

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	2	LOBBYIST	3
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Friends of Sean Kilkeny								
STREET ADDRESS 715 Washington Lane								
CITY Jenkintown			STATE PA		ZIP CODE 19046			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY		DATE OF ELECTION
1. 6TH TUESDAY PRE-PRIMARY		Sheriff			46	D		MO. DAY YEAR
2. 2ND FRIDAY PRE-PRIMARY		DATES OF REPORTING PERIOD			MO. DAY YEAR		11 3 2015	
3. 30 DAY POST-PRIMARY		11 29 15 TO 12 31 15					FOR OFFICE USE ONLY	
4. 6TH TUESDAY PRE-ELECTION		CASH BALANCE AT END OF REPORTING PERIOD:			\$ 0			
5. 2ND FRIDAY PRE-ELECTION		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:			\$ 0			
6. 30 DAY POST-ELECTION		AMENDMENT REPORT?			YES	NO	<input checked="" type="checkbox"/>	
7. ANNUAL REPORT		TERMINATION REPORT?			YES	NO		

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS STATEMENT IS TRUE, CORRECT AND COMPLETE.

COMMONWEALTH OF PENNSYLVANIA

Notarial Seal
 Dianna DiIlio, Notary Public
 20400 Boro, Montgomery County
 My Commission Expires March 16, 2016
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SWORN TO AND SUBSCRIBED BEFORE ME THIS 26 DAY OF January

Dianna DiIlio SIGNATURE OF PERSON SUBMITTING REPORT
Sean Kilkeny PRINTED NAME

MY COMMISSION EXPIRES 3 MO. 16 DAY 2016 YEAR

267 AREA CODE 625 6343 DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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 _____ DAY OF _____ 20____

 SIGNATURE

 PRINTED NAME

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YEAR

 AREA CODE _____ DAYTIME TELEPHONE NUMBER