Commonwealth of Pennsylvania PAGE 1 OF AMPAIGN FINANCE REPORT (NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.) Filer Identification Report CANDIDATE COMMITTEE Filed By: LOBBYIST Name of Filing Committee, Candidate or Lobbyist: COMMITTEE FLECT ZIPFEL 202B LENHART RUAD State: Zip Code: HATTIELD 19440 6TH TUESDAY TYPE OF 2ND FRIDAY 30 DAY AMENDMENT PRE-PRIMARY PRE-PRIMARY YES NO POST PRIMARY REPORTS: OTH TUESDAY 2ND FRIDAY 30 DAY TERMINATION PRE-ELECTION PRE-ELECTION POST ELECTION YES (place X to NO. REPORT? the right of ANNUAL FILING METHOD report type) REPORT PAPER DISKETTE) CHECK ONE Name of Office Sought by Candidate: DATE OF ELECTION District Office County HOWTELY COUNTY Number Code Code MO. DAY YEAR PSP OTH 46 CONTROLLER OT4 3 2015 (SEE INSTRUCTIONS FOR CODES) FOR OFFICE USE ONLY DAY YEAR MO. DAY Summary of Receipts YEAR and Expenditures from: 10 20 2015 23 To 2015 A. Amount Brought Forward From Last Report \$ 460 97 B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available (Sum of Lines A and B) 41.59 S 1084.53 AFFIDAVIT SECTION HARBARA LYNN KEIFER Notary Publid

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) 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. Sworn to HATFIELD TWP MONTGOMERY COUNTY My Commission Expires Mar 11, 2016 My commission expires 2160 267 222 2407 Daytima 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 Sworn to and subscribed before me this 302 MOTABLAL SEALO 97 20 15 BARBARA LYNN KEIFER Notary Public My Commission E pires May 11. 2016 ZISFEL Printed Name My commission expires 412-8787 Daytime Telephone Number

Department of State

Bureau of Commissions, Elections and Legislation

Number:

City:

Street Address:

REPORT

SCHEDULE 1

PAGE 2 OF 10

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

	. •		
lame of Filing Committee or Candidate	210	Reporting Per	
COMMITTEE TO ELECT	Tom ZIFFEL	From	20/15 TO 11/28/15
UNITEMIZED CONTRIBUTIONS	AND RECEIPTS - \$50.00 OR LI	ESS PER CON	TRIBUTOR
	TOTAL for the Reporting Pe	eriod (1)	\$ 106.00

CONTRIBUTIONS \$50.01 TO \$2	50.00 (FROM PART A AND PA	RT B)	
Contributions Received from Politica	al Committees (Part A)		\$ 450.00
All Other Contributions (Part B)			\$ 1475.00
	TOTAL for the Reporting Pe	oriod (2)	\$ 2,125
CONTRIBUTIONS OVER \$250.00	(FROM PART C AND PART D)	
Contributions Received from Politica	al Committees (Part C)		\$ 1,700.00
All Other Contributions (Part D)			\$ 1,000.00
	TOTAL for the Reporting Pe	riod (3)	\$ 2,700.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHEC	CKS, ETC). (FR	OM PART E)
TOTAL for the Reporting Period	(4)	\$	\$

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	\$ 4,925.00
Cover Page, Item B.)	,

