Commonwealth of Pennsylvania CAMPAIGN FINANCE REPORT

PAGE 1 OF 13 (COVER PAGE)

(NOTE: This report must be clear a			typed of print	.eu III	orde or stack i	nk.;				
Fifer Identification Number:	Report Filed By		CANDIDATE	۱,	COMMITTEE	2/	LOB	3YIST	3.	
Name of Filing Committee, Candidate or Lobbyist: FYICIA'S OF JOE GAL	1.			·		.1			t	
Street Address:	ســـــــــــــــــــــــــــــــــــــ			····		***				
628 Launfall Rd.										
Plymouth Meching			State: PA		Zip Code:	62-	•			
TYPE OF STH TUESDAY 1. 2ND FRI REPORT PRE-PRIMARY PRE-PRI		4 4 6	DAY ST PRIMARY	3,	AMENOMENT REPORT?	YES		NO		
8TH TUESDAY 4. 2ND FAI (place X to PRE-ELECTION PRE-ELE	.53	4	DAY ST ELECTION	6.	TERMINATION REPORT?	YES		No		
the right of report type ANNUAL 7 YEAR	6		G METHOD		PARER	/	DISK	ENTE		
Name of Office Sought by Candidate:			ATE OF ELEC	TION	District Offic		Party	Cou	unty	
Montgomery County Commission	D000	M	DAY YE	AR.	Number Code	1 ~	code Rep	1	ode	
Minigority wenty commission	NO		1 20	19	OT /		TIONS		46	
ara Laure	Veac 1	F.			FOR OF			_		
Summary of Receipts and Expenditures from:	VEAR OIL T	0 6	31 20							
A. Amount Brought Forward From Last Report	\$	ä	1144.	19		~~	201		ĺ	
B. Total Monetary Contributions and Receipts (From Sc	:hedule I) \$	9	7 500 . 0	70	3	9_	Ţ	7	,	
C. Total Funds Available (Sum of Lines A and B)	\$	ત્ર	9 644	19	11 <u>7</u>		1017 JAN 30		Ī	
D. Total Expenditures (From Schedule III)	\$		1194	18	AR CEIVEL MW 30 AM I Office of Office of the Office of the					
E. Ending Cash Balance (Subtract Line D from Line C)	\$	25	1450	0/		20 50	33			
F. Value of In-Kind Contributions Received (From Scho	edule II) \$	10	00.0	0	70 c					
G. Unpaid Debts and Obligations (From Schedule IV)	\$		00.0			,,	သွ			
	AFFIDAVIT	SECTIO								
PART I - If this is a Committee report, treasurer sign	n here. If th	is is a (Candidate repo							
I swear (or affirm) that this report, including the atteched sche correct and complete, $% \left(1\right) =\left\{ 1\right\} =\left\{$	edules, on pape	ar or comp	outer diskette, ar	e to the	best of my kno	wiedge	and be	lief tru	ue,	
Sworn to and subscribed before me this	_		11.	0/	1					
30 day of January 2	10]		fath		8					
Muchim neh	Į	. (harles	TO !	Person Submittin	g Repor	t			
COMMONWEALTH OF PENNSYLVANIA		PLANT MARKET	· // // / / / /	Pr	inted Name					
NOTARIAL SEAL MO. DAY YR.			Acea Code	-	249-	91	16			
Hoters Autol Son					ouy (iiii b	ere prior	ie Num	oer -		
Candidate's Authori						. 12/13/1 E 18	17.1	Transport	-1 -1 -3 -2-	
wiscential minimum to the best of my knowledge and belied to the control of the best of the control of the cont	it this politica	l committ	se has not viola	ted any	provisions of the	Act o	fJune	3, 1937	7	
Swarn to and subscribed before me this		i	// /		g M	/)			1	
OU day of January 2	·17]		- Juseph		Tal					
January Melson	}		Incen	Signatu	O Frila	_				
Signature			1100	Pr	nted Name	<u> </u>	• 3		_ [
MYCOMMACHWENT OF PENNSYLLANG & 10 20 NOTABLAL SEAL MID: DAY YR.			484 Area Code	•	741- Daytime T	alephor	e Numt	oer		
JENNIFER M NELSON										
Notary Public EST Conshonocken Bord, Montagniam/Centy of State	reau of Cor	nmissio	ns, Elections a	ind Le	gislation					

