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:	Report Filed By:	1.	ecological 2	LOBBYIST 3.
Name of Filing Committee, Cendidate or Lobbylst:	Theo by,		建筑市村建立 设	LUBOTIS
Street Address				
City: PURCY 621				
Blu Bell	•	Store	Zip Cade:	
TYPE OF REPORT PRODUCT TO THE PRODUCT		3.		NO I
OTH THE STATE 4.	200 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	o.		
the right of	į.	EILING METATO		ES / NO
Name of Office Sought by Cendidate:		FERCHECK ONE	PAPER.	DISKETTE
4		DATE OF ELECTION	Number i Code	Party County Code Code
County lumissioner		11 03 105	CT) (SEE INST	REP 46
Programme of the programme	75527C			RUCTIONS FOR CODES!
Summary of Receipts and Expenditures from:		12 31 15		1.00
A. Amount Brought Forward From Last Report	To			Carlo
B. Total Monetary Contributions and Receipts (From Sched	1	Ιυν.ω		
C. Total Funds Available (Sum of Lines A and B)	\$	1000		
D. Total Expenditures (From Schedule III)	\$	100W		
E. Ending Cash Balance (Subtract Line D from Line C)	8	$\frac{\omega \omega}{\omega}$		· •
F. Value of In-Kind Contributions Received (From Schedule		3. 33.00		ં) •
G. Unpaid Debts and Obligations (From Schedule IV)	s	1,44,81		
PART 1 - If this is a Gommittee debug treasure is sorted.	FIDAVIT SEC	CTION		The state of the s
I swear (or effirm) that this report, including the attached schedule correct and complete.	a, on paper or	computer diskette, are to t	he best of my knowle	dge and belief true
Sworn to and subscribed before me this			Λ	age one better true,
May at alley 20 1	61	Tue Her	a V	
- Demare Office		Signature of	Person Submitting Re	port
AMONWEALTH OF PENNSYLVANIA -/8-	- 	Enil Heal	Printed Name	
NOTARIAL SEAL MO. DAY YR.	·] -	610 Area Code	393433	<u> </u>
CHICAGO PER MANAGEMENT AND	-		Daytime Tele;	anone Number
Swear for affirm) that to the best of my knowledge and balled this	s political			
P.L. 1333, No. 320) as amended. Sworn to and subscribed before me this	s political con	ਸਸਮਾਧਰ has not violated an	y provisions of the Ac	ot of June 3, 1937
14 000 SOM110811	61	\mathbf{x}		i
Manage and Manage and	~ -	Signat	ure of Candidate	***
Signature,	<u>_</u> } _	STEPHEN TU	IBUT J/	<u>,,</u>
My commission expires OMMONWEALTH OF PENMOXLVANIA DAY YR.		(6W) "	13r- 819	+
NOIARIAL SEAL Rosemary V. Coccia, Notary Public	,	Area Code	Daytime Telep	hone Number

Rosemary V. Coccia, Notary Public
Plymouth Township, Montg Department of State

Bureau of Commissions, Elections and Legislation
My Commission Expires O2600 North 2015 to Building

