CAMPAIGN FINANCE REPORT

PAGE 1 OF 13 (COVER PAGE)

Filer Identificatio	n h		Report	ia, be	CANDIDATE	itea in	ja strjavanja s	MITTEE	κ.) ₹·	i i i januari	3.
	nittee, Candidate or Lobbyis	t:	Filed By:		O NO DATE		CONTR	M) (CE	_X_	LOBB	YIST
Street Address:	ruge of h	ULK 161.	W								
BO	BOX 171	r.	0								······································
City:	MUSTOWN				State:		Zip Co			- () (=	712
TYPE OF	eil (JESDAY 1.	2ND FRIDA	γ . 2.	30	DAY	3.	AMEND	<u> </u>			10
REPORT	PRE-PRIMARY 9TH TUESDAY 4-	PRE-PRIMAL 2ND FRIDA			ST PRIMARY		REPORT	grand and a second	YES		NO
(place X to the right of	PRE-ELECTION	PRE-ELECTI	5 : I		DAY ST ELECTION	6.	TERMIN REPORT	A ALL TOTAL CO.	YES		NO.
report type)	ANNUAL 7. V	YEAR			IG METHOD CHECK ONE		PAPI	ER		DISKE	TTE
Name of Office Sough	ht by Candidate:			D	ATE OF ELEC	TION	District	Office		Party	County
Prod	protonon			MC	DAY YE	AR	Number	NTU	h	Code	Code 41
4101	112 UO 10111				3 80	15	NA	(SEE INS	TRUC	TIONS F	OR CODES
Summery of B	M	O. DAY YEA	\R	MC	DAY YE	AR		OR OFF			
Summary of Re and Expenditure	es from:	D6 46	15 To	100						-	
A. Amount Brought	Forward From Last Rep	ort	s	7	7.00	<u>,,,</u>					
B. Total Monetary (Contributions and Receip	ts (From Sched	iule I) \$	75	n an					. 3	
C. Total Funds Ava	ilable (Sum of Lines A a	nd B)	\$	81	700					i	
D. Total Expenditur	es (From Schedule III)	<u> </u>	\$	70	250				,	¢	
E. Ending Cash Bala	ance (Subtract Line D fro	om Line C)	\$		1.50						
F. Value of In-Kind	Contributions Received	(From Schedul	e II) \$		6						
G. Unpaid Debts and	d Obligations (From Sche	idule IV)	\$		Ó						
PARTO STORING		AF	FIDAVIT SE	CTIO	J						·
swear (or affirm) tha	a Committee report, from this report, including the	easurer sign he attached schedule	re. If this	is a C	andidate repo	rt, car	ndidate si	gn here.			
Sworn to and subscrit					, - , -		- 563(0)	IIIY KIIDWI	anĝe	and Deli	er true,
2 St day of	- January	20	16]	/-	11chil	, (link	N II C	·_		
(X-			<u> </u>	<u> </u>		ure of	Person Su	bmitting f	Report		
	Signature	rehi_	}		IIChele	<u>}</u>	inted Nam	$p\sigma \sigma_{U}$	7_		
My commission expir		2019	. •	31	5		_74	0-5	41	1	
	COMMONWEALTH OF E	YR. ENNSYLVAMA			Area Code		Da	ytime Tel	ephon	e Numbe	г
PART II - If this is	a report to all the relation	MEKAuthorized	Committee	, cand	idate shall sig	n here	4 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	je sa me		· 15/19	i pagaman
I swear (or affirm) that (P.L. 1333, No. 320) as	t the the heat of more work while	GOMERY COUNTY	political co		e has not violat			s of the /	ot of	June 3,	1937
Sworn to and subscrib	I WIY CUITINISSIAN EVALUA	Jul 27, 2019	j		-1/1	7	/	7			
21 ST day of	January	20	6		_4 \		1 1	حو/		_	
	and Instina	Shi	ļ		MACI	Signatu	re of Cano	didate			
My commission expire	Signature	2019	_ -	· 7	(0)		inted Name	/	٠	-2 /	
my commission expire	MO. DAY	YR.	J		G /		2 5 /2 Dav	time Tele		Number	
	COMMONWEALTH OF PE	NNSYLVANIA	· · · · · · · · · · · · · · · · · · ·						Priorie	Humber	