SCHEDULE 1

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Friends of Joe Gule	From 11/28/2016 To 12/31/2016
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$8	50.00 OR LESS PER CONTRIBUTOR
TOTAL for the R	eporting Period (1) \$ 00. 6
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART	A AND PART B)
Contributions Received from Political Committees (Part A	The second secon
All Other Contributions (Part B)	\$
TOTAL for the Re	eporting Period (2) \$
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AN Contributions Received from Political Committees (Part C	
All Other Contributions (Part D)	\$ 2500.00
TOTAL for the Re	eporting Period (3) \$ 2500.
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED,	· · · · · · · · · · · · · · · · · · ·
TOTAL for the Re	eporting Period (4) \$ 00.
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DE THIS REPORTING PERIOD (Add and enter amount totals Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Cover Page, Item B.)	from

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.

Mo. DAY YEAR S New part	Name of Filing Committee or Candidate	1		F	Reporting	Period	
DATE MADUNT MAD	Mends of	che	Gale		From _	11/28/	2016 TO D/31/2016
Moling Address					DATE		AMOUNT
MO				MO.	DAY	YEAR	
State	Mailing Address	*****	·	MO.	DAY	YEAR	
Name of Contributing Committee	City	State	Zin Code (Plus 4)				\$
Mg			-	MO.	DAY	YEAR	\$
MO	Full Name of Contributing Committee			MO.	DAY	YEAR	
State Zip Code (Plus 4)	Mailing Address						\$
MO. DAY YEAR S MO. DAY YEA				MO.	DAY	YEAR	
In Name of Contributing Committee MO. DAY VEAR S State Zip Code (Plus 4) MO. DAY VEAR S Sailing Address MO. DAY VEAR S MO	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
State Zip Code (Plus 4) MO. DAY YEAR S	Full Name of Cartification						\$
No. DAY YEAR S				MO.	DAY	YEAR	s
	Mailing Address			MO.	DAY	YEAR	
All Name of Contributing Committee MO. DAY YEAR State Zip Code (Plus 4) MO. DAY YEAR Saling Address MO. DAY YEAR Saling	City	State	Zin Codo /Plum 4				\$
MO. DAY YEAR S		5.0.0	LIP CODE (Figs 4)	MO.	DAY	YEAR	s
State Zip Code (Plus 4) MO. DAY YEAR S	Full Name of Contributing Committee			MO.	DAY	YEAR	
State Zip Code (Plus 4) MO. DAY YEAR S	Mailing Address						\$
State Zip Code (Plus 4) MO. DAY YEAR S				MO.	OAY	YEAR	\$
MO. DAY YEAR S NO. DAY YEAR S	City	State	Zip Code (Flus 4)	MO.	DAY	YEAR.	
State Zip Code (Plus 4) MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Name of Contributing Committee MO. DAY YEAR \$ If Nam			_				\$
AMO. DAY YEAR Size Zip Code (Plus 4) MO. DAY YEAR S If Name of Contributing Committee MO. DAY YEAR S MO. DAY YEAR S If Name of Contributing Committee MO. DAY YEAR S If Name of Contributing Committee MO. DAY YEAR S If Name of Contributing Committee MO. DAY YEAR S If Name of Contributing Committee MO. DAY YEAR S If Name of Contributing Committee MO. DAY YEAR S If Name of Contributing Committee MO. DAY YEAR S If Name of Contributing Committee MO. DAY YEAR S If Name of Contributing Committee MO. DAY YEAR S If Name of Contributing Committee MO. DAY YEAR S If Name of Contributing Committee MO. DAY YEAR S If Name of Contributing Committee MO. DAY YEAR S If Name of Contributing Committee MO. DAY YEAR S If Name of Contributing Committee MO. DAY YEAR S If Name of Contributing Committee MO. DAY YEAR S If Name of Contributing Committee MO. DAY YEAR S If Name of Contributing Committee	uii Name of Contributing Committee			Mo.	DAY	YEAR	s
