CAMPAIGN FINANCE REPORT

PAGE 1 OF (COVER PAGE)

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

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(place X to the right of report type)	Anva 7	YEAR	2015	_	FILING		00	REPORT			
Name of Office Sough			0017			HECK	LECTION	PAP District			
Ω					MO.	DAY	YEAR	Number	Office Code	Party Code	County Code
Con	troller				16	03	2015		ISFE INST	RICTIONS	FOR CODES
					MO.	DAY	YEXA	1937/HQ ()			MEY/HIRILI
Summary of Re and Expenditure	ceipts	34 20		То	12	ź.,	2015		"	1 - 1	
A. Amount Brought	Forward From Last Rep	ort		8	5 05	705	7				i
B. Total Monetary (Contributions and Receip	ts (From Sche	dule I)	\$	1, 70 10	1.70		ĺ		<i>[</i>	
C. Total Funds Avai	lable (Sum of Lines A a	nd B)		\$	5 90	519	8	Í		i j	
D. Total Expenditure	es (From Schedule III)	· · · · · · · · · · · · · · · · · · ·		\$	1 49	1./4	/				
E. Ending Cash Bala	nce (Subtract Line D fro	om Line C)		\$ 4 266.84							
F. Value of In-Kind	Contributions Received	(From Schedu	ıle II)	\$	T R	4.0				r () ()	
G. Unpaid Debts and	Obligations (From Sche	dule IV)		\$	X)				I ''	
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My commission expire	Signature ME	MBER PENNSYLVANI	A55OCN	, aw	26	7	P	rinted Nam	, , O	<u> </u>	
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SCHEDULE I

PAGE 2 OF ____ 2

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Friends at Kann Geld Sunchez	Reporting Per	/ 4	то <u>/2/3//</u> 5	2015
G Harris Lawrence				
UNITEMIZED CONTRIBUTIONS AND RECEIPTS \$50.00 OR LES	SS PER CON	FRIBUT	or Hill	
TOTAL for the Reporting Period	iod (1)	\$	K	a to the process
2. CONTRIBUTIONS \$50.01 TO \$250.00 FROM PART A AND PART				
Contributions Received from Political Committees (Part A)		\$	N	aldiirii ar
All Other Contributions (Part B)		\$	-X)	
TOTAL for the Reporting Period	iod (2)	\$	\overrightarrow{X}	
SE CONTRIBUTIONS DVER \$250.00 (FROM PART C AND PART D)	"但可是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一			
Contributions Received from Political Committees (Part C)		\$	\mathcal{O}	
All Other Contributions (Part D)		\$	X)	
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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.)		\$	b	

PART A

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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	, /
Friender Karen Gela	l Sa	oche2		From 4	1/24	то 12/31/2015
· /				DATE		AMOUNT
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ALL OTHER CONTRIBUTIONS

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\$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.)

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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	\bigcirc .	. 0	Reporting	Period	/ /
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Mailing Address				YEAR	\$
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	State		MO. DAY	YEAR	\$
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ALL OTHER CONTRIBUTIONS

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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.)

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	inter Grand Total of Part D on	Schedule I,	Detailed Summar	y Page, :	Section	1 3.	Z\ \

PART E OTHER RECEIPTS

PAGE		OF	
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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			Reporting	Period	, ,
Friends of Karen Ge		Sampez.	From _	1/24	то <u>/Z/3//2015</u>
	νι.	Currie		/	
Full Name					
Mailing Address				,	
City	State	Zip Code (Plus 4)			Amount
·	3.5.6		MO. DAY	YEAR	\$
Receipt Description	<u> </u>		I		
Full Name					
Mailing Address		·			
Mailing Addiese					
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount
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Receipt Description				-	
Full Name					
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Mailing Address		·		····	
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City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount
					\$
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Mailing Address					
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount
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necespt Description					
Full Name					
Mailing Address			-		W
City	Ctrin	Zin Code (Blue 4)	WOUTH THE	1	Amount
City	State	Zip Code (Plus 4)	MO. H. DAY	YEAR	
City Receipt Description	State		MO: // DAY	YEAR	Amount \$
Receipt Description	State		MOJER BEDAYA	YEAR	
	State		MO DAY	TYEAR	
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DSEB-502 (7-99)

SCHEDULE II

PAGE ____OF_

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 Wiends of Koven Geld Sounhez	Reporting Pe		то <u>/2/3</u> //о́	00B
	7			
I. UNITEMIZED IN KIND CONTRIBUTIONS RECEIVED - VALUE OF	\$50,00 OR I	ESS	REPRESENTABLES	R
TOTAL for the Reporting Peri	iod (1)	\$	Q	
2 IN KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$	250.00 (FROM	A PAF	HT (5)	* ***
TOTAL for the Reporting Peri	iod (2)	\$	Q	
3 N-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FF	ROM PART G			
TOTAL for the Reporting Period	od (3)	\$	λ	THE PAGE 1
				<u></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.)		\$	Ø	