NOTARIAL SEAL
Department surround

Departm

SCHEDULE I

PAGE 2 OF 3

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	1 - 1 - 1		
Friends of Mark LOU	Reporting Per		To 18/3/18015
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	S PER CONT	TRIBUT	OR
TOTAL for the Reporting Period	od (1)	\$	\bigcirc
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	• D)		
Contributions Received from Political Committees (Part A)	ъ, .	\$	<u> </u>
All Other Contributions (Part B)			160.00
TOTAL for the Reporting Period	od (2)	\$	
		<u> </u>	
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)			
Contributions Received from Political Committees (Part C)	,	\$	0
All Other Contributions (Part D)		\$	Ŏ
TOTAL for the Reporting Period	d (3)	\$	
A OTHER RECEIPTS DESIMAN INTEREST EARNED RETIIDARY		Samuel Pr	
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CI		T	M PART E)
TOTAL for the Reporting Period	d (4)	\$	0
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.)		s 7	60.00

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		F	Reporting	Period \			
Friends of Mar	K 1	L8017			From _	11194	15 TO 18/31/15
					DATE		AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus —	4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MQ.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus	4)	MO.	DAY	YEAR	
Full Name of Contributing Committee		<u> </u>		40	I BAY	VEAN	\$
Mailing Address				ио.	DAY	YEAR	\$
		_		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus —	4)	MQ.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				ИО.	DAY	YEAR	\$
City	State	Zip Code (Plus —	4)	4O.	DAY	YEAR	\$
Full Name of Contributing Committee			N.	/O.	DAY	YEAR	
Mailing Address							\$
				40.	DAY	YEAR	\$
City	State	Zip Code (Plus —	4)	10.	DAY	YEAR	\$
Full Name of Contributing Committee				NO.	DAY	YEAR	\$
Mailing Address				AQ.	DAY	YEAR	\$
City	State	Zip Code (Plus	4) N	10.	DAY	YEAR	\$
Full Name of Contributing Committee			N	10.	DAY	YEAR	\$
Mailing Address		· · · ·	N	tO.	DAY	YEAR	\$
City	State	Zip Code (Plus	4) IN	10.	DAY	YEAR	\$
Full Name of Contributing Committee	<u></u>		i i	ΙΟ.	DAY	YEAR	\$
Mailing Address			-	10.	DAY	YEAR	\$
City	State	Zip Code (Plus	4) N	10.	DAY	YEAR	\$
Enter Grand Total of Part A on Sche	dule i,	Detailed Sum	mary Pa	ge,	Section	n 2.	PAGE TOTAL

PAGE 1 OF 13

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.)

(Exclude contribution Name of Filing Committee or Candidate	IONS HON	i pointical commi		eporting		
Friends of Ma	K X	KUUS	l n	eporting From <u> </u>	1124	15 TO 18/31/15
1116.1613 ()1 1.161			i	DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address	· · · · · · · · · · · · · · · · · · ·		MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		<u> </u>		DAT	ILAN	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	3
		-				\$
Full Name of Contributor			MQ.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		***************************************	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	¥
Full Name of Contributor		·	MO.	DAY	YEAR	\$
Mailing Address						\$
			· MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		***************************************	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	
		-				\$ PAGE TOTAL
Enter Grand Total of Part B on Sch	nedule I,	Detailed Summary	y Page,	Section	n 2.	\$ 0

