

# CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

| FILER IDENTIFICATION NUMBER  |  | REPORT FILED ON BEHALF OF | CANDIDATE <input checked="" type="checkbox"/>                                   | COMMITTEE <sup>2</sup> <input type="checkbox"/> | LOBBYIST <sup>1</sup> <input type="checkbox"/> |  |  |  |     |     |      |  |  |  |                     |  |  |
|--|--|---------------------------|---|---|--|--|--|--|-----|-----|------|--|--|--|---------------------|--|--|
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST<br><i>Karen Geld Sanchez</i>   |  |                           |   |   |  |  |  |  |     |     |      |  |  |  |                     |  |  |
| STREET ADDRESS<br><i>356 Evergreen Road</i>  |  |                           |   |   |  |  |  |  |     |     |      |  |  |  |                     |  |  |
| CITY<br><i>Jenkintown</i>  |  | STATE<br><i>PA</i>        | ZIP CODE<br><i>19046</i>  |   |  |  |  |  |     |     |      |  |  |  |                     |  |  |
| TYPE OF REPORT (CHECK ONE)   | NAME OF OFFICE SOUGHT BY CANDIDATE<br><i>Controller</i>  |                           | DISTRICT NO.  | PARTY<br><i>Dem</i>                             | DATE OF ELECTION                               |  |  |  |     |     |      |  |  |  |                     |  |  |
|  | <table border="1" style="width:100%; text-align:center;"> <tr><th>NO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td> </td><td> </td><td> </td></tr> </table> TO <table border="1" style="width:100%; text-align:center;"> <tr><th>NO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td> </td><td> </td><td> </td></tr> </table> |                           | NO.   | DAY   | YEAR   |  |  |  | NO. | DAY | YEAR |  |  |  | FOR OFFICE USE ONLY |  |  |
| NO.  | DAY  | YEAR                      |   |   |  |  |  |  |     |     |      |  |  |  |                     |  |  |
|  |  |                           |   |   |  |  |  |  |     |     |      |  |  |  |                     |  |  |
| NO.  | DAY  | YEAR                      |   |   |  |  |  |  |     |     |      |  |  |  |                     |  |  |
|  |  |                           |   |   |  |  |  |  |     |     |      |  |  |  |                     |  |  |
| 6TH TUESDAY PRE-PRIMARY <sup>1</sup>   | CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>  <i>0</i>  </u><br><br>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>  <i>0</i>  </u>   |                           | RECEIVED<br>2017 JAN 27 PM 1:59<br>OFFICE OF<br>VOTER SERVICES<br>MONTG. CO. PA |   |  |  |  |  |     |     |      |  |  |  |                     |  |  |
| 2ND FRIDAY PRE-PRIMARY <sup>2</sup>  |  |                           |   |   |  |  |  |  |     |     |      |  |  |  |                     |  |  |
| 30-DAY POST-PRIMARY <sup>3</sup>   |  |                           |   |   |  |  |  |  |     |     |      |  |  |  |                     |  |  |
| 6TH TUESDAY PRE-ELECTION <sup>4</sup>  |  |                           |   |   |  |  |  |  |     |     |      |  |  |  |                     |  |  |
| 2ND FRIDAY PRE-ELECTION <sup>5</sup>   |  |                           |   |   |  |  |  |  |     |     |      |  |  |  |                     |  |  |
| 30-DAY POST-ELECTION <sup>6</sup>  |  |                           |   |   |  |  |  |  |     |     |      |  |  |  |                     |  |  |
| ANNUAL REPORT <sup>7</sup> <input checked="" type="checkbox"/>   |  |                           |   |   |  |  |  |  |     |     |      |  |  |  |                     |  |  |
| AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/><br>TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/> |  |                           |   |   |  |  |  |  |     |     |      |  |  |  |                     |  |  |

## AFFIDAVIT SECTION

### PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

|  |  |
|--|--|
| SWORN TO AND SUBSCRIBED BEFORE ME THIS<br><u>27</u> DAY OF <u>January</u> 20 <u>17</u><br><i>David Whitner</i><br>SIGNATURE<br>MY COMMISSION EXPIRES <u>DEC 29 2020</u><br>MO. DAY YR. | <i>Karen Geld Sanchez</i><br>SIGNATURE OF PERSON SUBMITTING REPORT<br>Karen Geld Sanchez<br>PRINTED NAME<br><u>215</u> <u>690-4697</u><br>AREA CODE DAYTIME TELEPHONE NUMBER |
|--|--|

### PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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<br>_____ DAY OF _____ 20____<br>_____<br>SIGNATURE<br>MY COMMISSION EXPIRES _____<br>MO. DAY YR. | _____<br>SIGNATURE OF CANDIDATE<br>_____<br>PRINTED NAME<br>_____<br>AREA CODE DAYTIME TELEPHONE NUMBER |
|---|---|

COMMONWEALTH OF PENNSYLVANIA

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