

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 <input type="checkbox"/>	Committee ² <input checked="" type="checkbox"/>	Lobbyist ³ <input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist: Friends of Val Arkoosh (County Commissioner)					
Street Address: PO Box 1011					
City: Glenside			State: PA	Zip Code: 19038	
Type of Report (Place x under report type)					

1- 6th Tuesday Pre-Primary	2- 2nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6th Tuesday Pre-Election	5- 2nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Election (MM/DD/YYYY)		Year	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	FOR OFFICE USE ONLY
	11/24/2015	12/31/2015	
A. Amount Brought Forward From Last Report	\$70,148.10		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$200.00		
C. Total Funds Available (Sum of Lines A and B)	\$70,348.10		
D. Total Expenditures (From Schedule III)	\$32,625.36		
E. Ending Cash Balance (Subtract Line D from Line C)	\$37,722.74		
F. Value of In-Kind Contributions Received (From Schedule II)	\$0.00		
G. Unpaid Debts and Obligations (From Schedule IV)	\$0.00		

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 27 day of January

[Signature]
Signature

My commission expires 3 16 2016
MO. DAY YR.

[Signature]
Signature of Person Submitting Report

My Commission Expires March 16, 2015

[Signature]
Printed Name

610 805-7285
Area Code Daytime Telephone Number

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 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 15 day of January

[Signature]
Signature

My commission expires 3 4 2019
MO. DAY YR.

[Signature]
Signature of Person Submitting Report

My Commission Expires Mar 4, 2019

[Signature]
Printed Name

215 251-0585
Area Code Daytime Telephone Number

SCHEDULE I
Contributions and Receipts

Detailed Summary Page

Filer Identification Number:

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period	(1)	\$0.00
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2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND B)

Contributions Received from Political Committees (Part A)		\$0.00
All Other Contributions (Part B)		\$200.00
TOTAL for the Reporting Period	(2)	\$200.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND D)

Contributions Received from Political Committees (Part C)		\$0.00
All Other Contributions (Part D)		\$0.00
TOTAL for the Reporting Period	(3)	\$0.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)

TOTAL for the Reporting Period	(4)	\$0.00
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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.)

\$200.00

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.)

Filer Identification Number:

	DATE			AMOUNT
	MM	DD	YYYY	
Full Name of Contributor Margaret Sager	12	10	2015	\$100.00
Mailing Address 200 Montgomery Ave				
City Glenside	State PA	Zip Code 19038		
Full Name of Contributor Alfred Toizer	11	26	2015	\$50.00
Mailing Address 8532 Trumbauer Dr				
City Wyndmoor	State PA	Zip Code 19038-7451		
Full Name of Contributor Alfred Toizer	12	26	2015	\$50.00
Mailing Address 8532 Trumbauer Dr				
City Wyndmoor	State PA	Zip Code 19038-7451		

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL

\$200.00

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

Filer Identification Number:

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$0.00

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$0.00

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$0.00

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.)		\$0.00
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Statement of Expenditures

Filer Identification Number:					
To Whom Paid		MO	DAY	YEAR	Amount
Citizens Bank		11	30	2015	\$2.00
Mailing Address			Description of Expenditure		
139 S Easton Rd			Bank Fees		
City	State	Zip Code			
Glenside	PA	19038-4536			
To Whom Paid		MO	DAY	YEAR	Amount
Citizens Bank		12	31	2015	\$2.00
Mailing Address			Description of Expenditure		
139 S Easton Rd			Bank Fees		
City	State	Zip Code			
Glenside	PA	19038-4536			
To Whom Paid		MO	DAY	YEAR	Amount
SAGE Payment Solutions		12	2	2015	\$121.36
Mailing Address			Description of Expenditure		
1750 Old Meadow Road #300			Credit Card Processing		
City	State	Zip Code			
McLean, Va 22102					
To Whom Paid		MO	DAY	YEAR	Amount
Shapiro/Arkoosh		11	24	2015	\$7,500.00
Mailing Address			Description of Expenditure		
21 E Airy St			Contribution		
City	State	Zip Code			
Norristown	PA	19401-4815			
To Whom Paid		MO	DAY	YEAR	Amount
Shapiro/Arkoosh		12	15	2015	\$25,000.00
Mailing Address			Description of Expenditure		
21 E Airy St			Contribution		
City	State	Zip Code			
Norristown	PA	19401-4815			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$32,625.36

SCHEDULE I
Contributions and Receipts

Detailed Summary Page

Filer Identification Number:

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period	(1)	\$0.00
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2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND B)

Contributions Received from Political Committees (Part A)		\$0.00
All Other Contributions (Part B)		\$200.00
TOTAL for the Reporting Period	(2)	\$200.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND D)

Contributions Received from Political Committees (Part C)		\$0.00
All Other Contributions (Part D)		\$0.00
TOTAL for the Reporting Period	(3)	\$0.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)

TOTAL for the Reporting Period	(4)	\$0.00
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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.)

\$200.00

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.)

Filer Identification Number:

			DATE			AMOUNT
Full Name of Contributor Margaret Sager			12	10	2015	\$100.00
Mailing Address 200 Montgomery Ave						
City Glenside	State PA	Zip Code 19038				
Full Name of Contributor Alfred Toizer			11	26	2015	\$50.00
Mailing Address 8532 Trumbauer Dr						
City Wyndmoor	State PA	Zip Code 19038-7451				
Full Name of Contributor Alfred Toizer			12	26	2015	\$50.00
Mailing Address 8532 Trumbauer Dr						
City Wyndmoor	State PA	Zip Code 19038-7451				

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL

\$200.00

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

Filer Identification Number:

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$0.00

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART 1)		
TOTAL for the Reporting Period	(2)	\$0.00

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$0.00

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.)		\$0.00
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Statement of Expenditures

Filer Identification Number:				
To Whom Paid Citizens Bank			MO: DAY: YEAR 11 30 2015	Amount \$2.00
Mailing Address 139 S Easton Rd			Description of Expenditure Bank Fees	
City Glenside	State PA	Zip Code 19038-4536		
To Whom Paid Citizens Bank			MO: DAY: YEAR 12 31 2015	Amount \$2.00
Mailing Address 139 S Easton Rd			Description of Expenditure Bank Fees	
City Glenside	State PA	Zip Code 19038-4536		
To Whom Paid SAGE Payment Solutions			MO: DAY: YEAR 12 2 2015	Amount \$121.36
Mailing Address 1750 Old Meadow Road #300			Description of Expenditure Credit Card Processing	
City McLean, Va 22102	State	Zip Code		
To Whom Paid Shapiro/Arkoosh			MO: DAY: YEAR 11 24 2015	Amount \$7,500.00
Mailing Address 21 E Airy St			Description of Expenditure Contribution	
City Norristown	State PA	Zip Code 19401-4815		
To Whom Paid Shapiro/Arkoosh			MO: DAY: YEAR 12 15 2015	Amount \$25,000.00
Mailing Address 21 E Airy St			Description of Expenditure Contribution	
City Norristown	State PA	Zip Code 19401-4815		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$32,625.36