candid | ate must sig | n here. | |
| If statement is filed of swear (or affirm June 3, 1937 (P.L.) | on behalf of a <u>Candidate's Authorized Co</u> () THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS 1333, No. 320) AS AMENDED. BSCRIBED BEFORE ME THIS | <u>mmittee,</u> Candid | ate must sig | IN here. DIANY PROVISIONS OF T | |
| If statement is filed of the statement in the statement is filed of the statement is filed of the statement is filed of the statement in the statement is filed of the statement in the statement is filed of the statement in the statement in the statement is filed of the statement in the sta | on behalf of a <u>Candidate's Authorized Co</u> () THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS 1333, No. 320) AS AMENDED. BSCRIBED BEFORE ME THIS | <u>mmittee,</u> Candid | ate must sig | IN here. DIANY PROVISIONS OF TI CANDIDATE | |

Montgomery County Election Board One Montgomery Plaza, Suite 602 P.O. Box 311 Norristown, PA 19404-0311

RE: Philip Mandato Jr. Candidate 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 Candidate. 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.

Sincerely yours,

Michael B. Murray

Treasurer

Enclosures