

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. CANDIDATE		2. COMMITTEE		3. LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: MONTW JUIS										
Street Address: PO Box 601										
City: Blue Bell										
State: PA										
Zip Code: 19422										
TYPE OF REPORT (place X to the right of report type)	1. 8TH TUESDAY PRE-PRIMARY	2. 1ST TUESDAY PRE-PRIMARY	3. 1ST TUESDAY PRIMARY	4. 8TH TUESDAY PRE-ELECTION	5. 1ST TUESDAY ELECTION	6. 1ST TUESDAY POST-ELECTION	7. ANNUAL REPORT	8. YES	9. NO	
	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	YEAR: 2015		FILING METHOD: I-CHECK ONE		PAPER		DISKETTE			
Name of Office Sought by Candidate: County Commissioner					DATE OF ELECTION		District Number	Office Code	Party Code	County Code
					MO: 11 DAY: 03 YEAR: 2015		Montgomery	004	REP	46
							(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:			YEAR: 11 24 15		To: 12 31 15		FOR OFFICE USE ONLY			
A. Amount Brought Forward From Last Report			\$		100.00					
B. Total Monetary Contributions and Receipts (From Schedule I)			\$		0					
C. Total Funds Available (Sum of Lines A and B)			\$		100.00					
D. Total Expenditures (From Schedule III)			\$		100.00					
E. Ending Cash Balance (Subtract Line D from Line C)			\$		-0-					
F. Value of In-Kind Contributions Received (From Schedule II)			\$		7,477.87					
G. Unpaid Debts and Obligations (From Schedule IV)			\$		0					

AFFIDAVIT SECTION

PART I If this is a Committee, Candidate, or Candidate on Behalf:

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 19 day of January, 2016

Rosemary V. Coccia Signature

Eric Heal Signature of Person Submitting Report

Eric Heal Printed Name

610 Area Code 393 4338 Daytime Telephone Number

10-18-16 NOTARIAL SEAL MO. DAY YR.

Rosemary V. Coccia, Notary Public

PART II If this is a Political Committee:

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 19 day of January, 2016

Rosemary V. Coccia Signature

Stephen Tubert Jr Signature of Candidate

Stephen Tubert Jr Printed Name

(610) Area Code 635-8292 Daytime Telephone Number

10-18-16 NOTARIAL SEAL MO. DAY YR.

Rosemary V. Coccia, Notary Public

Department of State • Bureau of Commissions, Elections and Legislation
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

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. CANDIDATE		2. COMMITTEE		3. LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: <u>Monte Jolt</u>											
Street Address: <u>PO Box 621</u>											
City: <u>Blue Bell</u>					State: <u>PA</u>		Zip Code: <u>19422</u>				
TYPE OF REPORT (place X to the right of report type)	1. <input type="checkbox"/> OTHER DAY PRE-PRIMARY	2. <input type="checkbox"/> OTHER DAY PRIMARY	3. <input type="checkbox"/> OTHER DAY PRE-ELECTION	4. <input type="checkbox"/> OTHER DAY ELECTION	5. <input type="checkbox"/> OTHER DAY POST-ELECTION	6. <input type="checkbox"/> OTHER DAY ELECTION	7. <input checked="" type="checkbox"/> ANNUAL REPORT	8. <input type="checkbox"/> DISKETTE	9. <input checked="" type="checkbox"/> PAPER	10. <input type="checkbox"/> YES	11. <input type="checkbox"/> NO
	FILING METHOD: CHECK ONE							DISKETTE		PAPER	
	YEAR: <u>2015</u>							DISKETTE		PAPER	
Name of Office Sought by Candidate: <u>County Commissioner</u>					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					<u>11 03 2015</u>			<u>Montgomery CT</u>	<u>OTH</u>	<u>REP</u>	<u>46</u>
Summary of Receipts and Expenditures from: <u>11 24 2015</u> To <u>12 31 2015</u>											
A. Amount Brought Forward From Last Report					\$		<u>100.00</u>				
B. Total Monetary Contributions and Receipts (From Schedule I)					\$		<u>0</u>				
C. Total Funds Available (Sum of Lines A and B)					\$		<u>100.00</u>				
D. Total Expenditures (From Schedule III)					\$		<u>100.00</u>				
E. Ending Cash Balance (Subtract Line D from Line C)					\$		<u>-0-</u>				
F. Value of In-Kind Contributions Received (From Schedule II)					\$		<u>7427.87</u>				
G. Unpaid Debts and Obligations (From Schedule IV)					\$		<u>-0-</u>				

AFFIDAVIT SECTION

PART I If this is a Committee, Candidate or Lobbyist, 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 19 day of January, 2016

Rosemary V. Coccia }
Signature of Person Submitting Report
ERIC Heel
Printed Name
610 393-4338
Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Rosemary V. Coccia, Notary Public
Plymouth Township, Montgomery County
My Commission Expires October 10-18-16
DAY YR.

PART II If this is a Candidate, 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 19 day of January, 2016

Rosemary V. Coccia }
Signature of Candidate
V. Scott Zelen
Printed Name
610 258-4180
Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Rosemary V. Coccia, Notary Public
Plymouth Township, Montgomery County
My Commission Expires October 10-18-16
DAY YR.

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CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <u>MUNTO 2015</u>	Reporting Period From <u>11/24/15</u> To <u>12/31/15</u>
------------------------------------------------------------	-------------------------------------------------------------

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <u>0</u>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <u>0</u>
All Other Contributions (Part B)	\$ <u>0</u>
TOTAL for the Reporting Period (2)	\$ <u>0</u>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <u>0</u>
All Other Contributions (Part D)	\$ <u>0</u>
TOTAL for the Reporting Period (3)	\$ <u>0</u>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ <u>0</u>

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.)	\$ <u>0</u>
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STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Marta 2015</i>	Reporting Period From <i>11/24/15</i> To <i>12/1/15</i>
------------------------------------------------------------	------------------------------------------------------------

To Whom Paid	MO.	DAY	YEAR	Amount
<i>Coushock Republic Committee</i>	<i>12</i>	<i>1</i>	<i>15</i>	<i>\$ 100.00</i>
Mailing Address <i>612 Maple St</i>	Description of Expenditure <i>Donation</i>			
City <i>Coushock</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19428-</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)		
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>\$ 100.00</i>

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 <u>MONTG 2015</u>	Reporting Period From <u>11/24/15</u> To <u>12/31/15</u>
------------------------------------------------------------	-------------------------------------------------------------

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <u>0</u>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 3)		
TOTAL for the Reporting Period	(2)	\$ <u>0</u>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART 3)		
TOTAL for the Reporting Period	(3)	\$ <u>7427.87</u>

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <u>7,427.87</u>
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IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate MUNTA JOLF	Reporting Period From 11/24/15 To 12/31/15
------------------------------------------------------------	-------------------------------------------------------------

				DATE			AMOUNT
Full Name of Contributor Hallowell + Braunstein				12	1	15	\$ 7427.87
Mailing Address 3031 Logan ST							\$
City Camp Hill	State PA	Zip Code (Plus 4) 17011 -					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution Reimbursement of Campaign debt			
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
\$ 7427.87