

Commonwealth of Pennsylvania - Campaign Finance Report

1/12

		(Note: T			st be clear an	d legible. It	should	be typed)			
Filer Identification Number			Repo	ort Filed E rk X)	Sy Candida	ite	Co	ommittee		X	Lobbyist	
Name of Filing Cor Lobbyist	mmittee, Ca	ndidate or	Elect S	elect Scott Zelov								
Street Address			220 R	ose Lane				-				
City	Haverford	d			State	PA	Zi	p Code	19041	•		
Type of Report (Pla	ce x under	report type)			······································							
1-6 th Tuesday 2-	•	-	L			6- 30 Day	Post 7-	Annual	Special 2"	-	Special 3	•
Pre-Primary P	re-Primary	Primary	Pre- E	lection	Pre- Election	Election		·	Pre-Electi	on	Post-Elec	tion
			Ī									
Date Of Election (MM/DD/YYYY)	<u> </u>	11/28/2016	Year		2016	Amendme Report	ent [Terminati Report	ion]
Summary of Recei	pts and	From Date	<u> </u>	To Dat	e	<u> </u>		For	Office Use	Only	<u> </u>	
Expenditures		11/29/2016		12	2/31/2016	1						
A. Amount Brough	nt Forward f	rom Last Repor	t \$	1	55773.40							
B. Total Monetary		ons and Receipt	\$ \$			1					26	
(From Schedule I) C. Total Funds Ava			- s	ļ <u></u>	0	•					=======================================	
(Sum of Lines A ar	nd B)	<u></u>			55773.40	_					2017 JAN 30	4.) T
D. Total Expenditu (From Schedule III			\$	\$ 500.00				မ္မ				
E. Ending Cash Ba	lance	· · · · · · · · · · · · · · · · · · ·	\$	\$ 55273.40				***	-	TO T		
(Subtract Line D fi F. Value of In-Kind		ons Received	- \$			1			<u> </u>	ည်း ကျော်လုံ		4
(From Schedule II) G. Unpaid Debts a		one	- 5		0	•			5	ا المارات المارات و ن	 r.s	
(From Schedule IV		VIII			0						<u> </u>	
Part 1- If this is a Co		et transporter des	nore If	bic ic a Ca	Affidavit S		here			····		
	nat this report	, including the att	ached s	chedules o	on paper, is to the	best of my k	nowledge	and belief t	rue, correct a	and compl	ete.	
Sworn to and subscr	ibed before n	ne this				V						
Swear (or anifm) tr	Jenna	2017		1	_	()	nature of S	Person Suhr	nitting report			
100	<u> </u>	2017	√	}-	<u>.</u>	oel Cooperna	in, Treasur	er				
Si Si	gnature	•	0	, i		//	7 ,	Printed Nan	ne '-7777			
My Germmission exp	ires O\-	15 - 2021 DAY YR				Area Code	_		ytime Teleph	one Num	ber	
₽ 9	WO.	DAI III										
Part If If this is a rep	ort of a Cand	idate's Authorize	d Comn	liof this	didate shall sign	here.	ted any n	rovisions of	the Act of lu	ne 3, 1937	7 (P.L. 1333 J	NO 3201
l swear (or affirm) th ame wed.	iat to the bes	LOLINY KNOWIEDE	anu DE	nei uns pe	שוווווונפי נטווווווונפי	, may not viole	see any pi	. 3			. (c	
Swo to and subscr day of	ibed before n	ne this	 	·] .	- · <u>·</u>	V. Scott Zelov	Signat	ure of Cand	ight (- 	
Si	ignature	1	0	. 1		610	Pri	inted Name				
My Commission exp	nires ON-	DAY YR.			-	610 Area Code	-		4120 ⁄time Telepho	one Numb	oer	
	IVIO.	UAI EN.										
i												

COMMONWEALTH OF PENNSYLYANIA

NOTARIAL SEAL
JODY L. KELLEY, Notary Public
omning of Lower Merion, Montgomery County
My Commission Expires January 19, 2021

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	Elect Scott Zelov	
	Licet Scott Zelov	

		•
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	О
All Other Contributions (Part B)	\$	0
Total for the reporting period (2)	\$	О
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	О
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From 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	\$	0
Cover Page, Item B)	-	

PART A Contributions Received From Political Committees

Filer identification Number

\$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.

