

Commonwealth of Pennsylvania
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 <input checked="" type="checkbox"/>		COMMITTEE <input type="checkbox"/>		LOBBYIST <input type="checkbox"/>			
Name of Filing Committee, Candidate or Lobbyist: <i>Chuck Wilson</i>											
Street Address: <i>803 Stony Creek Court</i>											
City: <i>Lansdale</i>				State: <i>PA</i>		Zip Code: <i>19446 -</i>					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO		
	8TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6. <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	YEAR		FILING METHOD () CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE		
Name of Office Sought by Candidate: <i>Montgomery County Treasurer</i>					DATE OF ELECTION		District Number	Office Code	Party Code	County Code	
					MO.	DAY	YEAR	<i>0TH</i>	<i>REP</i>	<i>46</i>	
					<i>11</i>	<i>03</i>	<i>2015</i>	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY	
			<i>10</i>	<i>20</i>	<i>2015</i>	To	<i>11</i>	<i>23</i>	<i>2015</i>		
A. Amount Brought Forward From Last Report				\$		<i>- 0 -</i>					
B. Total Monetary Contributions and Receipts (From Schedule I)				\$		<i>- 0 -</i>					
C. Total Funds Available (Sum of Lines A and B)				\$		<i>- 0 -</i>					
D. Total Expenditures (From Schedule III)				\$		<i>767.50</i>					
E. Ending Cash Balance (Subtract Line D from Line C)				\$		<i>- 0 -</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

2nd day of *February* 20 *15*
 Notary Seal
 Gregory F. Moore, Notary Public
 My Commission Expires *Sept. 8, 2017*
 My commission expires _____
 MO. DAY YR.

Chuck Wilson
 Signature of Person Submitting Report
 Printed Name
215
 Area Code
362-7943
 Daytime Telephone Number

PART II - If this is a report of a Candidate's 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

_____ day of _____ 20____

 Signature
 My commission expires _____
 MO. DAY YR.

 Signature of Candidate

 Printed Name

 Area Code

 Daytime Telephone Number

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Chuck Wilson</i>	Reporting Period From <i>10/20/2015</i> To <i>11/23/2015</i>
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To Whom Paid <i>ATRO</i>	MO. <i>10</i>	DAY <i>22</i>	YEAR <i>2015</i>	Amount \$ <i>75.00</i>
Mailing Address <i>287 Huron Avenue</i>		Description of Expenditure <i>Fundraiser</i>		
City <i>Elkins Park</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19027</i>		
To Whom Paid <i>Springfield Township Republican Comm.</i>	MO. <i>10</i>	DAY <i>29</i>	YEAR <i>2015</i>	Amount \$ <i>45.00</i>
Mailing Address <i>27 Haws Avenue</i>		Description of Expenditure <i>Fundraiser</i>		
City <i>Floortown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19034</i>		
To Whom Paid <i>Conshohocken Republican Committee</i>	MO. <i>10</i>	DAY <i>30</i>	YEAR <i>2015</i>	Amount \$ <i>35.00</i>
Mailing Address <i>311 West 11th Avenue</i>		Description of Expenditure <i>Fundraiser</i>		
City <i>Conshohocken</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19380</i>		
To Whom Paid <i>USPS</i>	MO. <i>VARIOUS</i>	DAY <i>VARIOUS</i>	YEAR <i>VARIOUS</i>	Amount \$ <i>612.50</i>
Mailing Address <i>1000 W. Valley Road</i>		Description of Expenditure <i>Postage - AB Chasers</i>		
City <i>Southeastern</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19399</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)		
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 \$ <i>767.50</i>