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		Reporting Period) 1
COMMITTER TO FLECT	CONNITTER TO FLEXT Tom ZIPFEL From 10/20)		
		DATE	AMOUNT
Full Name of Contributing Committee		MO. DAY YEAR	\$ /00.00
Mailing Address	A second	10 30 15 MO. DAY YEAR	\$ /00.00
1 · · · · ·	# FL.		\$
City 2000 MARKET ST. 20T		MO. DAY YEAR	
PHILADELPHIA f	>A 19103 -		\$
Full Name of Contributing Committee		MO. DAY YEAR	\$ /(m), (m)
HATFIELD BOROVGH REPU	BLYCHU COMM,	10 29 2015 MO. DAY YEAR	\$ /00.00
1727 MAPLE AVE.			\$
City	tate Zip Code (Plus 4)	MO. DAY YEAR	_
	PA 19440 -		\$
Full Name of Contributing Committee		MO. DAY YEAR	\$ 200 00
COMMITTEE TO FLECT Mailing Address	507 4200	MO. DAY YEAR	
_			7 \$
	tate Zip Code (Plus 4)	MO. DAY YEAR	
hower HERICAI	PA -		\$
Full Name of Contributing Committee		MO. DAY YEAR	\$ 250.00
DVANE NCRUS LLD (Mailing Address	SOVERNHENT	16 29 15 MO. DAY YEAR	230.00
30 5. 4TH ST			* \$
	tate Zip Code (Plus 4)	MO. DAY YEAR	_
PAHLADELPH) 4	PA 19103 -		\$
Full Name of Contributing Committee		MO. DAY YEAR	\$
Mailing Address		MO. DAY YEAR-	
			\$
City	tate Zip Code (Plus 4)	MO. DAY YEAR	4
			\$
Full Name of Contributing Committee		MO. DAY YEAR	- \$
Mailing Address		MO. DAY YEAR	
			7 \$
City	tate Zip Code (Plus 4)	MO. DAY YEAR	s
Full Name of Contributing Committee		MO. DAY YEAR	† \$
Mailing Address		MO. DAY YEAR	
			\$
City	tate Zip Code (Plus 4)	MO. DAY YEAR	7 .
		MO. DAY YEAR	\$
Full Name of Contributing Committee		MO. DAY YEAR	\$
Mailing Address		MO. DAY YEAR	
			\$
City	State Zip Code (Plus 4)	MO DAY YEAR	\$
			PAGE TOTAL
Enter Grand Total of Part A on Schedu	le I, Detailed Summar	y Page, Section 2.	_
	-	. - ·	\$ 650.00

PART B **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					
COMMITTEE TO ELECT Tom ZIPFEL From 10/20/					To <u>H 23 15</u>
			DATE		AMOUNT
Full Name of Contributor		MO.	DAY Y		100.00
MATTHEW TOPLEY Mailing Address		/ 6 MO.		EAR	700,00
747 CALASKIA LANE				\$.
1 '	tate Zip Code (Plus 4)	MO	DAY Y	EAR	
	19002 -	MO.	DAY Y	EAR .	,
Full Name of Contributor		10		5 4	100.00
Mailing Address		Mo.		EAR	
17 RACTON DRIVE					
City	tate Zip Code (Plus 4)	MO.	DAY	EAR S	•
Full Name of Contributor	PA 19475-	MO.	· DAY	EAR	2
HANN NEFF		10		15 4	160.00
Mailing Address		Mo.		EAR \$	
1260 TENDY COURT					
City	Tate Zip Code (Plus 4)	MO.	DAY Y	EAR S	•
Full Name of Contributor	PA 19002 -	1 100	DAY	'E'AR	
PHIL MANSATO Mailing Address		MO. / D		5 9	100 00
		MO.		'EAR	
309 SPRING CIR.				- 4	<u> </u>
	tate Zip Code (Plus 4)	MO.	DAY Y	EAR S	:
Full Name of Contributor	PA 19463 -	MO.	DAY	EAR:	
TIM GILLEN Mailing Address))		15- 4	200.00
	, , , , , , , , , , , , , , , , , ,	MO.		EAR	
	<u>. 43</u>				
.	PA ISUO >	MO.	DAY	EAR .	•
Full Name of Contributor	PA 1800 2 -	MD.	DAY Y	EAR.	
MARCY TOEPEL Mailing Address				\$	160,00
Mailing Address		MO.		EAR	
302 HAYTTON CIR.	tate Zip Code (Plus 4)				
	PA 19525-	MO.	DAY	EAR S	\$
Full Name of Contributor	A 1 // 23	MO.	DAY Y		
DEB RICHARDS) JTM	RICHARDS	10	30	\$ - - در	100.00
Mailing Adoress		MO	DAY	EAR	· · · · · · · · · · · · · · · · · · ·
City 3408 LINDBERG AVE	tate Zip Code (Plus 4)		0845 V		
	A 18103 -	MO.	ODAY Y	EAR	S
Full Name of Contributor	7,770	MO.	DAY Y	(EAR	
Tom CLEMENS		10		5	≥50.00
Mailing Address		MO.	DAY Y	EAR S	3
City 1355 KELLER ROAD	tate Zip Code (Plus 4)	MO.	DAY Y		
	PA 1944 -	, mu	- VAI - 1	EAR	\$
					AGE TOTAL
Enter Grand Total of Part B on Schedul	le I. Detailed Summers	/ Page 9	Section 2		
Litter Grand Fotal Of Fait B On Schedul	o i, Detailed Summer)	, raye, c	,	Ľ	1050.00