Filer iden	itification Number	Elect Scott	Želov			
						Amount
Full Nan Commit	ne of Contributin tee	98			Date [MM/DD/YYYY]	\$
House #	51	treet Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Sı	treet Address			Date [MM/DD/YYYY]	\$
City		1	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Si	treet Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Commit					Date [MM/DD/YYYY]	\$
House #	Si	treet Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Full Nan Commit	ne of Contributin tee	ng			Date [MM/DD/YYYY]	\$
House #	Si	treet Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Commit					Date [MM/DD/YYYY]	\$
House #	S	treet Address			Date [MM/DD/YYYY]	\$
City		_	State	Zip Code	Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer identification Number:		· · · · · · · · · · · · · · · · · · ·	\neg
	Elect Scott Zelov		- 1

Full Name of Co	- 44					
	entributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	the property transport of	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	entributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributor	<u> </u>		Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$	
1			i i]	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
Full Name of Co	Street Address			Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
		State	Zip Code			
House #	Street Address	State	Zip Code	Date [MM/DD/YYYY]	\$	
House #	Street Address	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
City Full Name of Co	Street Address	State	Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
City Full Name of Co	Street Address Street Address			Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	
House # City Full Name of Co	Street Address Street Address			Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$ \$	

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

		Elect Scott Zelov					
Full Na Contrib	me of outing Committee				Date	[MM/DD/YYYY]	\$
House		eet Address			Date	[MM/DD/YYYY]	\$
City		See the see of	State	Zip Code	Date	[MM/DD/YYYY]	\$
Full Na Contrib	me of outing Committee		<u> </u>		Date	[MM/DD/YYYY]	\$
House (# Str	eet Address			Date	[MM/DD/YYYY]	\$
City	1.		State	Zip Code	Date	[MM/DD/YYYY]	\$
Full Na Contrib	me of outing Committee				Date	[MM/DD/YYYY]	\$
House	# Str	eet Address			Date	[MM/DD/YYYY]	\$
City			State	Zip Code	Date	[MM/DD/YYYY]	\$
Full Na Contrib	me of outling Committee				Date	[MM/DD/YYYY]	\$
House	# Sti	eet Address			Date	[MM/DD/YYYY]	\$
City			State	Zip Code	Date	[MM/DD/YYYY]	\$
	me of outing Committee				Date	[MM/DD/YYYY]	\$
House	# Sti	eet Address			Date	[MM/DD/YYYY]	\$
City			State	Zip Code		[MM/DD/YYYY]	\$
Full Na Contrib	me of outling Committee				Date	[MM/DD/YYYY]	\$
House	# St	reet Address				[MM/DD/YYYY]	\$
City	_____\	•	State	Zip Code	Date	[MM/DD/YYYY]	\$

PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:

Employer Name

House #

Employer Name

Employer Mailing Address / Principal Place of Business

City

Employer Mailing Address / Principal Place of Business

Street Address

State

Zip Code

Full Name of Contributor

Full Name of Co	ntributor			Date [MM/DD/YY)	(Y) \$
House #	Street Address			Date [MM/DD/YY)	m s
nouse w	Street Address			Date (MIN) DOTT	
City		State	Zip Code	Date [MM/DD/YY)	m s
Employer Name	<u> </u>			Occupation	
Employer Maili Principal Place					
Full Name of Co				Date [MM/DD/YY)	M] \$
House #	Street Address			Date [MM/DD/YY	<u>M</u> \$
City		State	Zip Code	Date [MM/DD/YY	<u>M</u> \$
Employer Name	•			Occupation	
Employer Maili	ng Address / of Business				
rnncipal Mace (entributor	<u></u>		Date [MM/DD/YY	<u>M</u> \$
					1 1
Full Name of Co	Street Address	· · · · · · · · · · · · · · · · · · ·		Date (MM/DD/YY	<u>M</u> \$

Occupation

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Occupation

\$

\$

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

THE TOURISH CENTON N	E	elect Scott Zelov			
Full Name					
House #	Stree	t Address			
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descriptio	n				
Full Name		·			
House #	Stree	t Address			
City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	NT				
Full Name				· · · · · · · · · · · · · · · · · · ·	
House #	Stree	t Address			
City		1	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	on .				
Full Name					
House #	Stree	t Address		, , , , , , , , , , , , , , , , , , ,	
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	Nn				
Full Name					
House #	Stree	t Address			
City		*	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	n				
Full Name					
House #	Stree	t Address			
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description)n				

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	Elect Scott Zelov	
UNITEMIZED IN-KINI	CONTRIBUTIONS RECEIVED-VALUE OF \$	\$50.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	1)	\$ 0
2. IN-KIND CONTRIBUT	IONS RECEIVED-VALUE OF \$50.01 TO \$25	250.00 (FROM PART F)
TOTAL for the reporting period	1 (2)	\$ 0
3. IN-KIND CONTRIBUT	ION RECEIVED-VALUE OVER \$250.00 (FR	ROM PART G)
TOTAL for the reporting period	1 (3)	\$ o
TOTAL VALUE OF INLKIND CON	ITRIBUTIONS DURING THIS REPORTING	T\$ I
	nt totals from boxes 1, 2, and 3; also ente	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:					
	Elect Scott Zelov				

