CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

FILER IDENTIFICATION				***************************************		····												
NUMBER									EPORT FILEO N BEHALF O		CANDIDA	TE (co	MAITTEE	X	LOBEY	rist	3.
NAME OF FILING COMMI	TTEE, CAN	DIDATE OF L	R	REG	157	EK	2 (9F	h	11	JLS					·····		
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ELKINS PARK STATE PA- ZIPC											cope	9027						
TYPE OF REPOR (CHECK ONE)	er N	NONTO	FICE SOU	EY EXX	NOIDATE NTY	REG OR F	HAN	R.	DISTRIC	T NO.	PARTY DSA	M		DAT	E OF		ION YEA	R
6TH TUESDAY PRE-PRIMARY				CIRK							100	, , 		//	OFFICE U	ISE ON	20	15
2nd friday pre-primary 30 day	3.		ES OF ORTING IOD	7,	24 1	YEAR 5	τo	мо. /2	31	YEAR								447 11111111111111111111111111111111111
POST-PRIMARY 6TH TUESDAY	4	CASH BALANCE AT END OF REPORTING PERIOD: \$ 553.63 TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$											e,					
PRE-ELECTION 2ND FRIDAY PRE-ELECTION	5.																	
30 day post-election	6.	<u> </u>		AMENDA REPORT		YES		NO	X			J						
ANNUAL REPORT	X			TERMINA REPORT		YES		NO	X									i
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PART I - If statement is fi If statement is fi If statement is fi	led on	behalf	of a <u>Ca</u>	ındidate	, the (ttee c	or Ca idate	ndida mus	ites's C t sign h	omm ere.			asur	er mu	st sigi	n her	е.	
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SWORN TO A		CRIBED BI PNUAN	1/ 4	2016		_		-	Ed	lwa	NAL TURE OF F	lier	15/	cin	-			ļ
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PART II - f statement is fil	led on	behalf o	of a <u>Ca</u>	ndidate	's Autl	horize	ed C	omm	ittee, Ca	andic	date mu	ıst sigi	n her	e.	***************************************			
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