

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.} <input type="checkbox"/>		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.} <input type="checkbox"/>				
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Joe Gale</i>												
Street Address: <i>628 Laurel Road</i>												
City: <i>Plymouth Meeting</i>				State: <i>PA</i>		Zip Code: <i>19402 -</i>						
TYPE OF REPORT (place X to the right of report type)	5TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO			
	5TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO			
	ANNUAL REPORT	7.	YEAR		FILING METHOD <input checked="" type="checkbox"/> CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate: <i>Montgomery County Commissioner</i>					DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
					MO.	DAY	YEAR					
					<i>11</i>	<i>03</i>	<i>2015</i>		<i>OTH</i>	<i>REP</i>	<i>46</i>	
					(SEE INSTRUCTIONS FOR CODES)							
Summary of Receipts and Expenditures from:					MO.	DAY	YEAR	FOR OFFICE USE ONLY				
					<i>10</i>	<i>20</i>	<i>2015</i>	To	MO.	DAY	YEAR	
A. Amount Brought Forward From Last Report					\$	<i>3259.57</i>						
B. Total Monetary Contributions and Receipts (From Schedule I)					\$	<i>14560.00</i>						
C. Total Funds Available (Sum of Lines A and B)					\$	<i>17819.57</i>						
D. Total Expenditures (From Schedule III)					\$	<i>14259.37</i>						
E. Ending Cash Balance (Subtract Line D from Line C)					\$	<i>3560.20</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

3 day of *Dec* 20 *15*

Nicholas A. Salamone
Signature

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
NICHOLAS A. SALAMONE, Notary Public
Whitemarsh Twp., Montgomery County
My Commission Expires July 12, 2018

My commission expires

Charles Genret
Signature of Person Submitting Report

Charles Genret
Printed Name

267 Area Code *249 9176* Daytime Telephone Number

PART II - If this is a report of a Candidate, 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

3 day of *Dec* 20 *15*

Joseph C. Gale
Signature of Candidate

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
NICHOLAS A. SALAMONE, Notary Public
Whitemarsh Twp., Montgomery County
My Commission Expires July 12, 2018

My commission expires

Joseph C. Gale
Signature of Candidate

Joseph C. Gale
Printed Name

484 Area Code *941-1202* Daytime Telephone Number

MONTGOMERY COUNTY COURT HOUSE

Department of State • Bureau of Commissions, Elections and Legislation Board of Elections
303 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280 P.O. Box 311

Norristown, PA 19401

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Friends of Joe Gale	Reporting Period From 10/20/2015 To 11/23/2015
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
	(1)	\$ 1235.00
TOTAL for the Reporting Period		

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$ 250.00
All Other Contributions (Part B)		\$ 3500.00
TOTAL for the Reporting Period		(2) \$ 3750.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ 4500.00
All Other Contributions (Part D)		\$ 5000.00
TOTAL for the Reporting Period		(3) \$ 9500.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
TOTAL for the Reporting Period		(4) \$ 75.00

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.)	\$ 14,560.00
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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 Joe Gale</i>	Reporting Period From <i>10/20/2015</i> To <i>11/23/2015</i>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Lewis Gould for Commissioner Committee</i>	<i>10</i>	<i>20</i>	<i>2015</i>	<i>\$ 250.⁰⁰</i>
Mailing Address <i>935 Crestmont Rd.</i>				\$
City <i>Bryn Mawr</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19010 -</i>		\$
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
<i>\$ 250.⁰⁰</i>

