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.)

	Report	(CASIV	DIDATE 1.	COMMIT	3/	LOBBYIST		
Filer Identification Number:	Filed By:	CANL	JUA (E		(j., fai. oth			
Name of Filing Committee, Candidate or Lobbyist: Tolbert For County Commission								
Street Address: 40 EAST Min ST				T				
City:				Zip Code:	401	_		
TYPE OF STUTUESPAY 1. 2ND FF		30 DAY	3.	AMENDME	NT YES	NO	×	
REPORT 4. 2NO NO		POST PRI 30 DAY POST ELE	6.	ZERMINAT	ION YES	X) No.	一	
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report type) REPORT	3 1	All the second s	OF ELECTION	District	Office	Party Cou		
Name of Office Sought by Candidate:		MO. D		Number	Code	R 4		
Montgory Co. Comission		K	2015			CTIONS FOR CO	DDES)	
	YEAR	MO. D	AY YEAR	. J. C	R OFFICE	USE ONLY	-400000 	
Summary of Receipts	16 To	4 4		1		2	: :a:	
and Expenditures from:		<u> </u>		1	- 63 - 63			
A. Amount Brought Forward From Last Report B. Total Monetary Contributions and Receipts (From		0		1		P		
C. Total Funds Available (Sum of Lines A and B)	5	0		1		ਹ	and	
D. Total Expenditures (From Schedule III)	s	<u></u>		-		: 0	construction	
E. Ending Cash Balance (Subtract Line D from Line (0		1	7 . 7 .	(J)	লাক আমন্	
F. Value of In-Kind Contributions Received (From S		765	48	┫	a 1 p.45 € 0	:		
G. Unpaid Debts and Obligations (From Schedule IV)	s	<u> </u>		_				
d. Onpaid Debts and Obligations treets Servers								
	AFFIDAVIT S sign here. If this	is a Cano	dete report.	endidate s	ign here.	C. Markette Commission	erand Mile and seem to My 100 I	
swear (or affirm) that this report, including the attached	schedules, on paper	or computer	diskette, are to	the best of	my knowled	ige and belief t	rue,	
correct and complete. Sworn to and subscribed before me this								
day of COMMONWEATH OF PENSYLVANIA	_20/ <i>CP</i>]		1/2		hariatia - Da			
WWW. NOTARIAL STAY L	+- 1	4	DR Culla	of Person S	upmitting ne	port	;	
NORRISTOWN BORO MORE COMERY ONLY	*		<i>[</i>]	Printed Na	me デーンル			
My commission Spiles Commission Port Fib 6, 2018	∠} —]	Are	s Code	~ /		phone Number		
							La color de Carlos Carl	
Partie Carle Control of	Norized Committ	ea, candida	eta shall sign	e(*)	ne of the A	ct of June 3. 1	937	
I swear (or affirm) that to the best of my knowledge and (P.L. 1333, No. 320) as amended.	belief this political	committee I	HE HOL VIOLETE	777		-: -: -= -, ··		
Sworn to and subscribed before me this CONDITION TO PENNSTLVANIA	-11 m		()	\ \\				
MONTH TANKAL SEA				inture of Ci				
Norristown stantage To Other Py Co.	}		Tephe A.	Printed Na	ime .	<u> </u>		
My commission expires Commission Excipes et 28, 2019	40	_6	10	6	<u> 35-8</u>	292		
MO. DAY	YR.	Are	ea Code		Jaytime Tele	phone Number		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

PAGE 2 OF ___

Detailed Summary Page

of Eiling Committee of Candidate	Reporting	Period	d	/// 1//	,
Tolhel Fa County Comonission	From _	111	<u>u</u>	To 414/16	<u>-</u>
1 (Mar)					
UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER C	ONTE	IBUT	or in the second	ini mayera Kabupatu 41 Tanggara
OBALINA ALBANIA			\$	0	
TOTAL for the Reporting Period	<u> </u>	<u>```</u> _			
CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	B)	izologia Zapiena	rendi.	Selection of the select	rangerina di Parangan di Paran
Contributions Received from Political Committees (Part A)			\$	<u> </u>	
All Other Contributions (Part B)			\$		
TOTAL for the Reporting Perio	od	(2)	\$	Ö	
		Carl Janes		and the second process of the partition of the second	n and Chinadhan .
SECONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	personal and the second	Aghe Orga	alija propil ju Slavim parits	idle die Merchanie in St. 1996 in der der der St. 1996 in der der der der St. 1996 in der der der der der der	a grandani
Contributions Received from Political Committees (Part C)			\$		
All Other Contributions (Part D)			\$		
TOTAL for the Reporting Perio	od	(3)	\$	0	— "
	<u> </u>				
	elegene (#15).	Special Sections			Augusta Augusta
ENTERED THE SELECTION OF THE PROPERTY OF THE P	CHECKS	g, Leignwig			
TOTAL for the Reporting Peri-	od	(4)	\$		
TOTAL for the Reporting Peri-	od	(4)	\$	*	
	od	(4)	\$	_	
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	od	(4)	\$	O	