Reporting Period

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.)

COMMITTEE TO ELECT	-7	om ZIPFEL		From	10/20/	15 To 4/23/15
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$ (/0) (0)
DICK BRINER			10	22	15	₹ 100 in
Mailing Address 575 CREAMERY PA			MO.	DAY	YEAR	\$
675 CREAMERY RD.	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
TELFORD	PA	18969 -				\$
Full Name of Contributor			MO.	DAY	YEAR	¢
CHRUTEN PIONZIO Mailing Address			10	12	15	\$ 200.00
			MO.	DAY	YEAR	\$
P.O. Box 1+79	State	Zip Code (Plus 4)	MO.	DAY	V5 4 5	
LANSDALE	PA	194+6 -	WIO.	DAT	YEAR	\$
Full Name of Contributor	1.51	777.0	MD.	DAY	YEAR	
JONATHAN CASS				7	15	\$ 125.00
Mailing Address			/O MO.	DAY	YEAR	
414 EVANS AVE.						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
HALLOWFIELD	NJ	03UZ3 -	1			\$
Full Name of Contributor	2		MO.	DAY	YEAR	*
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	
,		***	1110		, iean	\$
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
	· ·	2'- A-1- [5] ()		L		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			MO.	. DAY	YEAR	
Full Name of Contributor			NIO.	DAT	YEAR	\$
Mailing Address		·	Mo.	DAY.	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
Full Name of Contributor			MO.	DAY	YEAR	•
				<u> </u>		\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
Full Name of Contributor			MO.	DAY	YEAR	\$
					<u></u>	7
Mailing Address			MO.	DAY.	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		<u></u>				\$
<u> </u>						PAGE TOTAL
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Line Giana Potal Of Part D Off Sched	Jui c I ,	Detailed Summary	raye,	3661101	· 4.	\$ 425.00