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 Joe Gale		From 10/20/2015 To 11/23/2015			
Full Name of Contributor	Mailing Address	DATE			AMOUNT
		MO.	DAY	YEAR	
Helen Orme	1226 Colonial Ave.	10	20	2015	\$ 100. ⁰⁰
		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)			\$
Roslyn	PA	19001 -			\$
Full Name of Contributor	Mailing Address	MO.	DAY	YEAR	\$
Mr. + Mrs. Michael Mc Monagle	300 Greenwood Road	10	22	2015	\$ 200. ⁰⁰
		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)			\$
Lansdale	PA	19046 - 2914			\$
Full Name of Contributor	Mailing Address	MO.	DAY	YEAR	\$
Kathleen Sobocinski	1418 Reiner Rd.	10	23	2015	\$ 100. ⁰⁰
		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)			\$
Doonstown	PA	19403 -			\$
Full Name of Contributor	Mailing Address	MO.	DAY	YEAR	\$
Mr. + Mrs. Frank Adamare	121 Twining Ford Rd.	10	25	2015	\$ 100. ⁰⁰
		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)			\$
Richboro	PA	18954 -			\$
Full Name of Contributor	Mailing Address	MO.	DAY	YEAR	\$
Mr. + Mrs. Frank Boschetti	616 Launfall Road	10	25	2015	\$ 100. ⁰⁰
		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)			\$
Plumouth Meeting	PA	19402 -			\$
Full Name of Contributor	Mailing Address	MO.	DAY	YEAR	\$
Mr. + Mrs. J. Gimpel	3207 Hogarth Lane	10	25	2015	\$ 100. ⁰⁰
		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)			\$
Collegedale	PA	19426 -			\$
Full Name of Contributor	Mailing Address	MO.	DAY	YEAR	\$
Mr. Gerard Connelly	1109 Four Maples Court	10	22	2015	\$ 100. ⁰⁰
		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)			\$
Limerick	PA	19468 -			\$
Full Name of Contributor	Mailing Address	MO.	DAY	YEAR	\$
Mr. + Mrs. Donald Landry	197 Keiffer Court	10	25	2015	\$ 100. ⁰⁰
		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)			\$
Telford	PA	18969 -			\$

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

PAGE TOTAL
\$ 900.⁰⁰

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 Joe Gale		From 10/20/2015 To 11/23/2015			
Full Name of Contributor	Mailing Address	DATE			AMOUNT
		MO.	DAY	YEAR	
Ms. Theresa Leitold	536 W. Ridge Pike	10	25	2015	\$ 100. ⁰⁰
Limerick	PA 19468-				\$
Ms. Susan Battaglia	307 Julian Court	10	25	2015	\$ 100. ⁰⁰
Plymouth Meeting	PA 19462-				\$
Rudy C. Widman	1138 Youngsford Rd.	10	25	2015	\$ 100. ⁰⁰
Gladwyne	PA 19035-				\$
Mr. + Mrs. Thomas McGinniss	727 Dunstine Ave.	10	25	2015	\$ 100. ⁰⁰
Lansdale	PA 19446				\$
Mr. + Mrs. Joseph Monastero	509 Laurel Hill Rd.	10	25	2015	\$ 100. ⁰⁰
Plymouth Meeting	PA 19112-				\$
Mr. + Mrs. Jeffrey Feingold	48 Highgate Lane	10	25	2015	\$ 100. ⁰⁰
Blue Bell	PA 19422-				\$
Kara Lee Givnish	33 W. Indian Lane	10	25	2013	\$ 100. ⁰⁰
Norristown	PA 19403				\$
Mr. + Mrs. D. Dunkelberger	1601 Norristown Rd.	10	25	2015	\$ 100. ⁰⁰
Ambler	PA 19002-				\$

PAGE TOTAL

\$ 800.⁰⁰

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

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 Joe Galz		From 10/20/2015 To 11/23/2015			
Full Name of Contributor	Mailing Address	DATE			AMOUNT
		MO.	DAY	YEAR	
Mr + Mrs. R. Guerra	1860 Ferguson Lane	10	25	2015	\$ 100. ⁰⁰
Blue Bell	PA 19422-				\$
Mr. + Mrs. Joseph McLaughlin	1020 Bon Air Rd.	10	25	2015	\$ 100. ⁰⁰
Haverstown	PA 19083-				\$
Margaret Anne Gale	573 Jamestown St.	10	25	2015	\$ 100. ⁰⁰
Phila.	PA 19128-				\$
Dr. + Dr. Tenaglia	769 Germantown Pike	10	25	2015	\$ 200. ⁰⁰
Lafayette Hills	PA 19444				\$
David Kaiser + Karen Thon	132 E. Germantown Pike	10	25	2015	\$ 200. ⁰⁰
Plymouth Meeting	PA 194162-				\$
Mr. + Mrs. Joseph Gale	628 Laurel Rd.	10	25	2015	\$ 100. ⁰⁰
Plymouth Meeting	PA 194162-				\$
Peter Rawson	3614 Conrad St.	10	25	2015	\$ 100. ⁰⁰
Phila.	PA 19129-				\$
Gene Shusman	1350 Cherry Lane	10	28	2015	\$ 100. ⁰⁰
Rydal	PA 19046-				\$
PAGE TOTAL					\$ 1000. ⁰⁰