Harrisburg, PA 17120-0029 (717) 787-5280

CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible, it may be

	regione. It In	ay be typed or printed in	blue or black ink.)
Filer Identification Number:	Report Filed By:		COMMITTEEL 2 LOBBYIST 3.
Name of Filing Committee, Candidate or Lobbylat:		The Hamman arts (1920 Account)	
Stroet Address:	······································		
10 Box 621			
Blue Bell		State: PA	zip Code: 1947T
TYPE OF STATE OF THE PRESENCE	2.	3.	
OTH THE STATE A.	5. 1 ± 1	- 177 Y 6.	CHARLON NO V
(place X to the right of ANNUAL 7. YEAR	2 X		YES VINC
report type) REPORT		HEING METHOD	PAPER DISKETIFE
Name of Office Sought by Candidate:		DATE OF ELECTION	District Office Party County Number Code Code Code
County Commissioner		Mass acass for an action	Muntimen OTH REP 46
COSTITUTE CONTRACTOR C		11 03 9012	(SEE INSTRUCTIONS FOR CODES)
Summery of Receipts	THE S		A CONTRACTOR OF THE CONTRACTOR
and Expenditures from:	∑ To	12 31 2015	
A. Amount Brought Forward From Last Report	\$	100.00	
B. Total Monetary Contributions and Receipts (From Sched	lule I} \$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	100.ω	
D. Total Expenditures (From Schedule III)	\$	10.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-O,	
F. Value of In-Kind Contributions Received (From Schedul	le II) \$	7427.87	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	- U-	
AF	FIDAVIT SE	CTION	
PART I this is a Committee applications under store to			AND PROPERTY OF THE PARTY OF TH
I swear (or affirm) that this report, including the attached schedule correct and complete.	is, on paper or	computer diskette, are to the	se best of my knowledge and belief true,
Sworn to and subscribed bafore he this	1/2-	9.11	e ()
Man and a contract 20	10	- Cuc Signing	Person Submitting Report
OMMONWEAVIH OF PENNSYLVANIES	<u> </u>	ERIC Hac	raison submitting Report
My comming ARIAH SEAL PAY VE		610	101 Name
Mouth Township Mostsomery Court	· j -	Area Code	Osytime Telephone Number
Manager Lands of the Control of the			
I swear (or affirm) that to the best of my knowledge and belief thi (P.L. 1333, No. 320) as amended.	is political co	mmittee has not violated eny	provisions of the Act of June 3, 1937
Sworn to and subscribed before me this	21	1/ 1	
da) of Mulatify 20	<u>6</u> 1	L V. DO	5 / 1 / 1
Townary Closed		Signatu	ire of Candidate
gignatule 12/1/	<u> </u>	T. Scott 2	inted Narro
MOTORIAL SEAL MO. DAY YR.	·	Area Code	JSB 4130
semary V. Coccia, Notary Public			Daytime Telephone Number

Plymouth Township, Montgomery Cought of State Bureau of Commissions, Elections and Legislation My Commission Expires October 18 North Office Building Harrisburg, PA 17120-0029 (717) 787-5280

SCHEDULE 1

PAGE 2 OF _______

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page					
Name of Filing Committee or Candidate MUNTO 2015	Reporting From		To 13/11	_	
UNITEMIZED CONTRIBIONIONS AND RESERVES SESOUR OF THE	W: 1105	Natione)R		
TOTAL for the Reporting Period		1) \$	d or a comment of the	<u> </u>	
CHESONTRIBUTIONS SECONDARY SERVICE OF TROME PARTY SEAMS PARTY	(a)		Augustania La Caracteria de La Caracteri		
Contributions Received from Political Committees (Part A)	777 x 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	\$	Ò		
All Other Contributions (Part B)		\$	0		
TOTAL for the Reporting Period	d (2	2) \$	<u>υ</u>		
			<u> </u>		
S SON IN HUMBIONE RESIDENCE SERVICE STATE OF THE BUSINESS AND THE SERVICE STATE OF THE SERVIC	探問為				
Contributions Received from Political Committees (Part C)		\$	O	Maria de	
All Other Contributions (Part D)		\$	0		
TOTAL for the Reporting Period	1 (3	3) \$	Ü		
CONTENTION OF THE STATE OF THE CONTENT OF THE CONTE				ue j	
TOTAL for the Reporting Period					
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		\$	λ		

Cover Page, Item B.)