State Zip Code (Plus 4) MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contributing Committee MO. DAY YEAR \$ III Name of Contr	Mailing Address			MO.	DAY	YEAR	
If Name of Contributing Committee MO DAY YEAR S	City	1 8					\$
Il Name of Contributing Committee MO. DAY YEAR \$ MQ. DAY YEAR \$ Ity State Zip Code (Plus 4) MO. DAY YEAR \$ Ill Name of Contributing Committee MO. DAY YEAR \$ Ill Name of Contributing Committee MO. DAY YEAR \$ Ith Name of Contributing Committee MO. DAY YEAR \$ Ith Name of Contributing Committee MO. DAY YEAR \$ Ith Name of Contributing Committee MO. DAY YEAR \$ Ith Name of Contributing Committee MO. DAY YEAR \$ Ith Name of Contributing Committee MO. DAY YEAR \$ Ith Name of Contributing Committee MO. DAY YEAR \$ Ith Name of Contributing Committee MO. DAY YEAR \$ Ith Name of Contributing Committee MO. DAY YEAR \$ Ith Name of Contributing Committee MO. DAY YEAR \$ Ith Name of Contributing Committee MO. DAY YEAR \$ Ith Name of Contributing Committee	,	State	Zip Code (Pius 4)	MO.	DAY	YEAR	æ
State Zip Code (Plus 4) MO. DAY YEAR STATE STATE MO. DAY YEAR STATE STATE MO. DAY YEAR STATE STATE MO. DAY YEAR STATE MO. DAY YEAR STATE MO. DAY YEAR STATE MO. DAY YEAR STATE STATE MO. DAY YEAR STATE STATE MO. DAY YEAR STATE ST	ull Name of Contributing Committee			Mo.	DAY	YEAR	y
MQ. DAY YEAR \$ If y	Mailing Address						\$
State Zip Code (Plus 4) MO. DAY YEAR Selling Address	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			MO.	DAY	YEAR	\$
Name of Contributing Committee MO: DAY YEAR S	ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	-
State Zip Code (Plus 4) MO. DAY YEAR S If Name of Contributing Committee MC. DAY. YEAR If Ing Address MO. DAY YEAR			-				\$
State Zip Code (Plus 4) MO. DAY YEAR \$ It Name of Contributing Committee MC. DAY. YEAR \$ It ling Address MO. DAY. YEAR \$ It ling Address MO. DAY. YEAR \$ It ling Address MO. DAY YEAR \$ It line Address MO. DAY YEAR \$ I	ull Name of Contributing Committee			MO.	DAY	YEAR	\$
State Zip Code (Plus 4) MQ. DAY YEAR \$ It Name of Contributing Committee MQ. DAY YEAR \$ It ling Address MQ. DAY YEAR \$ Y State Zip Code (Plus 4) MQ. DAY YEAR \$ PAGE TOTAL	failing Address			MO.	DAY	YEAR	
Name of Contributing Committee MO. DAY YEAR S WO. DAY YEAR S V S V S V S V S V S V S V S V S V S S	ity	10					\$
Name of Contributing Committee MC. DAY YEAR Selling Address MO. DAY YEAR S Y State Zip Code (Plus 4) MO. DAY YEAR S PAGE TOTAL		State	rip Code (Plus 4)	MO.	DAY	YEAR	\$
y State Zip Code (Plus 4) MO. DAY YEAR \$	ul) Name of Contributing Committee			MC.	DAY	YEAR.	~
y State Zip Code (Plus 4) MO. DAY YEAR \$	a:ling Address						\$
MO. DAY YEAR \$				MO.	DAY	YEAR	\$
PACE TOTAL	ty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
nter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							
\$ MO	nter Grand Total of Part A on Sc	hedule i	Detailed Summer	v Paga 4	Saatia-	,	PAGE TOTAL
			Peraner Sulling	y rage, :	Section	· Z.	\$ 00.