Name of Filing Committee or Candidate

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				- 1	meporting	.] 1	
COMMITTEE TO ELEC	<u>т</u>	Tom	ZIFFEL		From	10/20/1	TO 11/25/15
					DATE		AMOUNT
Full Name of Contributing Committee		_		MO.		YEAR	\$ 1,200.00
FITZPATRICK FOR CO	NERE			1)	4 724	205	+ 1,200.00
Mailing Address P. BOX 195				MO.	DAY	YEAR	\$
P.O. BOX 195 LANCHOME	State	Zip Code	(Plus 4)	MO.	DAY	YEAR	<i>c</i>
1 ANCHORNE	PA	19047	_				\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$ 500 00
FITZATEICK FOR CON	icresi		 	10	27	12	\$ 500.00
Mailing Address				MO.	DAY	YEAR	\$
P.O. BOX 185	State	Zip Code	(Plus 4)		, nav	YEAR	· · · · · · · · · · · · · · · · · · ·
LANGAUNE.	PA			MO.	DAY	TEAH	\$
	I ra	19047		MO.	DAY	YEAR	
Full Name of Contributing Committee				mo.	UAT	TEAR	\$
Mailing Address	·			. MO.	DAY	YEAR	
·							\$
City	State	Zip Cade	(Plus 4)	MO.	DAY	YEAR	
			-				\$
Full Name of Contributing Committee	·	-	<u> </u>	MO.	DAY	YEAR	
							\$
Mailing Address				MO.	DAY	YEAR	\$
							Ψ
City	State	Zip Code	(Plus 4)	MO,	PAY	YEAR	\$
Full Name of Contributing Committee	<u> </u>	<u> </u>		MO.	DAY	YEAR	\$
				<u> </u>			Y
Mailing Address				MO.	DAY	YEAR	\$
A:	State	Zip Code	(Dine A)	1		1.4/64.60	
City	3 te te	Zip Code	- 103 41	MO.	DAY	YEAR	\$
	<u> </u>	<u>. </u>		1		L Vein	<u> </u>
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	_
•							\$
City	State	Zip Code	(Plus 4)	MO.	DAY	RABY	<u> </u>
							\$
Full Name of Contributing Committee	-			Mo.	DAY	YEAR	÷
				<u> </u>		1	\$
Mailing Address			<u> </u>	MO.	DAY	YEAR	s
	State	Zip Code	/Plue Al	12 BANK		-	
City	31018	Lip Code		MO.	DAY	YEAR	\$
Full Name of Contributing Committee	· · · · · · · · · · · · · · · · · · ·			MO.	DAY	YEAR	e
				1		1	\$
Mailing Address				MO.	DAY	YEAR	\$
			/81 Al				T
City	State	Zip Code	(Plus 4)	MO.	DAY	YEAR	 \$
						<u> </u>	
							PAGE TOTAL
Enter Grand Total of Part C on Scho	edule l	, Detailed	Summary	y Page	, Sectio	n 3.	\$ 1,700.00
				_			- · ·

ALL OTHER CONTRIBUTIONS

PAGE 7 OF 10

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			ng Period	1 1
COMMITTEE TO ELECT Jan Z	1FEL	From	<u> /6/24</u> /	15 To 11/23/15
		DAT		AMOUNT
Full Name of Contributor	MO.			\$ Em (0)
Full Name of Contributor MICHAEL BUTLER Mailing Address	11	H 1704	2015	\$ 500.00
Mailing Address	MO.	DAY	YEAR	\$
3535 BRISTOL F.D. State Zip Code (Plus 4	4) MO:	DAY	YEAR	
	M.U.	- DAY	I EAR	\$
DOYLESTOWN PA 15901 -	Occup	 ation		-
SUCCES CASE.			SCAPE /	MULCH
VICTORY GARBENS Employer Mailing Address/Principal Place of Business		~ 400	<u> </u>	, , -
DOYIELTOUR PA				
DOJLESTOWN PA	МО	DAY	/ YEAR	e
HOUARD HECKIER Mailing Address	11	4	2015	\$ 500,00
Mailing Address	MO	DAY	/ YEAR	\$
27 W. SCHOOL READ				-
City State Zip Code (Plus	4) MG	. DAY	YEAR	¢
HATFIELD PA 19440 -		1		\$
Employer Name	Occup	asion		
Employer Mailing Address/Principal Place of Business				
Employer maining Addressiffincipal Flace of Dusiness				
	МО	. DAY	YEAR	
Full Name of Contributor	- MO	- DA	1605	\$
Mailing Address	MO	DAY	YEAR	
			T	\$
City State Zip Code (Plus	4) MO	DAY	YEAR	
-				1 \$
Employer Name	Occup	ation		
Employer Mailing Address/Principal Place of Business				
Full Name of Contributor	MO	. PA	YEAR	\$
			J	
Mailing Address	<u>. Mo</u>	DAY	Y YEAR	\$
City State Zip Code (Plus	4) : MC	DAY	Y YEAR	
State Lip code (Files	- no C		1	\$
Employer Name	Осси	pation	L	
Employer Humo				
Employer Mailing Address/Principal Place of Business	L			
Full Name of Contributor	- MC). DA	YEAR	*
				1 \$
Mailing Address	: MC	DA	Y YEAR	\$
			V 10 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	7
City State Zip Code (Plus	4) MC	DA	Y YEAR	 \$
	- Occur	pation		
Employer Name	0000	paridit		
Employer Mailing Address/Principal Place of Business	<u> </u>			
Finhioter latering tensioners interest i tone of magnitude				
				PAGE TOTAL
Enter Grand Total of Part D on Schedule I, Detailed Sum	ımary Pag	je, Sec	tion 3.	\$ 1,000.00
DSEB-502 (7-99)				+ ,, = 55.00
				