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

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 <i>Friends of Joe Gale</i>	Reporting Period From <i>10/20/2015</i> To <i>11/23/2015</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Gail De Annuntis</i>	<i>10</i>	<i>30</i>	<i>2015</i>	<i>\$ 100.⁰⁰</i>
Mailing Address <i>40 Portland Rd.</i>	MO.	DAY	YEAR	\$
City <i>Conshohocken</i> State <i>PA</i> Zip Code (Plus 4) <i>19428-</i>	MO.	DAY	YEAR	\$
<i>Mr. + Mrs. Coulton S. Henry</i>	<i>11</i>	<i>10</i>	<i>2015</i>	<i>\$ 150.⁰⁰</i>
Mailing Address <i>1626 Amity Rd.</i>	MO.	DAY	YEAR	\$
City <i>Rydal</i> State <i>PA</i> Zip Code (Plus 4) <i>19046 - 1205</i>	MO.	DAY	YEAR	\$
<i>Joseph Tarantino, Jr.</i>	<i>11</i>	<i>10</i>	<i>2015</i>	<i>\$ 150.⁰⁰</i>
Mailing Address <i>700 W. Germantown Pk.</i>	MO.	DAY	YEAR	\$
City <i>E. Norriton</i> State <i>PA</i> Zip Code (Plus 4) <i>19403-</i>	MO.	DAY	YEAR	\$
<i>Beverly Plosa - Bowser</i>	<i>11</i>	<i>10</i>	<i>2015</i>	<i>\$ 150.⁰⁰</i>
Mailing Address <i>1052 Mill Hill Rd.</i>	MO.	DAY	YEAR	\$
City <i>East Greenville</i> State <i>PA</i> Zip Code (Plus 4) <i>18041 - 2134</i>	MO.	DAY	YEAR	\$
<i>Joseph O'Donnell</i>	<i>10</i>	<i>20</i>	<i>2015</i>	<i>\$ 250.⁰⁰</i>
Mailing Address <i>3022 Appledate Rd.</i>	MO.	DAY	YEAR	\$
City <i>Norristown</i> State <i>PA</i> Zip Code (Plus 4) <i>19403-</i>	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$

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

PAGE TOTAL
\$ 800.⁰⁰

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 Joe Gale</i>	Reporting Period From <i>10/20/2015</i> To <i>11/23/2015</i>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>Citizens Alliance of PA PAC</i>	<i>10</i>	<i>20</i>	<i>2015</i>	<i>\$ 4,500.⁰⁰</i>
Mailing Address <i>P.O. Box 6726</i>				\$
City <i>Harrisburg</i>	State <i>PA</i>	Zip Code (Plus 4) <i>17112 -0726</i>		\$
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) -		\$

PAGE TOTAL
\$ 4,500.⁰⁰

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

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 Friends of Joe Gale	Reporting Period From 10/20/2015 To 11/23/2015
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Donald F. Cafiero	10	22	2015	\$ 500. ⁰⁰
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Employer Name	Occupation			
Pennmark Management Co				
Employer Mailing Address/Principal Place of Business				
1000 Germantown Pike 2A Plymouth Meeting, PA 19462				
Mr. & Mrs. C. D. Adcock	10	22	2015	\$ 1500. ⁰⁰
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Employer Name	Occupation			
Adcock Swimming Pools				
Employer Mailing Address/Principal Place of Business				
PO Box 492 Huntingdon Valley, PA 19006				
Mr. & Mrs. James Longan	10	25	2015	\$ 1000. ⁰⁰
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Employer Name	Occupation			
Retired				
Employer Mailing Address/Principal Place of Business				
Ms. Barbara Henkels	10	31	2015	\$ 1170. ⁰⁰
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Employer Name	Occupation			
Retired				
Employer Mailing Address/Principal Place of Business				
Mr. Colin Hanna	10	26	2015	\$ 500. ⁰⁰
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Employer Name	Occupation			
Let Freedom Ring				
Employer Mailing Address/Principal Place of Business				
2207 Concord Pike Wilmington DE 19803				

