### CAMPAIGN FINANCE REPORT

PAGE 1 OF COVER PAGE

	NOTE: This report i	nust be clear and	regione. 10 m	ay be typed or prin	ILEG III	olde of L	JIACK III				
Filer Identification Number:			Report Filed By:	CANDIDATE	1.	COMMI	TTEE	$\chi^{\mathfrak{F}}$	LOBB	YIST	3.
Name of Filing Comm	ittee, Candidate or Lobi	Mark 101	Nλ		-						
Street Address:	1 ( ) ·	) ( 	2								
city: ,	1 X 004	16		State:	-	Zip Cod	e: ,	<del></del>			
Nor	MUDERIX			IPA		10,40	14	_	01	16	
TYPE OF REPORT	STH TUESDAY PRE-PRIMARY	2ND FRIDA PRE-PRIMA	1 1 1 1 1 1 1	30 DAY POST PRIMARY	3.	AMENDM REPORT?	YES		NO		
(place X to	BTH TUESDAY	2ND FRIDA	A Committee of the Comm	30 DAY POST ELECTION	6.	TERMINATION REPORT?		YES		NO	
the right of report type)	ANNUAL REPORT	YEAR	A	FILING METHOD		PAPER			DISKE	TTE	
Name of Office Sough	nt by Candidate:			DATE OF ELEC	20 11 17	District Number	Office		Party Code	Cou	
Pro a	wishon an				EAR	NA	470		HP	141	Į)
4101	110 110 100 100			11 3 80	0/5				TIONS		DES)
Summary of Re	acainte .	MO. DAY YE	AR	MO. DAY Y	EAR	F	OR OF	FICE 3	ISE OF	VLY	A
and Expenditure	es from:	06 46 11	115 To	19 31 80	115						9
A. Amount Brought	Forward From Last	Report	\$	67.00							
B. Total Monetary	Contributions and Re	ceipts (From Sche	edule I) \$	750.00							
C. Total Funds Ava	ilable (Sum of Lines	A and B)	\$	817.00					, n 6.		
D. Total Expenditur	es (From Schedule	11)	\$	700.50							
E. Ending Cash Bala	ance (Subtract Line I	O from Line C)	\$	114.50							
F. Value of In-Kin	d Contributions Rece	ived (From Sched	lule II) \$	6							
G. Unpaid Debts an	d Obligations (From	Schedule IV)	\$	Ó							
			AFFIDAVIT S					, . g.: 91a.	and the second		
I swear (or affirm) th	a Committee repo								and be	lief tru	
correct and complete.  Sworn to end subscr				,							
21 <sup>St</sup> day of	· Januari	ر 20		Miche	le ?	1 vch	NU	22			
(%-	2 D	1				Person Su	bmittin	g Repor	rt		_
1	Signature	Konshi	— }	- Trenen	N	rinted Nan	ue <i>M.7.(1</i> *	77	. )		
My commission expi	MO	27 2019 DAY YR.	_ ]	Area Code		- ' ) L	Vime I	54	ne Numt		1
		TH OF PENINGYI VANIA					,			)EI	
PART II - If this	s a report of siden	Manuer Authorize	od Committe	e, candidate shall s			with Fi	e krismi iliani. Primi isti		44.2	1
I swear (or affirm) the (P.L. 1333, No. 320) as	C BUNDAMAN, A . A . A . A . A . A . A . A . A . A	ry Public and belief , MONTGOMERY COUN Expires Jul 27, 2019	this political of TY	committee has not vio	lated any	provision	ns of th	e Act o	of June	3, 1937	7
Sworn to and subscr	ibe before this	CAPITOS 301 27, 2019	-	71	1		7.				Ī
day of	Januari	20_	16	h	Signat	ure of Can	ndidate				
	Signature	Constri	}	MAU	UC_	LEN	1				]
My commission expi	ires July	27 2019 DAY YR.		267 Area Code	P 	rinted Nan	8-	6S	3 (	-	_
		H OF PENNSYLVANIA					y ciine I	e repnor	na unu	, e1	

