

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: _____		Report Filed By: _____		CANDIDATE <input checked="" type="checkbox"/>		COMMITTEE <input type="checkbox"/>		LOBBYIST <input type="checkbox"/>			
Name of Filing Committee, Candidate or Lobbyist: <u>LINDA M. HEE</u>											
Street Address: <u>1317 EDGE HILL ROAD</u>											
City: <u>APRISTON</u>				State: <u>PA</u>		Zip Code: <u>19001</u>					
TYPE OF REPORT (place X to the right of report type)	1. 5TH TUESDAY PRE-PRIMARY	<input type="checkbox"/>	2. 2ND FRIDAY PRE-PRIMARY	<input type="checkbox"/>	3. 30 DAY POST-PRIMARY	<input type="checkbox"/>	AMENDMENT REPORT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
	4. 6TH TUESDAY PRE-ELECTION	<input type="checkbox"/>	5. 2ND FRIDAY PRE-ELECTION	<input type="checkbox"/>	6. 30 DAY POST-ELECTION	<input type="checkbox"/>	TERMINATION REPORT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
	ANNUAL REPORT <input checked="" type="checkbox"/>		YEAR <u>2016</u>		FILING METHOD <input checked="" type="checkbox"/> PAPER <input type="checkbox"/> DISKETTE						
Name of Office Sought by Candidate: _____					DATE OF ELECTION			District Number	Office Code	Party Code	Coun Cod
					MO.	DAY	YEAR	-	-	<u>DEM</u>	
					<u>11</u>	<u>08</u>	<u>2016</u>				
FOR OFFICE USE ONLY											
Summary of Receipts and Expenditures from: _____			MO.	DAY	YEAR	To	MO.	DAY	YEAR		
			<u>01</u>	<u>01</u>	<u>2016</u>		<u>12</u>	<u>31</u>	<u>2016</u>		
A. Amount Brought Forward From Last Report		\$	<u>(500.00)</u>								
B. Total Monetary Contributions and Receipts (From Schedule I)		\$									
C. Total Funds Available (Sum of Lines A and B)		\$	<u>.00</u>								
D. Total Expenditures (From Schedule III)		\$	<u>600.00</u>								
E. Ending Cash Balance (Subtract Line D from Line C)		\$	<u>(1,100.00)</u>								
F. Value of In-Kind Contributions Received (From Schedule II)		\$	<u>.00</u>								
G. Unpaid Debts and Obligations (From Schedule IV)		\$	<u>.00</u>								

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2017 JAN 31 AM 9:04
OFFICE OF
VOTER SERVICES
MONTG. CO. PA

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
30 day of January 2017

Eileen E. Stagliano } Signature of Person Submitting Report
LINDA M. HEE }
267 } Area Code
738-2234 } Daytime Telephone Number

My commission expires 6 3 2019
MO. DAY YR.

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
____ day of _____ 20____

EILEEN E. STAGLIANO, Notary Public
Norristown, Montgomery Co., PA
My Commission Expires June 3, 2019

____ Signature of Candidate
____ Printed Name
____ Area Code
____ Daytime Telephone Number

SCHEDULE III
Statement of Expenditures

Filer Identification Number: LINDA M-HEE

To Whom Paid		<u>FRIENDS OF LINDA M-HEE</u>				Date [MM/DD/YYYY]	\$	
House #	<u>1511</u>	Street Address	<u>EDGE HILL ROAD</u>		Description of Expenditure			
City	<u>ADWINGTON</u>	State	<u>PA</u>	Zip Code	<u>19001</u>			
								<u>200.00</u>
To Whom Paid		<u>FRIENDS OF LINDA M-HEE</u>				Date [MM/DD/YYYY]	\$	
House #	<u>1511</u>	Street Address	<u>EDGE HILL ROAD</u>		Description of Expenditure			
City	<u>ADWINGTON</u>	State	<u>PA</u>	Zip Code	<u>19001</u>			
								<u>400.00</u>
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				

TOTAL 600.00