AMPAIGN FINANCE REPORT PAGE ! OF (NOTE: This report must be clear and legible, it may be typed or printed in blue or black link.) Filer Identification Number: Report Name of Filing Committee, Candidate or Lobbyist Filed By: CANDIDATE Z p Code TYPE OF STH TUESDAY REPORT PRE-PRIMARY 2ND FRIDAY PRE-PRIMARY 30 DAY AMENDMENT STH TUESDAY POST PRIMARY 4. iplace X to the right of REPORT PRE ELECTION 2ND FRIDAY YES NO 30 DAY PRE-ELECTION ANNUAL TERMINATION report type) POST ELECTION YEAR REPORT? YES REPORT NO FILING METHOD Name of Office Sought by Candidate 016) CHECK ONE PAPER DISKETTE DATE OF ELECTION Clorde of Deils DAY Code County Summary of Receipts (SEE INSTRUCTIONS FOR CODES) and Expenditures from: YEAR FOR OFFICE USE ONLY MO. DAY YEAR A. Amount Brought Forward From Last Report Tο B. Total Monetary Contributions and Receipts (From Schedule I) Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) \$ E. Ending Cash Balance (Subtract Line D from Line C) \$ Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV) *400*0 PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. I swear for affirm) that this report, including the attached schedules, on paper or computer a skette, are to the best of my knowledge and belief true. COMMONWEALTH OF PENNSYL NOTARIAL SEAL THOMAS JOSEPH KOHLER, Notary Public Upper Merion Twp., Montgomery Opunty My Commission Expires August 5, 2017 PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here. swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions Sworn to and subscribed before me this THOMAS JOSEPH KOHLER, Notary Public Oper Merion Tun, Montgomery County 270-9500

My Commission Expires August 5, 2017 Destine le ephone Number Department of State

Bureau of Commissions, Elections and Legislation

SCHEDULE I

PAGE 2 OF _____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Reporting Peri	od	
	1/1	- TO 1431/16
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONT	RIBU	TOR
TOTAL for the Reporting Period (1)	\$	\mathcal{C}
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	0
TOTAL for the Reporting Period (2)	\$	
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	1	
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	1500
TOTAL for the Reporting Period (3)	\$	1500
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ET	C. (F	ROM PART E)
TOTAL for the Reporting Period (4)	\$	0
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING 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.)	\$	1500

PAGE	OF	

Reporting Period

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			A	Reporting Period			
-				From		То	
				DATE		AMOUNT	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR		
		AND THE PARTY OF T				\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee			→ MO.	DAY	YEAR		
						\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
		_				\$	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR		
						\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee			MO.	DAY	YEAR		
Full Name of Contributing Committee			1			\$	
Mailing Address			MD.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
		-um				\$	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR		
<u> </u>						\$	
City	State	Zip Code (Pius 4) —	MO.	DAY	YEAR :	\$	
Full Name of Contributing Committee			MO	DAY	YEAR		
						\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	.DAY	YEAR		
						\$	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR		
					<u> </u>	\$	
Сну	State	Zip Code (Płus 4) —	MO.	DAY.	YEAR	\$	
Full Name of Contributing Committee			MO.	DAY	YEAR		
			_	- 54"	YEAR	\$	
Mailing Address			- MO.	DAY.),CAM	† \$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	1.	
		_				PAGE TOTAL	
Enter Grand Total of Part A on Sc	hedule	, Detailed Summ	ary Pag	e, Sectio	on 2.	PAGE TOTAL	
THE Grant Potet Of Fait A Off St). <u></u>	, wattisti	,3	. ====	=-	\$	

PART B

PAGE____OF___

Reporting Period

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	porting P -		Τ-	
				-rom		То	
				DATE		AMOUNT	
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address	MCAIS-I		MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	*	
		_ -	Mo.	DAY	YEAR	\$	
Full Name of Contributor			WIO.	DAT	TEAN	\$	
Mailing Address			MD.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
			MO.	DAY	YEAR		
Full Name of Contributor			1210		, 5, 11,	\$	
Mailing Address			MO	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			Mo.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
		eta .				\$	
Full Name of Contributor			MO	DAY	YEAR	\$	
Mailing Address			MO.	DAY:	YEAR	\$	
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	\$	
Full Name of Contributor			MO.	DAY	YEAR		
						\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$	
Full Name of Contributor			мо.	DAY	YEAR:	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO,	DAY	YEAR		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
VII.	3.0.0		WU.	I DAT	I EAN.	\$	
						PAGE TOTAL	
Enter Grand Total of Part B o	n Schedule I,	Detailed Summa	ry Page,	Section	n 2.	\$	

