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.)

	, -			,,p, p		WINCK IN.		
Filer Identification Number:	n -		Report Filed By:	CANDIDATE	COM	MATEE 2	İÖB	IVIST 3.
Name of Filing Comm	nittee, Candidate or L	obbyist:			- AND STORY OF	A SECTION AND ASSESSMENT	· · · · · · · · · · · · · · · · · · ·	a lessani
Stewart Street Address:	J. Greenle.	af Tr						
417 Burto	um Roed							
City: Willow G	tove			State:	Zip Co	de: } 0.1	છ –	
TYPE OF REPORT	6TH TUESDAY	AND FR		96 DAY	3. A A A A A A A A A A A A A A A A A A A	MENT .	.	in 1
REPURI		4. Janeary	IĎAY 5.	50 P. V	6. TERMIN	IATION		No. X
(place X to the right of report type)	ANNUAL	7 YEAR		FILING METHOD				100
	FEROMENT .		2016	(-) CHECK ONE			C DISK	
Name of Office Sough	le termined			DATE OF ELEC	March and Allert Annual	Office Code	Party Code RICTIONS	County Code 46
		STEEL BEAUTING				OR OFFIC		
Summary of Reand Expenditur		MO. DAY	VEAR T	7 7 7 7 7 7	PARAGE.	AND DESCRIPTION OF THE PROPERTY.		SECTION AND PROPERTY.
A. Amount Brought					0	<	2017 JAN 30	
B. Total Monetary				<u>0</u> 2,553.59			C	a
C. Total Funds Ava				2,553.59			ည်	HOEIVEN
D. Total Expenditur	res (From Schedule	• III)		2,557.59			3	
E. Ending Cash Bal	ance (Subtract Line	D from Line C)		0		- 100 m	္တာ	
F. Value of In-Kin	d Contributions Re	ceived (From Sch	nedule II) \$	0		S	ဋ	
G. Unpaid Debts an	nd Obligations (From	n Schedule IV)		0			-4 -	
		And the second s	AFFIDAVIT	SECTION				
				is is a Candidate rep		ade)		
I swear (or affirm) th correct and complete.	at this report, includi -	ing the attached sch	edules, on pape	er or computer diskette, i	are to the best o	f my knowle	dge and be	
Sworn to and subscr	ibed before me this		20 17	17	+1/2			ANNE Ssion E
Kathlee	n Anne	Golf		sign Stew	nture of Person S	iubmitting R	eport	
My commission exp	Signature	29 201	8),	Printed Na	me 77-10	· · · · · · · · · · · · · · · · · · ·	23 g
•	Mo.	DAY YR.	<u> </u>	Area Code		aytime Tele		25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
				too, carididate shall si				
I swear (or affirm) the (P.L. 1333, No. 320) as	at to the best of my s emended.	knowledge and beli	of this politica	l committee has not viol	ated any provisio	ons of the A	ct of June	3, 1937
Sworn to and subscr	ibed before me this		-					1
day of			20		Clause : 4 =			
***************************************			}		Signature of Ca	indidate		
	Signature				Printed Na	me	***************************************	
My commission exp	iresMO.	DAY YR.	J	Area Code		aytime Tele	phone Numi	ber I

Department of State

Bureau of Commissions, Elections and Legislation

North Office Building

Harrisburg, PA 17120-0029

(717) 787-5280

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Per	iod	
Stewart Greenley f.Jr.	From <u> </u>	116	To (2/31/16
	·		
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBUTO	3R
TOTAL for the Reporting Period	d (1)	\$ ()	
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	\$0		
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D) Contributions Received from Political Committees (Part C)		\$ O	
All Other Contributions (Part D)		\$ 0	The same of the sa
TOTAL for the Reporting Period	d (3)	\$ ()	
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED C	HECKS, ETC	(FROI	M PART E)
TOTAL for the Reporting Period	d (4)	\$2,	553.59
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.)		\$)	557.59

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.