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

PAGE TOTAL
\$ 4000.⁰⁰

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 Joe Gale</i>	Reporting Period From <i>10/20/2015</i> To <i>11/23/2015</i>
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
<i>Michelle Portnoff</i>				<i>11</i>	<i>10</i>	<i>2015</i>	<i>\$ 1000.00</i>
Mailing Address				MO.	DAY	YEAR	\$
<i>1124 Stony Lane</i>							
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
<i>Gladwyne PA</i>	<i>PA</i>	<i>19035</i>					
Employer Name				Occupation			
<i>Amoore Group</i>							
Employer Mailing Address/Principal Place of Business							
<i>1060 1st Ave. Ste 430 King of Prussia PA 19406</i>							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)		MO.	DAY	YEAR	YEAR	\$
	-						
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)		MO.	DAY	YEAR	YEAR	\$
	-						
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)		MO.	DAY	YEAR	YEAR	\$
	-						
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)		MO.	DAY	YEAR	YEAR	\$
	-						
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

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 Joe Gale</i>	Reporting Period From <i>10/20/2015</i> To <i>11/23/2015</i>
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Full Name <i>Upper Providence Township</i>						
Mailing Address <i>PO Box 406</i>						
City <i>Daks</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19456 -</i>	MO <i>11</i>	DAY <i>18</i>	YEAR <i>2015</i>	Amount \$ <i>75.00</i>

Receipt Description <i>Sign Permit Deposit Refund</i>
--

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

PAGE TOTAL
\$ *75.00*

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

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 Joe Gale</i>	Reporting Period From <i>10/20/2015</i> To <i>11/23/2015</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>Ø</i>

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

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ <i>Requested---</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>Ø</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 Joe Galle</i>	Reporting Period From <i>10/20/2015</i> To <i>11/23/2015</i>
--	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
Description of Contribution:				
Mailing Address				\$
City				\$
Description of Contribution:				
Mailing Address				\$
City				\$
Description of Contribution:				
Mailing Address				\$
City				\$
Description of Contribution:				
Mailing Address				\$
City				\$
Description of Contribution:				
Mailing Address				\$
City				\$
Description of Contribution:				
Mailing Address				\$
City				\$
Description of Contribution:				

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

PAGE TOTAL
\$ *Ø*

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

Name of Filing Committee or Candidate <div style="font-size: 1.2em; font-family: cursive;">Friends of Joe Gale</div>	Reporting Period From <u>10/20/2015</u> to <u>11/23/2015</u>
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				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				
<i>Stan Casacio</i>	10	25	2015				\$ <i>Requested ---</i>
Mailing Address <i>625 Creek Lane</i>	MO.	DAY	YEAR				\$
City <i>Flourtown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19031 -</i>		MO.	DAY	YEAR	\$
Employer of Contributor <i>Cardano Realtors</i>				Occupation <i>Broker</i>			
Employer Mailing Address/Principal Place of Business <i>1021 Old York Rd. Ste. 401 Abington, PA.</i>				Description of Contribution <i>Fundraiser Costs ---</i>			
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
 \$ *(Requested ---)*

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Friends of Joe Gale</i>	Reporting Period From <i>10/20/2015</i> To <i>11/23/2015</i>
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To Whom Paid <i>Pay Pal Fees</i>	MO <i>11</i>	DAY <i>10</i>	YEAR <i>2015</i>	Amount <i>\$ 39.43</i>
Mailing Address <i>Bank transfer fees.</i>				
City	State	Zip Code (Plus 4) <i>-</i>		

To Whom Paid <i>Fed Ex Office</i>	MO <i>10</i>	DAY <i>27</i>	YEAR <i>2015</i>	Amount <i>\$ 138.21</i>
Mailing Address <i>461 W. Germantown Pike</i> <i>Photo Copies</i>				
City <i>Plymouth Meeting</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19462-</i>		

To Whom Paid <i>Staples</i>	MO <i>10</i>	DAY <i>27</i>	YEAR <i>2015</i>	Amount <i>\$ 215.53</i>
Mailing Address <i>2832 Dekalb Pike</i> <i>Photo Copies, Envelopes</i>				
City <i>E. Norriton</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19401-</i>		