SCHEDULE III

STATEMENT OF EXPENDITURES

Mutu July		***	Reporting Period From 111 44	15 TO 18/11
To Whom Paid ,				
Coushohak Robbic an	1114		19 1 12	Amount \$ UU, CL
619 Mapy IT		*****	Description of Expenditure DOWNTON	
Enshibuk	State Zip Co	de (Plus 4)		
To Whom Paid				Amount
Mailing Address			Description of Expenditure	\$
City	State Zip Co	de (Plus 4)		
		-		
To Whom Paid			MO: DAY YEAR	Amount \$
Mailing Address			Description of Expenditure	
City	State Zip Co	de (Plus 4)		
		-		
To Whom Paid			HONOES SEDAVE VEAR	Amount \$
Malling Address			Description of Expenditure	
City	State Zip Co	de (Pius 4)		
To Whom Paid				Amount
Mailing Address				\$
City			Description of Expenditure	
City	State Zip Co	de (Plus 4)		
To Whom Paid				
Mailing Address			Description of Expenditure	\$
City	State Zip Co	de (Plus 4)		
To Whom Peld			THE REPORT OF THE RESERVE OF THE RES	Amount
Mailing Address			Description of Expenditure	\$
City				
Sity	State Zip Co	de (Plus 4) —		
To Whom Paid	<u> </u>			
Mailing Address			Description of Expenditure	<u>i.\$</u>
City	State Zip Co	de (Plus 4) 	**************************************	
Enter Grand Total of Expenditures on Pag	je 1, Report	Cover Pa	age, Item D.	s 100.W

SCHEDULE II

PAGE 4 OF 5

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	Reporting F	Period	
Muntu 2015			To 12/3/11
		· · · · · · · · · · · · · · · · ·	Section 1
THE SHARENINES ON THE PROPERTY OF THE PARTY	ENCAPE EXOLASTICION EST	LESS	PER CONTRIBUTOR
TOTAL for the R	leporting Period (1) \$	
ZAPOLIZACINE ROTONIANI SOLO DE LA COLO DE LA	SELVICE SAFORDER	第個語程	
TOTAL for the R	leporting Period (2	2) \$	Ú
SELIN-KIND TOOKER HIS DESKEET OF WASTER WASTER OVER	1 \$250.00 (FROM FAR)		
TOTAL for the Re	eporting Period (3	3) \$	7427.87
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 6	Boxes 1 2	\$	7,427.87

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

AGE <u>5</u> OF <u>5</u>

VALUE OVER \$250.00

Name of Fiting Committee or Candidate			Reporting Period	4
MUNTU JUIT				111 To 12/3/15
11,07,10, 40,4			From	10 10 10 10 10 10 10 10 10 10 10 10 10 1
			DATE	AMOUNT
Full Name of Contributor			EMOVE COAKE REE	\$ 7412 00
Hallowell + Branstette			17 1 12	1 0 1 0 1
3031 losan ST			ZOLOGO ANGERICA	* \$
City	State	Zip Code (Plus 4)	3477314 441777316 5737	AWA
(Aup Hill	PA	17011 -		\$
Employer of Centributar	1	<u> </u>	Occupation	
Employer Mailing Address/Principal Place of Business			Description of Contribution	n
			BRILLIAMS) OF	amein debt
Full Name of Contributor			MO. YEA	3015 3015
Mailing Address			Just transcription of the property of the second	\$
			TOMOGRAPHICA MARKA	s
City	State	Zip Code (Plus 4)		L-112
		_		\$
Employer of Contributor	 -		Occupation	
Employer Mailing Address/Principal Place of Business			Description of Contribution	ın
Full Name of Contributor			2000 12 AUGAR 8424	s
Mailing Address				1 '
				s
City	State	Zip Code (Plus 4)	#2010 Feb #2023 6# 257 FA	1 '
		_		\$
Employer of Contributor	.11		Occupation	
			,	
Employer Mailing Address/Principal Place of Business			Description of Contribution	n
Full Name of Contributor			SEMINER DE PARTIE DE LA COMPANION DE LA COMPAN	
Mailing Address		V		\$
manning Address				s
City	State	Zip Code (Plus 4)		i '
				\$
Employer of Contributor	11		Occupation	
Employer Mailing Address/Principal Place of Business			Description of Contributio	n
Full Name of Contributor			STIME TO STUDY OF THE EX	\$
Mailing Address			MARTINETT PORPORATE ALCOHOMA	· ·
			MATERIAL AND PROPERTY.	\$
City	State	Zip Code (Plus 4)		
		-		\$
Employer of Contributor			Occupation	
Employer Malling Address Reinstal Discovery				
Employer Mailing Address/Principal Place of Business		Description of Contributio	n	
Enter Grand Total of Part G on Schee	dule II	, In-Kind Contrib	utions Detailed	PAGE TOTAL
Summary Page, Section 3.				\$ 7427.87
DSEB-502 (7-99)				