Stewast J. Greenleaf, Jr.	From 1/1/16 To 12/31/16					
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Account to the second s
		_				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	Ф
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
·			,,,,,,	UA.	TERR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
					•	\$
Full Name of Contributing Committee			. MO.	DAY	YEAR	e
Mailing Address			140	DAY	VEAR	\$
Moning Products			MO.	. DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	, ,
		-				\$
Full Name of Contributing Committee			Mo.	DAY	YEAR	e
Mailing Address				3.5 5.	1. s v V	\$
Mailing Appress			MO.	DAY	PASY	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Marillan Allena						3
Mailing Address			MQ,	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 Cade (Plus 4)	Mo.	DAY	YEAR	
		_				\$
Full Name of Contributing Committee	1		MO.	DAY	YEAR	*
N-N-Add-			1	0.10	VETE	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
						PAGE TOTAL
Enter Grand Total of Part A on Sche	dule i,	Detailed Summar	ry Page,	Sectio	n 2.	\$ ()

Name of Filing Committee or Candidate

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			R	eporting		
Stewast Granleat, Tr.				From	1/(66	то 12/3//16
				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			MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	ÝEÁR	
		-	Mo.	D'ASV	VEAD	\$
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	\$
Спу	State	Zip Code (Plus 4)	i 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		***************************************	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		_	Mo.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
Сіту	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	
		_	<u> </u>	ļ	<u> </u>	\$
Enter Grand Total of Part B on Scho	edule i.	Detailed Summar	y Page.	Sectio	n 2.	S D
Enter Grante Fotos Of Just D Off Com	,		,			

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

Stewast J. Greenleaf Tr.	From <u> </u>	To 12/31/16
	DATE	AMOUNT
Full Name of Contributing Committee	MO DAY YEAR	\$
Mailing Address	MOLE DAY OF SIVEARY	\$
City State Zip Code (Plus 4)	MOTE DAYES TYEAR	\$
Full Name of Contributing Committee	MO. W DAY WYEAR	\$
Mailing Address	MO Z DAY YEAR	\$
City State Zip Code (Plus 4) —	MO.O. DAY WAYEAR	\$
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	EMO E DAYES EVERE	\$
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	\$
Full Name of Contributing Committee	MG DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY	\$
Full Name of Contributing Committee		\$
Mailing Address	MO. DAY	\$
City State Zip Code (Plus 4)		\$
Full Name of Contributing Committee	MOSE DAY	\$
Mailing Address	MINOCOL ENOAVOR DAYPARE	\$
City State Zip Code (Plus 4)	MO TOAY YEAR	\$
Enter Grand Total of Part C on Schedule I, Detailed Summary	Page, Section 3.	PAGE TOTAL \$ ()

The control of the co

ALL OTHER CONTRIBUTIONS

PAGE 6 OF 14

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		eporting				
Stewart J. Cerconleat, Tr	ļ	From	1/116	To 12/31/16		
	<u>.</u>	DATE		AMOUNT		
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	*
maring Address						\$
City	State	Zip Code (Plus 4)	: Mo.	DAY	YEAR	
A 1988 W 11 11 11 11 11 11 11 11 11 11 11 11 1		-				\$
Employer Name			Occupation	on		
Employer Mailing Address/Principal Place of Business						1 1 HI H
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		• • • • • • • • • • • • • • • • • • • •	MO.	DAY	YEAR	*
•						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	4
Employer Name			Occupati			\$
Employer Name			Ceaspain	5.,		
Emplayer 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			Occupati	on.		
. Employer Name						
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	<i>*</i>
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupati	on		
Employer Mailing Address/Principal Place of Business						
					10 D7-10 S08	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
		Tin Code (Blue 4)	1	D.A.W.	VEAR	4
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer Name	<u> </u>		Occupati	on	<u> </u>	
			<u> </u>			
Employer Mailing Address/Principal Place of Business						
						PAGE TOTAL
Enter Grand Total of Part D on Schee	dule I,	, Detailed Summar	ry Page,	Sectio	n 3.	\$ ()

DSEB-502 (7-99)

Reporting Period

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.