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	1		1	Reporting		3 1
Friends of The	Gal	le_		From _	11/28/24	OIL TO 12/31/2016
				DATE		AMOUNT
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	للسلم	1	MO.	DAY	- VEAR	\$
	_		1810.	<u> </u>	YEAR	\$
Mailing Address	<u>,</u>		MO.	DAY	YEAR .	_
City	T C+a+B	- C-4- (Dine A)			<u> </u>	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	s
Full Name of Contributor			MO.	DAY	YEAR	
					Thous	\$
Mailing Address	***************************************		MO.	DAY	YEAR.	\$
City	1e	- A-4- (B) ar A)				3
Chy	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	33
				+ 20,-	YEAR	\$
Mailing Address		JAMES AND ST.	MO.	DAY	YEAR	<u> </u>
Сэту	State	Zip Code (Plus 4)			/	\$
] ""]	-	MO.	DAY	YEAR	\$
Full Name of Contributor	4		MO.	DAY	YEAR	
					<u>'</u>	\$
Mailing Address			мо.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		1	<u> </u>	7
1	3.0	Alp Code ii rus -,	MO.	DAY	YEAR	\$
Full Name of Contributor	نبب		MO	DAY	YEAR	
						\$
Mailing Address			MO	DAY	YEAR	\$
Сіту	State	Zip Code (Plus 4)	MO.	DAY	VEAR	
				1	YEAR	\$
Full Name of Contributor			MO.	DAY	- YEAR	
Mailing Address						\$
i Midning Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		***		'		\$
Full Name of Contributor			мо.	DAY	YEAR	
Mailing Address			1	I		\$
A STATE OF THE STA			MO.	DAY	YEAR	\$
Сіту	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		<u> </u>		<u> </u>		\$
						PAGE TOTAL
Enter Grand Total of Part B on School	Jule I,	Detailed Summar	y Page,	Section	n 2.	\$ 00,00
					•	

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.)

Inends o	of Joe Go	all	13	From _	11/28/)	2016 TO 12/31/2016
				DATE		AMOUNT
Full Name of Contributor			- мо.			
Mailing Address			Mo.	DAY	YEAR	
City	State	Zip Code (Plus 4)				\$
City		Zip Code wide	MO.	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			MO.	DAY	YEAR	
Mailing Address						\$
Mailing Aggress			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_	'ـــــــــــــــــــــــــــــــــــــ			\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			. MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	3
			······································	<u> </u>	VEAN.	\$
Full Name of Contributor			мо.	DAY	YEAR	\$
Mailing Address			. MO.	DAY	YEAR	
City						\$
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)	мо.	DAY	YEAR	
Full Name of Contributor			MO.	DAY	VEAR	\$
					YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo	DAY	YEAR	
The second secon						\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	>
					YEAR	\$
						PAGE TOTAL
Enter Grand Total of Part B	on Schedule I, I	Detailed Summar	y Page,	Section	n 2.	\$ 00.00

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.

