

# 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  COMMITTEE  LOBBYIST

**Name of Filing Committee, Candidate or Lobbyist:**  
FRIENDS OF LINDA M. HEE

**Street Address:**  
1517 EDGEHILL ROAD

**City:** ARLINGTON **State:** PA **Zip Code:** 19001

TYPE OF REPORT	1. 15TH TUESDAY PRE-PRIMARY	2. 2ND FRIDAY PRE-PRIMARY	3. 20 DAY POST-PRIMARY	AMENDMENT REPORT?	YES	NO
	4. 5TH TUESDAY PRE-ELECTION	5. 2ND FRIDAY PRE-ELECTION	6. 30 DAY POST-ELECTION	TERMINATION REPORT?	YES	NO
(place X to the right of report type)	7. ANNUAL REPORT <input checked="" type="checkbox"/>		YEAR 2015	FILING METHOD <input checked="" type="checkbox"/> CHECK ONE	DISKETTE <input checked="" type="checkbox"/>	

**Name of Office Sought by Candidate:** \_\_\_\_\_

DATE OF ELECTION	District Number	Office Code	Party Code	Court Code
MO. DAY YEAR				
11 03 2015	-	-	DEM	46

(SEE INSTRUCTIONS FOR COURT CODE)

FOR OFFICE USE ONLY			
Summary of Receipts and Expenditures from:	MO. DAY YEAR	To	MO. DAY YEAR
	01 01 2015		12 31 2015

A. Amount Brought Forward From Last Report	\$	806.38
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	500.00
C. Total Funds Available (Sum of Lines A and B)	\$	1306.38
D. Total Expenditures (From Schedule III)	\$	1270.49
E. Ending Cash Balance (Subtract Line D from Line C)	\$	35.89
F. Value of In-Kind Contributions Received (From Schedule II)	\$	1.00
G. Unpaid Debts and Obligations (From Schedule IV)	\$	500.00

OFFICE OF VOTER SERVICES  
MONTGOMERY COUNTY, PA  
2016 FEB - 4 AM 10:15  
RECEIVED

### 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 22<sup>nd</sup> day of January 2016

[Signature]  
Signature

My commission expires 04 15 2017  
MO. DAY YR.

[Signature]  
Signature of Person Submitting Report  
**DAVID H. FLOYD**  
Printed Name

215 576-1712  
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 (Act 37 of 1937, P.S. No. 320) as amended.

Sworn to and subscribed before me this 22<sup>nd</sup> day of January 2016

[Signature]  
Signature

My commission expires 10-18 2016  
MO. DAY YR.

[Signature]  
Signature of Candidate  
**LINDA M. HEE**  
Printed Name

215- 387-0143  
Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA  
Notarial Seal  
Olga Mantula, Notary Public  
Lower Southampton Twp., Bucks County  
Commission Expires April 15, 2017

**CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate <b>FRIENDS OF LINDA M. HEE</b>	Reporting Period From <u>01/01/2015</u> To <u>12/31/2015</u>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>		
	(1)	\$

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

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$ <u>500.00</u>
TOTAL for the Reporting Period	(3)	\$ <u>500.00</u>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>		
	(4)	\$

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ <u>500.00</u>
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**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 <b>FRIENDS OF LINDA M-HEE</b>	Reporting Period From <u>01/01/2015</u> To <u>12/31/2015</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>LINDA M. HEE</b>	08	21	2015	\$ 500.00
Mailing Address <b>1517 EDGE HILL ROAD</b>	MO.	DAY	YEAR	\$
City <b>ARAWGTON</b>	MO.	DAY	YEAR	\$
State <b>PA</b>				
Zip Code (Plus 4) <b>19001 -</b>				
Employer Name <b>SCHUBERT GALLAGHER TULLA MULCAHEY</b>				
Occupation <b>ATTORNEY</b>				
Employer Mailing Address/Principal Place of Business <b>121 SOUTH BROAD ST. 20TH FLOOR PHILADELPHIA PA 19107-4533</b>				

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

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

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

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
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  
\$ **500.00**

