

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

PAGE 1 OF

(COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:

Name of Filing Committee, Candidate or Lobbyist: Friends of Teanne Jorg

Report Filed By: CANDIDATE COMMITTEE LOBBYIST

Street Address: 765 Bettleman Pike

City: Ambler

State: PA **Zip Code:** 19002

TYPE OF REPORT <small>(place X to the right of report type)</small>	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR	2016	FILING METHOD () CHECK ONE		PAPER		DISKETTE

Name of Office Sought by Candidate: Recorder of Deeds

DATE OF ELECTION
 MO. DAY YEAR

District Number: **Office Code:** **Party Code:** **County Code:**

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:

	MO.	DAY	YEAR	To	MO.	DAY	YEAR	
A. Amount Brought Forward From Last Report	1	1	16		12	31	16	
B. Total Monetary Contributions and Receipts (From Schedule I)								\$ 2721.43
C. Total Funds Available (Sum of Lines A and B)								\$ 1500.00
D. Total Expenditures (From Schedule III)								\$ 4221.43
E. Ending Cash Balance (Subtract Line D from Line C)								\$ 3300.00
F. Value of In-Kind Contributions Received (From Schedule II)								\$ 921.43
G. Unpaid Debts and Obligations (From Schedule IV)								\$ 0
								\$ 4000

FOR OFFICE USE ONLY

RECEIVED

OFFICE OF
 VOTER SERVICES
 MONTG. CO. PA

2017 JAN 31 PM 3:47

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 31st day of January 2017

Diana DiStasio
 Signature of Person Submitting Report
 Diana DiStasio
 Printed Name
 215
 Area Code 290-5151
 Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 THOMAS JOSEPH KOHLER, Notary Public
 Upper Merion Twp., Montgomery County
 My Commission Expires August 5, 2017

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 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this 31st day of January 2017

Teanne Jorg
 Signature of Candidate
 Teanne Jorg
 Printed Name
 415
 Area Code 210-9500
 Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 THOMAS JOSEPH KOHLER, Notary Public
 Upper Merion Twp., Montgomery County
 My Commission Expires August 5, 2017

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Fred & Glenn Song</i>	Reporting Period From <i>1/1/14</i> To <i>12/31/14</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
	TOTAL for the Reporting Period	(1) \$ <i>0</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$ <i>0</i>
All Other Contributions (Part B)		\$ <i>0</i>
	TOTAL for the Reporting Period	(2) \$ <i>0</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ <i>0</i>
All Other Contributions (Part D)		\$ <i>1500</i>
	TOTAL for the Reporting Period	(3) \$ <i>1500</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
	TOTAL for the Reporting Period	(4) \$ <i>0</i>

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ <i>1500</i>
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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	Reporting Period From _____ To _____
---------------------------------------	---

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

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

PAGE TOTAL
\$

PART B 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	Reporting Period From _____ To _____
---------------------------------------	---

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

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

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
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$

PAGE TOTAL	\$
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Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

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 <i>Recall of Seamus Son</i>	Reporting Period From _____ To _____
--	---

				DATE			AMOUNT
Full Name of Contributor <i>Seamus Son</i>				MO.	DAY	YEAR	\$ <i>1500</i>
Mailing Address <i>765 Reardon Pike</i>				MO.	DAY	YEAR	\$
City <i>Amble</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19002</i>		MO.	DAY	YEAR	\$
Employer Name <i>Northampton County</i>				Occupation			
Employer Mailing Address/Principal Place of Business <i>Po Box 311 Northampton PA 19904</i>							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
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			
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			
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			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

\$ *1500*

PART E OTHER RECEIPTS

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	Reporting Period From _____ To _____
---------------------------------------	---

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$

Receipt Description

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$

Receipt Description

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$

Receipt Description

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$

Receipt Description

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$

Receipt Description

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$

Receipt Description

PAGE TOTAL \$

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

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 From _____ To _____
---------------------------------------	---

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$
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**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

				DATE			AMOUNT
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:

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 Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

				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				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				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				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				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				Description of Contribution			

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

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate <i>Friends of Jeanne Song</i>	Reporting Period From <i>1/1/16</i> To <i>12/31/16</i>
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To Whom Paid <i>MCDC</i>	MO. <i>1</i>	DAY <i>31</i>	YEAR <i>16</i>	Amount <i>\$ 1000</i>
Mailing Address <i>21 East Arty St</i>				
Description of Expenditure <i>Contributions</i>				
City <i>Norristown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19401</i>		

To Whom Paid <i>Colonial Democratic Committee</i>	MO. <i>3</i>	DAY <i>31</i>	YEAR <i>16</i>	Amount <i>\$ 50</i>
Mailing Address <i>736 Wisteria Lane</i>				
Description of Expenditure <i>Contributions</i>				
City <i>Lafayette Hill</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19444</i>		

To Whom Paid <i>MCDC</i>	MO. <i>7</i>	DAY <i>8</i>	YEAR <i>16</i>	Amount <i>\$ 750</i>
Mailing Address <i>21 East Arty</i>				
Description of Expenditure <i>Contributions</i>				
City <i>Norristown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19401</i>		

To Whom Paid <i>MCDC</i>	MO. <i>10</i>	DAY <i>1</i>	YEAR <i>16</i>	Amount <i>\$ 1500</i>
Mailing Address <i>21 East Arty</i>				
Description of Expenditure <i>Contributions</i>				
City <i>Norristown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19401</i>		

To Whom Paid	MO.	DAY	YEAR	Amount <i>\$</i>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) <i>-</i>		

To Whom Paid	MO.	DAY	YEAR	Amount <i>\$</i>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) <i>-</i>		

To Whom Paid	MO.	DAY	YEAR	Amount <i>\$</i>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) <i>-</i>		

To Whom Paid	MO.	DAY	YEAR	Amount <i>\$</i>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) <i>-</i>		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL <i>\$ 3300</i>

**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 <i>Fred, Jr. Jeanne Song</i>					Reporting Period From <i>1/1/16</i> To <i>12/31/16</i>		
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Name of Creditor <i>Jeanne Song</i>					Outstanding Balance of Debt \$ <i>2500</i>		
Mailing Address <i>76 S. Rittenhouse Pike</i>		DATE DEBT INCURRED	MO. <i>9</i>	DAY <i>21</i>	YEAR <i>15</i>		
City <i>Amble</i>		State <i>PA</i>	Zip Code (Plus 4) <i>19002</i>				
Description of Debt <i>loan to campaign</i>							

Name of Creditor <i>Jeanne Song</i>					Outstanding Balance of Debt \$ <i>1500</i>		
Mailing Address <i>76 S. Rittenhouse Pike</i>		DATE DEBT INCURRED	MO. <i>9</i>	DAY <i>24</i>	YEAR <i>16</i>		
City <i>Amble</i>		State <i>PA</i>	Zip Code (Plus 4) <i>19002</i>				
Description of Debt <i>loan to campaign</i>							

Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR		
City		State	Zip Code (Plus 4)				
Description of Debt							

Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR		
City		State	Zip Code (Plus 4)				
Description of Debt							

Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR		
City		State	Zip Code (Plus 4)				
Description of Debt							

Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR		
City		State	Zip Code (Plus 4)				
Description of Debt							

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL

\$ *9000*