To Whom Paid <i>Blue Bell Post Office</i>	MO <i>10</i>	DAY <i>28</i>	YEAR <i>2015</i>	Amount <i>\$ 637.⁰⁰</i>
Mailing Address <i>651 E. Township Line Rd.</i> <i>Postage</i>				
City <i>Blue Bell</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19422-</i>		

To Whom Paid <i>Staples</i>	MO <i>10</i>	DAY <i>29</i>	YEAR <i>2015</i>	Amount <i>\$ 39.73</i>
Mailing Address <i>2832 Dekalb Pike</i> <i>Printer Ink Cartridge</i>				
City <i>E. Norriton</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19401-</i>		

To Whom Paid <i>Walmart</i>	MO <i>10</i>	DAY <i>29</i>	YEAR <i>2015</i>	Amount <i>\$ 14.12</i>
Mailing Address <i>53 W. Germantown Pike</i> <i>Return Address Labels</i>				
City <i>Norristown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19401-</i>		

To Whom Paid <i>Fed Ex Office</i>	MO <i>10</i>	DAY <i>30</i>	YEAR <i>2015</i>	Amount <i>\$ 69.31</i>
Mailing Address <i>461 W. Germantown Pike</i> <i>Photo Copies</i>				
City <i>Plymouth Meeting</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19462-</i>		

To Whom Paid <i>Fed Ex Office</i>	MO <i>10</i>	DAY <i>31</i>	YEAR <i>2015</i>	Amount <i>\$ 230.92</i>
Mailing Address <i>461 W. Germantown Pike</i> <i>Photo Copies Poll Lit</i>				
City <i>Plymouth Meeting</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19462-</i>		

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

PAGE TOTAL
\$ 1384.25

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Joe Gale	Reporting Period From 10/20/2015 To 11/23/2015
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To Whom Paid Fed Ex Office	MO 11	DAY 02	YEAR 2015	Amount \$ 137.39
Mailing Address 461 W. Germantown Pike	Description of Expenditure Photo Copies Bill Kit			
City Plymouth Meeting	State PA	Zip Code (Plus 4) 19462-		

To Whom Paid PA Digital Inc.	MO 11	DAY 11	YEAR 2015	Amount \$ 549.45
Mailing Address PO Box 116	Description of Expenditure Web site Host			
City Cwynedd Valley	State PA	Zip Code (Plus 4) 19437-		

To Whom Paid Joseph M. Gale	MO 11	DAY 12	YEAR 2015	Amount \$ 1854.29
Mailing Address 628 Lounfall Rd.	Description of Expenditure Reimbursement: Fed Ex Copies \$54.00			
City Plymouth Meeting	State PA	Zip Code (Plus 4) 19462-		
Mailing Address WPHT Radio Ads \$1800.00				

To Whom Paid WPHT 1210 CBS Radio	MO 10	DAY 21	YEAR 2015	Amount \$ 400.00
Mailing Address 400 Market St.	Description of Expenditure Radio Ads			
City Phila.	State PA	Zip Code (Plus 4) 19106-		

To Whom Paid WPHT 1210 CBS Radio	MO 10	DAY 22	YEAR 2015	Amount \$ 200.00
Mailing Address 400 Market St.	Description of Expenditure Radio Ads			
City Phila.	State PA	Zip Code (Plus 4) 19106-		

To Whom Paid AIM Media Partners WHTP 990	MO 10	DAY 25	YEAR 2015	Amount \$ 1500.00
Mailing Address 2 Bala Plaza Ste 300	Description of Expenditure Radio Ads			
City Bala Cynwyd	State PA	Zip Code (Plus 4) 19004-		

To Whom Paid WXTU 92.5	MO 10	DAY 26	YEAR 2015	Amount \$ 315.00
Mailing Address PO Box 28931	Description of Expenditure Radio Ads			
City New York	State NY	Zip Code (Plus 4) 10087-8931		

To Whom Paid WNPV 1440	MO 10	DAY 26	YEAR 2015	Amount \$ 189.00
Mailing Address 1210 Synder	Description of Expenditure Radio Ads			
City Lansdale	State PA	Zip Code (Plus 4) 19445		