Full Nam	e of Contribut	or			Date [MM/DD/YYYY]	\$
		\				
House #	le le	Street Address			Date [MM/DD/YYYY]	\$
]	in eet want 692				-
	<u> </u>]	
	<u>. </u>				D-4- F0404 (D-5 500-0	
City			State	Zip Code	Date [MM/DD/YYYY]	\$
		Ì				
Descript	ion of Contribu	iton				
and the second						<u> </u>
Full Nam	e of Contribut	or			Date [MM/DD/YYYY]	\$
		1			[
ļ	1				Date [MM/DD/YYYY]	\$
House #	1 1	Street Address			Date (mm/DD/1117)	•
	, 1]	
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Descript	ion of Contribi	ution				
E. J. M.	ne of Contribut				Date [MM/DD/YYYY]	\$
ruii Nan	ne or contribut	LOT			220 [1111/1/20] 1111]	1 [▼] {
	<u> </u>					
House #	1	Street Address			Date [MM/DD/YYYY]	\$
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City	<u> </u>		State	Zip Code	Date [MM/DD/YYYY]	\$
with						1 1
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Descrine	ion of Contrib	ution	<u> </u>			
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P. 41 No.	ne of Contribut				Date [MM/DD/YYYY]	\$
run Nan	ne or contribu	tor				
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House #		Street Address			Date [MM/DD/YYYY]	\$
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I						
City	<u> </u>	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
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Descript	tion of Contrib	ution	<u> </u>			
F		· ·				
Carll Man	ne of Contribu	tor			Date [MM/DD/YYYY]	\$
run Mah	vi contribu					7
1						
	т				Date [MM/DD/YYYY]	15
House #	•	Street Address			Secs [MINI DO/ 1114]	4 ~
I						
•	1	<u> </u>			<u> </u>	
City			State	Zip Code	Date [MM/DD/YYYY]	\$
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				<u></u>	<u> </u>	1,1
Descrip	tion of Contrib	ution		•		
B			J			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
The partitions of the same	Elect Scott Zelov

					····	
Full Name	e of Contributo	er .			Date [MM/DD/YYYY]	\$
House #	S	treet Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Employe	r Name	***************************************			Occupation	
Employe	r Malling Addre Business	ess / Principal			Description of Contribution	
Full Nam	ne of Contributo	or			Date [MM/DD/YYYY]	\$
House #	s	treet Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Employe	er Name			<u> </u>	Occupation	
	er Mailing Addr Business	ess / Principal			Description of Contribution	
Full Nan	ne of Contribut	OF			Date [MM/DD/YYYY]	\$
House #	·	itreet Address			Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Employ	er Name				Occupation	
	er Mailing Add f Business				Description of Contribution	
Full Nar	me of Contribut	tor			Date [MM/DD/YYYY]	\$
House !	#	Street Address	<u> </u>		Date [MM/DD/YYYY]	\$
City			State	Zip Code	Date [MM/DD/YYYY]	\$
Employ	yer Name				Occupation	
	yer Mailing Add of Business	iress / Principal			Description of Contribution	

Statement of Expenditures

Filer identification Number:		
,	Elect Scott Zelov	
	LIEU SUST ECIOV	
		المتنا

o Whom	n Paid						
		Montgomery Count	ty Republican Committe	e e		Date [MM/DD/YYYY] 12/06/2016	500.00
			-,			Description of Expenditu	
louse #		Street Address	851 DeKalb Pike			Description of Expendit	
City Blu	se Bell		State PA	Zip Code	19422	Donation	
To Whom	n Paid					Date [MM/DD/YYYY]	\$
						Description of Expenditu	
House #		Street Address				Description of experience	
City	!		State	Zip			
	_			Code			
To Whon	n Paid					Date [MM/DD/YYYY]	\$
House #	<u> </u>	Street Address				Description of Expenditu	ire
City	J		State	Zip			
,				Code	<u> </u>		
To Whor	m Paid					Date [MM/DD/YYYY]	\$
House #		Street Address			·	Description of Expendit	ure
City	<u> </u>	<u> </u>	State	Zip Code			
To Who	m Paid					Date [MM/DD/YYYY]	\$
]					
House #		Street Address				Description of Expendit	ure
City	<u> </u>		State	Zip Code			
To Who	m Paid					Date [MM/DD/YYYY]	\$
House #	#	Street Address	S			Description of Expendit	ture
City		<u>, L</u>	State	Zip Code			
To Who	om Pald		<u> </u>		<u></u>	Date [MM/DD/YYYY]	\$
House #	#	Street Addres	3			Description of Expendi	ture
City			State	Zip Code			
	an Sold			Code		Date [MM/DD/YYYY]	\$
TO WHO	om Pald						
House	#	Street Addres	SS			Description of Expend	iture
i			State	Zip			
City				Code			

SCHEDULE IV

Statement of Unpaid Debts

nize all unpaid debts and obligations which are outstanding at the end of the reporting period.

	Elect Scott Zelov		<u> </u>	
	Ata			Outstanding Balance of Debt
ame of Cre				
ouse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	- \$
ity		State	Zip Code	1
escription (of Debt			
ame of Cris	ilitor (April 2000)			Outstanding Balance of Debt
ouse#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
escription (of Debt			
lame of Cre	ditor			Outstanding Balance of Debt
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description	of Debt			
lame of Cre	ditor			Outstanding Balance of Debt
touse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description	of Debt			
Name of Co	iditor			Outstanding Balance of Debt
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description	of Debt			
Name of Cn	editor			Outstanding Balance of Deb
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
	1	į	Zip	