PAGE	1	OF	

Reporting Period

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				Reporting Period			
				From		To	
				DATE		AMOUNT	
Full Name of Contributing Committee			-MO.	DAY	YEAR	\$	
Mailing Address	* * * * * * * * * * * * * * * * * * *		MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee	1		· Mo.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
	T.C	Zin Code (Plus A)			10.7-11.5		
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee			MO	DAY	YEAR	\$	
Mailing Address		<u></u>	МО	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	мо	DAY	YEAR	\$	
Full Name of Contributing Committee			. MO	DAY	YEAR	\$	
Mailing Address	"		Mo	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO	DAY	YEAR		
						\$	
Full Name of Contributing Committee			.∵W0	DAY.	YEAR	\$	
Mailing Address			МО	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	мо	. DAY	. YEAR.	\$	
Full Name of Contributing Committee			· Mo	DAY	YEAR	\$	
Mailing Address			МО	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	мо	DAY	YEAR	\$	
Full Name of Contributing Committee		_	Mo	DAY	YEAR		
						\$	
Mailing Address			МС		YEAR	\$	
City	State	Zip Code (Plus 4)	MC	DAY	YEAR	\$	
Full Name of Contributing Committee		· · · · · · · · · · · · · · · · · · ·	MC	DAY	YEAR	\$	
Mailing Address		4	MC	DAY	YEAR.	\$	
City	State	Zip Code (Plus 4)	M	DAY	YEAR	\$	
		PAGE TOTAL					
Enter Grand Total of Part C on Sci	hedule l	, Detailed Summ	nary Pag	je, Secti	on 3.	\$	

PART D **ALL OTHER CONTRIBUTIONS**

PAGE _____OF ____

Reporting Period

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			1	porting F		
1 call of Seans	500)		From		To
				DATE		AMOUNT
Full Name of Contributor			Mo.	Z4	YEAR**	\$ 1500
Mailing Address City Single Single		441184-78-7	MO.	DAY	YEAR	<u> </u>
765 Repeter File		7.000	1			*
simble s	C A	Zip Code (Plus 4) 【タンフー	MO.	DAY	YEAR	\$
Employer Name	7		Occupatio	າດ 1		
Employer Mailing Address Principal Place of Business	7					
Employer Mailing Address/Principal Place of Business	1-	. PA 194.	54			
Full Name of Contributor	200	~ 11/1 1/1/C	MO.	DAY	YEAR:	\$
					VEX	
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
					<u> </u>	\$
Employer Name			Occupation	J11		
Employer Mailing Address/Principal Place of Business						
				b %=		
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO	DAY.	YEAR	
				<u></u>	<u> </u>	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupation	on		
· .	1000					
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	DAY	YEAR	e
			140	DAY	YEAR	\$
Mailing Address			MO.	UAY	- FAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			Occupati	ion		
Employer Name			Jecupat	. 411		
Employer Mailing Address/Principal Place of Business						
			 	<u>,</u>	T	
Full Name of Contributor	_	_	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
**************************************	State	Zip Code (Pius 4)	MO.	DAY	YEAR	
City	State		MU.			\$
Employer Name			Occupat	ion		
Employer Mailing Address/Principal Place of Business					. ,	
Comproyer meaning Addressifting that Trace of business						
The Constituted of Data Data Data	ula !	Datailed Surre	IV Page	Santi)n ?	PAGE TOTAL
Enter Grand Total of Part D on Schede	ule I,	Detailed 20mms	ary rage,	, Secile	UII J.	\$ 1000

DSEB-502 (7-99)

PART E OTHER RECEIPTS

PAGE	OF	

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.

