

# 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 <sup>1.</sup> <input type="checkbox"/>		COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>		LOBBYIST <sup>3.</sup> <input type="checkbox"/>			
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Bill Whiteside</i>											
Street Address: <i>202 Somerset Court</i>											
City: <i>Lansdale</i>				State: <i>Pa</i>		Zip Code: <i>19446 -</i>					
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY <sup>1.</sup>		2ND FRIDAY PRE-PRIMARY <sup>2.</sup>		30 DAY POST PRIMARY <sup>3.</sup> <input checked="" type="checkbox"/>		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	6TH TUESDAY PRE-ELECTION <sup>4.</sup>		2ND FRIDAY PRE-ELECTION <sup>5.</sup>		30 DAY POST ELECTION <sup>6.</sup>		TERMINATION REPORT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
	ANNUAL REPORT <sup>7.</sup> <input type="checkbox"/>		YEAR <input type="checkbox"/>		FILING METHOD ( ) CHECK ONE <input type="checkbox"/>		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>				
Name of Office Sought by Candidate: <i>Montgomery County Prothonotary</i>					DATE OF ELECTION		District Number	Office Code	Party Code	County Code	
					MO.	DAY	YEAR	-	07H	REP	46
					04	26	2016	(SEE INSTRUCTIONS FOR CODES)			
<b>FOR OFFICE USE ONLY</b>											
Summary of Receipts and Expenditures from: <input type="checkbox"/>			MO.	DAY	YEAR	To	MO.	DAY	YEAR	2016 MAY 18 PM 1:53	
			04	12	2016		05	16	2016		
A. Amount Brought Forward From Last Report			\$ 566.59								
B. Total Monetary Contributions and Receipts (From Schedule I)			\$ N/A								
C. Total Funds Available (Sum of Lines A and B)			\$ 566.59								
D. Total Expenditures (From Schedule III)			\$ 566.59								
E. Ending Cash Balance (Subtract Line D from Line C)			\$ - 0 -								
F. Value of In-Kind Contributions Received (From Schedule II)			\$ 3,919.83								
G. Unpaid Debts and Obligations (From Schedule IV)			\$ - 0 -								

### 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 18th day of May 2016

My commission expires 2017 DAY YR.

*Edward Diasio*  
Signature of Person Submitting Report

**Edward DIASIO**  
Printed Name

215 896-7531  
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 18th day of May 2016

My commission expires 2017 DAY YR.

*Winston Whiteside*  
Signature of Candidate

**WINSTON WHITESIDE**  
Printed Name

215 803-9187  
Area Code Daytime Telephone Number

Department of State • Bureau of Commissions, Elections and Legislation  
210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

**CONTRIBUTIONS AND RECEIPTS****Detailed Summary Page**

Name of Filing Committee or Candidate <i>Friends of Bill Whiteside</i>	Reporting Period From <i>4-12-16</i> To <i>5-16-16</i>
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**1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the Reporting Period	(1)	\$ - 0 -
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**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	(2) \$ - 0 -

**3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)**

Contributions Received from Political Committees (Part C)	\$ - 0 -
All Other Contributions (Part D)	\$ - 0 -
TOTAL for the Reporting Period	(3) \$ - 0 -

**4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)**

TOTAL for the Reporting Period	(4)	\$ - 0 -
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<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ - 0 -
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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 Bill Whiteside</i>	Reporting Period From <i>4-12-16</i> To <i>3-16-16</i>
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				DATE			AMOUNT
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				MO.	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 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	YEAR	\$
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				MO.	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 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	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$

Enter Grand Total of Part A on Schedule 1, Detailed Summary Page, Section 2.

PAGE TOTAL \$ - 0 -
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**PART B**  
**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 Bill Whiteside</i>	Reporting Period From <u>4-12-16</u> To <u>5-16-16</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				

<b>PAGE TOTAL</b>
\$ - 0 -

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

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 <i>Friends of Bill Whiteside</i>	Reporting Period From <i>4-12-16</i> To <i>5-16-16</i>
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				DATE	AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR		
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ - 0 -
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**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 Bill Whiteside</i>	Reporting Period From <u>4-12-16</u> To <u>5-16-16</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 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		

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

\$ - 0 -

# 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 Bill Whiteside</i>	Reporting Period From <i>4-12-16</i> To <i>5-16-16</i>
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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

PAGE TOTAL
\$ - 0 -

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

**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 Bill Whiteside</i>	Reporting Period From <i>4-12-16</i> To <i>5-16-16</i>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$ - 0 -

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>	
TOTAL for the Reporting Period	(2) \$ - 0 -

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>	
TOTAL for the Reporting Period	(3) \$ <i>3,919.83</i>

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <i>3,919.83</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 Bill Whiteside</i>	Reporting Period From <u>4-12-16</u> To <u>5-16-16</u>
---	---

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
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 \$ - 0 -
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**SCHEDULE II  
PART G  
IN-KIND CONTRIBUTIONS RECEIVED  
VALUE OVER \$250.00**

Name of Filing Committee or Candidate <i>Friends of Bill Whiteside</i>	Reporting Period From <i>4-12-16</i> To <i>5-16-16</i>
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				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	MO.	DAY	YEAR	Occupation	MO.	DAY	YEAR	Employer Mailing Address/Principal Place of Business	MO.	DAY	YEAR	Description of Contribution	
<i>W. Winston Whiteside, III</i>	<i>04</i>	<i>16</i>	<i>2016</i>	<i>217 Jefferson Avenue</i>				<i>Horsham</i>	<i>Pa</i>	<i>19044 -</i>				<i>Self Employed</i>				<i>IT Professional</i>				<i>Same as Above</i>				<i>Loan Forgiveness</i>	
																										\$ <i>1,433.41</i>	
<i>Hank Hallowell (Hallowell &amp; Branstetter)</i>	<i>04</i>	<i>16</i>	<i>2016</i>	<i>88 Plymouth Cir.</i>				<i>Hershey</i>	<i>Pa</i>	<i>17035 -</i>				<i>Hallowell &amp; Branstetter</i>				<i>Consultant</i>				<i>Same as Above</i>				<i>Debt Write Off</i>	
																										\$ <i>2,486.42</i>	
																											\$
																											\$
																											\$
																											\$
																											\$
																											\$

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

PAGE TOTAL  
**\$ 3,919.83**

**SCHEDULE III  
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate <i>Friends of Bill Whiteside</i>	Reporting Period From <i>4-12-16</i> To <i>5-16-16</i>
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To Whom Paid	MO.	DAY	YEAR	Amount
<i>W. Winston Whiteside, III</i>	<i>04</i>	<i>16</i>	<i>2016</i>	\$ <i>566.59</i>
Mailing Address <i>217 Jefferson Avenue</i>	Description of Expenditure <i>Loan Repayment</i>			
City <i>Horsham</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>19044 -</i>		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		

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

<b>PAGE TOTAL</b> \$ <i>566.59</i>
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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 <i>Friends of Bill Whiteside</i>	Reporting Period From <i>4-12-16</i> To <i>5-16-16</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	
City	State	Zip Code (Plus 4)			
Description of Debt					

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

PAGE TOTAL

\$ - 0 -