SCHEDULE III  
Statement of Expenditures

Filer Identification Number: FRIENDS OF LINDA M. HEE 1/1/2015 - 12/31/2015

To Whom Paid		FRIENDS OF KAREN GELD TANCHEZ				Date [MM/DD/YYYY]	\$	50.00
House #	350	Street Address EVERGREEN ROAD				Description of Expenditure CAMPAIGN CONTRIBUTION		
City	JENKINTOWN	State	PA	Zip Code	19046			
To Whom Paid		FRIENDS OF ANNE LAZARUS				Date [MM/DD/YYYY]	\$	250.00
House #		Street Address 1515 MARKET STREET				Description of Expenditure CAMPAIGN CONTRIBUTION		
City	PHILADELPHIA	State	PA	Zip Code	19102			
To Whom Paid		KOHLER PAC				Date [MM/DD/YYYY]	\$	50.00
House #		Street Address 3611 SWEDESBORO ROAD				Description of Expenditure CAMPAIGN CONTRIBUTION		
City	KING OF PRUSSIA	State	PA	Zip Code	19346			
To Whom Paid		ANOC				Date [MM/DD/YYYY]	\$	45.00
House #		Street Address PO BOX 132				Description of Expenditure BANQUET TICKET		
City	ARLINGTON	State	PA	Zip Code	19001			
To Whom Paid		FRIENDS OF JEAN SONG				Date [MM/DD/YYYY]	\$	50.00
House #	76	Street Address SOUTH BETHLEHEM PIKE				Description of Expenditure CAMPAIGN CONTRIBUTION		
City	AMBERG	State	PA	Zip Code	19002			
To Whom Paid		STEELE 40A COMMITTEE				Date [MM/DD/YYYY]	\$	100.00
House #		Street Address PO 569				Description of Expenditure CAMPAIGN CONTRIBUTION		
City	BIRNBAUM	State	PA	Zip Code	19010			
To Whom Paid		MCDONALD				Date [MM/DD/YYYY]	\$	21.49
House #		Street Address PO BOX 3				Description of Expenditure LEADERSHIP TRAINING		
City	PORT WASHINGTON	State	PA	Zip Code	19074			
To Whom Paid		MUNOFF FOR CONGRESS				Date [MM/DD/YYYY]	\$	100.00
House #		Street Address PO BOX 9465				Description of Expenditure CAMPAIGN CONTRIBUTION		
City	PHILADELPHIA	State	PA	Zip Code	19101			

PAGE TOTAL \$866.49

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SCHEDULE III  
Statement of Expenditures

Filer Identification Number: FRIENDS OF LINDA M. HERS 1/1/2015 - 12/31/2015

To Whom Paid		FRIENDS OF JEAN SONG			Date [MM/DD/YYYY]	\$	100.00
House #	76	Street Address	SOUTH BETHLEHEM PIKE		Description of Expenditure CAMPAIGN CONTRIBUTION		
City	AMALGA	State	PA	Zip Code	19002		
To Whom Paid		WE THE WOMEN			Date [MM/DD/YYYY]	\$	100.00
House #		Street Address	345 SPRING LANE		Description of Expenditure CAMPAIGN CONTRIBUTION		
City	WYNDMOOR	State	PA	Zip Code	19038		
To Whom Paid		MCDC			Date [MM/DD/YYYY]	\$	50.00
House #	21	Street Address	EAST AINY STREET		Description of Expenditure STATE COMMITTEE AD		
City	NORRISTOWN	State	PA	Zip Code	19401		
To Whom Paid		MCDC			Date [MM/DD/YYYY]	\$	175.00
House #	21	Street Address	EAST AINY STREET		Description of Expenditure STATE CMTE Dinner - 100.00 MCDC Fall Dinner AD 75.00		
City	NORRISTOWN	State	PA	Zip Code	19401		
To Whom Paid		MCDWL1			Date [MM/DD/YYYY]	\$	120.00
House #		Street Address	PO BOX 3		Description of Expenditure PART NIGHT - 45 JANUARY Dinner 75		
City	FORT WASHINGTON	State	PA	Zip Code	19034		
To Whom Paid		FRIENDS OF MATT STEHMAN			Date [MM/DD/YYYY]	\$	100.00
House #	41	Street Address	GLENLEAGLES ROAD		Description of Expenditure CAMPAIGN CONTRIBUTION		
City	LIMENICK	State	PA	Zip Code	19468		
To Whom Paid		CITIZENS BANK			Date [MM/DD/YYYY]	\$	32.00
House #	1411	Street Address	OLD FORT ROAD		Description of Expenditure BANK CHARGES		
City	ARLINGTON	State	PA	Zip Code	19001		
To Whom Paid		WEST WASHINGTON			Date [MM/DD/YYYY]	\$	(73.00)
House #	1210	Street Address	MEETING HOUSE ROAD		Description of Expenditure 2014 CHECK NOT CASHED - 100		
City	ARLINGTON	State	PA	Zip Code	19046		

PAGE TOTAL 604.00  
TOTAL ALL PAGES 8120.40

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.

Filer Identification Number:	FRIENDS OF LINDA M. HEE	1/1/2015 - 12/31/2015
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Name of Creditor		LINDA M-HEE, ESQUIRE				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		500.00	
1519	EDGE HILL ROAD	8/21/2015					
City		State	Zip Code				
ARLINGTON		PA	19001				
Description of Debt							
LOAN TO CAMPAIGN - FRIENDS OF LINDA M-HEE							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
City		State	Zip Code				
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
City		State	Zip Code				
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
City		State	Zip Code				
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
City		State	Zip Code				
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
City		State	Zip Code				
Description of Debt							

TOTAL 500.00