Waste of Fining Committee of Calididate		^	'	Reporting	renou	Λ
Friends of Joe	<u>' </u>	rale		From 🗘	138/20	16 To Dec. 31, 2016
				DATE		AMOUNT
Full Name of Contributing Committee		10	MO.	DAY		است ماس
Full Name of Contributing Committee LUIS Gould For Commiss Mailing Address	sione	r Committee	12	78	2016	\$ 2500,00
935 Crestmont Re	<u>'</u> . لا		MO.	DAY	YEAR	\$
935 Crestmont Ro Bryn Maux	State	Zip Code (Plus 4) 190 10 -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		110.	MO.	DAY	YEAR	
				1	 	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	s
Full Name of Contributing Committee			+	+ 24	1	
			MO.	DAY	YEAR	\$
Mailing Address			мо.	DAY	YEAR	
City	State	Zíp Code (Plus 4)	<u> </u>	<u> </u>		S
City	3101-	AID CODE IFIGS -	M0.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address			140	 	<u> </u>	1 \$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO,	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
	<u></u>			+	1 YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-			7 5.71	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	•
Mailing Addross			HO.		Ve a B	\$
		!	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		_	<u> </u>		لسييسا	
		!	MO.	DATES	YEAR	\$
Mailing Address		1	MO.	DAY	YEAR	\$
C ty	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	
						\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	Stato	Zip Code (Plus 4)	MO.	DAY	YEAR	
			'			\$
						PAGE TOTAL
Enter Grand Total of Part C on Sche	dule I,	Detailed Summary	Page,	Section	1 3.	\$ 2500.00

ALL OTHER CONTRIBUTIONS

PAGE 7 OF 13

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 Milinds of	The	Gale	R	eporting from <u>la</u>	Period 1/18/de	DIS TO 12/31/2016
11111000	<u> </u>			DATE		AMOUNT
Full Name of Contributor			MO.		YEAR	\$
Mailing Address			- MQ.	DAY	YEAR_	\$
	State	Zip Code (Plus 4)		DAY	VEAR	
City	State	Lip Code (Flus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupation	on		
Employer Mailing Address/Principal Place of Business			1			
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	-
		y 192 W			111	\$
Employer Name			Occupation	on		
Employer Mailing Address/Principal Place of Business						

Full Name of Contributor			Мо	DAY	YEAR	\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	
		, /				\$
Employar Name			Occupation	on		
Employer Mailing Address/Principal Place of Business						
						
Fuli Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Employer Name			Occupati	ion		
Employer Mailing Address/Principal Place of Business			<u> </u>		·	
						
Full Name of Contributor			мо.	DAY	YEAR	\$
Mailing Address	<u> </u>		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO,	DAY	RABY	
						1 \$
Employer Name			Cecupati	100		
Employer Mailing Address/Principal Place of Business						
						PAGE TOTAL
Enter Grand Total of Part D on Sched	dule I,	Detailed Summar	ry Page,	Sectio	n 3.	PAGE TOTAL

DSEB-502 (7-99)

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 Cano	fidate 1	1.	Rep	orting Pe	riod	
mens	s of Joe 9	fale	F	rom _///	<u>22/2</u>	016 to 12/31/2016
	V					
Full Name					· ·	
Meiling Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
Receipt Description	<u></u>					\$
Full Name						
Mailing Address	*****		····			
C:ty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
Receipt Description	<u> </u>	_				\$
Full Name						
Mailing Address						
maning readings						
City	State	Zip Code (Plus 4)	MO.	DAY 1	YEAR	Amount
Receipt Description		_				\$
Accept Bescript on						
Full Name						
Mailing Address						
Morning Address						
City	State	Zip Code (Plus 41	MO.	DAY	/EAR	Amount
		_				\$
Receipt Description						
Full Name						
		W				
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	EAR	Amount
						\$
Receipt Description						
Full Name						
				• •		
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY Y	EAR	Amount
		_				\$
Receipt Description						
						PAGE TOTAL
Enter Grand Total of Part E	on Schodula I I	Datailed Summan	, Doco C	ti		\$ 00,00
Lines Grand (Otal O) FBIT C	. On Schedule I, I	Seraneo Samusti	, rage, S	ection 4	4.	• 00.