If Name In the part of the second of the se	ame of Filing Committee or Candidate				From		To
State Zip Code (Plus 4) MO. DAY YEAR AMOUNT State Zip Code (Plus 4) MO. DAY YEAR AMOUNT State Zip Code (Plus 4) MO. DAY YEAR AMOUNT State Zip Code (Plus 4) MO. DAY YEAR AMOUNT State Zip Code (Plus 4) MO. DAY YEAR AMOUNT State Zip Code (Plus 4) MO. DAY YEAR AMOUNT State Zip Code (Plus 4) MO. DAY YEAR AMOUNT State Zip Code (Plus 4) MO. DAY YEAR AMOUNT State Zip Code (Plus 4) MO. DAY YEAR AMOUNT State Zip Code (Plus 4) MO. DAY YEAR AMOUNT State Zip Code (Plus 4) MO. DAY YEAR AMOUNT State Zip Code (Plus 4) MO. DAY YEAR AMOUNT State Zip Code (Plus 4) MO. DAY YEAR AMOUNT State Zip Code (Plus 4) MO. DAY YEAR AMOUNT State Zip Code (Plus 4) MO. DAY YEAR AMOUNT STATE Zip Code (Plus 4	1 Name						
State Zip Code (Plus 4) MO. DAY YEAR AMOUNT State Zip Code (Plus 4) MO. DAY YEAR AMOUNT Script Description If Name State Zip Code (Plus 4) MO. DAY YEAR AMOUNT Script Description If Name State Zip Code (Plus 4) MO. DAY YEAR AMOUNT Script Description If Name State Zip Code (Plus 4) MO. DAY YEAR AMOUNT Script Description If Name State Zip Code (Plus 4) MO. DAY YEAR AMOUNT Script Description If Name State Zip Code (Plus 4) MO. DAY YEAR AMOUNT Script Description If Name State Zip Code (Plus 4) MO. DAY YEAR AMOUNT Script Description If Name State Zip Code (Plus 4) MO. DAY YEAR AMOUNT Script Description If Name State Zip Code (Plus 4) MO. DAY YEAR AMOUNT Script Description If Name Script Description If Name State Zip Code (Plus 4) MO. DAY YEAR AMOUNT Script Description If Name Script Descript Description If Name Scrip							
Secret Description If Name Ailing Address TY State Zip Code (Plus 4) MO. DAY YEAR. Amount State Zip Code (Plus 4) MO. DAY YEAR. Amount Secret Description Jil Name Ailing Address TY State Zip Code (Plus 4) MO. DAY YEAR. Amount Secret Description Jil Name Latting Address Lity State Zip Code (Plus 4) MO. DAY YEAR. Amount S Amount Amount Amount Amo	iiling Address					_	
Il Name Atting Address Attin	ty	State		MO.	DAY	YEAR	
It Name State Zip Code (Plus 4) MO. DAY YEAR Amount \$ State Zip Code (ceipt Description			<u> </u>			
State Zip Code (Plus 4) MO. DAY YEAR AMOUNT STATE Zip Code (Plus 4) MO. DAY YEAR AMOUNT STATE Zip Code (Plus	II Name						
steeling Description III Name III	siling Address						
receipt Description iiii Name ailing Address Ity State Zip Code (Plus 4) MQ, DAY, YEAR Amount \$ secript Description Iii Name latting Address Ity State Zip Code (Plus 4) MQ, DAY YEAR Amount \$ secript Description Uli Name latting Address Ity State Zip Code (Plus 4) MQ, DAY YEAR Amount \$ secript Description Uli Name latting Address Ity State Zip Code (Plus 4) MQ, DAY YEAR Amount \$ secript Description ull Name Mailing Address State Zip Code (Plus 4) MQ, DAY YEAR Amount \$ secript Description ull Name Mailing Address Sity State Zip Code (Plus 4) MQ, DAY YEAR Amount \$ secript Description PAGE TOTAL	A.4.	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
siting Address State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seeipt Description Jil Name Italing Address Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seeipt Description Jil Name State Zip Code (Plus 4) MO. DAY YEAR Amount \$ seeipt Description Jil Name State Zip Code (Plus 4) MO. DAY YEAR Amount \$ State Zip Code (Plus 4) MO. DAY YEAR Am							\$