Stevert J. Greenlest, Jr.		From \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	To 12/3/116
Full Name			
Friends of Stewart Greenleaf Mailing Address			
P.O.Box 155			
Willow Grove.	PA (9090 - 0155 /	Y G	\$ 304.91
Receipt Description Recombusement by website	104 17070 0133 1	1 1 10	
		-	
Friends of Stewart Greenleaf Mailing Address			
P.O. Box 155			
willow Grove	State Zip Code (Plus 4) MO. PA (9090 - 0155- 3	DAY YEAR	Amount
Receipt Description	PA 19090 -0155- 3	7 16	\$49.00
Receipt Description Reimbursement for Postage Full Name			
French of Stewart Weenland			
Friends of Stewart Greenland Mailing Address 1-0. Box 155 City			
City	State Zip Code (Plus 4) MO:	DAY YEAR	Amount
Willow Grove Receipt Description	PA 19090 -0155 3	14 16	\$37.00
Reimbursement for porking at PA F	Republican Partie event		
Friculs of Stewart (we enleaf Mailing Address			
Mailing Address			· · · · · · · · · · · · · · · · · · ·
P-O. Box (55)	State Zip Code (Plus 4) MO.	DAY YEAR	Amount
Willow Grove	PA (9090 -0155 4	1 6	\$11.00
Willow Grove Receipt Description Reinbussment for Parker, at Scoti	+ Martin fundraiser		
Frendsof Stewart Weenloaf Mailing Address	***************************************		
P.O. BOX 155	State Zip Code (Plus 4) MO.	DAY YEAR	Amount
Willoulipre	PA 19090 -0155 6	14 16	\$ 13.00
Receipt Description Reimbussement for Petking at Bui	WPA PACELENT		
Full Name Friends of Stewart Greenleaf			
Mailing Address			
P.O. Box 155	State Zip Code (Plus 4) MQ.		Amount
W. Mon Crove	PA 19090 -955 8	21 16	\$86.00
Re-injusement for one reasvente	alof P.O. Box	<u>. </u>	
			PAGE TOTAL
Enter Grand Total of Part E on Sche-	dule I, Detailed Summary Page	e, Section 4.	\$511.81

Name of Filing Committee or Candidate

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.

Ivame of Filing Committee of Candidate	-			1	neparang reriod				
Stewart I (weenleuf. Ir	-				From	1/1/16	2 To 12/31/16		
Full Name	2				Manage				
Frendsol Stewart Greenlaut Mailing Address									
P.O. Box 155									
	State	Zip Code		мо.	DAY	YEAR	Amount		
Willswursve Receipt Description	PA	120%	-0155-	10	6	1016	\$29.00		
Receipt Description Reimbursement for Parking ut	PAP								
Furends of Stewart Cronlouf Mailing Address									
P.O. Box 15.5									
City	State	Zip Code	(Plus 4)	Mo.	DAY	YEAR	Amount		
Willow Crove Receipt Description	State	12020	-0155	1()	LL	16	\$610.01		
Record Description Reimbusener for helyday Card				<u></u>		·			
Keimbusenert fol halfday Cari	164 100	<i>خ صود ا</i>							
Full Name Care 1: of Charles and of	P								
Friendsof Stewarthrognland Mailing Address									
Pa Box 155	-								
City	State D /	Zip Code	(Plus 4)	MO.	DAY	YEAR	Amount		
Willow brove	11/1-	1020	-0162	111	13	1 16	\$966.35		
Receipt Description Reimbuscinant for lodging at Full Name Friends of Standard Consideration	PA 5	iocicty di	nact						
Full Name	D								
Friends of Stewart (reenly Mailing Address	<u></u>	Annual milital Humal Health Toler Comme					with the state of		
DAR. 15-3									
P.O. Box (5-5)	State	Zip Code	(Plus 4)	MO.	DAY	YEAR	Amount		
Willowbysve	1PA'	Zip Code	-0155	12	د (16	Amount \$ 936.41		
Willow Worc Receipt Description Resne burrement for holiday courd ad Full Name	Inne	1.1 1 0 04	4 /	1 nacha	10	<u> </u>			
Keine Duttement for noway was -	WIYS -	Abol Harry	try ann	107 1-	12				
FUIT NAME									
Mailing Address									
	·								
City	State	Zip Code	(Plus 4)	MO.	DAY	YEAR	Amount \$		
Receipt Description		<u> </u>	_	<u> </u>	<u> </u>		\$		
				<u></u>					
Full Name		<u> </u>							
<u> </u>					***************************************		,		
Mailing Address									
Maning Address						12 E2180 H-021-1-1-1-1	Amount		
City	State	Zip Code	(Plus 4)	MO.	DAY	YEAR			
City	State	Zip Code	(Plus 4)	* MO	DAY	YEAR	\$		
	State	Zip Code	(Pius 4)	MO		YEAR			
City	State	Zip Code	(Pius 4)			YEAR IX	s		
City			**************************************						

DSEB-502 (7-99)