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	,		F	Reporting		_
-tnews of (In	2 (Tale		From _	1/28/20	016 TO 12/31/2016
To Whom Paid . CAC Dad -			MO.	DAY	YEAR	Amount
Maring Address			12	ZZ	2016	\$ 600.00
CBS Radio Mailing Address Was Market of Phila. To Whom Paid	\$		Descript	ION DI EXP	end (tere	
D(11	State	Zíp Code (Plus 4)				
Phila.	PH	19106 -				
To Whom Paid WAPV			MO.	DAY	YEAR	Amount 264.00
Mailing Address			Descript	on of Exp	enditure	\$ 264.00
PO BOX 1440						
Lansdale	PA	Zip Code (Plus 4) [9446 -				
To Whom Paid the Old Guard Hou		ア	MO.	DAY	YEAR	Amount
Mercing Address	110	1nn	Onscripti	on of Exp	enditure	s 330.18
			Cost in particular	0 0. Exp	enorque	
C:tv /	Sipe	Zip Code (Plus 4)				
Gladuyne	1/1	***	<u> </u>			
to whom Faid			MO.	DAY	YEAR	Amount S
Mailing Address			Descripti	on of Exp	enditure enditure	3
City	State	Zip Code (Plus 4)	 			
		-	1			
To Whom Paid	·		MO.	DAY	YEAR	Amount
Mailing Address						\$
waning Address			Descripti	on of Exp	enditure	
City	State	Zip Code (Plus 4)	 			
		_	1			
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Descripti	on of Expe	enditure	\$
			}			
City	State	Zip Code (Plus 4)				
To Whom Paid		-				
			MO.	DAY	YEAR	Amount \$
Mailing Address			Description	on of Expe	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YE AR	Amount
Mailing Address			Description	n of 5	a dia	\$
•			Description	on of Expe	mgituf#	
City	State	Zip Code (Plus 4)			·	
		_				
5-4 O J. T J. T	_					PAGE TOTAL
Enter Grand Total of Expenditures on Pag	ge 1, F	Report Cover Pa	age, Ite	m D.		\$ 1194.18

SCHEDULE II

PAGE 10 OF 13

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
Friends of The Gale	From 1108/016 To 12/31/2016
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED -	VALUE OF \$50.00 OR LESS PER CONTRIBUTOR
TOTAL for the Rep	porting Period (1) \$
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$1	50.01 TO \$250.00 (FROM PART F)
TOTAL for the Rep	porting Period (2) \$
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER S	\$250.00 (FROM PART G)
TOTAL for the Rep	And the state of the second
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING TO REPORTING PERIOD (Add and enter amount totals from B and 3; also enter on Page 1, Report Cover Page, Item F.	oxes 1, 2,

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

-Friends of The Gale		From L	1/28/20	016 to 12/31/2010
ull Name of Contributor			بسيست	
	- MO	DATE		AMOUNT
	MQ.	DAY	YEAR	\$
failing Address	MO.	DAY	YEAR	- \$
ity State Zip Code (Pius 4)	MO.	DAY	YEAR	
		2,,,,	7500	\$
escription of Contribution:	-		_ 	
ull Name of Contributor	MO.	DAY	T VSAB	7
	1.0.	UA,	YEAR	\$
ailing Address	MO.	DAY	YEAR	
ity State Zip Code (Plus 4)				\$
Zip 0000 ii ius 4/	MO.	DAY	YEAR	\$
escription of Contribution:		1	1	
oll Name of Contributor			<u> </u>	
The Marie of Contributor	MO.	DAY	YEAR	\$
Alling Address	Mo.	DAY	YEAR	
		75,	ISAD	\$
1y State Zip Code (Plus 4)	мо.	DAY	YEAR	
escription of Contribution:				\$
Il Name of Contributor	MO.	DAY	YEAR	
elling Address				\$
aning Address	MO.	DAY	YEAR	\$
State Zip Code (Plus 4)	MO.	DAY	VEAR	
_	MO.	DAT	YEAR	\$
scription of Contribution		<u> </u>	L	
! Name of Contributor				
	.⊬ MO.	DAY	YEAR	\$
iling Address	MO.	DAY	YEAR	
У 15000				\$
State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
scription of Contribution.		J		
Name of Contributor	MO.	DAY	YEAR	\$
iling Address				.
	MO.	DAY	YEAR	\$
State Zip Code (Plus 4)	MO.	DAY	YEAR	
cription of Contribution:				\$
Copiton of Contribution:	******			
ter Grand Total of Part F on Schedule II, In-Kind Contrib				PAGE TOTAL