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

PAGE TOTAL
\$ 5145.13

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Joe Gale	Reporting Period From 10/20/2015 To 11/23/2015
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To Whom Paid	MO	DAY	YEAR	Amount
WPHT 1210	10	26	2015	\$ 400.⁰⁰
Mailing Address 400 Market St.	Description of Expenditure Radio Ads			
City Phila.	State PA	Zip Code (Plus 4) 19106 -		
WXTU 92.5	10	27	2015	\$ 315.⁰⁰
Mailing Address PO Box 28931	Description of Expenditure Radio Ads			
City New York	State NY	Zip Code (Plus 4) 10087-8931		
WPHT 1210	10	27	2015	\$ 400.⁰⁰
Mailing Address 400 Market St.	Description of Expenditure Radio Ad			
City Phila.	State PA	Zip Code (Plus 4) 19106 -		
WXTU 92.5	10	28	2015	\$ 315.⁰⁰
Mailing Address PO Box 28931	Description of Expenditure			
City New York	State NY	Zip Code (Plus 4) 10087-8931		
WPHT 1210	10	28	2015	\$ 400.⁰⁰
Mailing Address 400 Market St.	Description of Expenditure Radio Ads			
City Phila.	State PA	Zip Code (Plus 4) 19106 -		
WXTU 92.5	10	29	2015	\$ 315.⁰⁰
Mailing Address PO Box 28931	Description of Expenditure Radio Ads			
City New York	State NY	Zip Code (Plus 4) 10087-8931		
WPHT 1210	10	29	2015	\$ 400.⁰⁰
Mailing Address 400 Market St.	Description of Expenditure Radio Ads			
City Phila.	State PA	Zip Code (Plus 4) 19106 -		
WPHT 1210	10	30	2015	\$ 400.⁰⁰
Mailing Address 400 Market St.	Description of Expenditure Radio Ads.			
City Phila.	State PA	Zip Code (Plus 4) 19106 -		

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

PAGE TOTAL
\$ 2945.⁰⁰

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Friends of Joe Gale</i>	Reporting Period From <i>10/20/2015</i> To <i>11/23/2015</i>
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To Whom Paid	MO.	DAY	YEAR	Amount
<i>AIM Media Partners WJTP 990</i>	<i>11</i>	<i>02</i>	<i>2015</i>	<i>\$ 1,000.⁰⁰</i>
Mailing Address <i>2 Bala Plaza Ste. 300</i>	Description of Expenditure <i>Radio Ads</i>			
City <i>Bala Cynwld</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19004-</i>		
<i>WXTU 92.5</i>	<i>11</i>	<i>02</i>	<i>2015</i>	<i>\$ 1,030.⁰⁰</i>
Mailing Address <i>P.O. Box 28931</i>	Description of Expenditure <i>Radio Ads</i>			
City <i>New York</i>	State <i>NY</i>	Zip Code (Plus 4) <i>10087-8931</i>		
<i>WPH T 1210</i>	<i>11</i>	<i>03</i>	<i>2015</i>	<i>\$ 2,400.⁰⁰</i>
Mailing Address <i>400 Market St.</i>	Description of Expenditure <i>Radio Ads</i>			
City <i>Phila.</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19106 -</i>		
<i>WXTU 92.5</i>	<i>11</i>	<i>03</i>	<i>2015</i>	<i>\$ 455.⁰⁰</i>
Mailing Address <i>P.O. Box 28931</i>	Description of Expenditure <i>Radio Ads</i>			
City <i>New York</i>	State <i>NY</i>	Zip Code (Plus 4) <i>10087-8931</i>		
<i>Image Graphics</i>	<i>10</i>	<i>27</i>	<i>2015</i>	<i>\$ 699.⁹⁹</i>
Mailing Address <i>40 E Blackhorse Pike</i>	Description of Expenditure <i>Campaign Lit.</i>			
City <i>Williamstown</i>	State <i>NJ</i>	Zip Code (Plus 4) <i>08094-</i>		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 4784.⁹⁹

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 Joe Gale</i>	Reporting Period From <i>10/20/2015</i> To <i>11/23/2015</i>
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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 \$ <i>0</i>