SCHEDULE II

PAGE 9 OF 14

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 Per	iod	
Stewart Greenleaf, Jr.	From 1/	1116	To (2/31/16
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF	\$50.00 OR L	ESS PE	R CONTRIBUTOR
TOTAL for the Reporting Perio	d (1)	\$ 0	
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2	50.00 (FROM	PART	F)
TOTAL for the Reporting Perio	d (2)	\$ 0	
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	OM PART G	\$ 150,455 \$14,185	
TOTAL for the Reporting Perio	d (3)	\$ 0	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)		\$ 0	

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate] "	eporting		
Stewart J. Greenleaf. Tr.				From	1/1/16	To 12/31/16
			<u></u> 1	DATE		ASSOLIBIT
Full Name of Contributor			MO.	DAY	YEAR	AMOUNT
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		` 			1	\$
Description of Contribution:	<u> </u>					
					6	
Fulf Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
·						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
O the last of O to the last		_			<u> </u>	_ •
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	140	5.0	200	Ψ
City	State	zip cade (Flas 4)	MO.	DAY	YEAR	\$
Description of Contribution:			<u> </u>	1	i	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
, (1,0,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1			11101		T CONT	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	<u> </u>
		_				\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	
				1	1	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		244		
City	State	2(p Cade (Flus 4)	MQ	DAY:	YEAR	\$
Description of Contribution:	1			1	L	

Full Name of Contributor	•		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
silving noords						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		-				•
Description of Contribution:						
						PAGE TOTAL
Enter Grand Total of Part F on Sche	dule II	, In-Kind Contribut	tions De	etailed		\$ /
Summary Page, Section 2.						• 0

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

	VA	LUE OVER \$250.C) U					
Name of Filing Committee or Candidate	Reporting Period							
Stewart J. Greenleaf, Jr.				From 1/1/16 To 11/31/16				
				DATE		AMOUNT		
Full Name of Contributor		-	MO.	DAY	YEAR	\$		
Mailing Address		· · · · · · · · · · · · · · · · · · ·	MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	\$		
Employer of Contributor			Occupat	ion				
Employer Mailing Address/Principal Place of Business			Descrip	ion of Con	tribution			
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address	- "		MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MD,	DAY	YEAR	\$		
Employer of Contributor	<u></u>		Occupation					
Employer Mailing Address/Principal Place of Business		4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Descript	ion of Cor	itribution			
Full Name of Contributor			MO.	DAY	YEAR	\$		
Meiling Address			MQ,	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	. DAY	YEAR	\$		
Emplayer of Contributor	<u> </u>		Occupat	ion				
Employer Mailing Address/Principal Place of Business			Descript	ion of Cor	tribution			
Full Name of Contributor		1	мо.	DAY	YEAR	\$		
Mailing Address		,	мо.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor	.4		Occupat	ion	,			
Employer Mailing Address/Principal Place of Business		**************************************	Descript	ion of Cor	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			Occupat	ion				
Employer Mailing Address/Principal Place of Business			Descrip	tion of Cor	tribution			