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Corporities or Candidate Wiends of Joe Gale				Reporting Period From (1/25/2016 To 12/31/2016					
STICHUS OF	VIC ON	L	<u> </u>	DATE		AMOUNT			
Full Name of Contributor			MOX	DAY	YEAR				
						\$			
Mailing Address			MO.	DAY	YEAR	\$			
Сну	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
Employer of Contributor			Occupatio	n					
Employer Mailing Address/Principal Place o	f Business		Descriptio	n al Con	tribution				
Full Name of Contributor			MO:	DAY	YEAR	\$			
Mailing Address			MO.	DAY	YEAR	J			
Watting Addition			NO.		7520	\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
Employer of Contributor			Occupatio	n	1				
Employer Mailing Address/Principal Place o	f Business		Description	on of Con	tribution				
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address			MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	MO.	DAY.	YEAR				
City	31312	-	1		1-7.33	\$			
Employer of Contributor			Occupatio	n	L	, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,			
Employer Mailing Address/Principal Place o	f Business		Descriptio	on of Con	tribution				
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address			мо.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	MO	DAY :	YEAR	\$			
Emplayer of Contributor			Occupatio	n					
Employer Maiting Address/Principal Place o	f Business		Descriptio	on of Can	tribution				
Full Name of Contributor			MO.	DAY	YEAR	\$			
Mailing Address			Mo.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
Employer of Contributor			Occupatio	on	1				
Employer Mailing Address/Principal Place o	f Business		Description	on of Con	tribution				
Fator County Trial of Day Co.	- D-L					PAGE TOTAL			
Enter Grand Total of Part G of Summary Page, Section 3.	on Schedule II,	in-Kina Contrib	utions De	talied		\$ 00.00			

DSEB-502 (7-99)

STATEMENT OF UNPAID DEBTS

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

Ame of Filing Committee or Candidate Mends of Joe Gale Ri			Reporting Period From 11/28/2016 To 12/31/2016		
Name of Creditor					Outstanding Balance of Deb
					\$
Mailing Address	DATE DEST	MO.	DAY	YEAR	
City	INCURRED	Same 1	7 - 6		
		State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Deb
Mailing Address					\$
ariting Address	DATE DEST	MO.	DAY	YEAR	
Civ	INCURRED	State	Zip Code	(Plue 4)	
				1103 47	
Description of Debt					
Name of Creditor					Outstanding Salaran
					Outstanding Balance of Debi
Mailing Address	DATE DEBY	MO.	DAY	YEAR.	
City	INCURRED				
		State	Zip Code	(Plus 4)	
Description of Debt		11			
Name of Creditor					Outstanding Balance of Debt
Mailing Address		,			\$
·	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt					
Sestimation of Dept					
Name of Creditor					Outstanding Balance of Debt
Mailing Address					\$
	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	Plus 4)	
			_		
Description of Debt			······································		
Vene of Creditor					Outstanding Balance of Debt
Mailing Address					\$
Tooleds	DATE DEBT	MO,	. DAY	YEAR	
aty	INCURRED	State	Zip Code	Plus Al	
Description of Debt		4 			
					PAGE TOTAL
Inter Grand Total of Unpaid Debt	s on Page 1. Report Cover P	ege l+	am G		
	g- ii neport cover r	age, iti	eiii G .		\$ 80.00