

Commonwealth of Pennsylvania
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: ▶		CANDIDATE ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}	
Name of Filing Committee, Candidate or Lobbyist: <i>Talbot For County Commission</i>									
Street Address: <i>40 EAST MAIN ST</i>									
City: <i>NORRISTOWN</i>				State: <i>PA</i>		Zip Code: <i>19401 -</i>			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY ^{1.}		2ND FRIDAY PRE-PRIMARY ^{2.}		30 DAY POST PRIMARY ^{3.}		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION ^{4.}		2ND FRIDAY PRE-ELECTION ^{5.}		30 DAY POST ELECTION ^{6.}		TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	ANNUAL REPORT ^{7.} <input checked="" type="checkbox"/>		YEAR <i>2015</i>		FILING METHOD () CHECK ONE ▶		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>		
Name of Office Sought by Candidate: <i>Commissioner of Montgomery County</i>				DATE OF ELECTION		District Number	Office Code	Party Code	County Code
				MO. DAY YEAR <i>11 3 15</i>				<i>R</i>	<i>46</i>
(SEE INSTRUCTIONS FOR CODES)									
Summary of Receipts and Expenditures from: ▶				MO. DAY YEAR		MO. DAY YEAR		FOR OFFICE USE ONLY	
				<i>11 29 15</i>		<i>To 12 31 15</i>			
A. Amount Brought Forward From Last Report				\$					
B. Total Monetary Contributions and Receipts (From Schedule I)				\$					
C. Total Funds Available (Sum of Lines A and B)				\$					
D. Total Expenditures (From Schedule III)				\$					
E. Ending Cash Balance (Subtract Line D from Line C)				\$					
F. Value of In-Kind Contributions Received (From Schedule II)				\$					
G. Unpaid Debts and Obligations (From Schedule IV)				\$ <i>765.98</i>					

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate 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 29 day of Jan 2015 at NORRISTOWN BORO. MONTGOMERY CNTY PENNSYLVANIA

NOTARIAL SEAL
 WHITNEY ROBIN DAVIS
 Notary Public
 NORRISTOWN BORO. MONTGOMERY CNTY
 My Commission Expires Feb 26, 2018

My commission expires MO. DAY YR.

Signature of Person Submitting Report: *[Signature]*
 Printed Name: *Gene Galla*
 Area Code: *610* Daytime Telephone Number: *275-2110*

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall 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 29 day of Jan 2015 at NORRISTOWN BORO. MONTGOMERY CNTY PENNSYLVANIA

NOTARIAL SEAL
 WHITNEY ROBIN DAVIS
 Notary Public
 NORRISTOWN BORO. MONTGOMERY CNTY
 My Commission Expires Feb 26, 2018

My commission expires MO. DAY YR.

Signature of Candidate: *[Signature]*
 Printed Name: *Stephen A Tolbert Jr*
 Area Code: *610* Daytime Telephone Number: *635-8292*

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

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 <i>Toliver for County Commission</i>	Reporting Period From _____ To _____
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Name of Creditor <i>Hallowell + Broadbent</i>				Outstanding Balance of Debt \$ 765.98		
Mailing Address <i>3031 Logan St</i>	DATE DEBT INCURRED	MO. <i>10</i>	DAY <i>28</i>	YEAR <i>15</i>		
City <i>Hopewell Pa</i>		State <i>PA</i>	Zip Code (Plus 4) <i>17016</i>			
Description of Debt <i>Campaign Literature</i>						

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				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City		State	Zip Code (Plus 4)			
Description of Debt						

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				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City		State	Zip Code (Plus 4)			
Description of Debt						

Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City		State	Zip Code (Plus 4)			
Description of Debt						

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 765.98
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