PART C

10F 2 0F 10

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	Re	porting	Period	الدام ۶		
Friends of Mart	1 Lev	4		From\ <u>\</u>	19411	5 TO 18/31/15
		U		DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	ate	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	ate	ip Code (Plus 4)	MO.	DÁY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	\$
City	ate	(ip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	ate 2	(ip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			Mo.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	ate 2	ip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address	·		MO.	DAY	YEAR	\$
City	ate Z	ip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address	•		MO.	DAY	YEAR	\$
City	ate Z	ip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	\$
City	ete Z	ip Code (Plus 4)	MO.	DAY	YEAR	\$
Enter Grand Total of Part C on Schedule	e I, Det	ailed Summary	Page,	Section	ı 3.	PAGE TOTAL \$

PA

AGE U OF 15

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			P	Reporting	Period	
Friends of Mark	5 K	à VL		From 📗	1194 1	15 TO 13 31 15
		0		DATE		AMOUNT
Full Name of Contributor	٨	<u></u>	MO.	DAY	YEAR	/
Mailing Address			J()	()8 DAY	YEAR	\$ 750.00
1908 Hidfield	Au					\$
FRASTER : 11 E	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupation	ion	<u> </u>	
Employer Mailing Address/Principal Place of Business	s		<u> </u>			
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		-	MO.	DAY	YEAR	\$
City			'	<u></u>		\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	ســــــــــــــــــــــــــــــــــــــ	<u> </u>	Occupation	ion		3
- Duality						
Employer Mailing Address/Principal Place of Business	J					
Full Name of Contributor			MO.	DAY	YEAR	
				<u> </u>	TEA.	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Employer Name			7	<u></u>		\$
	_		Occupation	on		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor				-بنيجست		
			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	T 7:- Code (Ding A)		'		\$
	31012	Zip Code (Plus 4) —	мо.	DAY	YEAR	\$
Employer Name			Occupatio	on	<u> </u>	<u> </u>
Employer Mailing Address/Principal Place of Business					·	
	·					
Full Name of Contributor			MO.	DAY	YEAR	\$
Meiling Address			Mo.	DAY	YEAR	
City	T_4_4B	2 - 1 - 10 · · · · · · · · · · · · · · · · · ·				\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	1		Occupatio	on	1	
Employer Mailing Address/Principal Place of Business			<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Employer Matting Addressift History 1, 1900 5. 2001						
<u> </u>						

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

S STAL

PART E

PAGE _ OF 1 J

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	١.	×	F	Reporting	Period	4 intailie
Friends of Hark	M	(1) (1)		From <u></u>	19411	15 To 18/81/15
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	<u> </u>		,			
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address			<u> </u>			
City	State	Zip Code (Plus 4)	MG.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description	<u>. </u>	<u> </u>				
Full Name						· · · · · · · · · · · · · · · · · · ·
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description			•	<u> </u>	-	
						PAGE TOTAL
Enter Grand Total of Part E on School	Jule I,	, Detailed Summ	ary Page,	Section	n 4.	s ()

SCHEDULE II

PAGE 6 OF 13

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 Per		1 1. 1
Errends of Marty Leves	From	104/1	15 to 10/01/00/5
J			
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$	\$50.00 OR I	LESS	PER CONTRIBUTOR
TOTAL for the Reporting Period	od (1)	\$	0
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2	50.00 (FROM	A PAP	(T.F)
TOTAL for the Reporting Period	od (2)	\$	0
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	OM PART (-1	
9. SITCHING CONTINUE CONTINUE FINANCIAL PROPERTY OF THE PROPER	JM, FARE V	1	
TOTAL for the Reporting Period	od (3)	\$	\triangle
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.)	'	*	\supset

