

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: COMMITTEE TO ELECT TOM ZIPFEL										
Street Address: 2028 LENTHART ROAD										
City: HATFIELD					State: PA		Zip Code: 19140			
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 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 type="checkbox"/>			
	ANNUAL REPORT ^{7.} <input checked="" type="checkbox"/>		YEAR 2015		FILING METHOD () CHECK ONE ▶		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>			
Name of Office Sought by Candidate: MONTGOMERY COUNTY CONTROLLER					DATE OF ELECTION MO. DAY YEAR 11 3 2015		District Number OTH	Office Code OTH	Party Code REP.	County Code 46
Summary of Receipts and Expenditures from: ▶					MO. DAY YEAR 11 23 2015		To		MO. DAY YEAR 12 31 2015	
A. Amount Brought Forward From Last Report					\$ 1,761.59					
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ 0					
C. Total Funds Available (Sum of Lines A and B)					\$ 1,761.59					
D. Total Expenditures (From Schedule III)					\$ 1,000.00					
E. Ending Cash Balance (Subtract Line D from Line C)					\$ 761.59					
F. Value of In-Kind Contributions Received (From Schedule II)					\$ 0					
G. Unpaid Debts and Obligations (From Schedule IV)					\$ 584.53					

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 correct and complete.

Sworn to and subscribed before me this

1st day of February 20 16
 Kathleen Anne Coll
 Signature

My commission expires Sept. 29 2016
 MO. DAY YR.

Christina A. Murphy
 Signature of Person Submitting Report
 Christina A. Murphy
 Printed Name
 267 222 2407
 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 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

1st day of February 20 16
 Kathleen Anne Coll
 Signature

My commission expires Sept. 29 2016
 MO. DAY YR.

Thomas C. Zipef
 Signature of Candidate
 THOMAS C. ZIPFEL
 Printed Name
 215 412-8787
 Area Code Daytime Telephone Number

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

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 KATHLEEN ANNE COLL, Notary Public
 Whippen Twp., Montgomery County
 My Commission Expires Sept. 29, 2018
 COMMONWEALTH OF PENNSYLVANIA
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CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate COMMITTEE TO ELECT Tom ZIPFEL	Reporting Period From <u>11/24/15</u> To <u>12/31/15</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <u>ϕ</u>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <u>ϕ</u>
All Other Contributions (Part B)	\$ <u>ϕ</u>
TOTAL for the Reporting Period	(2) \$ <u>ϕ</u>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <u>ϕ</u>
All Other Contributions (Part D)	\$ <u>ϕ</u>
TOTAL for the Reporting Period	(3) \$ <u>ϕ</u>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ <u>ϕ</u>

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ <u>ϕ</u>
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SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate COMMITTEE TO ELECT Tom ZIFFEL	Reporting Period From 11/24/15 To 12/31/15
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To Whom Paid	MO.	DAY	YEAR	Amount
DEFINIS ENTERPRISES	12	3	2015	\$ 500.00
Mailing Address P.O. BOX 609	Description of Expenditure			
City HATFIELD	State PA	Zip Code (Plus 4) 19446 -		LAWN SIGNS + PRINTING
To Whom Paid THOMAS ZIFFEL				\$ 500.00
Mailing Address 2791 FISCHER RD	Description of Expenditure			
City HATFIELD	State PA	Zip Code (Plus 4) 19446 -		REPAYMENT OF LOAN
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL

\$ 1,000.00

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 COMMITTEE TO ELECT Tom ZIPFEL	Reporting Period From <u>11/24/15</u> To <u>12/31/15</u>
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Name of Creditor DEFIENS ENTERPRISES					Outstanding Balance of Debt \$ 584.53	
Mailing Address P.O. BOX 609			DATE DEBT INCURRED 9 25 15	MO. 9	DAY 25	YEAR 15
City HATFIELD			State PA	Zip Code (Plus 4) 19440 -		
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						
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
\$ 584.53