NOTARIAL SEAL

Department son State

10 North Oddisce Pibliding ● Har isburg, PA 17120-0029 ● (717) 787-5280

NORRISTOWN BORO, MONTGOMERY COUNTY

My Commission Expires Jul 27, 2019

#### SCHEDULE I

PAGE 2 OF 13

### CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page		
	porting Per From	ой то 12/3/12015
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS F	ER CONT	RIBUTOR
TOTAL for the Reporting Period	(1)	\$ ()
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		<b>s</b> 0
All Other Contributions (Part B)		<b>\$ 7</b> 50 00
TOTAL for the Reporting Period	(2)	\$
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		<b>\$</b>
All Other Contributions (Part D)		\$ 0
TOTAL for the Reporting Period	(3)	\$
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHE	CKS, ETC	(FROM PART E)
TOTAL for the Reporting Period	(4)	<b>\$</b>
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING		, a A

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.)

s 760.00

DSEB-502 (7-99)

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

DSEB-502 (7-99)

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

S UIAL

### 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.

TY 1800 OF	Mark 1	evy	Ţ,	From 1	12/4/1	5 TO 18/81/15
		U		DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)	<del>                                     </del>	ļ		\$
enty	State	Zip Code (Flus 4)	MO.	DAY	YEAR	<b>\$</b>
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address	····		MO.	DAY	YEAR	\$
			,,,, <u>,,</u>	1 25.	TEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		<del></del>	MO.	DAY	YEAR	
Mailing Address						\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		<del>-</del>		<u> </u>		\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
		<u> </u>		1 001	ISAN	\$
Full Name of Contributing Committee			Mo.	DAY	YEAR	\$
Mailing Address	·- · · · · · · · · · · · · · · · · · ·		MO.	DAY	YEAR	
City	Terror	V- A-2 - 101 1				\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address	<del> </del>		-			\$
maining reaction			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			<u> </u>	7.0		3
_			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
Člty	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	
		_				\$
Full Name of Contributing Committee			MQ.	DAY	YEAR	\$
Mailing Address	<del></del>	· · · · · · · · · · · · · · · · · · ·	MO.	DAY	YEAR	s
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
			mų.		TEAR	\$
						PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, I	Detailed Summary	/ Page,	Section	3.	<b>\$</b> ()

### **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 Friends of Mark	d,	ANN.	R	eporting From $\dot{\underline{\mathbb{N}}}$	Period	5 To 10/31/15
11101110 01 110011	1 1 ~	<i>b b b b b b b b b b</i>		DATE		AMOUNT
Full Name of Contributor  Mailing Address			MO.	DAY () % DAY	YEAR YEAR	\$ 750.00
1908 Hidtul	State D2	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$
Employer Name  OCT	14	19053 -	Occupation	on		\$
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	оп		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			Mo.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	s
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupation	on		
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	on		
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		y app	Occupation	on		
Employer Mailing Address/Principal Place of Business						
Enter Grand Total of Part D on Sched	Jule I,	Detailed Summar	y Page,	Sectio	n 3.	\$ 150.00

DSEB-502 (7-99)

#### PART E **OTHER RECEIPTS**

PAGE 1 OF 12

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			Re	eporting l	Period	10/2.11x
Friends of Hark	1/2	KO 08		From <u>\</u>	<u> 1841</u> 1	15 to 18/8/115
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description					<del></del>	
Fult Name						
Mailing Address					<del></del>	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description			<b></b>			
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description	<u></u>	.1	LI			<b>-</b>
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description			<u> </u>			*
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description	<u> </u>	.]				
Full Name						
Mailing Address			<del></del>			
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	Amount \$
Receipt Description	<u> </u>		<u> </u>		L	
			<del></del>			PAGE TOTAL
Enter Grand Total of Part E on Sched	dule i	. Detailed Summary	Page.	Section	n 4.	s ()

#### SCHEDULE II

PAGE S OF 13

### 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	Reporting Period
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - V	VALUE OF \$50.00 OR LESS PER CONTRIBUTOR
TOTAL for the Rep	
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$5	60.01 TO \$250.00 (FROM PART F)
TOTAL for the Rep	orting Period (2) \$
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$	250.00 (FROM PART G)
TOTAL for the Rep	orting Period (3) \$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THE REPORTING PERIOD (Add and enter amount totals from Bound 3; also enter on Page 1, Report Cover Page, Item F.	oxes 1, 2,

