

CAMPAIGN FINANCE REPORT

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

Filer Identification Number: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}					
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Karen Geld Sanchez</i>													
Direct Address: <i>356 Evergreen Road</i>													
City: <i>Jenkintown</i>				State: <i>PA</i>		Zip Code: <i>1 -</i>							
TYPE OF REPORT (place X to the right of report type)	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		FILING METHOD (<input checked="" type="checkbox"/>) CHECK ONE		PAPER	DISKETTE					
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code		
					MO.	DAY	YEAR						
								(SEE INSTRUCTIONS FOR CODES)					
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY			
			<i>9</i>	<i>19</i>	<i>2016</i>	To	<i>12</i>	<i>31</i>	<i>2016</i>	RECEIVED 2017 JAN 27 PM 1:59 OFFICE OF VOTER SERVICES HONTSIG, CO PA			
A. Amount Brought Forward From Last Report		\$	<i>4,954.44</i>										
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	<i>500.00</i>										
C. Total Funds Available (Sum of Lines A and B)		\$	<i>5,454.44</i>										
D. Total Expenditures (From Schedule III)		\$	<i>3,278.75</i>										
E. Ending Cash Balance (Subtract Line D from Line C)		\$	<i>2,175.29</i>										
F. Value of In-Kind Contributions Received (From Schedule II)		\$	<i>0</i>										
G. Unpaid Debts and Obligations (From Schedule IV)		\$	<i>0</i>										

AFFIDAVIT SECTION

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

27 day of JANUARY 2017

David Whitner
Signature

My commission expires 12 29 2020
MO. DAY YR.

Mila M. Hayes
Signature of Person Submitting Report

Mila M. Hayes
Printed Name

610 806-6183
Area Code Daytime Telephone Number

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

27 day of JANUARY 2017

David Whitner
Signature

My commission expires 12 29 2020
MO. DAY YR.

Karen Geld Sanchez
Signature of Candidate

Karen Geld Sanchez
Printed Name

215 690-4697
Area Code Daytime Telephone Number

David Whitner, Notary Public
 Norristown Boro, Montgomery County
 My Commission Expires Dec. 29, 2020
 MEMBER: PENNSYLVANIA ASSOCIATION OF NOTARIES

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Karen Geld Sanchez</i>	Reporting Period From <i>9/19/16</i> To <i>12/31/16</i>
-------------------------------------------------------------------------------	------------------------------------------------------------

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>500.00</i>
TOTAL for the Reporting Period	(3) \$ <i>500.00</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 (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>500.00</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 <i>Friends of Karen Gold Surber</i>	Reporting Period From <i>9/9/16</i> To <i>12/31/16</i>
------------------------------------------------------------------------------	-----------------------------------------------------------

				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
\$ *0*

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

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 <i>Friends of Karen Geld Sanchez</i>	Reporting Period From <i>9/19/16</i> To <i>12/31/16</i>
-------------------------------------------------------------------------------	------------------------------------------------------------

				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	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)		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)		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)		MO.	DAY	YEAR	\$
		-					\$

PAGE TOTAL

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

\$ *0*

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 <i>Friends of Karen Field Sanchez</i>	Reporting Period From <i>9/19/16</i> To <i>12/31/16</i>
--------------------------------------------------------------------------------	------------------------------------------------------------

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

PAGE TOTAL

\$ *0*

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>Friends of Karen Gield Sanchez</i>	Reporting Period From <i>9/19/16</i> To <i>12/31/16</i>
--------------------------------------------------------------------------------	------------------------------------------------------------

				DATE	AMOUNT
Full Name of Contributor <i>Yanrela and Michael Clarke</i>				MO. DAY YEAR <i>19 16 16</i>	\$ <i>500.00</i>
Mailing Address <i>566 Lantern Lane</i>				MO. DAY YEAR	\$
City <i>Philadelphia</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19128 -</i>		MO. DAY YEAR	\$
Employer Name <i>Rudolph Clarke LLC</i>				Occupation <i>Attorney</i>	
Employer Mailing Address/Principal Place of Business <i>350 Sutterly Parkway East, Bldg. 130, Suite 110 A Blue Bell, PA 19422</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
\$ *500.00*

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 <i>Friends of Karen Gild Sanchez</i>	Reporting Period From <u>9/9/16</u> To <u>12/31/16</u>
-------------------------------------------------------------------------------	-----------------------------------------------------------

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						

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

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

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 <i>Friends of Karen Geld Sanchez</i>	Reporting Period From <i>9/19/16</i> To <i>12/31/16</i>
-------------------------------------------------------------------------------	------------------------------------------------------------

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>	\$ <i>0</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 <i>Friends of Karen Greid-Santuz</i>	Reporting Period From <i>9/19/16</i> To <i>12/31/16</i>
-------------------------------------------------------------------------------	------------------------------------------------------------

				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:							
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
\$ <i>8</i>

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

Name of Filing Committee or Candidate <i>Friends of Karen Gold Sanchez</i>	Reporting Period From <u>9/19/16</u> To <u>12/31/16</u>
-------------------------------------------------------------------------------	------------------------------------------------------------

				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
\$ 8

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>Karen Gield Sanchez</i>	Reporting Period From <i>4/19/16</i> To <i>12/31/16</i>
---------------------------------------------------------------------	------------------------------------------------------------