State Zip Code (Plus 4) MO. DAY YEAR Amount \$ sceipt Description UI Name Ity State Zip Code (Plus 4) MO. DAY YEAR Amount \$ secept Description UI Name Aniling Address State Zip Code (Plus 4) MO. DAY YEAR Amount \$ secept Description UII Name Mailing Address State Zip Code (Plus 4) MO. DAY YEAR Amount \$ secept Description UII Name Wailing Address State Zip Code (Plus 4) MO. DAY YEAR Amount \$ secept Description Figure State Zip Code (Plus 4) MO. DAY YEAR Amount \$ secept Description Figure State Zip Code (Plus 4) MO. DAY YEAR Amount \$ secept Description FAGE TOTAL	eceipt Description						
State Zip Code (Plus 4) MQ. DAY YEAR Amount \$ secript Description DIT Name Italing Address ity State Zip Code (Plus 4) MQ. DAY YEAR Amount \$ secript Description UII Name Asiling Address State Zip Code (Plus 4) MQ. DAY YEAR Amount \$ secript Description UII Name Mailing Address State Zip Code (Plus 4) MQ. DAY YEAR Amount \$ secript Description UII Name Mailing Address State Zip Code (Plus 4) MQ. DAY YEAR Amount \$ secript Description UII Name Mailing Address State Zip Code (Plus 4) MQ. DAY YEAR Amount \$ secript Description PAGE TOTAL	ill Name						
seceipt Description Will Name Introduction State Zip Code (Pius 4) MO. DAY YEAR Amount \$ State Zip Code (Pius 4) MO	ailing Address						
Island Address Ity State Zip Code (Plus 4) MG. DAY YEAR AMOUNT seceipt Description Will Name Itity State Zip Code (Plus 4) MG. DAY YEAR Amount state Zi	ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Ity State Zip Code (Plus 4) MO. DAY YEAR AMOUNT \$ leceipt Description Ull Name Aniling Address State Zip Code (Plus 4) MO. DAY YEAR Amount \$ Leceipt Description State Zip Code (Plus 4) MO. DAY YEAR Amount \$ Leceipt Description State Zip Code (Plus 4) MO. DAY YEAR Amount \$ Leceipt Description Full Name Mailing Address City State Zip Code (Plus 4) MO. DAY YEAR Amount \$ Leceipt Description PAGE TOTAL	eceipt Description	!		_l		1	
State Zip Code (Plus 4) MO. DAY YEAR AMOUNT \$ Code (Plus 4) Mo. DAY YEAR AMOUNT Code (Plus 4) Mo.	ull Name			,			
Receipt Description City	Nailing Address	 					
Address State Zip Code (Plus 4) MO. DAY YEAR: Amount \$ Seccipt Description Fill Name Mailing Address City State Zip Code (Plus 4) MO. DAY YEAR: Amount \$ State Description Fill Name Mailing Address City State Zip Code (Plus 4) MO. DAY YEAR Amount \$ PAGE TOTAL	ity	State		MO.	DAY	YEAR	
Asiling Address State Zip Code (Plus 4) MO. DAY YEAR Amount \$ Secrept Description Wailing Address City State Zip Code (Plus 4) MO. DAY YEAR Amount \$ State Zip Code (Plus 4) MO. DAY YEAR Amount \$ Secrept Description PAGE TOTAL	leceipt Description			.1			<u></u>
State Zip Code (Plus 4) MO. DAY YEAR Amount \$ Receipt Description Walling Address City State Zip Code (Plus 4) MO. DAY YEAR Amount \$ Receipt Description PAGE TOTAL	uli Name						
State Zip Code (Plus 4) City State Zip Code (Plus 4) Receipt Description PAGE TOTAL	Mailing Address		And the second s	4-2			44.
Mailing Address City State Zip Code (Plus 4) MO. DAY YEAR Amount \$ Receipt Description PAGE TOTAL	lity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
City State Zip Code (Plus 4) MO. DAY YEAR Amount \$	Receipt Description			_1			<u> </u>
City State Zip Code (Plus 4) MO. DAY YEAR Amount \$	Full Name						
Receipt Description PAGE TOTAL	Mailing Address					<u> </u>	
PAGE TOTAL	City	State		MO.	DAY	YEAR	
PAGE TOTAL	Receipt Description		_		<u> </u>		1.3
							DAGE TOTAL
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.						_	\$