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Friends of Candidate	Mari	r Levex	R	Reporting From <u>\</u>	Period 1104	15 TO 18/81/15
				DATE		AMOUNT
Full Name of Contributor			MQ.	DAY	· YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	1 54-40-1	A. A.	_			\$
City	State	Zip Code (Plus 4) —	MQ.	DAY	PAR	\$
Description of Contribution:				<u> </u>	<u> </u>	
Full Name of Contributor				::		
Turi Harris G. Som Posto.			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			Verse	\$
		Lip come in ing in,	MO.	DAY	YEAR	\$
Description of Contribution:				<u> </u>	<u></u>	
Full Name of Contributor			MO.	DAY	YEAR	
			17151	- 50.	TEAN	\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	*
		——————————————————————————————————————	10.	יאסי	TEAR	\$
Description of Contribution:			<u> </u>	·	<u> </u>	1
Full Name of Contributor			Mo.	DAY	YEAR	T
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
				_ ,	YEAR	\$
Description of Contribution:					<u></u>	
Full Name of Contributor			MO.	DAY	YEAR	
		· —————			TEAN	\$
Mailing Address			Mo.	DAY	YEAR	s
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
To Ashraba		_				\$
Description of Contribution:						
Full Name of Contributor			Mo.	DAY	YEAR	
Mailing Address						\$
Melling Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Description of Contribution:						\$
Jescription of Contribution,				*	_	
Total of Bart E on C	* *					PAGE TOTAL
Enter Grand Total of Part F on Sc Summary Page, Section 2.	;hedule II,	In-Kind Contribut	ions Det	railed	•	\$

PAGE 10 0F 13

PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	١ .		R	eporting	Period	مارا دامن م		
Friends OF Hour	RU	υχ		From _	HATH	5 10 10/31/15		
		0		DATE		AMOUNT		
Full Name of Contributor			MO.	DAY	RARY	\$		
Mailing Address	T		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							
			MÖ.	DAY	YEAR			
Full Name of Contributor			iwo.	UA.	12,01	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor			Occupati	on				
Employer Mailing Address/Principal Place of Business			Descripti	on of Cor	tribution			
Full Name of Contributor			MO.	DAY	YEAR			
						\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor	<u> </u>		Occupation					
Employer Mailing Address/Principal Place of Business			Descripti	on of Cor	tribution			
Full Name of Contributor			MO.	DAY	YEAR	_		
						\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$		
Employer of Contributor	<u> </u>		Occupati	on	.4	1		
Employer Mailing Address/Principal Place of Business			Descripti	on of Car	ntribution			
Full Name of Contributor			MO.	DAY	YEAR			
		***				\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$		
Employer of Contributor			Occupati	on	•			
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution			
			1			PAGE TOTAL		

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

\$

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
triends of Marklevy	From 11/84/15 To 18/3/15
To Whom Paid	MO. DAY YEAR Amount
Whitemorsh hibrory	12 10 15 \$ 23.75
Mailing Address	Description of Expenditure
J	gas expense
City Las Quille IR. HIII Fate Zip Code (Plus 4)	
Lagarete HII PA -	
To Whom Paid	MO. DAY YEAR AMOUNT 10 11 15 \$ 195.00
14 47	12 11 15 \$ 195.00
Mailing Address (SOMOVMIN AU)	Description of Expenditure
	Campaign cell
Plymouth Ma PA Zip Code (Plus 4)	. ,
	MO. DAY YEAR Amount
To Whom Paid + v +	MO. DAY YEAR AMOUNT OF STATE O
Mailing Address	Lagrania et angunana -
Mailing Address W GMMANTUN WE Six No Code (Plus A)	(ampaicia voi)
Ply republic May -	
To Whom Paid	MO. DAY YEAR Amount 8 154
From the Bout	10 14 15 \$ 38,00
Mailing Address 517 GRIMANIOUN Aul	Description of Expenditure
	werting expense
Lafaigelle H(1) PA Zip Code (Plus 4)	
	MO. DAY YEAR Amount
To Whom Paid Star DUCKS	MO. DAY YEAR Amount (9)
	Description of Expenditure
Mailing Address W Cermant oan Vik	medura expense
To Whom Paid	MO. DAY YEAR Amount \$ 90,49
Mailing Address Mailing Address	Description of Expenditure
Marring Address	gas expense
City State Zip Code (Plus 4)	Mrs expense
Lataux He HILL State Zip Code (Plus 4)	
To Whom Paid	MO. DAY YEAR Amount
Outback	MO. DAY YEAR Amount 10 31 15 \$ 50.05
Mailing Address	Description of Expenditure
303 W KINCE LIKE	Westing expense
City Constro hocken PA Zip Code (Plus 4)	J ,
	[Amount
DANK OF AMERICA	MO: DAY YESR Amount
Mailing Address	Description of Expenditure
a Rariss requested	service tel
City State Zip Code (Plus 4)	
_	
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover P	age, Item D. \$459,42
•	- 10