SCHEDULE II

PAGE 3 OF 6

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 Talbetta Cata Commission		rom (od (6	To 4/4/16
HERITEMIZED INEKINO CONTRIBUTIONS RECEIVE	D - VALUE OF \$50	.00 OR L	ESS P	ER CONTRIBUTOR
Hi Marios Caracia (Caracia Caracia Car	e Reporting Period	(1)	\$	0
2 IN-KIND CONTRIBUTIONS RECEIVED - VALUE	OF \$50.01 TO \$250.	oo (FRON	I PAR	
Apple During Deliver Access to the Control of the C	ne Reporting Period	(2)	\$	0
HEND FONTRIBUTION RECEIVED - VALUE O	VER \$250.00 (FROM	I PART G	Carry Vaccione La Carry March	Angeling in the control of the contr
2A WHIST VALLED THE CONTROL OF THE C	ne Reporting Period	(3)	\$	765%
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	from Boxes 1, 2,		\$	765 9%

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

me of Filing Committee or Candidate			From i / 16	To 4/4/16			
Toi bet For Couls Com	4in		DATE	AMOUNT			
, , , , , , , , , , , , , , , , , , ,		at the	O. DAY YEAR	\$ 7659/4			
Name of Contributor			2 14 15	\$ 145 Ks			
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Dealen Pike Blesse	State Zip Code	(Dive 4)	O. PAY YEAR	<u> </u>			
Planka Pike BleBe	Stage Zip Code 14 14422		0.	\$			
	17 17/20		cupation				
ployer of Contributor				······································			
mployer Mailing Address/Principal Place of Business			Paid Hollowell Delit.				
			and Hollow	1/201.			
Il Name of Contributor		<u>ĝ. '% l</u>	NO. DAY YEAR	\$			
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ull Name of Contributor			MO. DAY YEAR	\$			
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Employer Mailing Address/Principal Place o	Business	1					
Full Name of Contributor		2.170	MO- DAY YEA	\$			
ruli Name of Contributor							
Mailing Address		-	WOOD WOODAY STEA	\$			
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City	State 210 CO			\$			
Employer of Contributor	1		Occupation				
•	<u></u>						
Employer Mailing Address/Principal Place o	Business		Description of Contributi	on			
	· · · · · · · · · · · · · · · · · · ·			PAGE TOTAL			
Enter Grand Total of Part G	n Schedule II. In-Kin	d Contribution	ons Detailed				
Summary Page, Section 3.	AL SCHOOLS II, III KIII			\$			

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DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Tolker G. Could	date v			Reporting From	ililk	_ to 4(4/14
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Whom Paid			MO	DAY	YEAR	Amount \$
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Mailing Address			Des	cription of E	xpenditure	\$
City	Stat	a Zip Code (Plus	~			
						PAGE TOTAL
Enter Grand Total of Expe	enditures on Page 1	, Report Cove	r Page	, Item D		s ()

PAGE 6 OF 6

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			Reporting From A	Period	TO 4/1/16
Telberta Conty Comission		I			
Name of Creditor			-		Outstanding Balance of Debt \$
Mailing Address	DATE DEBT	мо.	DAY	YEAR :	
city	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt					
ame of Creditor					Outstanding Balance of Deb
failing Address	DATE DEBT	MO.	" L DÁY	YEAR	.
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escription of Debt					
ame of Creditor	· -				Outstanding Balance of Deb
failing Address	DATE	Mo:	DAY	YEAR	.
ity	DEBT INCURRED	State	Zip Code		
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ame of Creditor					¢
lailing Address	DATE DEBT INCURRED	, MO.	DAY	YEAR	
ity		State	Zip Code	(Plus 4)	
escription of Debt		•	-		
lame of Creditor					Outstanding Balance of Deb
Nailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
ity	LINCORRED	State	Zip Code	(Plus 4)	
escription of Debt		1	1		
lame of Creditor					Outstanding Balance of Deb
Mailing Address	DATE DEBT		DAY	YEAR	1 \$
ity	INCURRED	State	1	(Plus 4)	
Description of Debt		<u> </u>	I	······································	
			-		PAGE TOTAL
Enter Grand Total of Unpaid Debts on Pag	e 1, Report Cover	Page,	Item G.		\$