SCHEDULE II

PAGE ____OF__

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	Reportin	eporting Period				
	From		То			
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVE	ED - VALUE OF \$50.00	OR LES	S PER CONTRIBUTOR			
TOTAL for the	ne Reporting Period	(1) \$				
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE	OF \$50.01 TO \$250.00 (FROM P	ART F)			
TOTAL for the	ne Reporting Period	(2) \$				
3. IN-KIND CONTRIBUTION RECEIVED - VALUE C	OVER \$250.00 (FROM PA	RT G)				
TOTAL for the	ne Reporting Period	(3) \$				
VALUE OF IN VAID CONTRIBUTIONS DUE	nia mita	T				
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DUR REPORTING PERIOD (Add and enter amount totals		\$	•			
and 3; also enter on Page 1, Report Cover Page, I	tem F.)	1				

AGE	OF

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate				Reporting Period				
				From		То		
				DATE		AMOUNT		
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address		a. I. Jahlung mpyy-tan	MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Description of Contribution:								
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			·MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Description of Contribution:					· · · · · · · · · · · · · · · · · · ·			
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4) —	мо.	DAY	YEAR	\$		
Description of Contribution:								
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$		
Description of Contribution:								
Full Name of Contributor			MO.	DAY.	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$		
Description of Contribution:								
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MO	DAY	YEAR	\$		
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR ,	\$		
Description of Contribution:								
Enter Grand Total of Part F on Schee Summary Page, Section 2.	dule i	l, In-Kind Contribu	tions D	etailed		PAGE TOTAL		
Committee i ago, Cootton &								

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

PAGE		OF		
------	--	----	--	--

VALUE OVER \$250.00

ame of Filing Committee or Candidate				eporting i					
				From To					
				DATE		AMOUNT			
ull Name of Contributor			MO.	DAY	YEAR	\$			
lailing Addrace			MO.	DAY	YEAR				
failing Address						\$			
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
mplayer of Contributor			Occupation						
mployer of Contributor									
mployer Mailing Address/Principal Place of Busine	ss		Descripti	ion of Con	tribution	14-7-1-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
			No.	549	VEAR.				
ull Name of Contributor			MO	DAY	YEAR	\$			
Tailing Address			MO.	DAY	YEAR	\$			
			MO.	DAY	YEAR				
ity	State	Zip Code (Plus 4) —	MO.	LAT	1500	\$			
Emplayer of Contributor			Occupat	ion	<u> </u>				
				Description of Contribution					
mployer Mailing Address/Principal Place of Busine	ess		Descript	TOR OF COL	TO TOUCHOIL				
ull Name of Contributor			MO.	DAY	YEAR	\$			
THE MANUE OF COURT PORCE.						•			
Nailing Address			MO.	DAY	YEAR	\$			
lity	State	Zip Code (Plus 4)	MO.	DAY	YEAR				
,		_				\$			
mplayer of Contributor			Occupation						
Employer Mailing Address/Principal Place of Busine	ess		Description of Contribution						
minoyer maining Address/Frincipal Frace of Dostin									
full Name of Contributor			MO.	DAY	YEAR	\$			
			iMo.	DAY	YEAR				
Maifing Address			177	1 77		\$			
city	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$			
		- A A A A A A A A A A A A A A A A A A A	Occupa	l tion					
Employer of Contributor									
Employer Mailing Address/Principal Place of Busin	ess		Descrip	ition of Co	ontribution				
				The same	1. View 4 per 10				
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address			MO.	DAY	YEAR	s			
				1 500	YEAR	*			
City	State	Zip Code (Plus 4) —	- MO.	DAY	1EAR	\$			
Employer of Contributor			Occupa	stion					
					antribusis-				
Employer Mailing Address/Principal Place of Busin	ness		Descri	Description of Contribution					
	<u> </u>		<u> </u>			PAGE TOTAL			
Enter Grand Total of Part G on So					_	_			

DSEB-502 (7-99)