To Whom Paid	MO.	DAY	YEAR	Amount
<i>Karen Gield Sanchez</i>	<i>09</i>	<i>22</i>	<i>16</i>	<i>\$ 17.84</i>
Mailing Address <i>356 Evergreen Rd.</i>	Description of Expenditure <i>Lunch w/ Cathy Lawrence</i>			
City <i>Tenkintown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19046-</i>		<i>Check #164</i>
<i>Karen Gield Sanchez</i>	<i>09</i>	<i>21</i>	<i>16</i>	<i>\$ 10.00</i>
Mailing Address <i>356 Evergreen Rd.</i>	Description of Expenditure <i>Notary fee</i>			
City <i>Tenkintown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19046-</i>		
<i>Codecom</i>	<i>10</i>	<i>10</i>	<i>16</i>	<i>\$ 50.00</i>
Mailing Address <i>113 E. Main St.</i>	Description of Expenditure <i>50th Anniversary Gala</i>			
City <i>Norristown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19301-</i>		<i>Check #165</i>
<i>Friends of Matt Bradford</i>	<i>10</i>	<i>18</i>	<i>16</i>	<i>\$ 2,500</i>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) <i>-</i>		<i>Check #166</i>
<i>ARDC</i>	<i>10</i>	<i>10</i>	<i>16</i>	<i>\$ 100.00</i>
Mailing Address <i>P.O. Box 132</i>	Description of Expenditure			
City <i>Abington</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19001 -</i>		<i>Check #167</i>
<i>Montic AEC-CIO</i>	<i>10</i>	<i>20</i>	<i>16</i>	<i>\$ 100.00</i>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) <i>-</i>		<i>Check #168</i>
<i>Codecom</i>	<i>10</i>	<i>23</i>	<i>16</i>	<i>\$ 50.00</i>
Mailing Address <i>113 E. Main St.</i>	Description of Expenditure			
City <i>Norristown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19401</i>		<i>Check #169</i>
<i>AEC - Abington Education Foundation</i>	<i>10</i>	<i>23</i>	<i>16</i>	<i>\$ 150.00</i>
Mailing Address <i>400 Highland Ave.</i>	Description of Expenditure			
City <i>Abington</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19001 -</i>		<i>Check #170</i>

PAGE TOTAL
\$ 2,977.84

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

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Friends of Karen Geld Sanchez</i>	Reporting Period From <i>9/19/16</i> To <i>12/31/16</i>
-------------------------------------------------------------------------------	------------------------------------------------------------

To Whom Paid <i>Horsham Democrats</i>	MO.	DAY	YEAR	Amount
Mailing Address <i>P.O. Box 691</i>	10	24	16	\$ 175.00
City <i>Horsham P</i>	Description of Expenditure <i>check #171</i>			
State <i>PA</i>	Zip Code (Plus 4) <i>19044-</i>			

To Whom Paid <i>Wet Whistle Bar & Grill</i>	MO.	DAY	YEAR	Amount
Mailing Address <i>300 Meetinghouse Rd.</i>	11	08	16	\$ 167.94
City <i>Tenkintown</i>	Description of Expenditure <i>debit</i>			
State <i>PA</i>	Zip Code (Plus 4) <i>19046-</i>			
<i>Election Night</i>				

To Whom Paid <i>Karen Geld Sanchez</i>	MO.	DAY	YEAR	Amount
Mailing Address <i>356 Evergreen Rd.</i>	11	17	16	\$ 17.81
City <i>Tenkintown</i>	Description of Expenditure <i>debit</i>			
State <i>PA</i>	Zip Code (Plus 4) <i>19046-</i>			
<i>breakfast w/ Elnor Heinel</i>				

To Whom Paid <i>Karen Geld Sanchez</i>	MO.	DAY	YEAR	Amount
Mailing Address <i>356 Evergreen Rd.</i>	12	19	16	\$ 28.20
City <i>Tenkintown</i>	Description of Expenditure <i>debit</i>			
State <i>PA</i>	Zip Code (Plus 4) <i>19046-</i>			
<i>Postage</i>				

To Whom Paid <i>Network Solutions Webpage</i>	MO.	DAY	YEAR	Amount
Mailing Address (blank)	12	02	16	\$ 31.98
City (blank)	Description of Expenditure (blank)			
State (blank)	Zip Code (Plus 4) (blank)			

To Whom Paid <i>Network Solutions Webpage</i>	MO.	DAY	YEAR	Amount
Mailing Address (blank)	12	22	16	\$ 79.98
City (blank)	Description of Expenditure (blank)			
State (blank)	Zip Code (Plus 4) (blank)			

To Whom Paid (blank)	MO.	DAY	YEAR	Amount
Mailing Address (blank)				\$
City (blank)	Description of Expenditure (blank)			
State (blank)	Zip Code (Plus 4) (blank)			

To Whom Paid (blank)	MO.	DAY	YEAR	Amount
Mailing Address (blank)				\$
City (blank)	Description of Expenditure (blank)			
State (blank)	Zip Code (Plus 4) (blank)			

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

PAGE TOTAL
\$ 300.91

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>Friends of Karen Geld Sanchez</i>	Reporting Period From <i>9/19/16</i> To <i>12/31/16</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					

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	
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Description of Debt					

PAGE TOTAL
\$ *8*

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