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

PAGE TOTAL

\$ 0

and the second of the second o

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		Reporting Period
Stewast J. Vicenleat Jr.		From 1/1/16 To 12/31/16
To Whom Paid To Vauly Com Mailing Address		MO: DAY YEAR Amount 1 4 16 \$ 304.81 Description of Expenditure
14459 N. Hayden Ad. Stc. 226 City		Website
Scottsdale	State Zip Code (Plus A 2 85160-	: 4)
To Whom Peld U.S. Post of fize Mailing Address		MO. DAY YEAR Amount 3 7 16 \$49.00
Mailing Address 611 Easton Parad City		Description of Expenditure Stamps
Willowcrove	State Zip Code (Plus PA (Pogo -	5 4)
Mid town Carage Meiling Address		MO. DAY YEAR Amount 3 LY 16 \$37.00
1416 Sauth Broad Street		Parking for PARepublican Park
Philadelphia	State Zip Code (Plus	event
Midtown Gaiage Mailing Address		MO. DAY YEAR Amount \$22.00
1416 S. Broad Street		Parking for Scott Mastin Event
Philadelphia	State Zip Code (Plus	s 4}
Pushuay Cosp. Mailing Address		Mo. DAY YEAR Amount 6 8 16 \$ 13.00 Description of Expenditure
Mailing Address 15th and Clocky Streets City		Parking for Build PA PAC event
Philadelphia	State Zip Code (Plus	3 4}
To Whom Paid U.S. Post Of fice Mailing Address		MO. DAY YEAR Amount \$86.00
Mailing Address 611 Easten Road City		P.O. Box rental
Willow Crove	State Zip Code (Plus	3 4)
To Whom Paid Avenu Coffle Arts Pashing Mailing Address		MO: DAY YEAR Amount 9 19 16 \$19.00
Mailing Address 1 So 1 Spruce Street		Parking at Pt Republican Party event
Philadelphia	State Zip Cade (Plus	s 4)
To Whom Peid Vistalis 1 Mailing Address		MO. DAY YEAR Amount (/ }0 /6 \$6(0.0)
275 Warman Street	, , , , , , , , , , , , , , , , , , , 	Description of Expanditure Holiday Cord f
Walthon	State Zip Code (Plus MA OLYS (-	5 4)
Francisco Crand Total of Evpanditures on Pa	na 1 Papart Cove	PAGE TOTAL or Page Item D c \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting		
Stewart J. Greenlest Jr				From	1/1/16	To 12/31/16
y, water o withdy th						
To Whom Paid			MO.	DAY.	YEAR	Amount
Royer Smith Hotel Mailing Address			11	+u	10	\$866.35
Mailing Address Goldon to the Augusta			Lou	tion of Exp	enditure	citty diviner
501 Lexington treams	State	Zip Code (Plus 4)	-	7 . 7	. 1/1 /	or by prover
New York	NY	10017 -				
To Whom Paid Kirstand Printing Mailing Address			∴MO.	DAY	YEAR	Amount
Kirlsland Printing			(L	10	16	Amount \$ 113.42
516 York Rold			Ado	resslub	el pin	ting for holiday
Willow Grove	State	Zip Code (Plus 4) 19020 —	Ca		•	
Mailing Address			MO	DAY	YEAR	Amount \$413.00
Mailing Address			Dascri	15 Exp	enditure	
611 Easton final			Pos	toyz Pur	Volida	y Carls
Willow Grove	State	Zip Code (Plus 4) Lofo —				
To Whom Paid			MO.	DAY	YEAR	Amount
						\$
Mailing Address			Descri	otion of Exp	enditure	
Сіту	State	Zip Code (Plus 4)				
		<u>-</u>		. > 100 000 000		
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descri	otion of Exp	enditure	
City	State	Zip Code (Plus 4)	 			
,	5.0.0	-				
To Whom Paid	1	I	MO.	DAY	YEAR	Amount
						\$
Mailing Address			Descri	otion of Exp	anditure	
City	State	Zip Code (Plus 4)	 			
		-				
To Whom Paid			MO.	DAY	YEAR	
FRENCIS Address Address			D		l didour	\$
Mailing Address			Descri	ption of Exp	enaiture	
City	State	Zip Code (Plus 4)	T			** - dodinantika
To Whom Paid		1	MO	- cas	YE KB	Amount
				30078.513	/ 2 343	\$
Mailing Address			Descri	ption of Exp	enditura	
City	State	Zip Code (Plus 4)	 			
	<u> </u>	_		· · · · · · · · · · · · · · · · · · ·		
						PAGE TOTAL
Enter Grand Total of Expenditures on Pa	ge 1,	Report Cover P	age, I	tem D.		\$ 1,402.72

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			Reporting Period			
Stewart J. Greenlanf. Jr.			From	1/1/16	To [2/31/16	
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address	DATE DEBT	MO.	DAY	YEAR		
City	INCURRED	State	Zip Code	e (Plus 4)		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address	DATE DEBT	MO.	DAY	YEAR		
City	INCURRED	State	Zip Code	(Plus 4)		
Description of Debt	,, , , , , , , , , , , , , , , , , , , ,					
Name of Creditor					Outstanding Balance of Debt	
Mailing Address	DATE DEBT	Mo.	DAY	YEAR		
City	INCURRED	State	Zip Code	Plus 4)		
Description of Debt					<u> </u>	
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	Medineb	State	Zip Code	(Plus 4)		
Description of Debt					<u>Lister (1996) - El sago de metro estramente</u>	
Name of Creditor			,		Outstanding Balance of Debt	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
	INTOUNDED		1			
City		State	Zip Code -	(Plus 4)		
City Description of Debt		State	Zip Code	(Plus 4)		
·				(Plus 4)	PAGE TOTAL	