SCHEDULE III

STATEMENT OF EXPENDITURES

ivame of Filling Committee or Candidate	,	Reporting Period
COMMITTEE TO ELEC	CT Tom ZI	FEL From 10/20/15 TO 11/20/15
T		
To Whom Paid		MO. DAY YEAR Amount
RINK, LLC Mailing Address		11 12 15 \$ 2705.36
P.O. Box 207		Description of Expenditure
City	State Zip Code (Plus 4)	
DUB4N	0+ 43017 -	ANTEMATED CAMPAIN CALLS
To Whom Paid		MO. DAY YEAR Amount
PRISM COLOR CORP.		10 24 15 \$ 24 34 .99
Mailing Address		Description of Expenditure
City 31 TWOSCHE DR.		
Manager	State Zip Code (Plus 4)	244224
To Whom Paid	NJ 08057-	CAMPAKN MAIL POSTAGE
PRISH COLOR CORP.		MO. DAY YEAR Amount
Mailing Address		Pescription of Expenditure
31 TWOSENE DR.		an exponential of
City	State Zip Code (Plus 4)	
HOURESTOWN	NJ 08057-	CAMPAINN MAIL POSTAGE
To Whom Paid		MO. DAY YEAR Amount
Mailing Address		10 23 15 \$ 294.00
1216 KILLATE DILLA		Description of Expenditure
City	State Zip Code (Plus 4)	
LANSDALE	PA 19446-	RASIO COMPERCIALS
To Whom Paid		MO. PAY YEAR Amount
SUE ZIPFEL		10 20 15 \$ 193.26
Mailing Address		Description of Expenditure
City 2791 FISCHER RD.		REMBULIEMENT FOR
HATTIELD	State Zip Code (Plus 4)	
To Whom Paid	13A 19440 -	EVENT SUPPLIES
SUE ZIFFEL		MO. DAY YEAR Amount
Mailing Address		Description of Expenditure
2791 FIJCHER RD.		REIMBURSEMENT For Union
City .	State Zip Code (Plus 4)	
HATFIELD	PA 19440 -	LEACUE EVENT EXPENSES
To Whom Paid		MO. DAY YEAR Amount
Mailing Address FRANCONIA HECTAGE		10 30 15 \$ 540.12
The second secon		Description of Expenditure
208 HARTEANITE BIK	State Zip Code (Plus 4)	COSTS ASSOCIATED WITH
TELFOND	PA 18969 -	BREAKFAST EVENT
To Whom Paid	11 1 70 70 1	MO. SPAY YEAR Amount
ALCHNAY PRESS		11 12 15 \$ 307.40
Mailing Address		Description of Expenditure
PAS CHESTEL PIKE	State 7 of the Control of	
SHARON AIL	State Zip Code (Plus 4)	Printing
SHARON HILL	PA 19079 -	PCINTING COSTS
Enter Grand Total of Evanditures 5	4 Danie	PAGE TOTAL
Enter Grand Total of Expenditures on Pa	ge 1, Report Cover Pa	age, Item D. \$ 11,415.67