#### SCHEDULE II PART F

### IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			R	Reporting	Period	ida dis
Friends of 1	4/01,	K Levek	L	From <u>]</u>	7/8417	13 TO 18/8/1/15
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	- \$
Mailing Address			1	1		4
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$
			<u> </u>		<u> </u>	<b>3</b>
Description of Contribution:		·			· .	
Full Name of Contributor			MO.	DAY	YEAR	
			****	<u> </u>	150	\$
Mailing Address			Mo.	DAY	YEAR	\$
<u> </u>	*****		'		'	3
City	State	Zip Code (Plus 4)  —	MO.	DAY	YEAR	\$
Description of Contribution:		<u>t</u>		<u>L</u>	<u> </u>	
Full Name of Contributor			MO.	DAY	YEAR	\$
					<u> </u>	\$
Mailing Address		<del></del>	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	$-\frac{1}{2}$	1 -	****		15	\$
Description of Contribution:					ــــــــــــــــــــــــــــــــــــــ	
Full Name of Contributor	_		MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	<u></u>
l" '			777	V	1	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	_
<u> </u>				Ĺ′	<u></u>	\$
Description of Contribution:	_					
Full Name of Contributor			MO.	DAY	YEAR	
			<u> </u>	PA.	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	_
City	T 2222	(6) 4)		L'	<u> </u>	\$
chy	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			1	L-DAY:	1	
Maning Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
				('		\$
Description of Contribution:	-					
	-					
Enter Grand Total of Part F on Sche	dule II,	, in-Kind Contribut	tions De	tailed	<b>,</b>	PAGE TOTAL
Summary Page, Section 2.					7	\$ ()

4GE 10 OF 12

# PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate  FY 1900 S OF MOUNT	ww	$\lambda$	R	eporting From 1	Period [[용사]]	5 10 18/3/15	
11 (12)		3		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	Occupati	on	l				
Employer Mailing Address/Principal Place of Business	<del>-</del> -		Descript	on of Con	tribution	,,	
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor	<u> </u>		Occupati	on			
Employer Mailing Address/Principal Place of Business	······································		Descript	ion of Con	tribution		
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			Descripti	on of Con	tribution		
Full Name of Contributor			MO.	DAY	YEAR	_	
Mailing Address						\$	
			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupati	on			
Employer Mailing Address/Principal Place of Business	Description of Contribution						
						PAGE TOTAL	

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

PAGE TOTAL
\$ ()

#### SCHEDULE III

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period   To 18 31 15
triends of Marklevy	From 11107110 To 10191110
Ya When Beid	MO. DAY YEAR Amount
Mailing Address	12 10 15 \$ 23.75
Mailing Address	Description of Expenditure
City Late Zip Code (Plus 4)	goo sapenso
	MO. DAY YEAR Amount
To Whom Paid	12 11 15 \$ 195.00
Mailing Address W. Comanyman Ave.	Campallyn Cell
Plymouth Mo PA Zip Code (Pius 4)	
To Whom Paid	MO. DAY YEAR Amount S
Mailing Address  W Germandown Jul  Since of Plus 4)	Description of Expenditure
City State Zip Code (Plus 4)	campaign veil
Ply mouth mile, State Zip Code (Plus 4)	
To Whom Raid The BOUT	MO. DAY YEAR Amount 8 54
Mailing Address 517 CRIMANDUM Jul.	Description of Expenditure
City	Werting experse
Lagaigette Hill PA Zip Code (Plus 4)	
To Whom Paid Star DUCKS	MO. DAY YEAR Amount (7)
Mailing Address  513 W CAMMAN DAN PIKE  City A State   Zin Code (Plus 4)	Medity (XXXXX)
Plymouth Ma State Zip Code (Plus 4)	The many conse
	MO. DAY YEAR Amount
Mailing Address	12 30 15 \$ 30,44
Mailing Address	Description of Expenditure  One Day of Control of Contr
City habatise the CITY Distance Zip Code (Plus 4)	Ans with so
To Whom Paid Out back	Mo. DAY YEAR Amount \$ 3.85
Mailing Address	Description of Expenditure
State Zip Code (Plus 4)	meeting expense
Constrainchen PA -	
TO WHOM PAID ROLL AMERICA	MO. DAY YEAR Amount
Mailing Address  CACY 155 [ PCACOLD ]	Description of Expenditure SECULULE
City State Zip Code (Plus 4)	
Enter Grand Total of Expenditures on Page 1, Report Cover P	PAGE TOTAL \$ 45 9 42
	15,10

