

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

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

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>																				
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>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 (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <i>Controller</i>		DISTRICT NO.	PARTY <i>Dem</i>																					
	<table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>05</td><td>17</td><td>16</td></tr> </table> DATES OF REPORTING PERIOD TO <table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>09</td><td>19</td><td>16</td></tr> </table>		MO.	DAY	YEAR	05	17	16	MO.	DAY	YEAR	09	19	16	<table border="1"> <tr><th colspan="3">DATE OF ELECTION</th></tr> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>11</td><td>08</td><td>2016</td></tr> </table>			DATE OF ELECTION			MO.	DAY	YEAR	11	08
MO.	DAY	YEAR																							
05	17	16																							
MO.	DAY	YEAR																							
09	19	16																							
DATE OF ELECTION																									
MO.	DAY	YEAR																							
11	08	2016																							
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION <input checked="" type="checkbox"/> 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>0</i> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0</i>		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																						

2016 SEP 22 AM 9:32
 JENNIFER M. HAYES
 610-386-6833

AFFIDAVIT SECTION

PART I -
 If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
22 DAY OF *September* 20*16*
Caitlin E. Stagliano
 SIGNATURE
 MY COMMISSION EXPIRES *6* *3* *2019*
 MO. DAY YR.

Mela M. Hayes
 SIGNATURE OF PERSON SUBMITTING REPORT
Mela M. Hayes
 PRINTED NAME
610 *386-6833*
 AREA CODE DAYTIME TELEPHONE NUMBER

NOTARIAL SEAL
 EILEEN E. STAGLIANO, Notary Public
 New Hope, Montgomery Co, PA
 My Commission Expires June 3, 2019

PART II -
 If statement is filed on behalf of a Candidate's Authorized Committee, the Candidate must 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
22 DAY OF *September* 20*16*
Caitlin E. Stagliano
 SIGNATURE
 MY COMMISSION EXPIRES *6* *3* *2019*
 MO. DAY YR.

Karen Geld Sanchez
 SIGNATURE OF CANDIDATE
Karen Geld Sanchez
 PRINTED NAME
267 *415-1199*
 AREA CODE DAYTIME TELEPHONE NUMBER

NOTARIAL SEAL
 EILEEN E. STAGLIANO
 Notary Public
 My Commission Expires June 3, 2019