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Hark L	QVV.	\ .	R	eporting From ∐		15 10/3/15
	· · · · · · · · · · · · · · · · · · ·	2				
To Whom Paid MOCH KING			мо. 18	DAY () ()	YEAR \S	Amount 3.08
Mailing Address 3051 MIJOHOII COU				WDV T	enditure (SRM)	205
Larayethe HII	Prate	Zip Code (Plus 4) 시시시니 —		_		
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 \$
Mailing Address		A CONTRACTOR OF THE CONTRACTOR	Descripti	on of Exp	enditure	
City	State	Zip Code (Plus 4) —				
To Whom Paid	<u>'</u>		MO.	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Exp	enditure	
City	State	Zip Code (Plus 4)			-	***************************************
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description	on of Exp	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Exp	enditur e	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description	on of Exp	enditure	Ψ
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address	•		Descripti	on of Exp	enditura	
City	State	Zip Code (Plus 4)		-		
Enter Grand Total of Expenditures on Pa	ae 1. I	Report Cover P	age. Ite	em D.		PAGE TOTAL \$ 243,08
miles winder to the of mepolimination of the	J- ', '		-g-,			* 07 5100

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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		1	Reporting	Period	lie inlaulie
Friends of Mark Levy			From _	11194	115 TO 18 31/15
Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt				<u> </u>	
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				-	
Hame of Greater					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
Čity	TINCORRED	State	Zip Code -	(Plus 4)	
Description of Debt			<u> </u>		
Name of Creditor		<u>-</u>			
Trailie of Creditor					Outstanding Balance of Debt
					- 8
Mailing Address	DATE DEBT	MO.	DAY	YEAR	 \$
Mailing Address City		MO.	Zip Code		
	DEBT				
City Description of Debt	DEBT				
Description of Debt Name of Creditor	DEBT				
City Description of Debt Name of Creditor Mailing Address	DEBT INCURRED				Outstanding Balance of Debt
Description of Debt Name of Creditor	DEBT	State	Zip Code	(Plus 4)	Outstanding Balance of Debt
City Description of Debt Name of Creditor Mailing Address	DEBT INCURRED	State MO.	Zip Code	(Plus 4)	Outstanding Balance of Debt
City Description of Debt Name of Creditor Mailing Address City	DEBT INCURRED	State MO.	Zip Code	(Plus 4)	Outstanding Balance of Debt
City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor	DATE DEBT INCURRED	MO. State	Zip Code	YEAR (Plus 4)	Outstanding Balance of Debt \$
City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DEBT INCURRED	MO. State	Zip Code	YEAR	Outstanding Balance of Debt \$ Outstanding Balance of Debt \$
City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City	DATE DEBT INCURRED	MO. State	Zip Code	YEAR	Outstanding Balance of Debt \$ Outstanding Balance of Debt
City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DATE DEBT INCURRED	MO. State	Zip Code	YEAR	Outstanding Balance of Debt \$ Outstanding Balance of Debt \$
City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City	DATE DEBT INCURRED	MO. State	Zip Code	YEAR	Outstanding Balance of Debt \$ Outstanding Balance of Debt \$