SCHEDULE III

PAGE ______ OF _____

STATEMENT OF EXPENDITURES

ame of Filing Committee or Candidate				orting P			
Fred, of Jeans	- A		Į F	rom <u>1</u>	1/10	_ TO 12/31/re	
1 1 2 3 3 5 5	- 						
Whom Paid AO COC			MO.	DAY	YEAR	Amount,	
Whom Paid M COC			Description of Expenditure				
21 Eur Any St			,	(grt	NGU	Kan	
tv	State	Zip Code (Plus 4)					
Morripour	GA	19401					
Whom Paid	<u></u>		мо.	DAY	YEAR /	\$ 50	
Coloned Democrations	سد م	Men	Z Descriptio	n of Expe	nditure	\$ 00	
731. Wither lane			6	non	ha		
136 Wisters Care (whough this	State	Zip Code (Plus 4)					
Cupante 1/11	11.79	19999				Amount	
Whom Paid			мо.	DAY	YEAR	\$ 750	
ailing Address				n of Expe			
21 Ear Any			6	AL	sife		
Norristan	State	Zip Code (Plus 4)	"	•			
	10/1	19404	Mo.	DAY	YEAR	Amount	
Whom Paid			10	/	16	\$ 1500	
siling Address			Description	on of Expe		`	
Or Pill Alay		T = 1	(ect	76-16	23	
Meros tom	State	Zip Code (Plus 4)					
	V (*)	, ,	мо.	DÀY	YEAR	Amount	
o Whom Paid						\$	
ailing Address			Descripti	on of Exp	enditure		
	State	Zip Code (Plus 4)	 				
ty	3.6.0	-					
o Whom Paid			MO.	DAY	YEAR	Amount	
						\$	
ailing Address			Descripti	on of Exp	enaiture		
ity	State	Zip Code (Plus 4)					
,		_					
o Whom Paid			MO.	DAY	YEAR	Amount	
			Descript	ion of Exp	enditure	\$	
ailing Address							
iity	State	Zip Code (Plus 4)					
						Lamount	
o Whom Paid			MO.	DAY	YEAR.	Amount \$	
Mailing Address			Descript	ion of Ex	penditura	Υ	
watering , and one						and the second s	
City	State	Zip Cods (Plus 4)					
						PAGE TOTAL	
				_		PAGE TOTAL	
Enter Grand Total of Expenditures on	Page 1,	Report Cover	Page, It	em D.		\$ 3300	

STATEMENT OF UNPAID DEBTS

Use this Section to Itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

me of Filing Committee or Candidate			orting Pe		TO 19 61/16
Fred, of Jeans Son	<u> </u>				
ne of Creditor					Outstanding Balance of Debt \$ 2500
siling Address 76 S. Ripherer /116	DATE DEBT INCURRED		DAY 1 ip Code (P		
Amble			100		
scription of Debt 10 m to carpaign					Outstanding Balance of Debt
sme of Creditor	DATE	I MO.	DAY :		\$ 1500
escription of Debt 10 an to carpaign me of Creditor Jeans Sen Jos Sague her Cilke ity 1	DEBT INCURRED		24 Zip Code (F		
Misle		PAI	9000		
10m trapaign					Outstanding Balance of Deb
lame of Creditor	DATE	MO.	DAY [YEAR	\$ ////////////////////////////////////
Abiling Address	DEBT INCURRED		Zip Code (Plus 4)	
Description of Debt					
					Outstanding Balance of Deb
Name of Creditor	DATE	MO.	DAY	YEAR	\$
Mailing Address	DEBT	State	Zip Code		
City Description of Debt			-		
					Outstanding Balance of De
Name of Creditor	DATE	Mo.	DAY	YEAR	\$
Mailing Address	DEBT	State	Zip Code	(Plus 4)	
No. 1 1981 1981 1981 1981 1981 1981 1981 1					The first of the first of the second of the first
City					
Description of Debt				•	Outstanding Balance of De
			_	Lyean	Outstanding Balance of De
Description of Debt Name of Creditor Mailing Address	DATE DEBT INCURRED	MO.	DAY Zip Code	YEAR	
Description of Debt Name of Creditor Mailing Address City	DEBT				s
Description of Debt Name of Creditor Mailing Address	DEBT				s