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

COMMITTEE TO EVECT Tom	ZIPAEL	From 10/20	15 To 11/23/15
Name of Creditor DEFINIS ENTERPLISES			Outstanding Balance of Deb
Mailing Address P.O. Box 609	INCURRED 9		
HATFIELD Description of Debt	Stat PA	Zip Code (Plus 4)	
LAWN SIGN AND PRINTING			
Mailing Address	DATE M		Outstanding Balance of Deb \$
City	DATE DEBY INCURRED		
Description of Debt		_	
Name of Creditor			Outstanding Balance of Deb
Mailing Address	DATE M	O. DAY YEAR	\$
City	DEBT INCURRED Stat		
Description of Debt	Stat	e Zip Code (Plus 4) —	
Name of Continue			
Name of Creditor			Outstanding Balance of Debt \$
Mailing Address	DATE MO	DAY YEAR	
City	Stat	e Zip Code (Plus 4) —	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
Mailing Address	DATE MC	D. DAY YEAR	
City	State	e Zip Code (Plus 4)	
Description of Debt		- J	I.
Name of Creditor			Outstanding Balance of Debt \$
Mailing Address	DATE MO	DAY YEAR	
City	INCURRED State	Zip Code (Plus 4)	
Description of Debt			<u>Processing to the second seco</u>
Enter Crand Total of the sid Date of D			PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Re	port Cover Page,	Item G.	\$ 1084.53

Name of Filing Committee or Candidate

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Re	porting F	eriod		
		718657	From 10/20/15 To 11/23/15				
CLYMITTEE TO FLECT	1000	4111		-			
To Whom Paid			MO.	DAY	YEAR	Amount	
TO Whom Paid DEFINIS ENTERPRISES Mailing Address			Description	/2- on of Expe	/5 nditure	\$ 1,500	
P.O. BCX 69					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
City	State	Zip Code (Plus 4)		- 1	Carro	1 2000-10	
HATFIELD	PA	1940 -				+ PRINTING	
To Whom Paid			MO.	DAY /2_	YEAR	\$ 2960.92	
JAMESTOWN ASSOC.				on of Expe			
116 CRAIG ROAD	State	Zip Code (Plus 4)					
MANALPAN		07724	Ì	RINTI	NC C	2720	
To Whom Paid	1,75	0 1 -	MO.	DAY	YEAR	Amount	
JAMESTOWN ASSOC			17	on of Expe	15	\$ 3547. 74	
Mailing Address 114 CRAIG ROAD			Description	on or expe			
City Cotto	State	Zip Code (Pius 4)					
MANALPAN	124	07724 -		PEINT		CUTS	
To Whom Paid			MO.	DAY	YEAR	Amount \$	
Mailing Address			Descripti	on of Expe	enditure		
			ļ				
City	State	Zip Code (Plus 4) 					
To Whom Paid			MO.	DAY	YEAR	Amount	
						\$	
Mailing Address			Descripti	on of Exp	enditure		
City	State	Zip Code (Plus 4)	·	-			
<u></u>		_					
To Whom Paid	. •		MO.	DAY	YEAR	Amount \$	
Mailing Address			Descripti	on of Exp	enditure	-	
City	State	Zip Code (Plus 4)					
To Whom Paid			MO.	DAY	YEAR	Amount	
16 Whom Palu						\$	
Mailing Address			Descript	ion of Exp	enditure		
City	State	Zip Code (Plus 4)	 			<u> </u>	
·		-					
To Whom Paid			MQ.	DAY	YEAR	Amount	
Malling Address		<u> </u>	Descript	ion of Exp	panditura	\$	
mercing Addition							
City	State	Zip Code (Plus 4)					
		<u> </u>	_!	* ***		PAGE TOTAL	
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