

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: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}			
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Karen Geld Sanchez</i>											
Street Address: <i>356 Evergreen Road</i>											
City: <i>Jenkintown</i>				State: <i>PA</i>		Zip Code: <i>19046</i>					
TYPE OF REPORT (place X to the right of report type)	1. 8TH TUESDAY PRE-PRIMARY		2. 2ND FRIDAY PRE-PRIMARY		3. 30 DAY POST PRIMARY		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	4. 8TH TUESDAY PRE-ELECTION		5. 2ND FRIDAY PRE-ELECTION		6. 30 DAY POST ELECTION		TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	7. ANNUAL REPORT <input checked="" type="checkbox"/>		YEAR <i>2015</i>		FILING METHOD () CHECK ONE <input type="checkbox"/>		PAPER <input type="checkbox"/>		DISKETTE <input type="checkbox"/>		
Name of Office Sought by Candidate: <i>Controller</i>					DATE OF ELECTION MO. DAY YEAR <i>11 03 2015</i>			District Number	Office Code	Party Code	County Code
Summary of Receipts and Expenditures from: MO. DAY YEAR <i>11 24 2015</i> To MO. DAY YEAR <i>12 13 2015</i>											
A. Amount Brought Forward From Last Report					\$ <i>5,957.98</i>						
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ <i>0</i>						
C. Total Funds Available (Sum of Lines A and B)					\$ <i>5,957.98</i>						
D. Total Expenditures (From Schedule III)					\$ <i>1,691.14</i>						
E. Ending Cash Balance (Subtract Line D from Line C)					\$ <i>4,266.84</i>						
F. Value of In-Kind Contributions Received (From Schedule II)					\$ <i>0</i>						
G. Unpaid Debts and Obligations (From Schedule IV)					\$ <i>0</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 pen and paper 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
Mila M. Hayes
Printed Name
610 306-6183
Area Code Daytime Telephone Number

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

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 27 day of January

[Signature]
Signature
My commission expires 3 16 2016
MO. DAY YR.

[Signature]
Signature of Candidate
Karen Geld Sanchez
Printed Name
267 415-1199
Area Code Daytime Telephone Number

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

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

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Karen Gald Sanchez</i>	Reporting Period From <i>11/24</i> To <i>12/31/2015</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period	(1)	\$	<i>0</i>
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2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)

Contributions Received from Political Committees (Part A)		\$	<i>0</i>
All Other Contributions (Part B)		\$	<i>0</i>
TOTAL for the Reporting Period	(2)	\$	<i>0</i>

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

Contributions Received from Political Committees (Part C)		\$	<i>0</i>
All Other Contributions (Part D)		\$	<i>0</i>
TOTAL for the Reporting Period	(3)	\$	<i>0</i>

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

TOTAL for the Reporting Period	(4)	\$	<i>0</i>
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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>	\$	<i>0</i>
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PART A

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 <i>Friend of Karen Geld Sanchez</i>	Reporting Period From <i>11/24</i> To <i>12/31/2015</i>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					

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

PAGE TOTAL \$ <i>0</i>

PART B 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.)

Name of Filing Committee or Candidate <i>Friends of Karen Gold Soretz</i>	Reporting Period From <i>11/24</i> To <i>12/31/2015</i>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					\$

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

PAGE TOTAL
\$ <i>0</i>

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 <i>Friends of Karen Gold Sanchez</i>	Reporting Period From <i>11/24</i> To <i>12/31/2015</i>
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				DATE	AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ *0*

**PART D
ALL OTHER CONTRIBUTIONS**

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.)

Name of Filing Committee or Candidate <i>Friends of Karen Gield Sanchez</i>	Reporting Period From <i>11/24</i> To <i>12/31/2015</i>
--	--

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ <i>0</i>

PART E OTHER RECEIPTS

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 <i>Friends of Karen Geld Sanchez</i>	Reporting Period From <i>11/24</i> To <i>12/31/2015</i>
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Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL \$ <i>ⓧ</i>

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 <i>Friends of Karen Geld Sanchez</i>	Reporting Period From <i>11/24</i> To <i>12/31/2005</i>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>0</i>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period	(2) \$ <i>0</i>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period	(3) \$ <i>0</i>

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ <i>0</i>
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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 <i>Friends of Karen Gield Sanchez</i>	Reporting Period From <i>11/24</i> To <i>12/31/2015</i>
--	--

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$ <i>8</i>

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate <i>Friends of Karen Gold Sanchez</i>	Reporting Period From <u>11/24</u> To <u>12/31/2015</u>
---	--

				DATE	AMOUNT
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL \$ <u> </u>

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Friends of Karen Geld Sanchez</i>	Reporting Period From <i>11/24</i> To <i>12/31/2015</i>
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To Whom Paid <i>Karen Geld Sanchez</i>	MO. <i>12</i>	DAY <i>23</i>	YEAR <i>2015</i>	Amount <i>\$ 289.69</i>
Mailing Address <i>356 Evergreen Road</i>				
Description of Expenditure <i>reimbursement</i>				
City <i>Tenkintown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19046-</i>		
check #147				

To Whom Paid <i>Karen Geld Sanchez</i>	MO. <i>12</i>	DAY <i>11</i>	YEAR <i>2015</i>	Amount <i>\$ 42.51</i>
Mailing Address <i>356 Evergreen Road</i>				
Description of Expenditure <i>debit card</i>				
City <i>Tenkintown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19046-</i>		
<i>lunch w/ Deb Green</i>				

To Whom Paid <i>A RDC - Abington Rockledge Democratic Committee</i>	MO. <i>12</i>	DAY <i>15</i>	YEAR <i>2015</i>	Amount <i>\$ 108.94</i>
Mailing Address <i>P.O. Box 132</i>				
Description of Expenditure <i>debit card</i>				
City <i>Abington</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19001-</i>		
<i>(Holiday event)</i>				

To Whom Paid <i>Friends of Madeleine Dean</i>	MO. <i>12</i>	DAY <i>23</i>	YEAR <i>2015</i>	Amount <i>\$ 250.00</i>
Mailing Address <i>P.O. Box 381</i>				
Description of Expenditure <i>check #148</i>				
City <i>Gilenside</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19038-0381</i>		
<i>fundraiser</i>				

To Whom Paid <i>INCDC - Montgomery County Democratic Committee</i>	MO. <i>01</i>	DAY <i>04</i>	YEAR <i>2016</i>	Amount <i>\$ 1,000.00</i>
Mailing Address <i>21 East Airy Street</i>				
Description of Expenditure <i>check # 149</i>				
City <i>Norristown PA</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19401-</i>		

To Whom Paid	MO.	DAY	YEAR	Amount <i>\$</i>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) <i>-</i>		

To Whom Paid	MO.	DAY	YEAR	Amount <i>\$</i>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) <i>-</i>		

To Whom Paid	MO.	DAY	YEAR	Amount <i>\$</i>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) <i>-</i>		

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

PAGE TOTAL
\$ 1,691.14

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>Friends of Karen Geld Sanchez</i>	Reporting Period From <i>11/24</i> To <i>12/31/2015</i>
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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
\$ 0