SCHEDULE III

### STATEMENT OF EXPENDITURES

Enter Grand Total of Expenditures on Pa	.aa 1	Report (	Cover P	age. Ite	em D.		\$ 243.08
				-			PAGE TOTAL
	State	Tih Code					
City	State	Zip Code	(Pipe 4)	= 355.164	Ap		
Mailing Address					on of Exp		\$
To Whom Paid			_	MO.	DAY	YE aR	Amount
City	State	Zip Code	(Plus 4)	<b></b>	· · <u>-</u>	•	
Mailing Address				Descripti	on of Exp	enditure	\$
To Whom Paid	-	-		MO.	DAY	YEAR	Amount
City	State	Zip Code	(Plus 4)				
Mailing Address				Descripti	on of Exp	ena i ture	
To Whom Paid				MO.	DAY	YEAR	Amount \$
			_		l ministr		I Amount
City	State	Zip Code	(Plus 4)				
Mailing Address	<del>.</del>			Descripti	on of Exp	enditure	\$
To Whom Paid	1	ı		MO.	DAY	YEAR	Amount
City	State	Zip Code	(Plus 4)				
Mailing Address				Descripti	on of Exp	enditure	
				MO.	DAY	YEAR	\$
To Whom Paid			_	- MO	<b>DAV</b>	VEAD	Amount
City	State	Zip Code	(Plus 4)	<u> </u>			<del></del>
Mailing Address	<del></del>		·	Descripti	on of Exp	enditure	\$
To Whom Paid	<u> </u>	L		Mo.	DAY	YEAR	Amount
City	State	Zip Code	(Plus 4)				
Mailing Address				Descripti	on of Exp	enditure	
To Whom Paid				MO.	DAY	YEAR	Amount \$
Lon ayeth Hill	Brase	19444	√rius 44				
Mailing Address 3051 MINORIL COL		Zip Code	(D) (a 4)			15810	RNT
work fort				18	On of Exp	15	\$ 043.08
To Whom Paid		2		MO.	DAY	YEAR	Amount, a re-
Friends of Hark L	UU9,	<b>.</b>			From ∐	1341	15 To 18 31 15
Name of Filing Committee or Candidate					eporting		17 -15-117

## 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			Reporting	Period	
Friends of Hask Levy			From _	71/94	115 TO 18/31/15
Name of Creditor					Outstanding Balance of Deb
Mailing Address	DATE	MO.	DAY	YEAR	\$
City	DEBT INCURRED				
,		State	Zip Code	e (Plus 4) 	
Description of Debt	· <u></u>		L		
Name of Craditor					
Name of Cragitor					Outstanding Balance of Deb
Mailing Address	DATE	Mo.	DAY	YEAR	\$
City	DEBT INCURRED				
,		State	Zip Code	(Plus 4)	
Description of Debt		<u> </u>			
Name of Creditor				_	Outstanding Balance of Deb
Mailing Address	DATE	MO.	DAY	YEAR	\$
City	DEBT INCURRED			, rean	<b>†</b>
City		State	Zip Code	(Plus 4)	<b>1</b>
Description of Debt					<u> </u>
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	MO.	L DAY	1	\$
	DEBT INCURRED	M.C.	DAY	YEAR	-
City		State	Zip Code	(Plus 4)	1
Description of Debt				- 	
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY	Lyean	\$
	DEBT INCURRED	1410.	DAY	YEAR	
Sity		State	Zip Code	(Plus 4)	1
Description of Debt		<u> </u>			
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	140		I	\$
	DEBT	MO.	DAY	YEAR	
City	<u> </u>	State	Zip Code	(Plus 4)	
Description of Debt	<del>,</del>				
			· · · · · · ·		PAGE TQTAL
Enter Grand Total of Unpaid Debts on Page 1, Re	port Cover	Page, li	em G.	i	\$