AGE	/	OF	
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SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate) (A	<i>a</i>	Re	porting F	eriod	/ /
Friends of Karen G	neld	Sanchez		From	1/24	To 12/31/2015
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	T 6					\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	<u> </u>		<u> </u>			
Full Name of Contributor	<u>.</u>					
			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO	DAY	WE AR I	, ,
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Description of Contribution:					****	
Full Name of Contributor			мо.	DAY	VEAD !!	
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Mailing Address			MO,	DAY.	YEAR	s
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	<u> </u>	_				\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address						\$
maining Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO."	DAY	YEAR	
Description of Contribution:		-				\$
Section of Contribution.						
Full Name of Contributor			MO.	DAY	YEAR	_
Mailing Address						\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	*
Description of Contribution:	<u> </u>		<u> </u>			\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO. T	DAY	YEAR #	
	y					\$
City	State	Zip Code (Plus 4) —	Mo.	DAY	YEAR	\$
Description of Contribution:						
Enter Grand Total of Part F on Sched	lule II, I	n-Kind Contribution	ons Deta	ailed		PAGE TOTAL
Summary Page, Section 2.						\$

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

PAGE ______OF_____

VALUE OVER \$250.00

Name of Filing Committee or Candidate		0	18	Reporting	Period	
Friends of Karen G	eld	Suncher		From _	11/24	To 12/31/2015
				DATE	/	AMOUNT
Full Name of Contributor			Mo.	DAY	YEAR	E .
Mailing Address			1 100 112		· · · · · · · · · · · · · · · · · · ·	\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	l			W AND THE STREET	· · · · · · · · · · · · · · · · · · ·	\$
Employer of Contributor		<u> </u>	Occupati	on	<u> </u>	
Employer Mailing Address/Principal Place of Busines	_					
and the state of Basines	•		Descript	ion of Cor	tribution	
Full Name of Contributor						
			MU2.54	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
Ciav						\$
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Employer of Contributor		<u> </u>	Occupaci		<u> </u>] >
			Occupation	on		
Employer Mailing Address/Principal Place of Business	3		Descripti	on of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	
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Mailing Address			MO.	DAY	YEAR	
City	T.C					\$
,	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			0			
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City	State	Zip Code (Pius 4)				7
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Employer Mailing Address/Principal Place of Business			Descriptio	n of Cont	ribution	
Full Name of Contributor			MO. TO	DAY	YEAR	\$
Mailing Address			-A 3-A 4-13-1			*
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city	State	Zip Code (Plus 4)	MO.	DAY	YEAR	-
Employer of Contributor		**-				\$
employer of Contributor			Occupation	n		
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Summary Page, Section 3.						\$ / V

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	<i>,</i> , , _	_	Reporting Period	
triends of Kaven Ger	d S	anchez	From <u>///24</u>	/ то <u>/2/3//201</u> 5
To Whom Paid Geld Sanchez			MO. DAY YEAR	Amount 5 \$ 289.69
356 Everaren Road			Description of Expenditure	
City VIII (VI)	State	Zip Code (Plus 4)	Minhurstm	ent
(lenkintowal)	PA	19046-	check #10	
Karen Greld Sanchez	-		MO. BAY YEAR	* #2.51
356 Everageen Road			Description of Expenditure	
Tenkinton	State	Zip Code (Plus 4) 19046 —	lurch W/De	b Given
# RDC - Abinyton Rockledge	e De	neculi Consitta	2/2 /5 30/6	Amount
P.O. Box 132			Description of Expenditure	
Abinaton	State PA	Zip Code (Plus 4) 1900/	Holiday e	vent)
Friends of Madeleine Dea	<u>'n</u>		12 23 200	
POBIO 381			Description of Expenditure	40
Glenside	State	Zip Code (Plus 4) 190 38 -038/	furdration	
TO MOM Paid C - Montgowery County	Demo		MO. DAY YEAR	
21 Sast Airy Street			Description of Expenditure	
Nomistourn DA	State	Zip Code (Plus 4) 1940/ -	Check # 1	149
To Whom Paid			MICHAEL MANAGEMENT AND	
Mailing Address			Description of Expenditure	L\$
City	State	Zip Code (Plus 4)		
		_		
To Whom Paid	. ,		MO. DAY YEAR	
Mailing Address			Description of Expenditure	\$
City	State	Zip Code (Plus 4) —		j
To Whom Paid	<u> </u>		WO M DECKE HIT SE	Amount
Mailing Address			Description of Expenditure	\$
City	State	Zip Code (Plus 4)		
Enter Grand Total of Expenditures on Page	ge 1, F	Report Cover Pa	ge, Item D.	\$ 1,691.14

PAGE		OF	
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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	0		Reporting P	eriod	
Friends of Karen	Geld Sanchoz		From <u>//</u>	/24	To 12/31/20.
Name of Creditor					
					Outstanding Balance of Di
Mailing Address	DATE DEBT	MC	. DAY	YEAR	L\$
City	INCURRED				
		State	Zip Code (P	lus 4)	
Description of Debt					
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					Outstanding Balance of Di
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cription of Debt			_		
ter Grand Total of Unpaid Debt	s on Page 1, Report Cover	Page I+	em G		AGE TOTAL
-		. 436, II	om G.		\$